#### UCLA STAT 10

**Introduction to Statistical Reasoning** 

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University of California, Los Angeles, Winter 2002 http://www.stat.ucla.edu/~dinov/

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UCLA STAT 10 Introduction to Statistical Reasoning

# Course Description, Class homepage, online supplements, VOH's etc. http://www.stat.ucla.edu/~dinov/

#### What is Statistics? A practical example

Demography: Uncertain population forecasts by Nico Keilman, Nature 412, 490 - 491 (2001) Traditional population forecasts made by statistical agencies do not quantify uncertainty. But demographers and statisticians have developed methods to calculate probabilistic forecasts. The demographic future of any human population is uncertain, but some of the many possible trajectories are more probable than others. So, forecast demographics of a population, e.g., <u>size</u> by 2100, should include <u>two elements</u>: a range of possible outcomes, and a probability attached to that range.

### What is Statistics?

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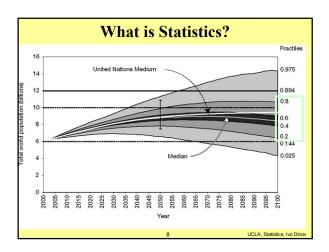
Together, ranges/probabilities constitute a *prediction interval* for the population. There are trade-offs between greater certainty (higher odds) and better precision (narrower intervals). Why?

For instance, the next table shows an estimate that the odds are 4 to 1 (an 80% chance) that the world's population, now at 6.1 billion, will be in the range [5.6 : 12.1] billion in the year 2100. Odds of 19 to 1 (a 95% chance) result in a wider interval: [4.3 : 14.4] billion.

		Median w	orld and regional pop	lation sizes (millions)	
Year	2000	2025	2050	2075	2100
World total	6,055	7,827	8,797 (7,347-10,443)	8,951 (6,636-11,652)	8,414 (5.577-12,123
North Africa	173	257 (228-285)	(7,347-10,446) 311 (249-378)	(0,000-11,002) 336 (238-443)	(0,077-12,120) 333 (215-484)
Sub-Saharan Africa	611	976 (856-1.100)	1,319 (1,010-1,701)	1,522 (1,021-2,194)	1,500 (878-2,450)
North America	314	379	422 (358–498)	441 (343=565)	(313-631)
Latin America	515	709	840 (679–1.005)	(647-1.202)	934 (585-1,383)
Central Asia	56	(043-770) 81 (73-90)	100 (80-121)	(047 - 1,202) 107 (76-145)	106
Middle East	172	285 (252–318)	(301-445)	413 (296–544)	(259–597)
South Asia	1,367	1,940	2,249 (1,795-2,776)	2,242 (1,528-3,085)	1,958
China region	1,408	1,608	(1,305-1,849)	1,422 (1,003=1,884)	(765-1,870)
Pacific Asia	476	625 (569-682)	702	702	654 (410-949)
Pacific OECD	150	155 (144-165)	148	135 (100-175)	123
Western Europe	456	478 (445-508)	(399-549)	433 (321-562)	392
Eastern Europe	121	(109-125)	(08-046) (08-124)	(021-002) 87 (61-118)	(44-115)
European part of the former USSR	236	(109-125) 218 (203-234)	(00-124) 187 (154-225)	(110-216)	(44-115) 141 (85-218)

	Median world and region							
Year	2000	2025	2050					
World total	6.055	7.827	8.797					
		(7.219-8.459)	(7,347-10,443)					
North Africa	173	257	311					
		(228 - 285)	(249-378)					
Sub-Saharan Africa	611	976	1,319					
		(856-1.100)	(1.010-1.701)					
North America	314	379	422					
		(351-410)	(358-498)					
Latin America	515	709	840					
		(643-775)	(679-1,005)					
Central Asia	56	81	100					
		(73-90)	(80-121)					
Middle East	172	285	368					
		(252-318)	(301-445)					
South Asia	1,367	1,940	2,249					
		(1,735-2,154)	(1,795-2,776)					
China realon	1.408	1.608	1.580					

