Stat 13, Intro. to Statistical Methods for the Life and Health Sciences.

- 1. Comparing two proportions with CIs & testing using simulation, dolphin example
- 2. Comparing two proportions using formulas, smoking and gender example.
- 3. Five number summary and IQR.
- 4. t-test for comparing two means.
- 5. t versus normal, and when to use what formula.
- 6. Causation and prediction.
- 7. Review list.
- 8. Practice exam answers.

Read ch5 and 6. The midterm will be on ch 1-6.

hw3 is due Wed Aug28, 10pm. 4.CE.10, 5.3.28, 6.1.17, and 6.3.14. In 5.3.28d, use the theory-based formula. You do not need to use an applet.

Midterm is Thu Aug29, 10am-11:20am.

I will post the midterm on the course website,

http://www.stat.ucla.edu/~frederic/13/sum24.

First see the file midtermInstructions.txt which will be posted there Thu 915am.

You also need to zoom in to the usual zoom while taking the exam.

By 11:20am you must email me your answers, to frederic@stat.UCLA.edu.

After the exam there will be no lecture.

Your email should just contain your answers, like

ADDBC CDAAB BBCCA.

If you forsee possible internet problems, submit you answers a few min early!!!

Comparing two proportions with Cls and testing using simulation, dolphin example.

Section 5.2

Example 5.2

Is swimming with dolphins therapeutic for patients suffering from clinical depression?

- Researchers Antonioli and Reveley (2005), in British Medical Journal, recruited 30 subjects aged 18-65 with a clinical diagnosis of mild to moderate depression
- Discontinued antidepressants and psychotherapy 4 weeks prior to and throughout the experiment
- 30 subjects went to an island near Honduras where they were randomly assigned to two treatment groups

- Both groups engaged in one hour of swimming and snorkeling each day
- One group swam in the presence of dolphins and the other group did not
- Participants in both groups had identical conditions except for the dolphins
- After two weeks, each subjects' level of depression was evaluated, as it had been at the beginning of the study
- The response variable is whether or not the subject achieved substantial reduction in depression

Null hypothesis: Dolphins do not help.

 Swimming with dolphins is not associated with substantial improvement in depression

Alternative hypothesis: Dolphins help.

 Swimming with dolphins increases the probability of substantial improvement in depression symptoms

- The parameter is the (long-run) difference between the probability of improving when receiving dolphin therapy and the prob. of improving with the control (π_{dolphins} π_{control})
- So we can write our hypotheses as:

$$\begin{aligned} &\mathbf{H_0:} \ \pi_{\text{dolphins}} - \pi_{\text{control}} = 0. \\ &\mathbf{H_a:} \ \pi_{\text{dolphins}} - \pi_{\text{control}} > 0. \\ &\mathbf{or} \\ &\mathbf{H_0:} \ \pi_{\text{dolphins}} = \pi_{\text{control}} \\ &\mathbf{H_a:} \ \pi_{\text{dolphins}} > \pi_{\text{control}} \end{aligned}$$

(Note: we are not saying our parameters equal any certain number.)

Results:

	Dolphin group	Control group	Total
Improved	10 (66.7%)	3 (20%)	13
Did Not Improve	5	12	17
Total	15	15	30

The difference in proportions of improvers is:

$$\hat{p}_d - \hat{p}_c = 0.667 - 0.20 = 0.467.$$

- There are two possible explanations for an observed difference of 0.467.
 - A tendency to be more likely to improve with dolphins (alternative hypothesis)
 - The 13 subjects were going to show improvement with or without dolphins and random chance assigned more improvers to the dolphins (null hypothesis)

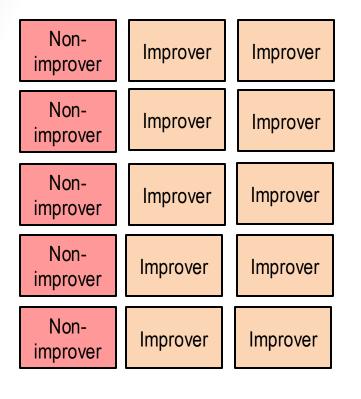
- If the null hypothesis is true (no association between dolphin therapy and improvement) we would have 13 improvers and 17 nonimprovers regardless of the group to which they were assigned.
- Hence the assignment doesn't matter and we can just randomly assign the subjects' results to the two groups to see what would happen under a true null hypothesis.

- We can simulate this with cards
 - 13 cards to represent the improvers
 - 17 cards represent the non-improvers
- Shuffle the cards
 - put 15 in one pile (dolphin therapy)
 - put 15 in another (control group)

- Compute the proportion of improvers in the Dolphin Therapy group
- Compute the proportion of improvers in the Control group
- The difference in these two proportions is what could just as well have happened under the assumption there is no association between swimming with dolphins and substantial improvement in depression.

