## Modeling Contextual Data in the Add Health

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#### Talk Outline

- 1. Review of Add Health Sample Design
- 2. Modeling Add Health Data
  a. Multilevel and Marginal Modeling
  b. Longitudinal Modeling
- 3. Contextual Data available in Add Health
- 4. Incorporating Contextual Data into Models





#### Add Health is a school-based design.

80 High schools selected with probabilities proportionate to size (PPS) where size is the number of students

- Feeder (middle) schools were selected PPS for each high school
- 132 schools are in the sample (some schools spanned grades 7 to 12)

School sizes vary from 100 students to 3,000 students





#### Schools were selected with unequal probability.

A PPS design means that larger schools had a higher probability of being selected into the sample of schools.

Therefore, the sample of schools is not representative of the population of schools.

Corrections are needed to obtain a representative sample of schools. (sample weights)





#### **PPS** example

If there are two schools in the population and school 1 had 1,000 students and school 2 had 500 students, then the probability of selection for each school is:

school 1 = 1,000/1,500 = 1/1.5school 2 = 500/1,500 = 1/3





#### Students were selected from the sampled schools.

Approximately 200 students from each school pair were selected for the core sample (n=12,105).

- Additional supplemental samples of adolescents were selected based on specific criteria.
- The total sample (core + supplemental) is made up of 20,745 adolescents.





## Adolescents within the same school are not independent

Selection of an adolescent into the sample depends on their school having been selected.

- Adolescents within the same school are not independent of one another.
- Adolescent outcomes will be clustered, more similar, within schools than across schools.





## Adolescents within the same school are not independent

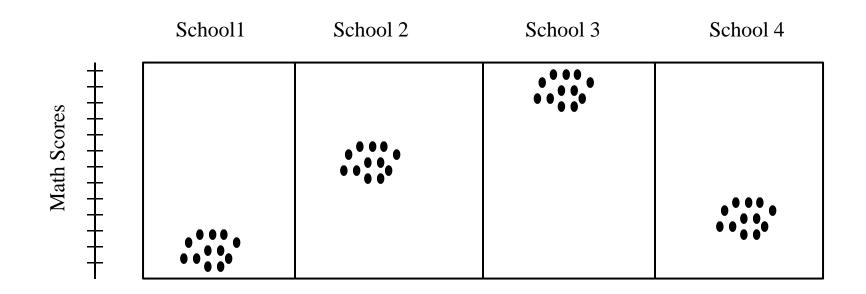
Clustering occurs to different degrees depending on the outcome under study.

Clustering also likely weakens at later waves during young adulthood when schools are less salient.





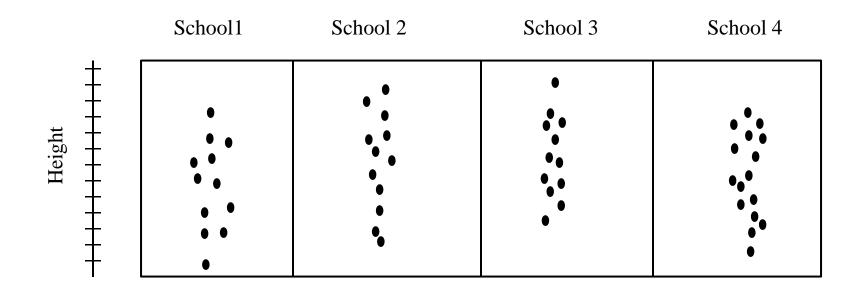
#### **High Degree of Clustering Example:**







#### Low Degree of Clustering Example:







The intra-class correlation coefficient estimates the degree of clustering in the population.

ICC = 
$$\hat{\rho}$$
 = between school variance/  
total variance

Always check this for your outcome to understand the proportion of variance that may be explained by school level factors.





#### **Example ICC's in Add Health (weighted)**

parent education	0.186
school is safe	0.109
self-rated health	0.027
mental health (depression)	0.022





# Adolescents from the combined (core + supplemental) sample are selected with unequal probability

Approximately equal number of students from each school were randomly selected into the core sample.

- Because schools differ in size, students from larger schools have a smaller probability of being in the sample.
- In addition, stratification was used to over-select students meeting the special criteria for the supplemental files.





Add Health sampling weights are designed to correct bias resulting from unequal probabilities of selection

Sampling weights are the inverse of the probability of selection of an observation.