	Propo	ortion of population	over age 60
What is Statistics?	2000	2050	2100
	0.10	0.22	0.34
Bana and the University is a station	0.06	(0.18-0.27)	(0.25~0.44)
Demography: Uncertain population	0.06	0.19 (0.15-0.25)	0.32
forecasts	0.05	0.07	0.20
	4.00	(0.05-0.09)	(0.14-0.27)
by Nico Keilman, Nature 412, ,2001	0.16	0.30	0.40
Traditional non-viotion foregate made		(0.23-0.37)	(0.28-0.52)
Traditional population forecasts made	0.08	0.22	0.33 (0.23-0.45)
by statistical agencies do not quantify	0.08	0.20	0.34
uncertainty. But lately demographers	0100	(0.15-0.25)	(0.24-0.46)
	0.06	0.18	0.35
and statisticians have developed		(0.14-0.23)	(0.24-0.47)
methods to calculate probabilistic	0.07	0.18	0.35
the second se	0.10	(0.14-0.24) 0.30	(0.25-0.48)
forecasts.	0.10	(0.24-0.37)	(0.27-0.53)
Drepartian of population over 60 m	0.08	0.23	0.36
Proportion of population over 60yrs.		(0.18-0.29)	(0.26-0.49)
	0.22	0.39	0.49
	0.20	(0.32-0.47) 0.35	(0.35-0.61) 0.45
	0.20	(0.29-0.43)	(0.32-0.58)
	0.18	0.38	0.42
		(0.30-0.46)	(0.28-0.57)
	0.19	0.35	0.36
7		(0.27-0.44)	(0.23-0.50)



#### What is Statistics?

There is concern about the accuracy of population forecasts, in part because the <u>rapid</u> fall in fertility in Western countries in the 1970s came as a surprise. Forecasts made in those years predicted birth rates that were up to 80% too high.

The rapid reduction in mortality after the Second World War was also not foreseen; lifeexpectancy forecasts were too low by 1–2 years; and the predicted number of elderly, particularly the oldest people, was far too low.

#### What is Statistics?

So, during the 1990s, researchers developed methods for making probabilistic population forecasts, the **aim** of which is to calculate prediction intervals for every variable of interest.

Examples include population forecasts for the USA, AU, DE, FIN and the Netherlands; these forecasts comprised prediction intervals for <u>variables</u> such as age structure, average number of children per woman, immigration flow, disease epidemics.

We need accurate probabilistic population forecasts for the whole world, and its 13 large division regions (see Table). The <u>conclusion</u> is that there is an estimated 85% chance that the world's population will stop growing before 2100. Accurate?

#### What is Statistics?

# There are three main methods of probabilistic forecasting:

time-series extrapolation; expert judgment; and

extrapolation of historical forecast errors.

Time-series methods rely on statistical models that are fitted to historical data. These methods, however, seldom give an accurate description of the past. If many of the historical facts remain unexplained, timeseries methods result in excessively wide prediction intervals when used for <u>long-term forecasting</u>.

Expert judgment is subjective, and historicextrapolation alone may be near-sighted.

#### **Chapter 1**

Preliminaries; Types of Measurements; Controlled Experiments

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#### Types of variates

Qualitative Data Quantitative Data Hypothetical Data in a tabular form

#### Types of variates (variables) (variate =data, variable = model)

We distinguish between two broad types of variables: qualitative and quantitative (or numeric). Each is broken down into two subtypes: qualitative data can be <u>ordinal</u> or <u>nominal</u>, and <u>numeric</u> data can be <u>discrete</u> (often, integer) or <u>continuous</u>.

Qualitative data always have a <u>limited number of alternative</u> <u>values</u>, such variables are also described as discrete. <u>All</u> <u>qualitative data are discrete</u>, while some numeric data are discrete and some are continuous.

For statistical analysis, quantitative data can be converted into <u>discrete numeric data</u> by simply counting the different values that appear.

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 Types of variables - Qualitative Data

 Qualitative data arise when the observations fall into separate distinct categories.

 Examples :
 Color of eyes : blue, green, brown etc

 Exam result : pass or fail

 Socio-economic status : low, middle or high.

 Such data are inherently discrete, in that there are a finite number of possible categories into which each observation may fall.