Dolphin Therapy

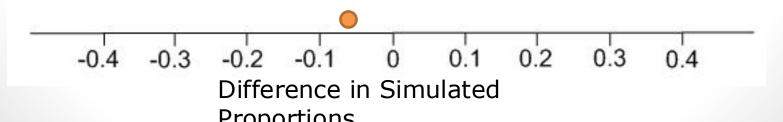
Control





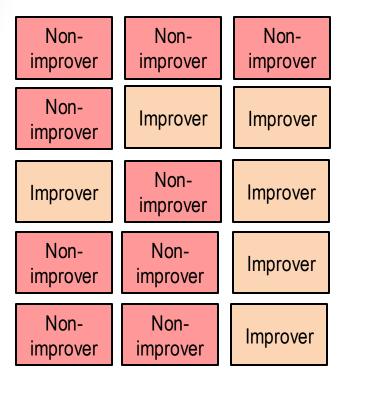
60.0% Improvers Improvers

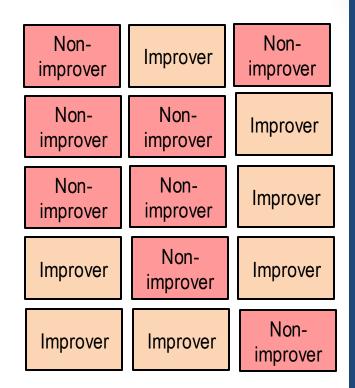
$$0.400 - 0.467 = -0.06$$
 mprovers



Dolphin Therapy

Control

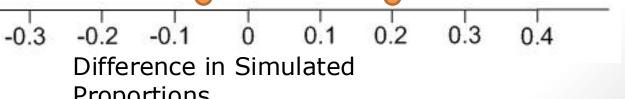




\$0.0% Improvers 0.5

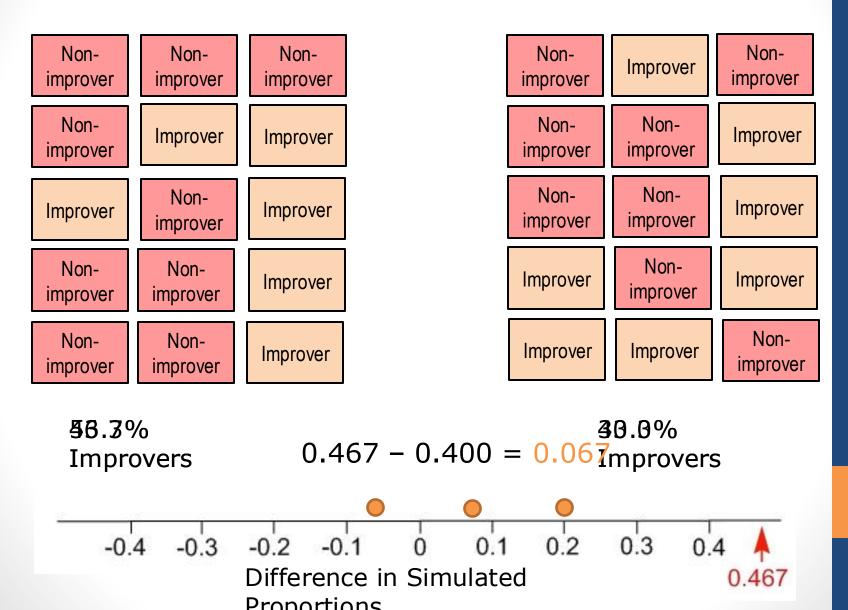
-0.4

0.533 - 0.333 = 0.20 mprovers



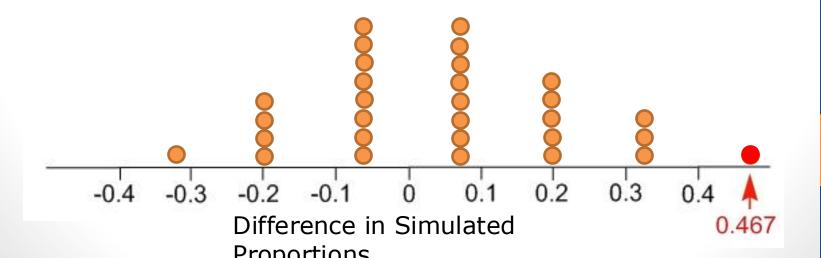
Dolphin Therapy

Control

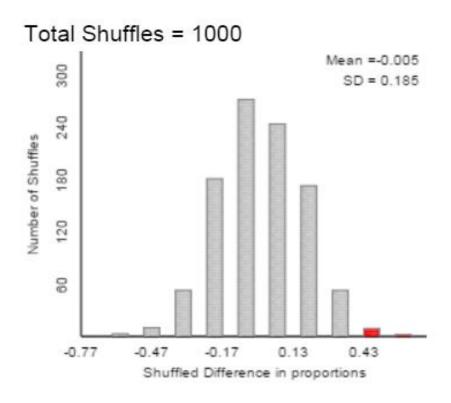


More Simulations

Only one simulated statistics out of 30 was as large or larger than our observed difference in proportions of 0.467 hence our povalue for this null distribution is $1/30 \approx 0.03$.



We did 1000 repetitions to develop a null distribution.



- 13 out of 1000 results had a difference of 0.467 or higher (p-value = 0.013).
- 0.467 is $\frac{0.467-0}{0.185} \approx 2.52$ SE above zero.
- Using either the p-value or standardized statistic, we have strong evidence against the null and can conclude that the improvement due to swimming with dolphins was statistically significant.

- A 95% confidence interval for the difference in the probability using the standard error from the simulations is $0.467 \pm 1.96(0.185) = 0.467 \pm 0.363$, or (.104, .830).
- We are 95% confident that when allowed to swim with dolphins, the probability of improving is between 0.104 and 0.830 higher than when no dolphins are present.
- How does this interval back up our conclusion from the test of significance?

- Can we say that the presence of dolphins caused this improvement?
 - Since this was a randomized experiment, and assuming everything was identical between the groups, we have strong evidence that dolphins were the cause
- Can we generalize to a larger population?
 - Maybe mild to moderately depressed 18-65 year old patients willing to volunteer for this study
 - We have no evidence that random selection was used to find the 30 subjects. "Outpatients, recruited through announcements on the internet, radio, newspapers, and hospitals."

Comparing two proportions: Theory-Based Approach, and smoking and gender example.

