

Welcome to 142: Introduction to Probability and Statistics in Biology and Public Health

January 22 2020

What is this class?

Course logistics

Ongoing evolution of the
course

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Statistics is Everywhere

PPDAC - the approach we
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PPDAC Example 1: A
smoking behaviour study

Example 2: Life expectancy
for non-Hispanic black and
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Figure 1: What do you think of when you think about statistics?

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In this class we are going to think about

- ▶ **DATA** - How we gather, display and summarize information
- ▶ **Probability** - the role of chance
- ▶ **Statistics** - the science of drawing statistical conclusions from data using a knowledge of probability

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Three parts

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- ▶ Part I: learning to explore and summarize univariate and bivariate distributions.
- ▶ Part II: classical problems in probability and the some commonly used probability distributions and the central limit theorem
- ▶ Part III: statistical inference, the process of estimating statistics from samples to make inference about populations

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Goals for the semester

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In addition to the learning objectives listed in your syllabus our overarching goals for the semester are to develop:

- ▶ your ability to critically assess statistical information presented to you in scientific and non-scientific fora
- ▶ your sense of how to approach answering real world questions with data
- ▶ your ability to concisely and accurately describe statistical methods and results

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This is not a math class

Statistics is often classified as a branch of math, but I'd argue that it is more important to **focus on the connections that statistics has with science** (how we can learn about the world through data)

Though it is true that statistics uses math (and sometimes fairly advanced math!), **not much math is needed** to learn introductory statistics

In this class we will try, as much as possible, to **emphasize concepts** and help you develop your statistical intuition

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This is not a programming class

Statistics is often viewed as “just computer programming,” but this is an incorrect and dangerous characterization: [computer programming is simply a tool for conducting statistical analysis](#)

The use of computer programming in statistics is—and should be—[quite different than approaches to non-statistical programming](#)

We are using r programming in this course because it is an extremely useful skill, facilitates computation, and is desired in the job market

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This is a relevant class

I hope to convince everyone here that statistics is relevant to everyone

You make many decisions during your day that are influenced by statistics

Statistics is not just relevant for [public health](#), but also for other professions, including: policy, journalism and law

As we'll try to illustrate via the recurring “statistics is everywhere” segments, [statistics is useful for understanding the news and the world around us](#)

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Teaching Team

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Instructor

Mi-Suk Kang Dufour, PhD, MPH

GSLs (short bios are on bcourses) Asem Berkalieva, Aidean McLoughlin, Sophia (Sophie) Fuller, Yi Li, Dorothy Chen, and Hao Wang.

Course tutors: Cam Adams, Simran Bajwa

Technical wizard: Nolan Pokpongkiat

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Structure

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Lecture: Introduction of concepts

Lab: Practice with programming

Discussion: Review of key concepts, application of knowledge to reading and writing in scientific litterature

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Waitlist status and Section shifting

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As of today it looks like almost all wait-listed students should be able to enroll
We expect some shifting for the first few weeks.
Attend your enrolled section

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Accomodations

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Make requests in writing by February 1st so that any accommodations can be implemented in time for the first midterm exam

If your DSP accomodation allows extension on take home assignments we ask that you discuss your request no later than 24 hours after the assignment is posted.

If you need an accomodation but do not yet have an official letter apply as soon as possible: <https://dsp.berkeley.edu/students/new-students>.

Communication

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Please please please ask questions!!!

Questions during lecture, discussion and lab section are strongly encouraged. If something is unclear to you, it is probably unclear to many others in the room.

Use the discussion board

We will use piazza for class announcements and discussion.

Email only for logistical or non-content related issues

Office hours

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GSI's will hold office hours every week - office hours will be posted on the website

Instructor office hours will be limited and by appointment only

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Course grades are based on the following activities:

- ▶ In Class participation and quizzes 10%
- ▶ Lab participation 5%
- ▶ Problem sets: 20%
- ▶ Optional Extra credit: up to 2 points on total grade
- ▶ Midterm Exam 1: 15%
- ▶ Midterm Exam 2: 15%
- ▶ Data project: 10%
- ▶ Final Exam: 25%

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Grading process

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- ▶ Gradescope
- ▶ Blinded
- ▶ Student peer reviews

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Figure 2: Will I get an A?