Example: Probability of selection into a sample is 200 out of 1,500 or 0.13 for observation *i* in school 1, the weight for observation *i* is



$$\frac{1}{0.13} = 7.7$$



# In Add Health, the sample is nearly self-weighting for the core sample.

Example:

School weight	Student weight	Final weight
1,500/1,000	1,000/200	1,500/200
1,500/500	500/200	1,500/200





# Sampling weights correct for biases, but add imprecision (increase variance in) estimates

The unequal weighting effect (UWE), is the estimated increase in the standard error of a mean due to the variance in the weights.

$$UWE = 1 + \frac{Var(w_i)}{\overline{w}^2} = 1 + cv^2_{weights}$$

where  $W_i$  is the weight for individual *i* 

 $CV_{weights}^2$  is the squared coefficient of variation of the weights





# UWE for Add Health Cross Sectional and Panel Weights

The square-root of the UWE for cross sectional weights ranges between <u>1.32 and 1.37</u> indicating that the standard error for a mean estimate is about 1.3 times larger than it would have been in a equal probability sample, i.e., not using weights.

Similar, but slightly higher values (<u>1.36 – 1.39</u>) for the panel (longitudinal) weights.





## Clustering of students within schools violates common analytic assumption of independent observations.

Clustering biases standard errors. Two approaches to correcting this bias are common in statistical analysis:

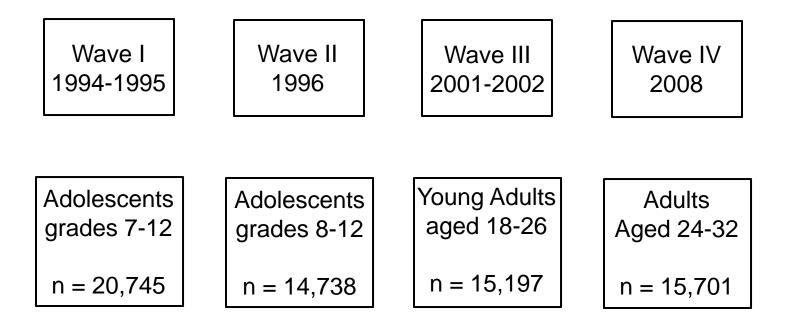
1) Marginal or "Population Average" modeling, which treats clustering as a nuisance and uses standard error estimators that are robust to clustering.

2) Multilevel (Hierarchical, Mixed-Effects, Random-Effects) modeling, which explicitly estimates the variance components at the cluster and within-cluster levels.





#### Longitudinal Nature of Add Health







### Longitudinal Nature of Add Health

# Longitudinal weights further adjust for unit (person) attrition

Types of weights:

- 1) Cross-sectional weights for use when analyzing individuals from a single wave of data
- 2) Panel (longitudinal) weights used when analyzing individuals in 2 or more waves of data





### Longitudinal Nature of Add Health

#### **Multi-level weights**

Types of weights:

- 3) Multi-level cross-sectional weights for use when analyzing a single wave of data in an MLM
- Multi-level panel (longitudinal) weights used when analyzing individuals in 2 or more waves of data in an MLM





### **Longitudinal Models**

#### **UWE for Add Health Multilevel Weights**

- The square-root of the UWE for the school weight is <u>1.6</u>. Indicating that the standard error for a mean estimate is about 1.6 times larger due to unequal selection of schools.
- The square-root of the UWE for level-1 (conditional student) weights ranges between <u>1.54 1.6</u>.

Therefore, less efficient than single-level weights.





### **Longitudinal Models**

#### **Panel and Change Models**

A <u>panel model</u> uses variables from more than one wave of data. For example, predicting outcomes at wave IV using predictors from waves I and II. Outcomes are generally from one wave of data.

A **longitudinal** (<u>change) model</u> also uses variables from more than one wave, but observations are person-bytime where outcomes from multiple waves are modeled over time.





#### Data Structures for Longitudinal Models

observation ("wide") data structure – used for panel models

School ID	Respondent ID	depression WI	depression WII	depression WIII	depression WIV
1	1	12	11	12	13
1	2	10	10	9	8
2	3	7		8	
2	4	8	6	7	6
2	5	14	10	11	





School ID	Respondent ID	Wave	Depression
1	1	1	12
1	1	2	11
1	1	3	12
1	1	4	13
1	2	1	10
1	2	2	10
1	2	3	9
1	2	4	8
2	3	1	7
2	3	3	8
2	4	1	8
2	4	2	6
2	4	3	7
2	4	4	6
2	5	1	14
2	5	2	10
2	5	3	11
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observation-by-time ("stacked" or "long") data structure generally used for longitudinal (change) models.