Section 5.3

Introduction

- Just as with a single proportion, we can often predict results of a simulation using a theorybased approach.
- The theory-based approach also gives a simpler way to generate a confidence intervals.
- The main new mathematical fact to use is the SE for the difference between two

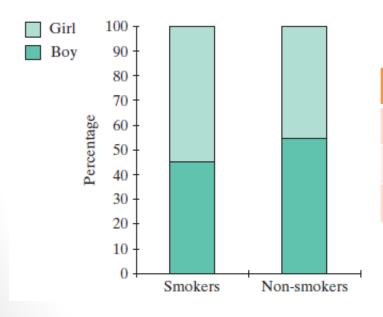
proportions is
$$\sqrt{\hat{p}(1-\hat{p})\left(\frac{1}{n_1}+\frac{1}{n_2}\right)}$$
.

Parents' Smoking Status and their Babies' Gender

Example 5.3

- How does parents' behavior affect the gender of their children?
- Fukuda et al. (2002) found the following in Japan.
 - Out of 565 births where both parents smoked more than a pack a day, 255 were boys. This is 45.1% boys.
 - Out of 3602 births where both parents did not smoke, 1975 were boys. This 54.8% boys.
 - In total, out of 4170 births, 2230 were boys, which is 53.5%.
- Other studies have shown a reduced male to female birth ratio where high concentrations of other environmental chemicals are present (e.g. industrial pollution, pesticides)

- A segmented bar graph and 2-way table
- Let's compare the proportions to see if the difference is statistically significantly.



	Both Smoked	Neither Smoked
Boy	255 (45.1%)	1,975 (54.8%)
Girl	310	1,627
Total	565	3,602

Null Hypothesis:

- There is no association between smoking status of parents and sex of child.
- The probability of having a boy is the same for parents who smoke and don't smoke.
- $\pi_{\rm smoking}$ $\pi_{\rm nonsmoking}$ = 0

Alternative Hypothesis:

- There is an association between smoking status of parents and sex of child.
- The probability of having a boy is not the same for parents who smoke and don't smoke
- π_{smoking} $\pi_{\text{nonsmoking}} \neq 0$

- What are the observational units in the study?
- What are the variables in this study?
- Which variable should be considered the explanatory variable and which the response variable?
- What is the parameter of interest?
- Can you draw cause-and-effect conclusions for this study?

Using the 3S Strategy to asses the strength

1. Statistic:

• The proportion of boys born to nonsmokers minus the proportion of boys born to smokers is 0.548 - 0.451 = 0.097.

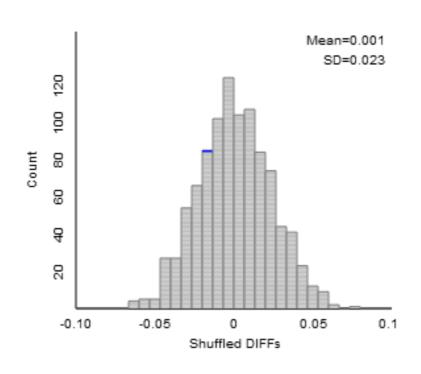
2. Simulate:

- Many repetitions of shuffling the 2230 boys and 1937 girls to the 565 smoking and 3602 nonsmoking parents
- Calculate the difference in proportions of boys between the groups for each repetition.
- Shuffling simulates the null hypothesis of no association

3. Strength of evidence:

- Nothing as extreme as our observed statistic (≥ 0.097 or ≤ -0.097) occurred in 5000 repetitions,
- How many SEs is 0.097 above the mean?

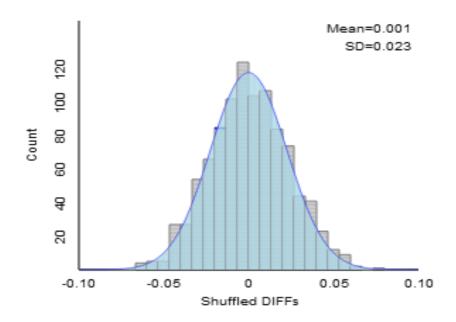
0.097/0.023 = 4.22 using simulations. What about using the theory-based approach?



```
Count Samples Beyond .097

Count = 0/1000 (0.0000)
```

- Notice the null distribution is centered at zero and is bell-shaped.
- This can be approximated by the normal distribution.



Formulas

The theory-based approach yields z = 4.30.

$$z = \frac{\hat{p}_1 - \hat{p}_2}{\sqrt{\hat{p}(1-\hat{p})\left(\frac{1}{n_1} + \frac{1}{n_2}\right)}}$$

- Here $z = \frac{.548 .451}{\sqrt{.535 (1 .535) \left(\frac{1}{3602} + \frac{1}{565}\right)}} = 4.30.$
- p-value is 2*(1-pnorm(4.30)) = 0.00171%.

- Fukuda et al. (2002) found the following in Japan.
 - Out of 3602 births where both parents did not smoke, 1975 were boys. This 54.8% boys.
 - Out of 565 births where both parents smoked more than a pack a day, 255 were boys. This is 45.1% boys.
 - In total, out of 4170 births, 2230 were boys, which is 53.5% boys.

Formulas

 How do we find the margin of error for the difference in proportions?

Multiplier
$$\times \sqrt{\left(\frac{\hat{p}_1(1-\hat{p}_1)}{n_1} + \frac{\hat{p}_2(1-\hat{p}_2)}{n_2}\right)}$$

- The multiplier is from the normal distribution and is dependent upon the confidence level.
 - 1.645 for 90% confidence
 - 1.96 for 95% confidence
 - 2.576 for 99% confidence
- We can write the confidence interval in the form:
 - statistic ± margin of error.

