UCLA STAT 13

Introduction to Statistical Methods for the Life and Health Sciences

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Chi-Square Test Relative Risk/Odds Ratios



The χ^2 Goodness of Fit Test

 Like other test statistics a smaller value for indicates that the data agree with H_o

• If there is disagreement from H_o, the test stat will be large because the difference between the observed and expected values is large

- #3 P-value:
 - Table 9, p.686
 - http://socr.stat.ucla.edu/htmls/SOCR_Distributions.html
 - Uses df (similar idea to the t table) After first n-1 categories have been specified, the last can be determined because the proportions must add to 1
 - One tailed distribution, not symmetric (different from t table)
- #4 Conclusion similar to other conclusions (TBD)

The χ^2 Goodness of Fit Test

Example: Mendel's pea experiment. Suppose a tall offspring is the event of interest and that the true proportion of tall peas (based on a 3:1 phenotypic ratio) is 3/4 or p = 0.75. He would like to show that his data follow this 3:1 phenotypic ratio.

The hypotheses (#1):

H_o:P(tall) = 0.75 (No effect, follows a 3:1phenotypic ratio) P(dwarf) = 0.25 $H_a: P(tall) \neq 0.75$ P(dwarf) ≠ 0.25







The χ² Goodness of Fit Test

- Tips for calculating χ^2 (p.393):
 - Use the SOCR Resource (www.socr.ucla.edu)
 The table of observed frequencies must include
 ALL categories, so that the sum of the Observed's is equal to the total number of observations
 - The O's must be absolute, rather than relative frequencies (i.e., counts not percentages)
 - Can round each part to a minimum of 2 decimal places, if you aren't using your calculator's memory

Compound Hypotheses

- The hypotheses for the t-test contained one assertion: that the means were equal or not.
- The goodness of fit test can contain more than one assertion (e.g., $a=a_0$, $b=b_0$,..., $c=c_0$)
- this is called a compound hypothesis
 - The alternative hypothesis is non-directional, it measures deviations in all directions (*at least one* probability differs from its hypothesized value)

Directionality

• RECALL: dichotomous – having two categories

 If the categorical variable is dichotomous, H_o is not compound, so we can specify a directional alternative

- when one category goes up the other must go down
- RULE OF THUMB: when df = 1, the alternative can be specified as directional

Directionality

Example: A hotspot is defined as a 10 km² area that is species rich (heavily populated by the species of interest). Suppose in a study of butterfly hotspots in a particular region, the number of butterfly hotspots in a sample of 2,588, 10 km² areas is 165. In theory, 5% of the areas should be butterfly hotspots. Do the data provide evidence to suggest that the number of butterfly hotspots is increasing from the theoretical standards? Test using $\alpha = 0.01$.





Goodness of Fit Test, in general

• The expected cell counts can be determined by:

Pre-specified proportions set-up in the experiment

□ For example: 5% hot spots, 95% other spots

Implied

□ For example: Of 250 births at a local hospital is there evidence that there is a gender difference in the proportion of males and females? Without further information this implies that we are looking for P(males) = 0.50 and P(females) = 0.50.

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Goodness of Fit Test, in general

- Goodness of fit tests can be compound (i.e., Have more than 2 categories):
 - For example: Of 250 randomly selected CP college students is there evidence to show that there is a difference in area of home residence, defined as: Northern California (North of SLO); Southern California (In SLO or South of SLO); or Out of State? Without further information this implies that we are looking for P(N.Cal) = 0.33, P(S.Cal) = 0.33, and P(Out of State) = 0.33.
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The χ^2 Test for the 2 X 2 Contingency Table

• We will now consider analysis of two samples of categorical data

• This type of analysis utilizes tables, called contingency tables

Contingency tables focus on the <u>dependency</u> or association between column and row variables







• #2 The test statistic: Expected cell counts can be calculated by $E = \frac{(row total)(column total)}{E}$

grand total

$$\chi_s^2 = \sum \frac{(O-E)^2}{E}$$

with df = (# rows – 1)(# col – 1) #3 p-value and #4 conclusion are similar to the goodness of fit test.