#### **Longitudinal Models**

## Data structure and the treatment of missing data affects which weight you should use.

If you do a case-wise deletion with a wide data structure, use the panel weights (Add Health longitudinal weights) appropriate for the waves you are including.

If you will use maximum-likelihood (a.k.a., FIML) or multiple imputation (MI), with a wide data structure, then you may use a cross sectional weight in your model.





#### **Longitudinal Models**

# Data structure and the treatment of missing data affects which weight you should use.

In a stacked data structure where you are evaluating change and persons are missing at some waves and not others, use a time-varying weight.

Time-varying weights are the cross sectional weights for specific waves.





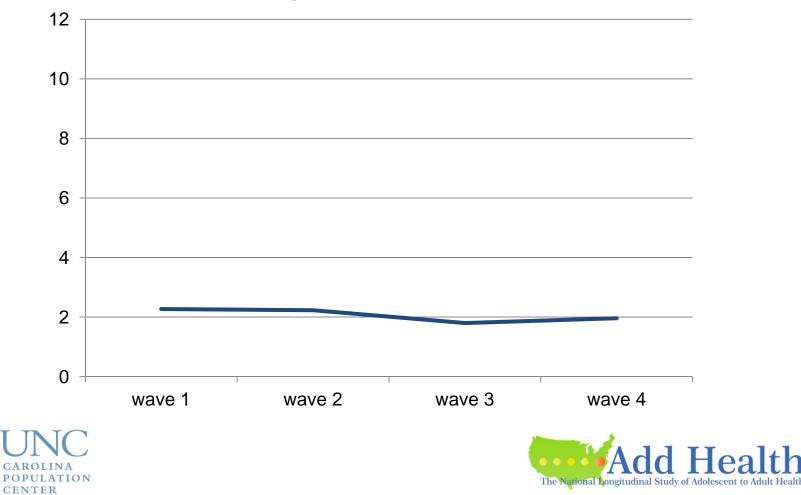
School ID	Respondent ID	Wave	Time-varying weight	Depression
1	1	1	wave 1 weight	
1	1	2	wave 2 weight	11
1	1	3	wave 3 weight	12
1	1	4	wave 4 weight	13
1	2	1	wave 1 weight	10
1	2	2	wave 2 weight	10
1	2	3	wave 3 weight	9
1	2	4	wave 4 weight	8
2	3	1	wave 1 weight	7
2	3	3	wave 3 weight	8
2	4	1	wave 1 weight	8
2	4	2	wave 2 weight	
2	4	3	wave 3 weight	
2	4	4	wave 4 weight	
2	5	1	wave 1 weight	
2	5	2	wave 2 weight	10
	5	3	wave 3 weight	11 Idinal Study of Adolescent to Adult Heal

The National Longitudinal Study of Adolescent to Adult Health

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#### **Time-Varying Weights**

**Average Depression Score** 



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## Two theoretical approaches to modeling data from complex samples

<u>Design-based Approach</u>: The complex sample is a nuisance. Use estimators that are robust to nesting. Use weights to correct for unequal selection probabilities.

<u>Model-based Approach</u>: The model should be correct and if correct, it is robust to the complex sample design. Variables related to selection and clustering are included explicitly in the model.





- The nesting of students within schools may be dealt with implicitly using **marginal or "population average"** modeling
- Generalized Estimation Equation (GEE) is used to refer to a marginal model as well.
- These models are in the design-based tradition and often used in demographic and public health disciplines.

Sampling statisticians generally design samples, like the Add Health sample, with these types of models in mind.





Marginal models are single-level models.

Clustering or nesting does not bias point estimates, but does bias standard error estimates and test statistics.

Marginal models simply use a variance (standard error) estimator that is robust to the nesting to correct for this problem.

Use single-level weights with this model.





Marginal models do not explicitly model error terms.

They model the average effects for the population:

$$E(y_{ij}) = \alpha + \sum \beta_p x_{pij}$$

e.g.,  

$$E\left(\text{depression}_{ij}\right) = \alpha + \beta_1 \text{age}_{ij} + \beta_2 \text{sex}_{ij} + \beta_3 \text{close}_{ij}$$

where *E* is the expected value.





