## Sociology 63993, Exam1 February 12, 2015

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- *I. True-False.* (20 points) Indicate whether the following statements are true or false. If false, briefly explain why.
- 1. When working with complex survey data (and using the svy: prefix in Stata) nested models should be tested via the use of incremental F tests (i.e. you should estimate the constrained and unconstrained models separately and then use an incremental F test to contrast them).
- 2. The closer the tolerance of a variable is to 1, the more likely it is that you will have problems with multicollinearity.
- 3. The most extreme outliers on Y (i.e. the cases where Y is furthest from the mean) will always have the most influence on the regression line.
- 4. Cohen and Cohen's Dummy Variable Adjustment technique has been discredited and should not be used under any circumstances.
- 5. A researcher runs the following analysis:
- . alpha v1 v2 v3, i

Test scale = mean(unstandardized items)

Item	Obs	Sign	item-test correlation	item-rest correlation	average interitem covariance	alpha
v1	3975	+	0.4842	0.1522	.2360952	0.7907
v2	3975	+	0.8448	0.6473	.0374987	0.1997
v3	3975	+	0.8836	0.5602	.0342703	0.2815
Test scale					.1026214	0.6060

Based on these results, she should drop v2 from her scale.

II. Short answer. Discuss all three of the following problems. (15 points each, 45 points total.) In each case, the researcher has used Stata to test for a possible problem, concluded that there is a problem, and then adopted a strategy to address that problem. Explain (a) what problem the researcher was testing for, and why she concluded that there was a problem, (b) the rationale behind the solution she chose, i.e. how does it try to address the problem, and (c) one alternative solution she could have tried, and why. (NOTE: a few sentences on each point will probably suffice – you don't have to repeat everything that was in the lecture notes.)

## II-1.

## . reg health age weight height i.female i.race

Source	SS	df		MS		Number of obs F( 6, 793)		800 28.89
Model   Residual	193.406808 884.811942	6 793		234468 577798		Prob > F R-squared Adj R-squared	=	0.0000 0.1794 0.1732
Total	1078.21875	799	1.34	946026		Root MSE	=	1.0563
health	Coef.	Std.	 Err. 	t t	P> t	[95% Conf.	Ir	iterval]
age   weight   height   1.female	0211716 0039733 .0127136 .1804978	.0022 .0028 .0058 .1031	427 336	-9.27 -1.40 2.18 1.75	0.000 0.163 0.030 0.080	0256528 0095535 .0012625 0219259		0166904 0016068 0241647 3829216
race   Black   Other   _cons	7038075 0574042 2.645635	.0977 .1235	336	-7.20 -0.46	0.000 0.642	895643 2998958 .6584201		.5119719 .1850873
_ '								

## . sum, sep(6)

Variable	Obs	Mean	Std. Dev.	Min	Max
race	800	1.445	.7071776	1	3
age	1100	48.88364	17.46024	20	74
height	1100	167.2078	10.19798	138.5	200
weight	1100	71.0562	15.31384	30.84	149.69
health	1100	3.401818	1.172321	1	5
female	1100	.5218182	.499751	0	1

## . tab1 race

## -> tabulation of race

1=white,   2=black,   3=other	Freq.	Percent	Cum.
White   Black   Other	545 154 101	68.13 19.25 12.63	68.13 87.38 100.00
Total	800	100.00	

## . mi set mlong

## . mi register imputed race

(300 m=0 obs. now marked as incomplete)

## . mi impute mlogit race health age height weight female, add(50) rseed(2232)

Univariate imputation	Imputations =	50
Multinomial logistic regression	added =	50
Imputed: m=1 through m=50	updated =	0

Observations per m

Variable	Complete	Incomplete	Imputed	Total		
race	800	300	300	1100		

(complete + incomplete = total; imputed is the minimum across m
 of the number of filled-in observations.)

