

Stat 145, Thu 11-Feb-2021 -- Thu 11-Feb-2021  
Biostatistics  
Spring 2021

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Thursday, February 11th 2021  
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Wk 2, Th

Topic:: Center and spread

Read:: Lock5 2.2-2.3

Start/join an Etherpad at link

<https://pad.disroot.org/p/s145-11feb2021-gXX>

with

XX = 01 for Latvaitis, Morren, Aardema  
= 02 for Toldy, Bultje, Katje  
= 03 for Triezenberg, Pastoor, Lemon  
= 04 for Steen, Ching, Tanis  
= 05 for Nedd, Rai, Brink  
= 06 for Ochiagha, Anderson, Cheek  
= 07 for Arthur, Stob, Sytsema  
= 08 for Johnson, Opalewski, Haveman  
= 09 for Rudy, Krikke  
= 10 for Wolf, Schneider, Wakeman

Examples of bias (and further thoughts):

- In surveys: scenarios

"Local library is sponsoring talk by Planned Parenthood representative.  
Do you think our community should sanction baby-killers?"

leading questions

Ann Landers on whether parents would choose to have children in do-over  
voluntary response bias

Literary digest survey leading into 1936 election

poor sampling frame

"Do you take illicit drugs?"

embarrassing question

"How old were you when you stopped taking baths?"

imperfect recall

"Do you prefer this first soft drink, or the second one?"

order of presentation should be random to avoid bias

"Which candidate did you vote for?", asked outside only during hours 7-9 am  
convenience sample

SRS

its features

not subject to voluntary bias, poor sampling frame, others

often impractical

3:16 (book by Donald Knuth)

Q1: Is the sampling method Knuth uses an SRS?

- In experiments

measuring instrument not calibrated

order of treatment

Summary thoughts on "issues" surrounding experiments

- variables

explanatory:

may be more than one

each explanatory variable called a "factor"

like any variable, it takes on values---referred to as the "level"

a "treatment" is comprised of one combination of levels among factors

must be things researcher can assign to members of a treatment group

- comparison

more than one treatment

often there is a treatment with levels set to zero (control group)

- randomized assignment to treatments

avoids biases like volunteers getting a certain treatment, researcher

will tend to make groups equal as concerning other variables

confounding vars, do not play a role

when a difference in response is observed as significant, get causality

- replication: the larger the number in each treatment group,

the more generally similar groups should be w/ respect to other variables

the greater the power to detect a (small?) difference

- blind and double-blind

- blocking

identifying specific (non-factor) variables to even out

example: soil, sunlight in agricultural studies

example: sex, smoking status, age in drug studies

matched pairs: each "case" contributes two values

case might be a person: contributes "control" and "treatment" values

Field

A	B
B	A

only 2 treatments

level " " value of a var.

case might be identical twins: one twin is "control" for the other  
 case might be "married couple": one spouse is "control" for the other

Q2: How many treatments in the Physician's Health Study?

What are the levels?

What are the factors?

{ Beta-carotene (or not)  
 Aspirin (or not)

In relation to observational studies

- both types of studies may have explanatory/response vars
- observational study does not attempt to assign explanatory values  
 ==> when difference appears significant, cannot rule out lurking vars  
 in presence of significant difference only say vars have an association

Mode, median, and mean

- said to be measures of "center" (or "central tendency")
- what they are
  - mode = location/value occurring most frequently  
 meaningful for both categorical and quantitative variables
  - median = 50th percentile  
 meaningful for quantitative variables only  
 sequence of values matters, but not size ==> resistant to outliers
  - mean = average  
 formula  $\bar{x} = \frac{1}{n} \sum x_i$   
 meaningful for quantitative variables only  
 size of values matters ==> sensitive to outliers
- median and mode app  
 how to visualize

Q3: 5-number summary has 4 other numbers besides the median.

Are these other numbers resistant to outliers, or are they sensitive?

$Q_1, Q_3$

min, max

Range, interquartile range (IQR), standard deviation

- said to be measures of "spread" (or "variation")
- valid only for a quantitative variable
- what they are  
 range =

IQR =

variance =

factors = expl. vars.

Case	<u>got BC ?</u>	<u>resp. <sup>Heart</sup> attack</u>
1	No	yes
	No	no
	No	yes
	Yes	no
	Yes	no
		.
		.
		.

Factor: "Got BC?", its levels: Yes, No (2 levels)

"Got Aspirin?", its levels: Yes, No (2 levels)

# of Treatment = product of # of levels

$$= (2)(2) = 4 \text{ treatments}$$

Treatment 1: No BC, No aspirin (control group)

2: No BC, Yes aspirin

3: Yes BC, No aspirin

4: Yes BC, Yes asp.