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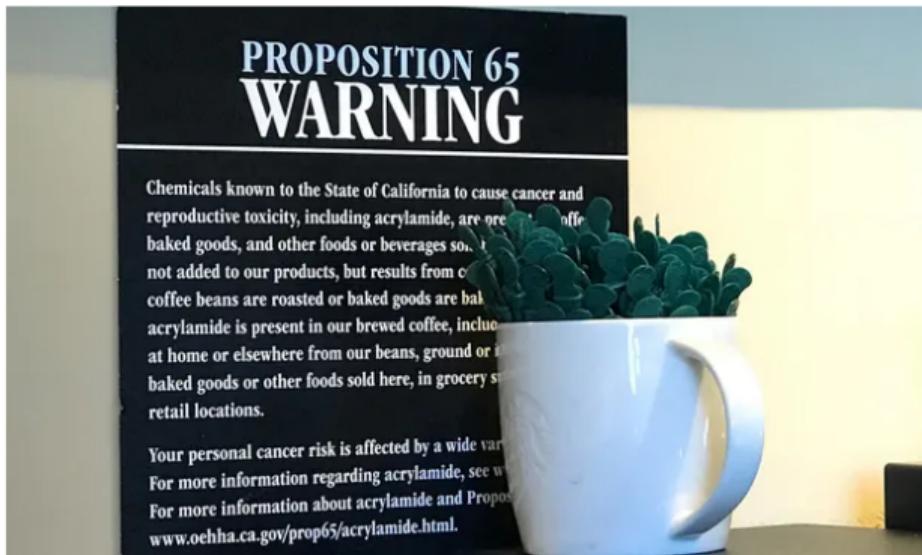
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Statistics is Everywhere

Warning labels for coffee in California?

Judge affirms decision to put cancer warnings on coffee in California

A judge ruled coffee makers, including Starbucks, had failed to show that benefits from drinking coffee outweighed cancer risks



Warning regarding acrylamide at a Starbucks location in Burbank, California.

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- ▶ from The New York Times, April 2018:

California's Proposition 65, enacted in 1986, mandates that businesses with more than 10 employees warn consumers if their products contain one of many chemicals that the state has ruled as carcinogenic.

- ▶ and:

One of these chemicals is acrylamide.

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- ▶ from The Los Angeles Times, March 2018:

Acrylamide is created when coffee is roasted and also is found in fried potatoes and burnt toast. It has been found to increase cancer risk in rodents. Its effect on humans remains inconclusive.

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- ▶ more from the *New York Times* article:

we have a wealth of evidence about coffee's effects. Meta analyses have shown that coffee is associated with lower risks of liver cancer, and no increased risk of prostate cancer or breast cancer. When we look at cancer over all, it appears that coffee—if anything—is associated with a lower risk of cancer.

Warning labels for coffee in California?

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- ▶ even more from the *New York Times* article:

The more serious problem with California's law is one of effect size. Consumers can't just be concerned with whether a danger exists; they also need to be concerned about the magnitude of that risk. Even if there's a statistically significant risk between huge quantities of coffee and some cancer (and that's not proven), it's very, very small.

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The scientific studies mentioned in these articles relied heavily on [statistics](#). This example contains several concepts we will cover in this class including:

- ▶ The importance of where the data come from (sampling and target population)
- ▶ Mechanism for exposure assignment (random vs non-random)
- ▶ The importance of how much data are available (sample size)
- ▶ The quality of the data (measurement error)
- ▶ The concept of statistical association vs causal association
- ▶ The difference between statistical significance and clinical significance

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Warning labels for coffee in California?

The international consensus...

International Agency for Research on Cancer (IARC):

coffee is unclassifiable with respect to carcinogenicity in humans

And more recently in California...

from NPR:

FDA Commissioner Scott Gottlieb said in a statement that “if a state law purports to require food labeling to include a false or misleading statement, the FDA may decide to step in.”