#### . mi estimate: reg health age weight height i.female i.race

Multiple-imput	tation estimat	ces		Imputa	ations	=	50
Linear regress	sion			Number	r of obs	=	1100
				Avera	ge RVI	=	0.1216
				Larges	st FMI	=	0.2769
				Comple	ete DF	=	1093
DF adjustment	: Small samp	ple		DF:	min	=	357.50
					avg	=	823.32
					max	=	1052.35
Model F test:	Equal E	FMI		F( 6	6, 1032.2)	=	33.72
Within VCE typ	pe: (	DLS		Prob :	> F	=	0.0000
health	Coef.	Std. Err.	t	P> t	[95% Co	nf.	Interval]
	+						
age	0200064	Std. Err.  .0019955					
	0200064	.0019955		0.000	023922	1	0160908
age	0200064 0051971	.0019955 .0024855	-10.03	0.000 0.037	 023922 010074	 11 :5	0160908
age weight height	0200064 0051971	.0019955 .0024855 .0050562	-10.03 -2.09	0.000 0.037	 023922 010074	 1 5 1	0160908 0003198 .0255829
age weight height	0200064  0051971   .015661	.0019955 .0024855 .0050562	-10.03 -2.09 3.10	0.000 0.037 0.002	023922 010074 .005739	 1 5 1	0160908 0003198 .0255829
age weight height	0200064  0051971   .015661	.0019955 .0024855 .0050562	-10.03 -2.09 3.10	0.000 0.037 0.002	023922 010074 .005739	 1 5 1	0160908 0003198 .0255829
age weight height 1.female	0200064 0051971 .015661 .2240806	.0019955 .0024855 .0050562	-10.03 -2.09 3.10 2.48	0.000 0.037 0.002	023922 010074 .005739 .046968	:1 :5 :1 :3	0160908 0003198 .0255829 .4011929

\_cons | 2.161208 .8808568 2.45 0.014 .4326168 3.889799

II-2.

## . reg y x

Source	SS S	df	M	IS		Number of obs F( 1, 98)		100 204.90
Model Residual Total	387.15257 185.17243 572.325	1 98 	387.1 1.8895  5.7810	1459		Prob > F R-squared Adj R-squared Root MSE	= = =	0.0000 0.6765
У	Coef.	Std. 1	 Err.	t	P> t	[95% Conf.	Int	terval]
x _cons	1.977532   1.94407	.1381!		14.31	0.000	1.703373 1.671286		2.25169 .216854

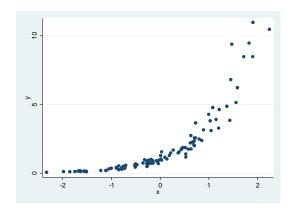
## . estat hettest

Breusch-Pagan / Cook-Weisberg test for heteroskedasticity Ho: Constant variance Variables: fitted values of y

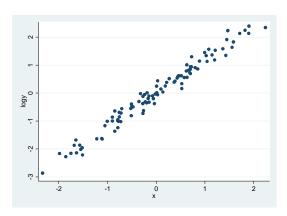
-1-10/1) 20 07

chi2(1) = 32.27Prob > chi2 = 0.0000

## . twoway scatter y x, name(g1)



- . gen logy = log(y)
- . twoway scatter logy x, name(g2)



## . reg logy x

Source	SS	df		MS		Number of obs F( 1, 98)		100 3528.00
Model Residual	142.56 3.96000021	1 98	1 .0404	42.56 08165		Prob > F R-squared Adj R-squared	=	0.0000 0.9730 0.9727
Total	146.520001	99	1.480	00001		Root MSE	=	
logy	Coef.	Std.	Err.	t	P> t	[95% Conf.	In	terval]
x _cons	1.2   2.14e-09	.0202		59.40	0.000	1.159908 0398913		.240092

## . estat hettest

Breusch-Pagan / Cook-Weisberg test for heteroskedasticity

Ho: Constant variance

Variables: fitted values of logy

chi2(1) = 0.02Prob > chi2 = 0.8781

## II-3.

#### . reg y x

Source	SS 	df		MS		Number of obs F( 1, 3973)	
Model Residual Total	559.504598 57188892.5 57189452.1	3973 	14394	1.3852		Prob > F R-squared Adj R-squared Root MSE	= 0.8437 = 0.0000
У	   Coef.	Std.	Err.	t	P> t	[95% Conf.	Interval]
x _cons	.3505943   3.50558	1.778		0.20 1.42	0.844	-3.135828 -1.344881	3.837017 8.356041

## . dfbeta

\_dfbeta\_1: dfbeta(x)

## . extremes \_df\* y x

+			
obs:	_dfbeta_1	У	x
2846.	-20.48698	7560.241	.1534038
2100.	0031762	-6.815401	3.137415
3828.	0019974	-2.850775	3.062574
70.	0019538	-3.89073	2.776838
3739.	0019023	-5.510675	2.447441
+	.0025574	-8.791584	8340001
	.002686	-7.56208	-1.147358
	.0027336	-11.03818	6557877
	.0027977	-7.366304	-1.281223
	.0028055	-12.22433	5724241