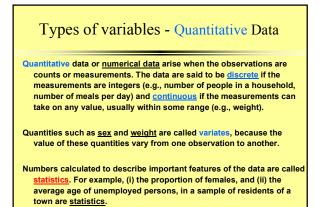
 Qualitative data are classified as:

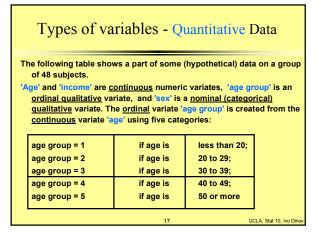
 nominal (Categorical) if there is no natural order between the

categories (e.g., eye color), or <u>ordinal</u> if an ordering exists (e.g., exam results, socio-economic status).

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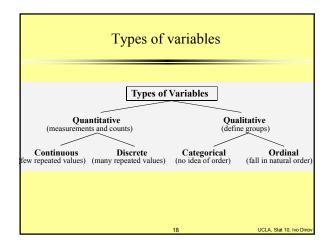
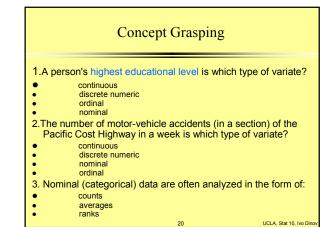


Table - Hypothetical Data									
Subject No	Age	Age	Annual Income	Sex					
	(years)	Group	(x \$10,000)						
1	32	3	4.1	F					
2	20	2	1.5	м					
3	45	4	2.4	F					
47	19	1	0.5	F					
48	32	3	1.9	F					
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**Controlled Experiments** 

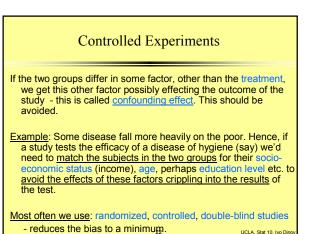
When a new drug is introduced its <u>effectiveness</u> needs to be evaluated. The basic method is <u>comparison</u>. Drug is administered to subjects in a treatment group and a second groups of subjects are used as <u>controls</u> (<u>two groups should</u> <u>be randomly chosen</u>).

Most of these experiments are carried as double-blind designs – neither the subjects taking the medicine nor the physicians who measure the response know which subject is in which group – to avoid biasing of the observed data.

Note: treatment and control groups need to be as similar (demographically) as possible, except for treatment.

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#### Review

Data types: (quantitative, qualitative, etc.)

Population parameters and sample statistics

Controlled experiments

Confounding effects

Blindedness and placebo effects

# Controlled Experiments Randomized, controlled, double-blind studies are very hard to do, however. As a result sometimes we need to use designs that are not so perfect, but are more economical. Examples – using historical control groups. Placebo groups: groups of subjects (patients) who receive fake treatment, sugar-pill, (not no-treatment, as in the treatmentcontrol design). This design factors out the implicit psychological effects of been treated.

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#### **Randomization, Replication and Blocking**

The use of chance to allocate experimental units into groups is called randomization. Randomization is the major principle of the statistical *design of experiments*.

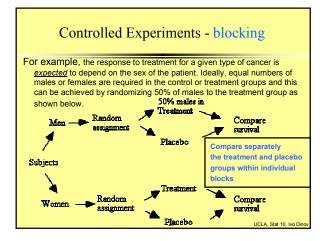
Randomization produces groups of experimental units that are more likely to be similar in all respects before the treatments are applied than using non-random methods. At the end of the study if the differences in the outcome variable between the two groups is too large to attribute to chance, then the difference is called statistically significant. The decision about how large a difference is required to be <u>significant</u> <u>depends on statistical inference</u> using the laws of probability. This will be discussed in later sectors.