- Our statistic is the observed sample difference in proportions, 0.097.
- Plugging in 1.96 × $\sqrt{\left(\frac{\hat{p}_1(1-\hat{p}_1)}{n_1} + \frac{\hat{p}_2(1-\hat{p}_2)}{n_2}\right)} = 0.044$, we get 0.097 ± 0.044 as our 95% CI.
- We could also write this interval as (0.053, 0.141).
- We are 95% confident that the probability of a boy baby where neither family smokes minus the probability of a boy baby where both parents smoke is between 0.053 and 0.141.

A clarification on the formulas

The margin of error for the difference in proportions is

Multiplier × SE, where SE =
$$\sqrt{\left(\frac{\hat{p}_1(1-\hat{p}_1)}{n_1} + \frac{\hat{p}_2(1-\hat{p}_2)}{n_2}\right)}$$

In testing, the null hypothesis is no difference between the two groups, so we used the SE

$$\sqrt{\left(\frac{\hat{p}(1-\hat{p})}{n_1} + \frac{\hat{p}(1-\hat{p})}{n_2}\right)}$$

where \hat{p} is the proportion in both groups combined. But

in Cls, we use the formula
$$\sqrt{\left(\frac{\hat{p}_1(1-\hat{p}_1)}{n_1} + \frac{\hat{p}_2(1-\hat{p}_2)}{n_2}\right)}$$

because we are not assuming $\hat{p}_1 = \hat{p}_2$ with CIs.

 How would the interval change if the confidence level was 99%?

• The SE =
$$\sqrt{\left(\frac{\hat{p}_1(1-\hat{p}_1)}{n_1} + \frac{\hat{p}_2(1-\hat{p}_2)}{n_2}\right)} = .0224.$$

- Previously, for a 95% CI, it was 0.097 ± 1.96 x .0224
 = 0.097 ± 0.044.
- For a 99% CI, it is $0.097 \pm 2.576 \times .0224$ = 0.097 ± 0.058 .

 Written as the statistic ± margin of error, the 99% CI for the difference between the two proportions is

 0.097 ± 0.058 .

- Margin of error
 - 0.058 for the 99% confidence interval
 - 0.044 for the 95% confidence interval

 How would the 95% confidence interval change if we were estimating

$$\pi_{\rm smoker} - \pi_{\rm nonsmoker}$$

instead of

$$\pi_{\text{nonsmoker}} - \pi_{\text{smoker}}$$
?

- (-0.141, -0.053) or -0.097 ± 0.044 instead of
- (0.053, 0.141) or 0.097 ± 0.044.

 The negative signs indicate the probability of a boy born to smoking parents is lower than that for nonsmoking parents.

Validity Conditions of Theory-Based

- Same as with a single proportion.
- Should have at least 10 observations in each of the cells of the 2 x 2 table.

	Smoking Parents	Non- smoking Parents	Total
Male	255	1975	2230
Female	310	1627	1937
Total	565	3602	4167

- The strong significant result in this study yielded quite a bit of press when it came out.
- Soon other studies came out which found no relationship between smoking and gender (Parazinni et al. 2004, Obel et al. 2003).
- James (2004) argued that confounding variables like social factors, diet, environmental exposure or stress were the reason for the association between smoking and gender of the baby. These are all confounded since it was an observational study. Different studies could easily have had different levels of these confounding factors.

Five number summary, IQR, and geysers.

6.1: Comparing Two Groups: Quantitative Response

6.2: Comparing Two Means: Simulation-Based Approach

6.3: Comparing Two Means: Theory-Based Approach

Exploring Quantitative Data

Section 6.1

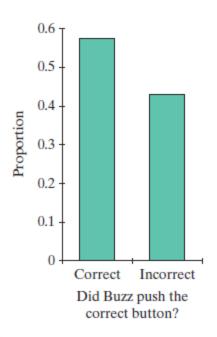
Quantitative vs. Categorical Variables

- Categorical
 - Values for which arithmetic does not make sense.
 - Gender, ethnicity, eye color...

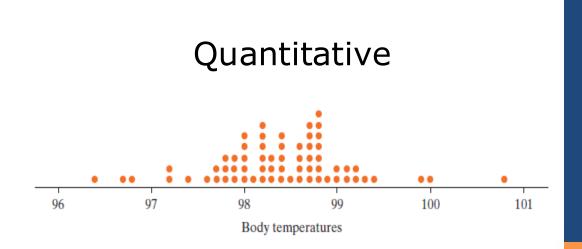
- Quantitative
 - You can add or subtract the values, etc.
 - Age, height, weight, distance, time...

Graphs for a Single Variable

Categorical

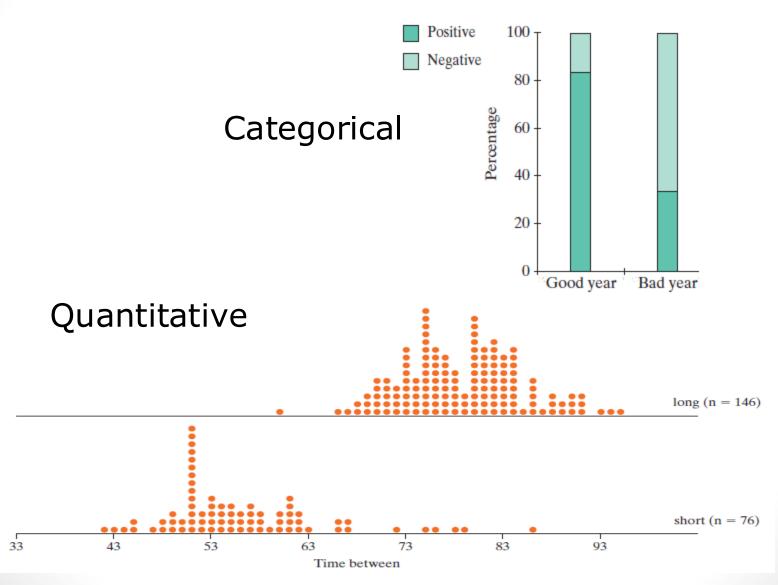


Bar Graph



Dot Plot

Comparing Two Groups Graphically



Notation Check

Statistics

- ullet $ar{x}$ Sample mean
- \hat{p} Sample proportion.