## .drop \_df\*

. replace y = y/1000 in 2846

(1 real change made)

#### . reg y x

Source	SS	df		MS		Number of obs F( 1, 3973)		3975 693.88
Model   Residual	11237.3545 64343.0002	1 3973		7.3545 950668		Prob > F R-squared Adj R-squared	= =	0.0000 0.1487 0.1485
Total	75580.3548	3974	19.0	187103		Root MSE		4.0243
у	Coef.	Std.	Err.	t	P> t	[95% Conf.	In	terval]
x   _cons	1.571213 .5203355	.0596		26.34 6.27	0.000	1.45427 .3576392		.688156 6830318

. dfbeta

\_dfbeta\_1: dfbeta(x)

. extremes \_df\* y x

- III. Computation and interpretation. (35 points total) The Center for Disease Control is very concerned about the anti-vaccination movement in the United States. According to the World Health Organization (<a href="http://www.who.int/mediacentre/factsheets/fs286/en/">http://www.who.int/mediacentre/factsheets/fs286/en/</a>), measles is one of the leading causes of death among young children worldwide even though a safe and cost-effective vaccine is available. In the United States, the number of measles cases has skyrocketed in recent years, largely because growing numbers of parents are choosing not to vaccinate their children. Various explanations have been offered.
  - Due to a now discredited study (<a href="http://www.newsweek.com/autism-how-childhood-vaccines-became-villains-82273">http://www.newsweek.com/autism-how-childhood-vaccines-became-villains-82273</a>), some parents fear that the measles vaccine can cause autism.
  - Another recent article claimed that vaccination refusal was a "white privilege" problem: it takes money and time to refuse vaccinations, and whites are more likely to have that money and time than are minorities (<a href="http://www.xojane.com/issues/vaccination-refusal-white-privilege">http://www.xojane.com/issues/vaccination-refusal-white-privilege</a>).
  - Finally, another study, recently reported on NPR
     (http://www.npr.org/blogs/health/2015/02/06/384322665/to-get-parents-to-vaccinate-their-kids-dont-ask-just-tell), claims that a doctor's approach has a major impact on

whether or not parents vaccinate their children. When doctors just simply presumed that the parent was going to be fine with the vaccines that the doctor was going to recommend (e.g. "Johnny is due for his DTaP shot today"), parents were much more likely to get their child vaccinated than they were when the doctor asked them how they felt about vaccination.

To assess the validity and importance of these different claims, the CDC has collected complete data from 2000 parents of young children. The items included in the survey are:

Variable	Description
vaccination	Scale that measures feelings about vaccination. Ranges from 0 = extremely negative about vaccinations to 100 = extremely positive. This is the dependent variable.
white	Coded 1 if white, 0 if non-white
autism	Scale that measures beliefs about whether vaccines can lead to autism. $0 = \text{no}$ chance that vaccinations can cause autism to $100 = \text{extremely likely that vaccinations can cause autism.}$
approach	Scale that measures how forceful the children's doctor is in pushing vaccinations. 0 = not forceful at all, 100 = just assumes the parent will want their child vaccinated.

An analysis of the data yields the following results. [NOTE: You'll need some parts of the following to answer the questions, but other parts are extraneous. You'll have to figure out which is which.]

## . sum vaccinate white autism approach

Variable	0bs	Mean	Std. Dev.	Min	Max
vaccinate	2000	47.3155	26.8503	1	100
white	2000	.885	.3191017	0	1
autism	2000	27.4605	17.03163	0	71
approach	2000	60.605	15.83222	0	100

#### . reg vaccinate i.white autism approach, vce(robust)

vaccinate	Coef.	Robust Std. Err.	t	P> t	[95% Conf.	. Interval]
white   White   autism   approach   _cons	-4.363207 2537355 .2573966 42.54512	1.798159 .0352135 .0386828 3.013613	-2.43 -7.21 6.65 14.12	0.015 0.000 0.000 0.000	-7.889673 3227946 .1815336 36.63497	8367423 1846764 .3332596 48.45528

