

ARE 213 Problem Set 1A

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1. *Before getting started with the data work, first consider the table from Snow (1855) reproduced in the lecture notes (“Snow’s Table IX”). The table reports only means.
 - (a) Develop an approximate 95% confidence interval for “Deaths per 10,000 Houses” for Southwark and Vauxhall customers. Develop another 95% CI for the same quantity for Lambeth. Do the confidence intervals overlap?
 - (b) Discuss either formally or intuitively the critical assumption that underlies your confidence intervals. Give a 2 or 3 sentence quote from Snow’s description (reproduced in Freedman (1991)) that supports this assumption.

We now move to some analysis of real data. The data portions of Problem Sets 1a and 1b are based heavily on the paper Almond, Chay, and Lee (2005), and problem sets from Ken Chay and John DiNardo based on some of the data used in the paper. The goal of this assignment is to examine the research question: what is the causal effect of maternal smoking during pregnancy on infant birthweight and other infant health outcomes. The data for the problem set is an extract of all births from the 1993 National Natality Detail Files for Pennsylvania. Each observation represents an infant-mother match. The data in Stata format can be downloaded from the bCourses website. There should be 48 variables in the data and, after you are finished with the cleaning steps described below, 114,610 observations.

The data here are “real” and quite imperfect, which will help simulate the unpleasantness of real world data work. Unlike the real world where you will confront this bleak situation largely alone, I will provide you with some hints for working your way through the raw data. You can download part of the codebook for the data to help you figure out the relevant variables.

2. The first order of business is to go through the code book, decide on the relevant variables, and process the data. This involves several steps:
 - (a) Fix missing values. In the data set several variables take on a value of, say, 9999 if missing. We have already checked for missing observations for about 2/3 of the variables. The remaining variables need to be checked and are the last 15 in the variables list (i.e. from ‘cardiac’ to ‘wgain’). Refer to the codebook for missing value codes. Produce an analysis data set that drops any observations with missing values.

```
# According to the codebook, for the following medical risk factor variables, 8 corresponds to
# "Factor not on certificate" and 9 corresponds to "Factor not classifiable": cardiac, lung,
# diabetes, herpes, chyper, phyper, pre4000, preterm

med_risk_factors <- c('cardiac', 'lung', 'diabetes', 'herpes', 'chyper', 'phyper', 'pre4000', 'preterm')

for (var in med_risk_factors){
  mom_dt[var] <- replace(mom_dt[var], which(mom_dt[var] == 8, arr.ind = TRUE), NA)
  mom_dt[var] <- replace(mom_dt[var], which(mom_dt[var] == 9, arr.ind = TRUE), NA)
}

# Below, arr.ind = TRUE returns the indices at which the row equals a certain value

# According to the codebook, for tobacco, 9 corresponds to "Unknown or not stated"
mom_dt$tobacco <- replace(mom_dt$tobacco, which(mom_dt$tobacco == 9, arr.ind = TRUE), NA)
```

```

# According to the codebook, for cigar, 99 corresponds to "Unknown or not stated"
mom_dt$cigar <- replace(mom_dt$cigar, which(mom_dt$cigar == 99, arr.ind = TRUE), NA)

# According to the codebook, for cigar6, 6 corresponds to "Unknown or not stated"
mom_dt$cigar6 <- replace(mom_dt$cigar6, which(mom_dt$cigar6 == 6, arr.ind = TRUE), NA)

# According to the codebook, for alcohol, 9 corresponds to "Unknown or not stated"
mom_dt$alcohol <- replace(mom_dt$alcohol, which(mom_dt$alcohol == 9, arr.ind = TRUE), NA)

# According to the codebook, for drink, 99 corresponds to "Unknown or not stated"
mom_dt$drink <- replace(mom_dt$drink, which(mom_dt$drink == 99, arr.ind = TRUE), NA)

# According to the codebook, for drink5, 5 corresponds to "Unknown or not stated"
mom_dt$drink5 <- replace(mom_dt$drink5, which(mom_dt$drink5 == 5, arr.ind = TRUE), NA)

# According to the codebook, for wgain (assuming that's wtgain in codebook),
# 99 corresponds to "Unknown or not stated"
mom_dt$wgain <- replace(mom_dt$wgain, which(mom_dt$wgain == 99, arr.ind = TRUE), NA)

# Get rows with any missing value into one DT; remove all the rows with any missing value for main DT
miss_dt <- mom_dt[!(complete.cases(mom_dt)),]
mom_dt <- na.omit(mom_dt)

# Now mom_dt contains 114,610 observations instead of the original 120,461

```

- (b) If this were a real research project you would want to consider other approaches to missing data besides termination with extreme prejudice. What observations do you have to drop because of missing data? Might this affect your results? Do the data appear to be missing completely at random? How might you assess whether the data appear to be missing at random?

We know from the last problem set that if the data are missing at random then dropping them should not affect our results of the effect of smoking on birth weight. However, if the missing data is correlated with the treatment (smoking) or the outcome (birth weight) then it could bias our results. From the table below, it does appear that there are differences in the missing and nonmissing data. As discussed in the last problem set, we could formally assess whether the data is missing at random by regressing missing on the treatment.

```

# Compare missing to non missing
compare_dt <- data.table("Variable" = c("Mother age", "Mother educ", "Marital status", "Prenatal adequacy",
    "Number living child", "Number dead or living child",
    "Total live birth or terminations", "Birth order", "Month prenatal be",
    "Number prenatal visits", "Time since last birth", "Father age",
    "Father educ", "Gestation", "Child sex",
    "Birth weight", "Number born", "One min Apgar", "Five min Apgar",
    "Anemia", "Cardiac disease", "Lung disease", "Diabetes",
    "Herpes", "Chron. hypertension", "Preg. hypertension",
    "Previous heavy birth", "Previous preterm", "Tobacco use",
    "Number cigarettes", "Alcohol use", "Number drinks", "Weight gain"),
    "Miss means" = round(as.numeric(lapply(miss_dt[, c(6, 9:18, 20, 22,
    25:30, 33:43, 45:46, 48)]),
    mean, na.rm=TRUE)), 3),
    "Miss sd" = round(as.numeric(lapply(miss_dt[, c(6, 9:18, 20, 22, 25:30, 33:43,
    45:46, 48)]),
    sd, na.rm=TRUE)), 3),
    "Nonmiss means" = round(as.numeric(lapply(mom_dt[, c(6, 9:18, 20, 22, 25:30,
    33:43, 45:46, 48)]),
    mean)), 3),
    "Nonmiss sd" = round(as.numeric(lapply(mom_dt[, c(6, 9:18, 20, 22,
    25:30, 33:43, 45:46, 48)]),