He added that a large body of research has found little evidence that coffee causes cancer

New regulation took effect Oct 1 2019 “Exposures to chemicals in coffee, listed on or before March 15, 2019, as known to the state to cause cancer, that are created by and inherent in the processes of roasting coffee beans or brewing coffee, do not pose a significant risk of cancer.”

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Warning labels for coffee in California?

As public health practitioners we are concerned with what happens to the public perception of science when these kinds of warnings are issued

We should aim to be better at communicating our findings to inform policy and public opinion.

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Consequences of poor communication

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Figure 3: <https://www.statnews.com/2016/05/09/john-oliver-bad-science/>

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Problem

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A clear statement of what we are trying to achieve.

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Three main problem types

- ▶ **Descriptive:** learning about some particular attribute of a population
- ▶ **Causative/Etiologic:** do changes in an explanatory variable cause changes in a response variable?
- ▶ **Predictive:** how can we best predict the value of the response variable for an individual?

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Problem type?

- ▶ Insurance company: What is the probability (how likely is it) that a 25 year old unmarried male driver has a car accident?
- ▶ Health department: How many cases of influenza have we seen this season compared to last season?
- ▶ Health care system: If we treat patients with diabetes using medication X, will their insulin regulation be better or worse than medication y?

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The procedures we use to carry out the study.

- ▶ **Census or sample from the target population?**
 - ▶ How was the sampling conducted?
 - ▶ Was the sample random?
- ▶ Is the study prospective or retrospective?
- ▶ Is the study observational or experimental?

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The data which is collected according to the Plan.

- ▶ How many observations do we have?
- ▶ How reliable are the measures?

Analysis

The data is summarized and analysed to answer the questions posed by the Problem.

We use our knowledge about probabilities to assess the role of chance in our findings.

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Conclusion

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Conclusions are drawn about what has been learned about answering the Problem.

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Problem: Suppose we wish to study the smoking behavior of California residents aged 14-20 years.

In particular, we are interested in the *prevalence* of current smoking by gender.

What type of problem is this?

PPDAC Example

Plan: We need to first choose a time period, because we know that smoking behavior has changed immensely over time. It is unfeasible to gather these data for all residents in California who are 14-20 years old.

Instead we conduct a *random sample* of size n persons. We collect their: age, gender, and smoking status.

Note that we need to decide how large n should be, and how to obtain the random sample. The latter question is, in particular, very important if we want to ensure that our sample is representative of the population of interest. Time and money also constrain how the sample will be collected.

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Data: Suppose that a random sample of 200 persons aged 14-20 was selected, yielding these data:

Gender	Number of smokers	Number of non-smokers	Total
Teen girls and women	32	66	98
Teen boys and men	27	75	102
Total	59	141	200

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PPDAC Example

Analysis: The proportion of women in the sample who smoke is $32/98 = 33\%$.
The proportion of men in the sample who smoke is $27/102 = 26\%$.

We would also like some idea as to how close this estimate is likely to be from the actual proportion in the population.

If we selected a second random sample of the same size, we would likely estimate different proportions for men and women. We will learn how to estimate the precision of these estimates.

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Conclusion: 33% of girls and women aged 14-20 and 26% of boys and men of the same age group are current smokers in California in 2018 (plus a measure of uncertainty).

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Introduction

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Life expectancy is one of the core measures used in public health to comment on the well-being of groups of people. Differences in life expectancy by race/ethnicity, for individuals living in the same region can reflect underlying inequalities in policies, access to care, food environments, structural and systemic racism, among other potential causes.

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Research objective (Problem)

The purpose of this short report is to visualize life expectancy among black and white men and women in California between 1969 and 2013.

We are interested in whether there are differences by group and whether these differences have changed over time.

What type of problem is this?

Plan

Death certificates in the United States include race/ethnicity, age at death, and date of death and capture all deaths of US residents. These data are aggregated by the CDC's National Cancer Institute into the SEER*Stat software. Previously, Riddell et al.¹, analyzed these data to compute estimated trends in life expectancy for non-Hispanic black and white men and women, for 40 US states between 1969 and 2013. States without enough data were excluded from these analyses.

To carry out this short report, we will use data from Riddell et al. to visualize trends in life expectancy as part of an exploratory data analysis. In particular, we will plot time trends for black and white men and women in California.