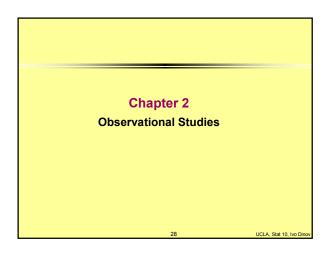
#### **Randomization, Replication and Blocking**

- Another principle is that experiments with more subjects are more <u>likely to detect differences</u> than those with fewer subjects. Repeating an experiment on many subjects (or over many times) is called replication and increases the power of a statistical test.
- If it is known, before the experiment is carried out, that other variables of <u>no interest influence the outcome</u> (e.g. age or sex of a patient), then randomization can be carried out within subsets of experimental units defined by these variables. This is called a block design.

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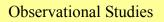


#### **Observational Studies**

Observational Studies are different from controlled experiments.

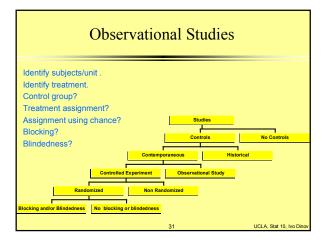
In controlled experiments the investigator decides who will be in the <u>treatment</u> and who will be in the <u>control</u> group.

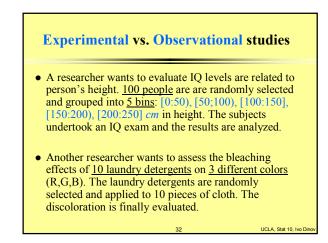
In observational studies the subjects assign themselves to one of the groups – the researcher has no say, but just observes the outcome of the event. E.g., studying the effects of smoking – we can't ask someone to smoke for 10 yrs just to satisfy the criteria of the study.



Observational Studies can establish association between factors/predictors. Association may point to causation, but it can't prove causality. The <u>effects of treatment</u> in observational studies, may be confounded with effects of factors that separated the units/subjects into control or treatment groups initially.

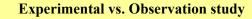
Examples?

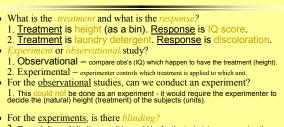




#### **Experimental vs. Observation study**

- For each study, describe what *treatment* is being compared and what *response* is being measured to compare the treatments.
- Which of the studies would be described as *experiments* and which would be described as *observational* studies?
- For the studies that are observational, could an experiment have been carried out instead? If not, briefly explain why not.
- For the studies that are experiments, briefly discuss what *forms of blinding* would be possible to be used.
- In which of the studies has *blocking* been used? Briefly describe *what* was blocked and why it was blocked.



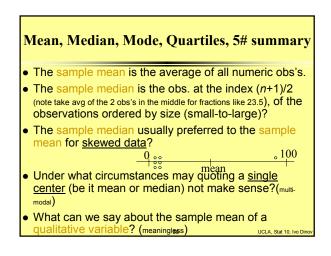


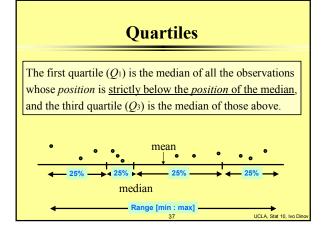
- 2. The only form of blinding possible would be for the technicians measuring the cloth discoloration not to know which detergent was applied.Is there *blocking*?
  - & 2. No blocking. Say, if there are two laundry machines with different cycles of operation and if we want to block we'll need to randomize which laundry does which cloth/detergent combinations, because differences in laundry cycles are a known source of variation.

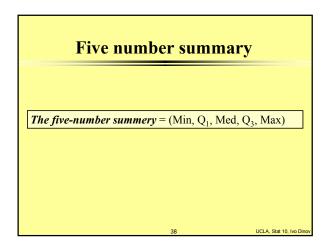
## Confounding Effects

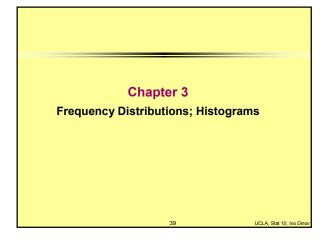
Confounding means a difference between the treatment and control groups – <u>other than the treatment</u> – which effects the responses being studied. A confounder is a third variable which is associated with exposure and disease.