## Two Types of Models $E(\text{depression}_{ij}) = \alpha + \beta_1 \text{age}_{ij} + \beta_2 \text{sex}_{ij} + \beta_3 \text{close}_{ij}$

   mentalw1	Coef.	Linearized Std. Err.	t	P> t	[95% Conf.	Interval]
ageyw1	.1108823	.0171734	6.46	0.000	.0769093	.1448553
male	7178441	.0512822	-14.00	0.000	8192925	6163958
closew1	6210313	.0380343	-16.33	0.000	6962722	5457904
_cons	3.714684	.3569225	10.41	0.000	3.008606	4.420762

#### svy commands in STATA proc survey commands in SAS





The nesting of students within schools may be dealt with explicitly using a **multilevel** (hierarchical, mixed-effects, random-effects) model.

These models are in the model-based tradition and used in economics, psychology, and other social science disciplines.

Sampling statisticians do not generally design samples with these types of models in mind. However, Add Health created weights for these models post-hoc.





Multi-level models have, you guessed it, multiple levels.

Multilevel models explicitly estimate the variance at each level (school and student).

Standard errors are adjusted for the clustering.

Typically in these models you want to be able to make predictions for a specific individual rather than just estimate means for the population.

Also, you may want to evaluate variance components.





Multilevel models do explicitly model error terms, disaggregated across levels.

They model the average effects for the population AND the heterogeneity around those averages:

$$y_{ij} = \alpha + \sum \beta_p x_{pij} + \mu_{0j} + \varepsilon_{ij}$$

e.g., depression<sub>*ij*</sub> =  $\alpha + \beta_1 age_{ij} + \beta_2 sex_{ij} + \beta_3 close_{ij}$ + resvar(school) + resvar(student)





   mentalw1	Coef.	Robust Std. Err.	Z	P> z	[95% Conf.	Interval]	
ageyw1	.11239	.0174344	6.45	0.000	.0782191	.1465608	
male	6838686	.0603143	-11.34	0.000	8020823	5656548	
closew1	6155772	.0518039	-11.88	0.000	7171109	5140435	
_cons	3.576686	.4051791	8.83	0.000	2.78255	4.370823	
Random-effec	ts Parameters	   Estim		obust 1. Err.	[95% Conf.	Interval]	
PSUSCID: Ident	ity var(_cons)	.0906	5775 .02	225791	.0556605	.1477245	
	var(Residual)	4.629	412 13	353261	4.371632	4.902391	
xtmixed, xtgee commands in STATA							
<b>UN</b> CAROLINA POPULAT CENTER	Cproc mixe	ed comm	nands ii	n SAS	Add The National Longitudinal Study	Health	

### Compare results for the "fixed effects":

	Marginal N Result		Multilevel Model Results		
	beta	Z	beta	Z	
age	0.111	6.5	0.112	6.5	
male	-0.718	-14.0	-0.684	-11.3	
close	-0.621	-16.3	-0.616	-11.9	
intercept	3.715	10.4	3.577	8.8	

### More efficiency with marginal model? - weights?





# Both types of models may be extended to longitudinal cases

For "panel models" that involve an outcome from one time point, models are the same as shown above.

For "longitudinal models" that model an outcome over time from multiple waves (i.e., repeated measures), the marginal model remains a single-level model and the multi-level model becomes a three-level model.





School ID	Respondent ID	Wave	Depression
1	1	1	12
1	1	2	11
1	1	3	12
1	1	4	13
1	2	1	10
1	2	2	10
1	2	3	9
1	2	4	8
2	3	1	7
2	3	3	8
2	4	1	8
2	4	2	6
2	4	3	7
2	4	4	6
2	5	1	14
2	5	2	10
	<u>C</u> 5	3	11
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Two levels of nesting:

Students nested within schools

Time nested within students



### Marginal model of change in depression over time

 $E(\text{depression}_{iij}) = \alpha + \beta_1 \text{wave}_{iij} + \beta_2 \text{age}_{iij} + \beta_3 \text{sex}_{ij} + \beta_4 \text{close}_{ij} + \beta_5 \text{close}_{ij} \text{*wave}_{iij}$ 

mental	Coef.	Linearized Std. Err.	t	P> t	[95% Conf.	Interval]
wave age male	9440002 .0372978 4580876	.1944157 .0148352 .0829547	-4.86 2.51 -5.52	0.000 0.013 0.000	-1.328714 .0079416 62224	5592866 .066654 2939353
closew1 inter _cons	$\begin{array}{c c}4380876\\6046271\\ .1456013\\ 4.692899\end{array}$	.0733058 .0414911 .4065576	-3.32 -8.25 3.51 11.54	0.000 0.001 0.000	749686 .063498 3.888395	4595682 .2277047 5.497403