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Example 2: Life expectancy for non-Hispanic black and white men and women in California between 1969-2013

Data

Here are the first few rows of these data for California:

state	stabbrs	year	sex	Census_Region	Census_Division	LE	race
California	CA	1969	Female	West	Pacific	75.61137	white
California	CA	1969	Male	West	Pacific	68.24766	white
California	CA	1970	Female	West	Pacific	75.84916	white
California	CA	1970	Male	West	Pacific	68.59865	white
California	CA	1971	Female	West	Pacific	76.05663	white

Figure 4

What is this class?

Course logistics

Ongoing evolution of the course

Participation

Statistics is Everywhere

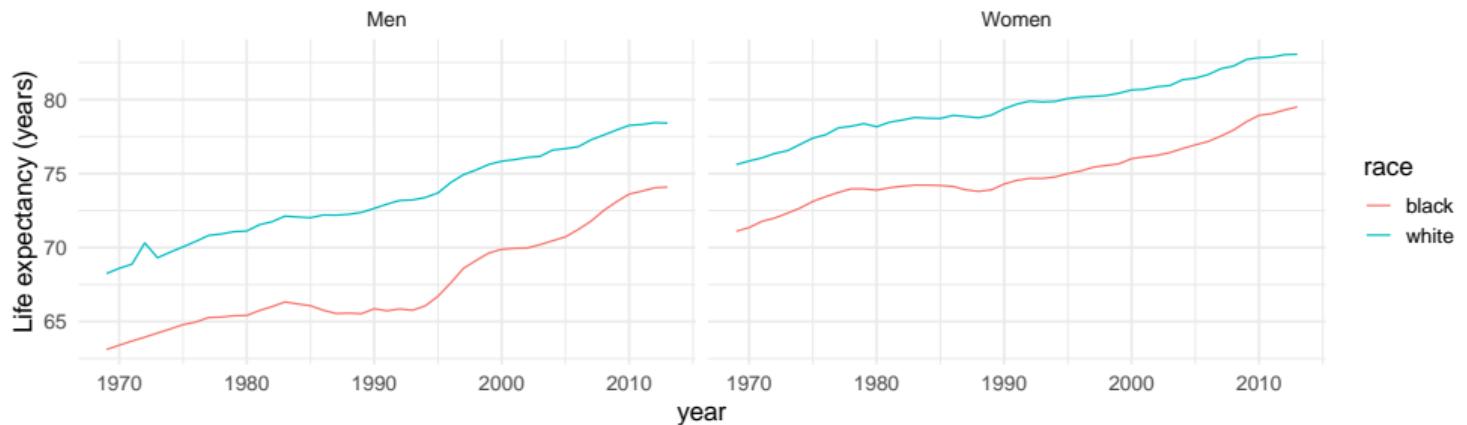
PPDAC - the approach we will use to answering questions with statistics

PPDAC Example 1: A smoking behaviour study

Example 2: Life expectancy for non-Hispanic black and white men and women in California between 1969-2013