Parameters

- ullet μ Population mean
- π Population proportion or probability.

Statistics summarize a sample and parameters summarize a population

Quartiles

- Suppose 25% of the observations lie below a certain value x. Then x is called the *lower quartile* (or 25th percentile).
- Similarly, if 25% of the observations are greater than x, then x is called the *upper quartile* (or 75th percentile).
- The lower quartile can be calculated by finding the median, and then determining the median of the values below the overall median. Similarly the upper quartile is median{x_i: x_i > overall median}.

IQR and Five-Number Summary

- The difference between the quartiles is called the *inter-quartile range* (IQR), another measure of variability along with standard deviation.
- The five-number summary for the distribution of a quantitative variable consists of the minimum, lower quartile, median, upper quartile, and maximum.
- Technically the IQR is not the interval (25th percentile, 75th percentile), but the difference 75th percentile 25th.
- Different software use different conventions, but we will use the convention that, if there is a range of possible quantiles, you take the middle of that range.
- For example, suppose data are 1, 3, 7, 7, 8, 9, 12, 14.
- M = 7.5, 25^{th} percentile = 5, 75^{th} percentile = 10.5. IQR = 5.5.

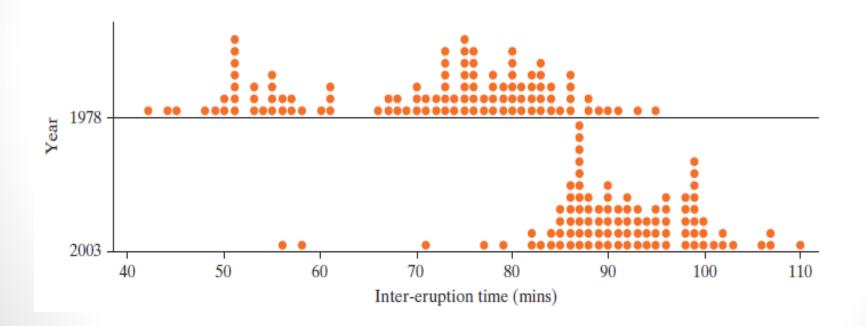
IQR and Five-Number Summary

- For medians and quartiles, we will use the convention, if there is a range of possibilities, take the middle of the range.
- In R, this is type = 2. type = 1 means take the minimum.
- x = c(1, 3, 7, 7, 8, 9, 12, 14)
- quantile(x,.25, type=2) ## 5.5
- IQR(x,type=2) ## 5.5
- IQR(x,type=1) ## 6. Can you see why?

- For example, suppose data are 1, 3, 7, 7, 8, 9, 12, 14.
- M = 7.5, 25^{th} percentile = 5, 75^{th} percentile = 10.5. IQR = 5.5.

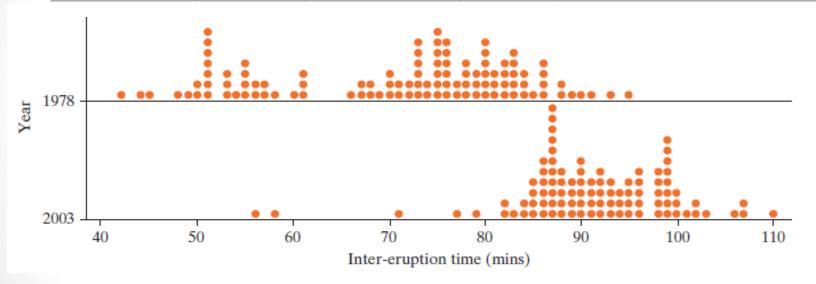
Old Faithful Inter-Eruption Times

 How do the five-number summary and IQR differ for inter-eruption times between 1978 and 2003?



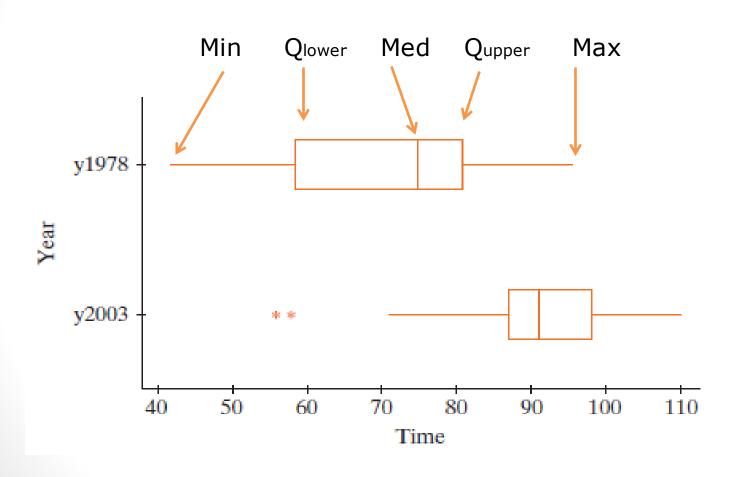
Old Faithful Inter-Eruption Times

	Minimum	Lower quartile	Median	Upper quartile	Maximum		
1978 times	42	58	75	81	95		
2003 times	56	87	91	98	110		