## . reg vaccinate i.white autism approach

Source	SS	df	MS		Number of obs F( 3, 1996)		2000 <b>[2]</b>
Model   Residual	93383.6877 1347772.23	[1] 1996	31127.8959 675.236589		Prob > F R-squared Adj R-squared	=	0.0000 [3] 0.0634
Total	1441155.92	1999	[4]		Root MSE	=	25.985
vaccinate	Coef.	Std. I	Err. t	P> t	[95% Conf.	In	terval]
white   White   autism   approach   _cons	-4.363207 2537355 .2573966 42.54512	1.8381 .03579 .03872 3.0997	901 -7.09 209 6.65	0.018 0.000 0.000 0.000	-7.968157 3239253 .1814591 36.46596		7582576 1835457 3333342 8.62428

#### . estat hettest

Breusch-Pagan / Cook-Weisberg test for heteroskedasticity

Ho: Constant variance

Variables: fitted values of vaccinate

chi2(1) = 2.40Prob > chi2 = 0.1212

#### . estat imtest

Cameron & Trivedi's decomposition of IM-test

Source	chi2	df	p
Heteroskedasticity Skewness Kurtosis	14.88   44.28   56.84	8 3 1	0.0614 0.0000 0.0000
Total	116.00	12	0.0000

## . testparm i.white autism approach

- (1) 1.white = 0
- (2) autism = 0
- (3) approach = 0

$$F(3, 1996) = 46.10$$
  
 $Prob > F = 0.0000$ 

#### . test approach = -autism

$$(1)$$
 autism + approach =  $0$ 

$$F(1, 1996) = 0.00$$
  
 $Prob > F = 0.9514$ 

# . pcorr vaccinate white autism approach (obs=2000)

Partial and semipartial correlations of vaccinate with

Variable	Partial	Semipartial	Partial	Semipartial	Significance
	Corr.	Corr.	Corr.^2	Corr.^2	Value
white	-0.0531	-0.0514	0.0028	0.0026	0.0177
autism	-0.1567	-0.1535	0.0246	0.0235	0.0000
approach	0.1472	0.1439	0.0217	0.0207	0.0000

. reg vaccinate i.white autism approach i.white#i.white

Source	SS	df		MS		Number of obs	=	2000
 +						F( 3, 1996)	=	46.10
Model	93383.6877	3	3112	7.8959		Prob > F	=	0.0000
Residual	1347772.23	1996	675.	236589		R-squared	=	0.0648
 ++	· +					Adi R-squared	=	0.0634
Total	1441155.92	1999	720.	938429		Root MSE	=	25.985
vaccinate	Coef.	Std.	Err.	t	P> t	[95% Conf.	In	terval]
 ++								
white								
White	-4.363207	1.838	3179	-2.37	0.018	-7.968157		7582576
autism	2537355	.0357		-7.09	0.000	3239253		1835457
approach	.2573966	.0387		6.65	0.000	.1814591		3333342
;	42.54512	3.099		13.73	0.000	36.46596		8.62428
_cons	42.54512	3.093	, , , , ,	13.73	0.000	30.40390	4	0.02420
 								<b>_</b>

- a) (10 pts) Fill in the missing quantities [1] [5]. (A few other values may have also been blanked out, but you don't need to fill them in.)
- b) (25 points) Answer the following questions about the analysis and the results, explaining how the printout supports your conclusions.
- 1. Summarize the key findings. In your discussion, indicate whether or not the beliefs that caused the CDC to examine the variables in the first place were borne out by the results.
- 2. An additional 227 cases were dropped from the analysis because they were missing data on race and/or approach. If you wanted to keep those cases in the analysis, what multiple imputation method or methods would you recommend using (e.g. logit, mlogit, regress, ologit, pmm, poisson, or something else)? Briefly explain why.
- 3. The researchers ran the regression with vce(robust) and then again without vce(robust). They noticed that the coefficients did not change, so they decided to not use vce(robust). Do you think this was sound reasoning on their part? Whether it was or was not sound reasoning is there other evidence from the printout that supports or challenges their decision to not use robust standard errors?
- 4. Some of the researchers believe that beliefs about autism have the greatest impact on support for vaccinations. Others say that it is the doctor's approach that matters the most. Still

others contend that both variables are about equally important and that the differences in their effects are either trivial or non-existent. What is your own position on this, and why? Be sure to cite multiple pieces of information from the printout to support your position.

5. An undergraduate intern has been told that it is often important to include squared terms in models, so he added white^2 to the final regression. To his surprise, none of the results changed. Indeed the squared term didn't even show up in the output. Explain to him why this was the case. [Note: You can draw on your vast sociological expertise in offering a theoretical explanation for this. Or, if that student happens to be visiting us this weekend, you can explain why Notre Dame Sociology may want to think twice before admitting him.]