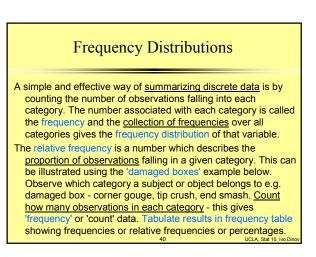
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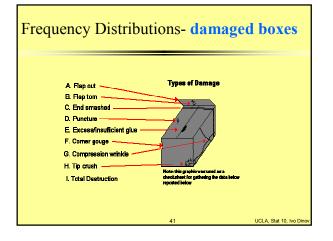






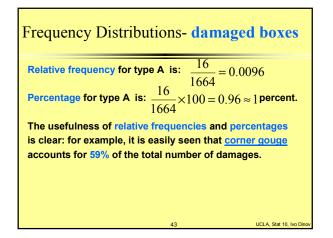


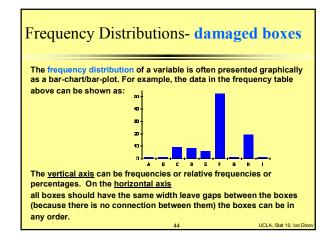


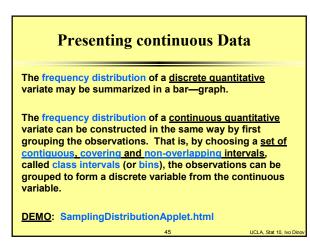


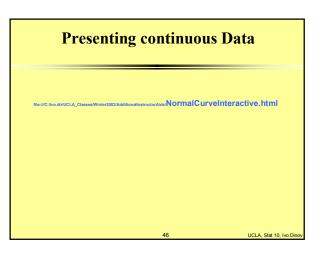
# Frequency Distributions- damaged boxes

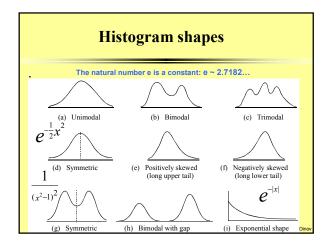
Туре	Total Frequency	Relative Frequency	Percentage
A - Flap out	16	0.0096	1
B - Flap torn	17	0.0102	1
C - End smashe	d 132	0.0793	8
D – Puncture	95	0.0571	6
E - Glue problem	1 87	0.0523	5
F - Corner goug	984	0.5913	59
G – Compr. wrin	kle 15	0.0090	1
H - Tip crushed	303	0.1821	18
I - Tot. destructi	on 15	0.0090	1
Total	1664	0.9999*	100
(* the relative	frequencies do	o not add to 1.000	0 due to rounding)

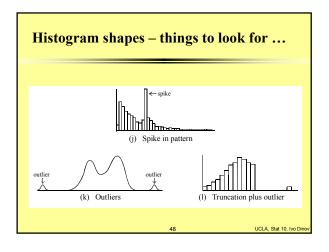


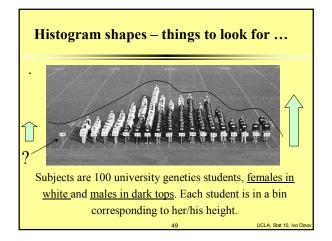


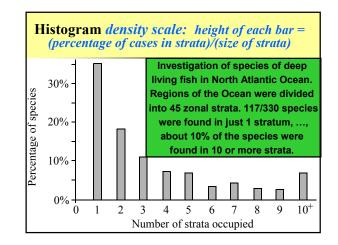


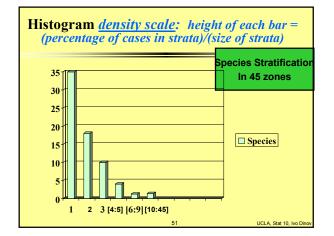


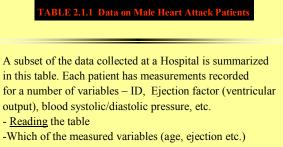






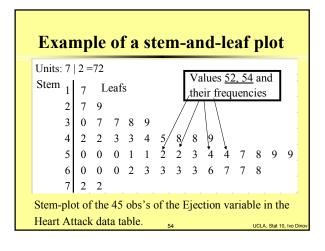




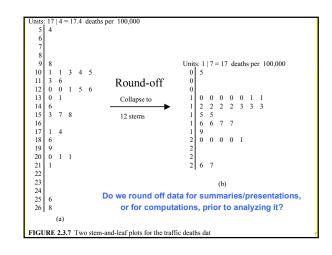


- are useful in <u>predicting</u> how long the patient may live.
- -Are there <u>relationships</u> between these predictors?
- -variability & noise in the observations hide the message of the data.