The χ^2 Test for the 2 X 2 Contingency Table
$\chi_s^2 = \frac{(18-12.25)^2}{12.25} + \frac{(7-12.75)^2}{12.75} + \frac{(80-85.75)^2}{85.75} + \frac{(95-89.25)^2}{89.25}$ = 2.699 + 2.539 + 0.386 + 0.370 = 6.048
df = (2-1)(2-1) = 1
0.01 o.
CONCLUSION: These data show that there is a <u>statistically</u> significant association between <u>brain cancer and cell phone use</u> in patients that have been previously diagnosed with cancer.
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Computational Notes

1. Contingency table is useful for calculations, but not nice for presentation in reports.

2. When calculating observed values should be absolute frequencies, not relative frequencies. Also sum of observed values should equal grand total.

- To eyeball a contingency table for differences,
- check for proportionality of columns:
 - \blacksquare If the columns are nearly proportional then the data seem to agree with ${\rm H_o}$

■ If the columns are not proportional then the data seem to disagree with H_o

Independence and Association in the 2x2 Contingency Table

- There are two main contexts for contingency tables:
 Two independent samples with a dichotomous observed variable
 - One sample with two dichotomous observed variables

NOTE: The χ^2 test procedure is the same for both situations

Example: Vitamin E. Subjects treated with either vitamin E or placebo for two years, then evaluated for a reduction in plaque from their baseline (Yes or No).

Any study involving a dichotomous observed variable and completely randomized allocation to two treatments can be viewed this way

Example: Brain cancer and cell phone use. One sample, cancer patients, two observed variables: brain cancer (yes or no) and cell phone use (yes or no)



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The r X k Contingency Table

• We now consider tables that are larger than a 2x2 (more than 2 groups or more than 2 categories), called rxk contingency tables

• Testing procedure is the same as the 2x2 contingency table, just more work and no possibility for a directional alternative

The goal of an rxk contingency table is to investigate the relationship between the row and column variables

• NOTE: Ho is a compound hypothesis because it contains more than one independent assertion

- This will be true for all rxk tables larger than 2x2
- In other words, the alternative hypothesis for rxk tables larger than 2x2, will always be non-directional.

The r X k Contingency Table

Example: Many factors are considered when purchasing earthquake insurance. One factor of interest may be location with respect to a major earthquake fault. Suppose a survey was mailed to California residents in four counties (data shown below). Is there a statistically significant association between county of residence and purchase of earthquake insurance? Test using $\alpha = 0.05$.

Contra Santa Los San	Total
	TUtal
Costa Clara Angeles Bernardino	
CC SC LA SB	
Earthquake Yes 117 222 133 109	581
Insurance No 404 334 204 263	1205
Total 521 556 337 372	1786

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The r X k Contingency Table

H_o: There is no association between Earthquake insurance and county of residence in California.

$$P(Y|CC) = P(Y|SC) = P(Y|LA) = P(Y|SB)$$

P(N|CC) = P(N|SC) = P(N|LA) = P(N|SB)

H_a: There is an association between Earthquake insurance and county of residence in California.

The probability of having earthquake insurance is not the same in each county.

The r X k Contingency Table

Chi-Square Test: Cl, C2, C3, C4 http://socr.stat.ucla.edu/Applets.dir/ChiSquareTable.html Expected counts are printed below observed counts C1 C2 C3 C4 Total 1 17 22 13 109 581 169.49 180.87 109.63 121.01 16.253 9.352 4.982 1.193 2 404 334 204 263 1205 351.51 375.13 227.37 250.99 7.837 4.509 2.402 0.575 Total 521 556 337 372 1786 Chi-sg + 47.105, DF = 3, P-Value = 0.000



Applicability of Methods

• Conditions for validity of the χ^2 test:

1. Design conditions - for a goodness of fit, it must be reasonable to regard the data as a random sample of categorical observations from a large population.

 for a contingency table, it must be appropriate to view the data in one of the following ways:
 as two or more independent random samples, observed with respect to a categorical variable
 as one random sample, observed with respect to two categorical variables

for either type of test, the observations within a sample must be independent of one another.

Applicability of Methods

Conditions for validity of the χ² test (cont'):
 2. Sample conditions

- critical values for table 9 only work if each expected value ≥ 5

3. Form of H_o

- for goodness of fit, H_o specifies values
- for contingency table, H_o: row and column are not associated or use notation

Verification of Conditions

• Data consisting of several samples need to be independent sample.

If the design contains blocking or pairing the samples are not independent

- Try to reduce bias
- Only simple random sampling
 No pairing for the version we are learning, although there is a paired Chi-Square test (section 10.8)
- No hierarchical structure
- Check expected cell counts



• Chi-Square tests for contingency tables tell us if there is an association or not between categories.