**Depression Score Trajectories by Close to Parent** 5 4.5 4 3.5 3 2.5 2 1.5 1 0.5 0 wave II wave III wave IV wave I 





#### Multi-level model of change in depression over time

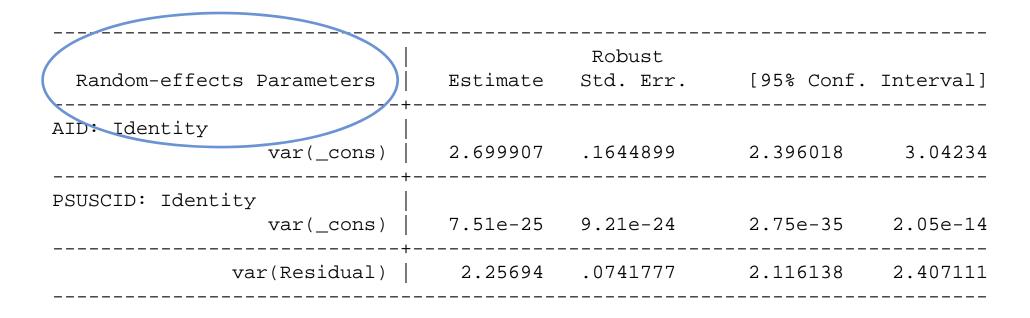
depression<sub>*tij*</sub> =  $\alpha + \beta_1 \text{wave}_{tij} + \beta_2 \text{age}_{tij} + \beta_3 \text{sex}_{ij} + \beta_4 \text{close}_{ij} + \beta_5 \text{close}_{ij} \text{*wave}_{tij}$ + resvar(school) + resvar(student) + resvar(wave)

mental	Coef.	Robust Std. Err.	Z	P> z	[95% Conf.	Interval]
wave	-1.010767	.1742884	-5.80	0.000	-1.352366	6691683
age	.0226453	.0147138	1.54	0.124	0061932	.0514838
male	4214568	.0890596	-4.73	0.000	5960105	2469031
closew1	6596564	.0800711	-8.24	0.000	816593	5027199
inter	.1737519	.0342774	5.07	0.000	.1065694	.2409344
_cons	5.138527	.435925	11.79	0.000	4.28413	5.992924





#### Multi-level model of change in depression over time



\*note, these estimates likely biased





Compare results for the "fixed effects":

	Marginal M Results		Multilevel Model Results		
	beta	Z	beta	Z	
wave	-0.944	-4.9	-1.010	-5.8	
age	0.037	2.5	0.023	1.5	
male	-0.458	-5.5	-0.422	-4.7	
close	-0.605	-8.3	-0.660	-8.2	
close*wave	0.146	3.5	0.174	5.1	
intercept	4.693	11.5	5.138	11.8	





# Recommendation: use the marginal modeling approach for longitudinal analyses

Add Health does not provide 3-level weights and STATA would not scale weights for a 3-level model.

I used school weights at level 3 (school) and conditional respondent weights at level 2 (person) for the example.

MLM took much longer to estimate and is computationally intensive.





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Schools are an obvious context of interest in analysis of adolescent development.

Add Health contains variables about the school measured at both the school, e.g., whether it is public or private, and student levels, e.g., student's views on the safety of their school.

These school variables may be included in a marginal or a multi-level model.





The advantage in the multilevel model is that one may evaluate heterogeneity at the student and school levels and PRE type effect sizes.

However, you may still evaluate "individual differences" in terms of moderated effects within a marginal model context.

Most of our hypotheses are about the fixed effects anyway.





Clustering within schools is likely due in part to the school and in part to the school neighborhood. Schools are a proxy for a geographic or spatial area.

Add Health has included many interesting contextual variables at different geographic levels: state, county, census tract, and census block group levels.

There is no violation of the independence assumptions at these other geographic levels, only for schools.

