

Self Evaluation Problems Class 3

Questions 1 through 4 concern the 2007 National Hospital Ambulatory Medical Care Survey (NHAMCS) which is a national (United States) sample survey of visits to hospital outpatient and emergency departments. Of interest is the association between waiting time (in minutes) of persons admitted to the Emergency Departments (EDs) and patient demographic and other characteristics.

waittime = waiting time for patient to be seen in ED (in minutes)

race = 1 if non-white; 0 if white

and **age defined with two spline terms:**

age1 = age (in years),

where **age2**=0 if age ≤ 18 years or **age2** = (age-18) if age > 18 years.

where **age3**=0 if age ≤ 65 years or **age3** = (age-65) if age > 65 years.

The following Models are defined:

Model A $E[\text{waittime}] = \beta_0 + \beta_1 \text{race}$

```
. regress waittime race
```

Source	SS	df	MS	Number of obs = 27928		
Model	1051120.55	1	1051120.55	F(1, 27926)	=	170.44
Residual	172219095	27926	6166.9804	Prob > F	=	0.0000
				R-squared	=	0.0061
				Adj R-squared	=	0.0060
Total	173270215	27927	6204.39772	Root MSE	=	78.53

waittime	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
race	12.65684	.9694724	13.06	0.000	10.75663	14.55706
_cons	51.50819	.5954894	86.50	0.000	50.34101	52.67538

Model B $E[\text{waittime}] = \beta_0 + \beta_1(\text{age1}) + \beta_2(\text{age2}) + \beta_3(\text{age3})$

```
. mkspline age1 18 age 2 65 age3 = age, marginal
. regress waittime age1 age2 age3
```

Source	SS	df	MS	Number of obs = 27928		
Model	377098.83	3	125699.61	F(3, 27924)	=	20.30
Residual	172893116	27924	6191.55982	Prob > F	=	0.0000
				R-squared	=	0.0022
				Adj R-squared	=	0.0021
Total	173270215	27927	6204.39772	Root MSE	=	78.686

waittime	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
age1	.4333112	.104551	4.14	0.000	.2283862	.6382362
age2	-.4920716	.1277496	-3.85	0.000	-.742467	-.2416761
age3	-.4606402	.1253335	-3.68	0.000	-.7063	-.2149803
_cons	51.68964	1.475652	35.03	0.000	48.79729	54.5819

Model C $E[\text{waittime}] = \beta_0 + \beta_1(\text{age1}) + \beta_2(\text{age2}) + \beta_3(\text{age3}) + \beta_4(\text{race})$

```
. regress waittime age1 age2 age3 race
```

Source	SS	df	MS	Number of obs = 27928		
Model	1353714.37	4	338428.592	F(4, 27923)	=	54.97
Residual	171916501	27923	6156.80624	Prob > F	=	0.0000
				R-squared	=	0.0078
				Adj R-squared	=	0.0077
Total	173270215	27927	6204.39772	Root MSE	=	78.465

waittime	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
age1	.4559665	.1042726	4.37	0.000	.251587	.660346
age2	-.4956842	.1273909	-3.89	0.000	-.7453766	-.2459919
age3	-.4074942	.1250525	-3.26	0.001	-.6526033	-.1623852
race	12.28505	.9754226	12.59	0.000	10.37317	14.19692
_cons	46.18539	1.535032	30.09	0.000	43.17665	49.19413

Model D $E[\text{waittime}] = \beta_0 + \beta_1(\text{age1}) + \beta_2(\text{age2}) + \beta_3(\text{age3}) + \beta_4(\text{race}) + \beta_5(\text{age1race}) + \beta_6(\text{age2race}) + \beta_7(\text{age3race})$

```
. gen age1race=age1*race
. gen age2race=age2*race
. gen age3race=age3*race
. regress waittime age1 age2 age3 race age1race age2race age3race
```

Source	SS	df	MS	Number of obs = 27928		
Model	1457375.01	7	208196.43	F(7, 27920)	=	33.83
Residual	171812840	27920	6153.75502	Prob > F	=	0.0000
				R-squared	=	0.0084
				Adj R-squared	=	0.0082
Total	173270215	27927	6204.39772	Root MSE	=	78.446

waittime	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
age1	.1871963	.1386911	1.35	0.177	-.0846451	.4590376
age2	-.2549328	.1671775	-1.52	0.127	-.5826089	.0727433
age3	-.3033843	.1486893	-2.04	0.041	-.5948226	-.011946
race	1.949157	2.957607	0.66	0.510	-3.847896	7.746211
age1race	.5807609	.2106753	2.76	0.006	.167827	.9936947
age2race	-.4890108	.2592729	-1.89	0.059	-.9971984	.0191768
age3race	-.3233276	.2812286	-1.15	0.250	-.8745493	.2278941
_cons	50.85607	1.982651	25.65	0.000	46.96998	54.74216