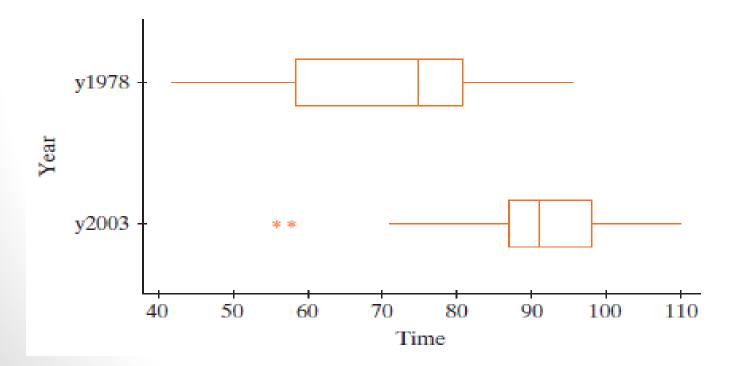
- 1978 IQR = 81 58 = 23
- 2003 IQR = 98 87 = 11

Boxplots



Boxplots (Outliers)

- A data value that is more than 1.5 × IQR above the upper quartile or below the lower quartile is considered an outlier.
- When these occur, the whiskers on a boxplot extend out to the farthest value not considered an outlier and outliers are represented by a dot or an asterisk.

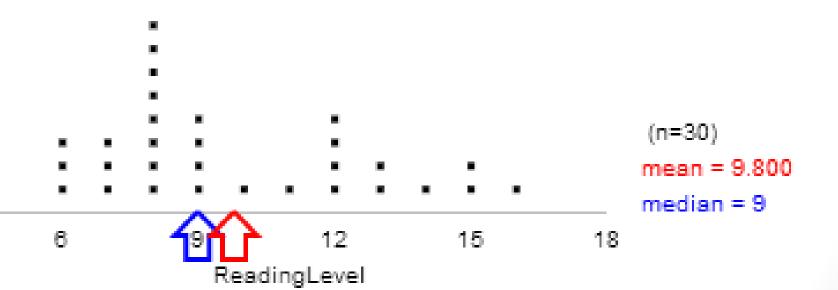


Pamphlet Reading Levels

- Short et al. (1995) compared reading levels of cancer patients and readability levels of cancer pamphlets. What is the:
 - Median reading level?
 - Mean reading level?
- Are the data skewed one way or the other?

Pamphlets' readability levels	6	7	8	9	10	11	12	13	14	15	16	Total
Count (number of pamphlets)	3	3	8	4	1	1	4	2	1	2	1	30

- Skewed a bit to the right
- Mean to the right of median



t-test, t CIs, and breastfeeding and intelligence example.

Example 6.3

- A 1999 study in *Pediatrics* examined if children who were breastfed during infancy differed from bottle-fed.
- 323 children recruited at birth in 1980-81 from four Western Michigan hospitals.
- Researchers deemed the participants representative of the community in social class, maternal education, age, marital status, and sex of infant.
- Children were followed-up at age 4 and assessed using the General Cognitive Index (GCI)
 - A measure of the child's intellectual functioning
- Researchers surveyed parents and recorded if the child had been breastfed during infancy.

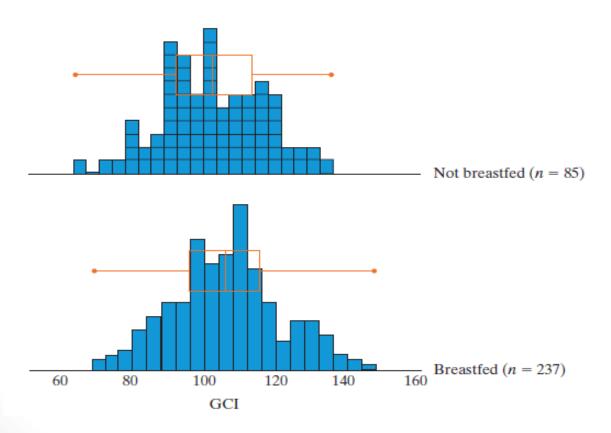
- Explanatory and response variables.
 - **Explanatory variable:** Whether the baby was breastfed. (Categorical)
 - Response variable: Baby's GCI at age 4. (Quantitative)
- Is this an experiment or an observational study?
- Can cause-and-effect conclusions be drawn in this study?

- Null hypothesis: There is no relationship between breastfeeding during infancy and GCI at age 4.
- Alternative hypothesis: There is a relationship between breastfeeding during infancy and GCI at age 4.

- $\mu_{breastfed}$ = Average GCI at age 4 for breastfed children
- μ_{not} = Average GCI at age 4 for children not breastfed

- H_0 : $\mu_{breastfed} = \mu_{not}$
- H_a : $\mu_{breastfed} \neq \mu_{not}$

Group	Sample size, n	Sample mean	Sample SD
Breastfed	237	105.3	14.5
Not BF	85	100.9	14.0



The difference in means was 4.4.

- If breastfeeding is not related to GCI at age 4:
 - Is it possible a difference this large could happen by chance alone? Yes
 - Is it plausible (believable, fairly likely) a difference this large could happen by chance alone?
 - We can investigate this with simulations.
 - Alternatively, we can use a formula, or what your book calls a theory-based method.

T-statistic

- To use theory-based methods when comparing multiple means, the t-statistic is often used. Here the sample sizes are large, but if they were small and the populations were normal, the t-test would be more appropriate than the z-test.
- the t-statistic is again simply the number of standard errors our statistic is above or below the mean under the null hypothesis.