```

```
sd)), 3))
```

```
# add difference and t stat
compare_dt[, "Difference" := `Miss means` - `Nonmiss means`]
compare_dt[, "t-stat" := Difference / sqrt(((`Miss sd`)^2/nrow(miss_dt)) + ((`Nonmiss sd`)^2/nrow(mom_dt))))]

print(xtable(compare_dt, caption = 'Difference in Means', digits = 2),
      include.rownames = FALSE, size = "small", comment = FALSE)
```

Variable	Miss means	Miss sd	Nonmiss means	Nonmiss sd	Difference	t-stat
Mother age	27.05	5.97	27.76	5.70	-0.71	-8.84
Mother educ	12.51	2.26	13.21	2.27	-0.70	-23.16
Marital status	1.44	0.50	1.25	0.43	0.19	27.99
Prenatal adequacy	1.63	0.79	1.30	0.55	0.33	31.59
Number living child	1.24	1.43	0.97	1.15	0.27	14.17
Number dead or living child	2.27	1.47	1.99	1.17	0.28	14.40
Total live birth or terminations	2.81	1.87	2.42	1.52	0.39	15.72
Birth order	2.78	1.74	2.41	1.46	0.37	15.95
Month prenatal began	2.80	1.92	2.50	1.33	0.30	11.81
Number prenatal visits	9.32	4.90	11.15	3.52	-1.84	-28.31
Time since last birth	315.97	355.26	350.41	362.32	-34.44	-7.23
Father age	29.61	7.04	30.06	6.41	-0.46	-4.84
Father educ	12.67	2.29	13.28	2.33	-0.60	-19.62
Gestation	38.53	3.42	39.15	2.44	-0.62	-13.77
Child sex	1.49	0.50	1.49	0.50	0.00	0.00
Birth weight	3191.90	716.95	3373.29	585.17	-181.39	-19.03
Number born	1.04	0.21	1.03	0.17	0.01	4.26
One min Apgar	7.91	1.57	8.12	1.26	-0.21	-10.16
Five min Apgar	8.88	1.03	9.01	0.71	-0.13	-9.47
Anemia	1.99	0.12	1.99	0.10	-0.00	-2.55
Cardiac disease	1.99	0.09	1.99	0.08	-0.00	-0.86
Lung disease	1.99	0.10	1.99	0.09	-0.00	-1.56
Diabetes	1.97	0.16	1.97	0.16	0.00	0.00
Herpes	1.99	0.10	1.99	0.08	-0.00	-2.35
Chron. hypertension	1.99	0.10	1.99	0.09	-0.00	-0.77
Preg. hypertension	1.97	0.16	1.97	0.17	0.00	2.32
Previous heavy birth	1.99	0.10	1.99	0.12	0.00	2.18
Previous preterm	1.98	0.15	1.99	0.12	-0.01	-5.35
Tobacco use	1.57	0.49	1.84	0.37	-0.27	-41.46
Number cigarettes	3.94	7.42	1.91	5.30	2.03	20.70
Alcohol use	1.63	0.48	1.99	0.10	-0.36	-56.95
Number drinks	0.16	1.47	0.03	0.62	0.13	6.64
Weight gain	30.79	13.14	30.36	11.88	0.43	2.45

Table 1: Difference in Means

- (c) Produce a summary table describing the final analysis data set.
3. The next part of the assignment is to try to estimate the “causal” effect of maternal smoking during pregnancy on infant birth weight. Let’s start out using techniques that are familiar, and think about whether they are likely to work in this context. Answer the following questions.
- (a) Compute the mean difference in APGAR scores (both five and one minute versions) as well as birthweight by smoking status.

```
# According to the codebook, omaps is the one minute APGAR score and fmaps is the five minute APGAR score
# Both are a score from 0-10
# dbrwt (assuming that corresponds to dbirwt in codebook) is birthweight in grams
# tobacco is 1: yes, tobacco use during pregnancy and 2: no tobacco use during pregnancy
```

```
smoker <- subset(mom_dt, mom_dt$tobacco == 1)
nonsmoker <- subset(mom_dt, mom_dt$tobacco == 2)

# Mean difference in one minute APGAR score by smoking status
mean_diff_1min_apgar <- mean(smoker$omaps) - mean(nonsmoker$omaps)
print(mean_diff_1min_apgar)
```

```
## [1] -0.01743508
```

```
# Mean difference in five minute APGAR score by smoking status
mean_diff_5min_apgar <- mean(smoker$fmaps) - mean(nonsmoker$fmaps)
print(mean_diff_5min_apgar)
```

```
## [1] -0.0001498085
```

```
# Mean difference in birthweight by smoking status
mean_diff_birthweight <- mean(smoker$dbrwt) - mean(nonsmoker$dbrwt)
print(mean_diff_birthweight)
```

```
## [1] -240.4778
```