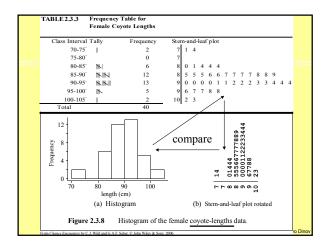
TABLE	2.1.1	SIS-	DIA:	le Hea	irt Att	ack Pa	our.							
ID	EJEC	VOL	VOL C	OCCLU	STEN	TIME	COME	AGE	SMOKE	BET	A CHOL	SURG		
390 279	72 52	36 74	131	0 37	0 63	143 143	0	<del>ب</del> ھ	2	2	59 68	0		
391 201										-				
201 202 69 310	T	AB	LE	2.1	.1	Dat	a on	Μ	ale 1	He	art	Atta	ick P	atients
392 311 393						5	SYS-		DL	۱-				
70 203 394		Ш	)	EJ	EC		VOL		vo	L	oco	CLU	ST	EN
204 280		390	)		72		36		13	1		0		0
55 79 205		279	)		52		74		15	5		37		63
205 206 312		391			62		52		13	7		33		47
80 281		201			50		165		32	9		33		30
207 282 396		202	2		50		47		9	5		0		100
208 209		69	)		27		124		17	0		77		23
283 210		310	)		60		86		21	5		7		50
397 211 398		392	2		72		37		13	2		40		10
284 399		311			60		65		16	3		0		40
285 71 286		288	3		59		39		9	4		0		0
212 400		407	7		67		39		11	7		0		73
287 81 813	<sup>a</sup> NA	=No	t Ava	ailabl	e(mis	sing	data co	ode).						
68 288 407	50 59 67	39 39	94 117	0	40 0 73	135	0	55 47 57	1	2	63 62	0		Stat 10, Ivo

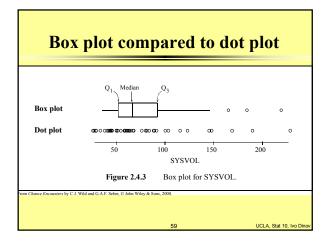


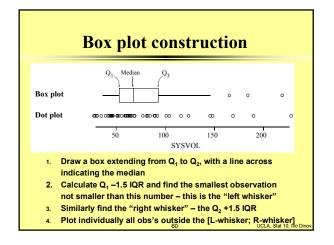
Traffic death-rates data										
FABLE 2.3.1 Traffic Death-Rates (per 100,000 Population) for 30 Countries										
17.4 Australia	20.1 Austria	19.9 Belgium	12.5 Bulgaria	15.8 Canada						
10.1 Czechoslovakia	13.0 Denmark	11.6 Finland	20.0 France	12.0 E. Germany						
13.1 W. Germany 10.3 Israel	21.1 Greece	5.4 Hong Kong 26.8 Kuwait	17.1 Hungary 11.3 Netherlands	15.3 Ireland 20.1 New Zealand						
	10.4 Japan 14.6 Poland			20.1 New Zealand 9.8 Sweden						
10.5 Norway 15.7 Switzerland	14.6 United States	25.6 Portugal 12.1 N. Ireland	12.6 Singapore 12.0 Scotland	9.8 Sweden 10.1England & Wales						
Data for 1983, 1984 or 198 Source: Hutchinson [1987,	85 depending on the country (page 3].	prior to reunification of Ger	rmany)							