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1. Based on a comparison of **Model A** and **Model C**, which of the following statements is correct? (*Circle only one response*)
- a) The unadjusted association between ED waiting times and race is completely explained by age differences in the race categories.
 - b) The association between ED waiting times and race is modified by age.
 - c) **Non-whites have longer average waiting times than whites, and this difference is statistically significant after adjusting for age.**
 - d) When taken together, neither race nor age are statistically significant predictors of ED waiting times.
 - e) Age substantially confounds the association between ED waiting times and race.
2. Suppose the researchers were interested in testing whether the relationship between ED waiting times and age is modified by race. Which of the following steps would be appropriate? (*Circle only one response*).
- a) Use the results from the overall F-test for Model D.
 - b) Compare the R^2 values between Model D and Model A.
 - c) Use a F-test to compare Model C to Model B.
 - d) Use the t-test to test the significance of the coefficient of *age2race* in Model D.
 - e) **Use a F-test to compare Model D to Model C.**
3. Based on the results from **Model D**, what is the average ED wait time (in minutes) for **white** individuals who are **50 years** of age? (*Circle only one response*)
- a) **$50.85 + 0.19(50) + -0.25(50-18)$**
 - b) $50.85 + 0.19(50) + -0.25(50)$
 - c) $50.85 + 0.19(50) + -0.25(50-18) + -0.30(50-65)$
 - d) $50.85 + 0.19(50)$
 - e) 50.84
4. The best interpretation of the R^2 value from **Model D** is: (*Circle only one response*)
- a) Taken together, age and race precisely predict waiting times for future ED patients.
 - b) In this sample, age and race explain nearly all of the variability in ED waiting times.
 - c) Neither age or race is statistically significantly associated with waiting times.
 - d) **Even after adjusting for their relationship to age and race, there is still substantial unexplained variability in the waiting times.**
 - e) There is a statistically significant interaction between race and age.
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Questions 5 – 10 concern a study investigating the associations between smoking, systolic blood pressure and myocardial infarction (MI) in 117 individuals.

Variables are defined as:

MI = 1 if myocardial infarction; 0 if not

SMK = 1 for smoker; 0 for non-smoker

SBP (systolic blood pressure category) = 1 if SBP < 140 mm Hg;
 = 2 if SBP 140-160 mm Hg;
 = 3 if SBP > 160 mm Hg

with dummy variables defined as **sbp2**=1 if SBP 140-160 mm Hg; 0 otherwise
 and **sbp3**=1 if SBP > 160 mm Hg; 0 otherwise

5. From the following **Model 1**: $\log(\text{odds of MI}) = \beta_0 + \beta_1 \text{SMK} + \beta_2 \text{sbp2} + \beta_3 \text{sbp3}$

```
. logit MI SMK sbp2 sbp3
```

```
Log likelihood = -53.373051
```

MI	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
SMK	.5546278	.5219739	1.06	0.288	-.4684223	1.577678
sbp2	-1.380778	.6850522	-2.02	0.044	-2.723455	-.0381001
sbp3	2.370212	.5638804	4.20	0.000	1.265026	3.475397
_cons	-1.215697	.367703	-3.31	0.001	-1.936381	-.4950122

what can you conclude about the relationship between MI for individuals with SBP, **adjusting for smoking?** (*Circle only one response*)

- a) The odds of MI are statistically significantly decreased in individuals with SBP ≥ 140 mm Hg as compared to SBP < 140 mm Hg, holding smoking status fixed.
- b) The odds of MI are statistically significantly decreased in individuals with SBP 140-160 mm Hg as compared to SBP < 140 mm Hg, holding smoking status fixed.**
- c) There is no significant association between SBP and the odds of MI after controlling for smoking status.
- d) The odds of MI are statistically significantly decreased in individuals with SBP > 160 mm Hg as compared to SBP < 140 mm Hg, holding smoking status fixed.
- e) There is a statistically significant increase in the change in log odds of MI each mm Hg increase in SBP beyond the cutpoint of 160 mm Hg as compared to before the cutpoint, after adjusting for smoking status.