Analysis

Trends in life expectancy for black and white men and women in California



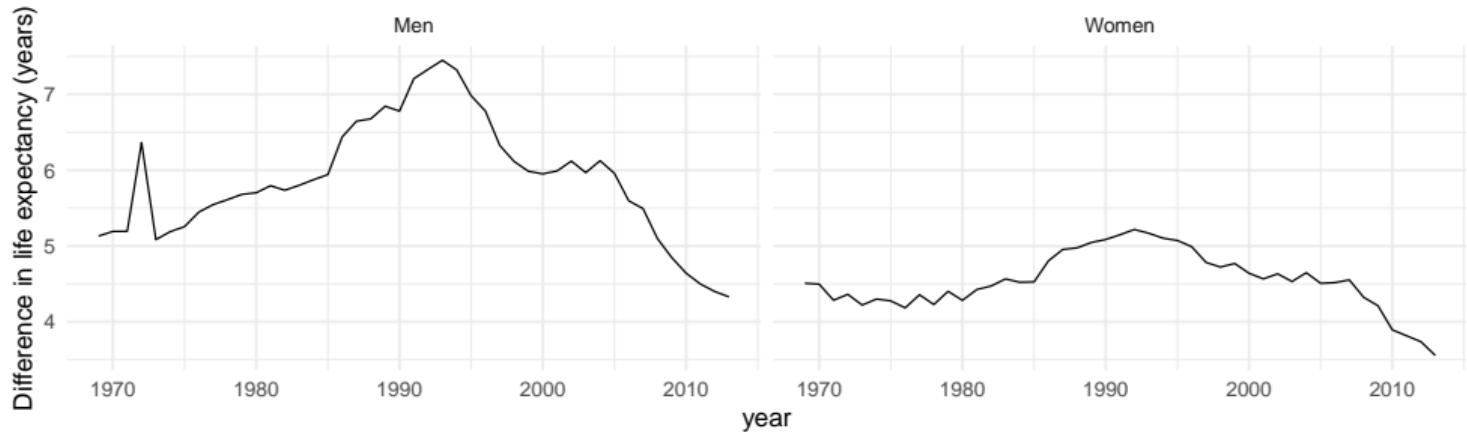
race
— black
— white

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- Participation
- Statistics is Everywhere
- PPDAC - the approach we will use to answering questions with statistics
- PPDAC Example 1: A smoking behaviour study
- Example 2: Life expectancy for non-Hispanic black and white men and women in California between 1969-2013

Analysis

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Difference in life expectancy between black and white men and women in California



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Conclusion

The difference in life expectancy in 1969 between non-Hispanic blacks and whites was 5.1 years for men and 4.5 for women in California.

By 2013, the difference was 4.3 years for men and 3.6 for women in California.

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white men and women in
California between
1969-2013

References

The PPDAC method is described based on course notes from STAT 231 from the University of Waterloo (Ontario, Canada). Spring 2006 Course Packet.

1. Riddell CA, Morrison KT, Harper S, Kaufman JS. Trends in the contribution of major causes of death to the black-white life expectancy gap by US state. *Health & Place*. 2018. 52:85-100. doi: 10.1016/j.healthplace.2018.04.003.

Parting Humor

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Statistics in
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Health

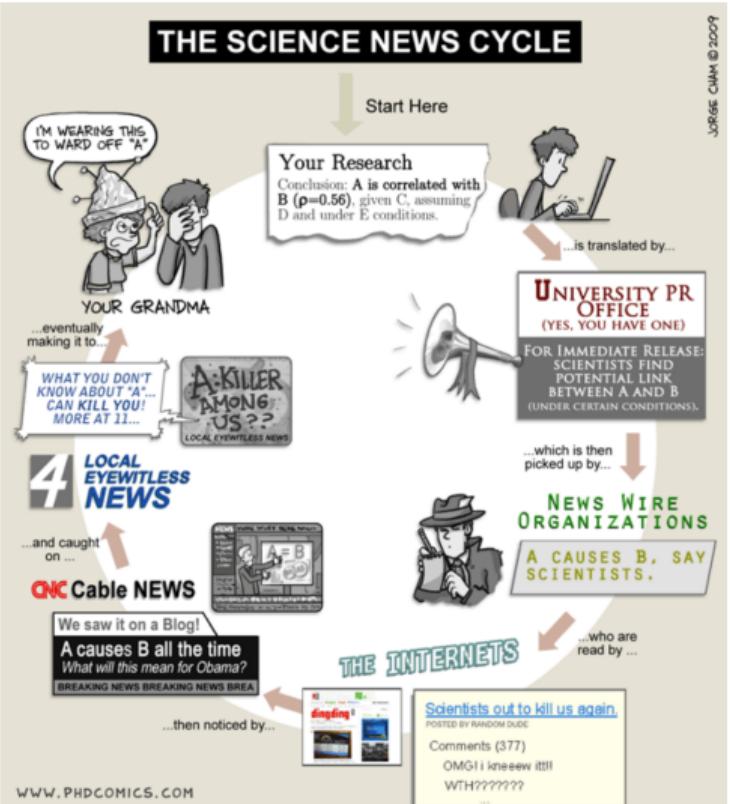


Figure 5: From PHDcomics.com

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