•
$$t = \frac{statistic - hypothesized\ value\ under\ Ho}{SE} = \frac{\bar{x}_1 - \bar{x}_2 - 0}{\sqrt{\frac{s_1^2}{n_1} + \frac{s_2^2}{n_2}}}$$

• Here,
$$t = \frac{(105.3 - 100.9) - 0}{\sqrt{(\frac{14.5^2}{237} + \frac{14.0^2}{85})}} = 2.46.$$

p-value ~ 1.4 or 1.5%. [2 * (1-pnorm(2.46))], or use pt.

Meaning of the p-value:

• If breastfeeding were not related to GCI at age 4, then the probability of observing a difference of 4.4 or more or -4.4 or less just by chance is about 1.4%.

• A 95% CI can also be obtained using the tdistribution. The SE is $\sqrt{(\frac{14.5^2}{237} + \frac{14.0^2}{85})} = 1.79$. So the margin of error is multiplier x SE.

- The SE is $\sqrt{\left(\frac{14.5^2}{237} + \frac{14.0^2}{85}\right)} = 1.79$. The margin of error is multiplier x SE.
- The multiplier should technically be obtained using the t distribution, but for large sample sizes you get almost the same multiplier with t and normal. Use 1.96 for a 95% CI to get 4.40 +/- 1.96 x 1.79 = 4.40 +/- 3.51 = (0.89, 7.91).
- The book uses 2 instead of 1.96, and the applet uses 1.9756 from the t-distribution. Just use 1.96 for 95% CIs for this class.

- We have strong evidence against the null hypothesis and can conclude the association between breastfeeding and intelligence here is statistically significant.
- Breastfed babies have statistically significantly higher average GCI scores at age 4.
- We can see this in both the small p-value (0.015) and the confidence interval that says the mean GCI for breastfed babies is 0.89 to 7.91 points higher than that for non-breastfed babies.

- Can you conclude that breastfeeding improves average
 GCI at age 4?
 - No. The study was not a randomized experiment.
 - We cannot conclude a cause-and-effect relationship.
- There might be alternative explanations for the significant difference in average GCI values.
- What might some confounding factors be?

- Can you conclude that breastfeeding improves average
 GCI at age 4?
 - No. The study was not a randomized experiment.
 - We cannot conclude a cause-and-effect relationship.
- There might be alternative explanations for the significant difference in average GCI values.
 - Maybe better educated mothers are more likely to breastfeed their children
 - Maybe mothers that breastfeed spend more time with their children and interact with them more.
 - Some mothers who do not breastfeed are less healthy or their babies have weaker appetites and this might slow down development in general.

t versus normal, and when to use what formula.

Why do we sometimes use the t distribution and sometimes the normal distribution in testing and confidence intervals?

The central limit theorem states that, for any iid random variables X_1 , ..., X_n with mean μ and SD σ , $(\bar{x} - \mu) \div (\sigma/vn)$ -> standard normal, as $n \to \infty$.

iid means independent and identically distributed, like draws from the same large population. standard means mean 0 and SD 1.

CLT: $(\bar{x} - \mu) \div (\sigma/\sqrt{n})$ -> standard normal. If Z is std. normal, then P(|Z| < 1.96) = 95%.

So, if n is large, then

$$P(|(\bar{x} - \mu) \div (\sigma/\sqrt{n})| < 1.96) \sim 95\%.$$

Mult. by (σ/vn) and get

$$P(|\bar{x} - \mu| < 1.96 \sigma/vn) \sim 95\%$$
.

P(μ – \bar{x} is in the range 0 +/- 1.96 σ/ \sqrt{n}) ~ 95%.

P(μ is in the range \bar{x} +/- 1.96 σ / ν n) ~ 95%.

This all assumes n is large. What if n is small?

CLT: $(\bar{x} - \mu) \div (\sigma/\sqrt{n}) \rightarrow \text{standard normal}$.

What about if n is small?

A property of the normal distribution is that the sum of independent normals is also normal, and from this it follows that if $X_1, ..., X_n$ are iid and normal, then $(\bar{x} - \mu) \div (\sigma/\sqrt{n})$ is standard normal.

So again P(μ is in the range \bar{x} +/- 1.96 σ / ν n) = 95%. This assumes you know σ . What if σ is unknown?

Suppose $X_1, ..., X_n$ are iid with mean μ and SD σ .

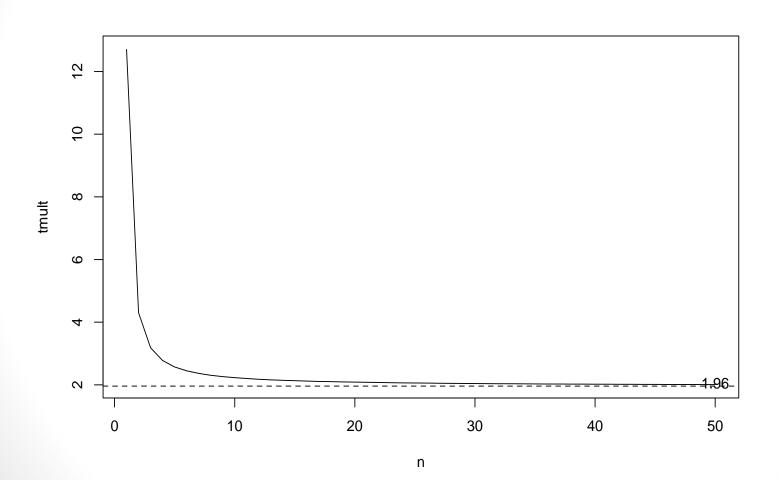
CLT: $(\bar{x} - \mu) \div (\sigma/\sqrt{n}) \sim \text{std. normal.}$

If $X_1, ..., X_n$ are normal, then $(\bar{x} - \mu) \div (\sigma/\sqrt{n})$ is std. normal.