6. Based on **Model 1** from question 1, what is the **predicted probability** of MI for a smoker with SBP > 160 mm Hg? (*Circle only one response*)

a) 0.15

b) 0.37

c) 0.63

d) 0.75

e) **0.85** since $\log(\text{odds}) = \log(p/(1-p)) = b_0 + b_1 + b_2$

And, $p = \text{odds}/(1 + \text{odds})$

$$= \exp(-1.216 + 0.555 + 2.370) / (1 + \exp(-1.216 + 0.555 + 2.370)) = 0.85$$

7. Suppose you also investigated the following **Model 2**:

$$\log(\text{odds of MI}) = \beta_0 + \beta_1 \text{SMK} + \beta_2 \text{sbp2} + \beta_3 \text{sbp3} + \beta_4 \text{smksbp2} + \beta_5 \text{smksbp3}$$

```
. gen smkbp2=SMK*sbp2
. gen smkbp3=SMK*sbp3
. logit MI SMK sbp2 sbp3 smkbp2 smkbp3
```

Log likelihood = -53.306321

MI	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
SMK	.6649763	.6868955	0.97	0.333	-.6813141	2.011267
sbp2	-1.386294	.834523	-1.66	0.097	-3.021929	.2493406
sbp3	2.505526	.6943651	3.61	0.000	1.144595	3.866456
smkbp2	.0281709	1.466423	0.02	0.985	-2.845966	2.902307
smkbp3	-.4136619	1.185059	-0.35	0.727	-2.736335	1.909011
_cons	-1.252763	.4008919	-3.12	0.002	-2.038497	-.4670294

The Likelihood Ratio Test which compares the **extended Model 2** with the **null Model 1** suggests that: (*Circle only one response*)

- a) **Fail to reject the null hypothesis and conclude that there is no substantial added contribution in predicting MI provided by the addition of the smoking-SBP interactions above that contributed by SBP and smoking alone.**

The LRT for nested models = $-2(LL_{\text{Null}} - LL_{\text{Extended}}) = -2(-53.37 - (-53.31)) = 0.12 \sim \chi^2$ with 2 degrees of freedom, $p > 0.05$

- b) Fail to reject the null hypothesis and conclude that SBP is not needed in a model predicting MI.
- c) Reject the null hypothesis and conclude that there is a statistically significant interaction between smoking and SBP on the log odds of MI.
- d) There is a statistically significant association between the log odds of MI and smoking.
- e) Reject the null hypothesis and conclude that there is a substantial additional contribution in predicting MI provided by smoking above that contributed by SBP alone

8. The interpretation of the logistic regression coefficient, β_0 , in **Model 2** is: (*Circle only one response*).
- a) The log odds ratio for MI in smokers versus non-smokers by level of SBP.
 - b) The difference in the log odds of MI in smokers versus non-smokers after controlling for SBP categories.
 - c) The log odds of MI across all 117 individuals in the data set.
 - d) The log odds of MI in non-smokers with SBP < 140 mm Hg.**
 - e) The odds of MI in non-smokers after adjusting for SBP.
9. Suppose you are interested in relating MI to a continuous predictor (age) via a regression model. Which of the following graphical displays use the data to describe the approximate nature of the relationship between MI and age? (*Circle only one response*).
- a. A residuals versus fitted values plot from a simple linear regression of MI on age.
 - b. A scatterplot of the values of MI versus the values of age.
 - c. A lowess plot showing the estimated smoothed relationship between the log odds of MI and age.**
 - d. A lowess plot showing the estimated smoothed relationship between the fitted values from a linear regression and age, including two spline terms.
 - e. A residuals versus predicted values plot from a simple linear regression of MI on age.
10. Which sentence correctly describes the exponentiated **smkbp3** coefficient in **Model 2**? (*Circle only one response*)
- a) The odds ratio for MI in smokers versus non-smokers having SBP > 160 mm Hg.
 - b) The ratio of the odds ratio for MI in smokers versus non-smokers among individuals with SBP > 160 mm Hg to the odds ratio for MI in smokers versus non-smokers among individuals with SBP < 140 mm Hg.**
 - c) The difference in the log odds of MI for smokers versus non-smokers for individuals with SBP > 160 mm Hg versus > 140 mm Hg.
 - d) The ratio of the odds ratio for MI in non-smokers having SBP > 160 mm Hg versus < 140 mm Hg in non-smokers to the odds ratio for MI in smokers having SBP < 140 mm Hg versus > 160 mm Hg.
 - e) The difference between smokers and non-smokers in the log odds ratio for MI in individuals having SBP > 160 mm Hg versus < 140 mm Hg.