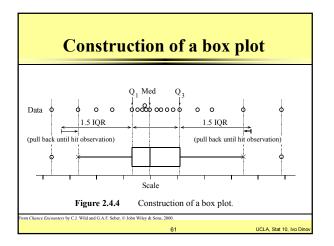


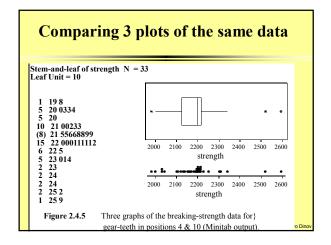
Females																	
93.0	97.0	92.0	101.6	93.0	84.5	102	.5	97	.8	91.0		98.0	0	93	.5	9	91.7
90.2	91.5	80.0	86.4	91.4	83.5	88	.0	71	.0	81.3		88.:	5	86	.5	4	90.0
84.0	89.5	84.0	85.0	87.0	88.0	86	.5	96	.0	87.0		93.	5	93	.5		90.0
85.0	97.0	86.0	73.7														
fales																	
97.0	95.0	96.0	91.0	95.0	84.5	88	.0	96	.0	96.0		87.	0	95	.0	10	0.0
101.0	96.0	93.0	92.5	95.0	98.5	88	0.0	81	.3	91.4		88.	9	86	.4	10	01.6
83.8	104.1	88.9	92.0	91.0	90.0	85	.0	93	.5	78.0		100.5	5	103.	.0	9	91.0
105.0	86.0	95.5	86.5	90.5	80.0	80	0.0										
					urtesy of	Dr V	era E	astw	ood.			ß	14				_
	3.3	ova Scotia, Frequency Female Co	y Table f	or	urtesy of	Dr V	era E	astw	ood.		d	A			A.S.		1
	3.3	Frequency	y Table fo oyote Lei	or		Dr Vo				-	é	4					
TABLE 2.3	3.3	Frequency Female Co	y Table fo oyote Lei	or 1gths							¢	4					
TABLE 2.3 Class In	3.3 nterval	Frequency Female Co Tally	y Table fo oyote Lei	or ngths requency		Stem-a	and-l				¢.						
Class In Body	<b>3.3</b> nterval 70-75 <sup>-</sup> 75-80 <sup>-</sup> 80-85 <sup>-</sup>	Frequency Female Co Tally	y Table fo oyote Lei	or ngths requency 2		Stem-a	and-l				Ø						
Class In Body length	<b>3.3</b> nterval 70-75 - 75-80 - 80-85 - 85-90 -	Frequency Female Co Tally N	y Table fo oyote Lei	or ngths requency 2 0		Stem-a 7 1 7	and-l 4	eafı		1	7	7 7		8 8	9		_
Class In Body length	<b>3.3</b> nterval 70-75 - 75-80 - 80-85 - 85-90 - 90-95 -	Frequency Female Co Tally *	y Table fo oyote Lei	requency 2 0 6		Stem-4 7 1 7 8 0	and-l 4	eaf p	olot 4	5 7	7 2	7 7 2 2			9 4	4	4
Body length	<b>3.3</b> nterval 70-75 - 75-80 - 80-85 - 85-90 -	Frequency Female Co Tally * * *	y Table fo oyote Lei	equency 2 0 6 12		Stem-4 7 1 7 8 0 8 5	and-l 4 5 5 0 0 7	eaf p 4 5	olot 4 - 6 -	1	7 2	7 7 2 2			9 4	4	4



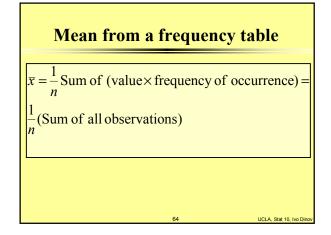








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3	6	9	6	3	2	3	4	4	4	2	2	4		3	7	4	2	6	4
2	5	9	2	3	7	11	2	3	6	4	4	7	6	6	10	4	3	5	7
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No. of strata in which species occur	Frequency (No. of species)	Percentage of species	Cumulative
$(u_j)$	$(f_j)$	$\left(\frac{f_j}{n} \times 100\right)$	Percentage
1	117	35.5	35.5
2	61	18.5	53.9
3	37	11.2	65.2
4	24	7.3	72.4
5	23	7.0	79.4
6	12	3.6	83.0
7	14	4.2	87.3
8	10	3.0	90.3
9	9	2.7	93.0
10+	23	7.0	100.0
	n = 330	100	