 σ is the SD of the population from which $X_1, ..., X_n$ are drawn. s is the SD of the sample, $X_1, ..., X_n$.

Gosset (1908) showed that replacing σ with s, if $X_1, ..., X_n$ are normal, then $(\bar{x} - \mu) \div (s/vn)$ is t distributed. So we need the multiplier from the t distribution.

```
To sum up,
if the observations are iid and n is large, then
       P(\mu is in the range \bar{x} +/- 1.96 \sigma/\nun) ~ 95%.
If the observations are iid and normal, then
       P(\mu is in the range \bar{x} +/- 1.96 \sigma/\nun) ~ 95%.
If the obs. are iid and normal and \sigma is unknown, then
       P(\mu is in the range \bar{x} +/- t_{mult} s/\foralln) ~ 95%.
where t<sub>mult</sub> is the multiplier from the t distribution.
This multiplier depends on n.
```



- a. 1 sample numerical data, iid observations, want a 95% CI for μ .
- If n is large and σ is known, use \bar{x} +/- 1.96 σ/\sqrt{n} .
- If n is small, draws are normal, and σ is known, use \bar{x} +/- 1.96 σ/\sqrt{n} .
- If n is small, draws are normal, and σ is unknown, use \bar{x} +/- t_{mult} s/ \sqrt{n} .
- If n is large and σ is unknown, $t_{\text{mult}} \sim 1.96$, so we can use \bar{x} +/- 1.96 s/Vn.

 $n \ge 30$ is often considered large enough to use 1.96.

In practice, we typically do not know the draws are normal, but if the distribution looks roughly symmetrical without enormous outliers, the t formula may be reasonable.

b. 1 sample binary data, iid observations, want a 95% CI for π .

View the data as 0 or 1, so sample percentage $p = \bar{x}$, and

$$s = V[p(1-p)], \sigma = [\pi(1-\pi)].$$

- a. 1 sample numerical data, iid observations, want a 95% CI for μ.
- If n is large and σ is known, use \bar{x} +/- 1.96 σ/\sqrt{n} .
- If n is small, draws are normal, and σ is known, use \bar{x} +/- 1.96 σ/\sqrt{n} .
- If n is small, draws ~ normal, and σ is unknown, use \bar{x} +/- t_{mult} s/ \sqrt{n} .
- If n is large and σ is unknown, $t_{\text{mult}} \sim 1.96$, so we can use \bar{x} +/- 1.96 s/Vn.
- b. 1 sample binary data, iid observations, want a 95% CI for $\boldsymbol{\pi}.$

View the data as 0 or 1, so sample percentage $p = \overline{x}$, and

$$s = V[p(1-p)], \sigma = [\pi(1-\pi)].$$

If n is large and π is unknown, use \overline{x} +/- 1.96 s/ \sqrt{n} .

Here large n means ≥ 10 of each type in the sample.

What if n is small and the draws are not normal, and you want a theory-based test or CI?

How should you find the t multiplier for a CI or a p-value using the t-statistic, when n is small?

These are questions outside the scope of this course, but some techniques have been developed, such as the bootstrap, which are sometimes useful in these situations.

c. Numerical data from 2 samples, iid observations, want a 95% CI for μ_1 - μ_2 .

If n is large and
$$\sigma$$
 is unknown, use $\bar{x_1}$ - $\bar{x_2}$ +/- 1.96 $\sqrt{\frac{s_1^2}{n_1} + \frac{s_2^2}{n_2}}$.

As with one sample, if σ_1 is known, replace s_1 with σ_1 , and the same for σ_2 . And as with one sample, if σ_1 and σ_2 are unknown, the sample sizes are small, and the distributions are roughly normal, then use t_{mult} instead of 1.96. If the sample sizes are small, the distributions are normal, and σ_1 and σ_2 are known, then use 1.96.

d. Binary data from 2 samples, iid observations, want a 95% CI for π_1 - π_2 .

same as in c above, with $p_1 = \overline{x_1}$, $s_1 = V[p_1(1-p_1)]$, $\sigma_1 = [\pi_1(1-\pi_1)]$.

Large for binary data means sample has ≥ 10 of each type.

Causation and prediction.

Note that for prediction, you sometimes do not care about confounding factors.

* Forecasting wildfire activity using temperature.

Warmer weather may directly cause wildfires via increased ease of ignition, or due to confounding with people choosing to go camping in warmer weather. It does not really matter for the purpose of merely *predicting* how many wildfires will occur in the coming month.

* The same goes for predicting lifespan, or liver disease rates, etc., using smoking as a predictor variable.

Review list.

- 1. Meaning of SD.
- 2. Parameters and statistics.
- 3. Z statistic for proportions.
- 4. Simulation and meaning of pvalues.
- 5. SE for proportions.
- 6. What influences pvalues.
- 7. CLT and validity conditions for tests.
- 8. 1-sided and 2-sided tests.
- 9. Reject the null vs. accept the alternative.
- 10. Sampling and bias.
- 11. Significance level.
- 12. Type I, type II errors, and power.
- 13. Cls for a proportion.
- 14. Cls for a mean.
- 15. Margin of error.
- 16. Practical significance.
- 17. Confounding.
- 18. Observational studies and experiments.

- 19. Random sampling and random assignment.
- 20. Two proportion CIs and testing.
- 21. IQR and 5 number summaries.
- 22. Testing and CIs for 2 means.
- 23. Placebo effect, adherer bias, and nonresponse bias.
- 24. Prediction and causation.

Practice test answers.

1. a. 18. a.

2. d. 19. b.

3. a. 20. b.

4. d.

5. c.

6. b.

7. b.

8. a.

9. d.

10. e.

11. a.

12. c.

13. c.

14. b.

15. b.

16. d.

17. b.