They tell us that there is a difference, but is it an important difference?

They do not give us any information as to the magnitude of any differences between probabilities

• For this we will calculate a confidence interval for the difference between probabilities



CI for the difference between probabilities								
Example: Brain ca	ancer co	ontinued						
		Brain cancer						
		Yes	No	Total				
Cell Phone	Yes	18	80	98				
	No	7	95	102				
	Total	25	175	200				
Calculate a 95% cc phone use between $\tilde{p}_1 = \frac{18}{22}$	onfidence h brain of $\frac{3+1}{5+2} = 0$	ce interval for the cancer and other .704 $\tilde{p}_2 = \frac{8}{12}$	the difference of $\frac{30+1}{75+2}$	erence ir cer patie =.458	n cell ents			
22	0+2	I Slide 42 s	15+2 (at 13. UCLA	Ivo Dinov				

Cl for the difference between probabilities
95% Cl continued...

$$SE_{\bar{p}_1-\bar{p}_2} = \sqrt{\frac{0.704(0.296)}{25+2} + \frac{0.457(0.543)}{175+2}} = \sqrt{0.009} = 0.095$$

 $(0.704 - 0.458) \pm 1.96(0.095)$
 $= 0.246 \pm 0.186 = (0.06, 0.432)$
We are 95% confident that the difference in the proportion
of cell phone covership between patients with brain cancer

and those without brain cancer, is between 6% and 43%.

CI for the difference between probabilities What does this mean? Does this seem like a significant difference? Can we say that based on this data it appears that owning a cell phone increases the probability of brain cancer?

Relative Risk

- The chi-square test is often referred to as a test of independence
- Another measure of dependence is relative risk
 Allows researchers to compare probabilities in terms of their ratio (p₁ / p₂) rather than their difference (p₁ p₂)
 widely used in studies of public health
- In general a relative risk of 1 indicates that the probabilities of two events are the same.
 - A relative risk > 1 implies that there is increased risk
 - A relative risk < 1 implies that there is decreased risk





Odds Ratio

• Another way to compare two probabilities is in terms of odds

• If an event takes place with probability p, then the odds in favor of the event are p / (1 - p)

- If event A|B has p = ½, then the odds are (1/2) / (1/2) =1 or
- **1** to **1** (the probability that event A|B occurs is equal to the probability that it does not occur)
- If event A|C has $p = \frac{3}{4}$, then the odds are (3/4) / (1/4)

= 3 or 3 to 1 (the probability that event A|C occurs is three times as large as the probability that it does not occur)







Odds Ratio Relative Risk vs. Odds Ratio Shortcut formula for an odds ratio: The formula and reasoning for the relative risk is a little bit easier to follow $\hat{\theta} = \frac{n_{11}n_{22}}{n_{11}n_{22}}$ In most cases the two measures are roughly equal to $n_{12}n_{21}$ each other Odds ratios have an advantage over relative risk Now it is easier to see why the OR would be the same because they can be calculated no matter the row for the row-wise and column-wise probabilities! or column comparison Relative risk runs into problems when the study Where the table structure looks like: design is a cohort study or a case-control design Odds ratios are an approximation of relative risk n₁₂ n₁₁ n₂₂ n₂₁ $OR = RR^{(1-P_2)/(1-P_1)}$





Relative Risk vs. Odds Ratio

 Because these estimates of the odds ratio are the same for column-wise and row-wise probabilities (see p. 449)

• And we know that the odds ratio is an approximation of relative risk

• We can say that we estimate the relative risk of a heart attack is about 2 twice as great for those who smoke versus who do not smoke

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Without incorrectly calculating the *row-wise* probabilities







Odds Ratio Confidence Interval So the 90% <u>Cl for $\ln(\theta)$ </u> is $\ln(\hat{\theta}) = \ln(1.998) = 0.6921$ $\ln(\hat{\theta}) \pm Z_{a'_{A}}(SE_{\ln(\hat{\theta})})$

 $\begin{array}{l} 0.6921 \pm Z_{0.05}(0.3120) = \\ 0.6921 \pm 1.645(0.3120) = \\ (0.1789, \ 1.2053) \end{array}$

But right now this is transformed data (natural log) so we need to untransform it by taking the exponent of the CI

$$(e^{0.1789}, e^{1.2053}) = (1.196, 3.338)$$