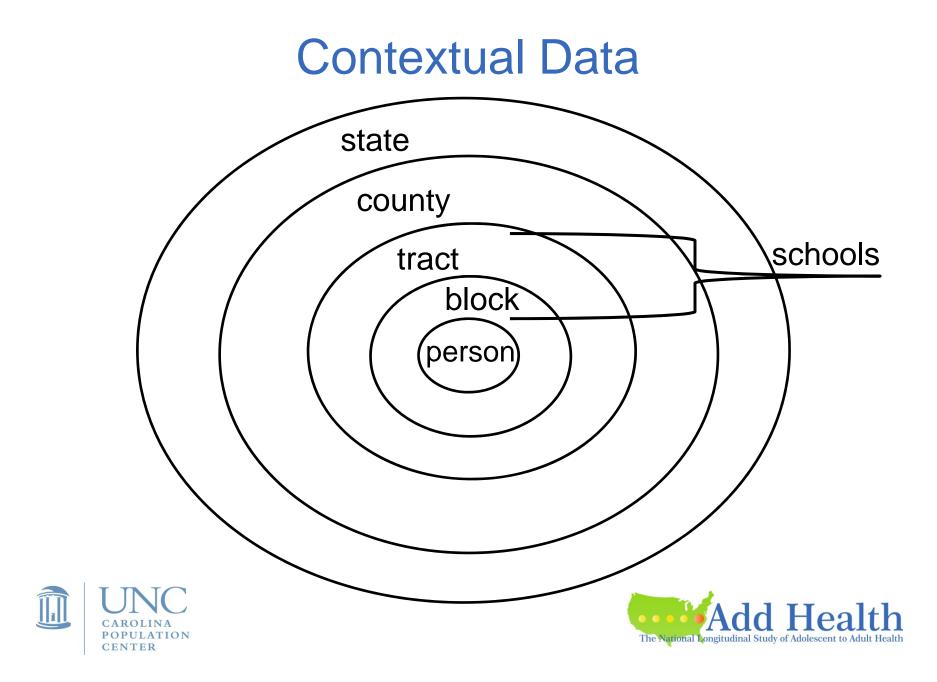




- A block group is a "subdivision of a census tract... [and] consists of all the blocks within a census tract with the same beginning number."1 Block groups average about 1000 inhabitants.
- A census tract is a "small, relatively permanent statistical subdivision of a county ....designed to be relatively homogenous units with respect to population characteristics, economic status, and living conditions at the time of establishment, census tracts average about 4,000 inhabitants.







### **Compare ICCs across contexts (unweighted)**

	depression	SRH
school	0.021	0.017
block	0.026	0.032
tract	0.021	0.024
county	0.016	0.017
state	0.006	0.007





### Waves I, II, and III

Contextual variables including rates, proportions, and population measures are linked to respondent ID's based on their address.

- Most of the variables are county level at Waves I and II. Wave III has more tract and block group variables.
- 2. Wave III has many of the same variables, but not all.
- 3. Therefore, some variables are time varying across Waves I, II, and III.





### **Example Variables (of hundreds):**

Child/woman ratio

Arrests per 100,000 population

Median age

Proportion males married

Age-specific mortality

**Proportion educated** 

Proportion government expenditures by type





#### Additional Wave 3 and 4 tract data

Supplementary tract-level databases (some county/state level variables as well)

Includes transportation and commuting measures including rural-urban commuting area codes and the extent of major roadways, climate descriptors, the presence of particular amenities, and state-level tobacco control influences.





# Wave I and III ONE (Contextual) Data

#### **Obesity & Neighborhood Environment Database.**

Linked area-level (5 mile radius) data to the individual data that include community-level measures such as recreation facilities (public, private), transportation options, crime, land use, air pollution, walkability, climate, and cost of living.





Contextual variables may be used like any other variable in models.

As long as you correct for clustering at the school level, you do not need to correct for clustering at any other geographic level.

Contextual variables may be used in a cross-sectional model, a panel model, or a longitudinal model.

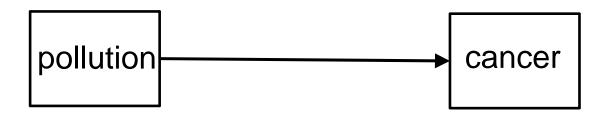
In longitudinal models, contextual variables may be time-varying.





Common Contextual Hypotheses:

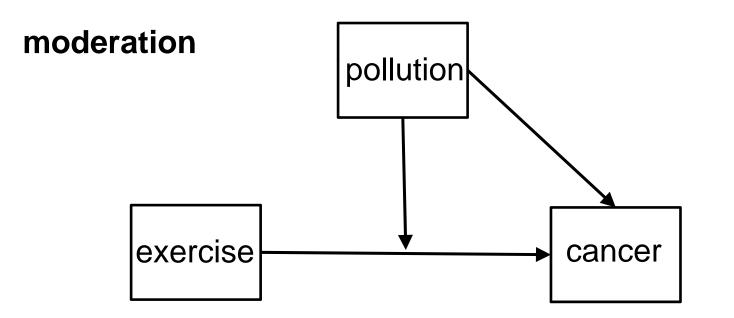
### direct influences







Common Contextual Hypotheses:

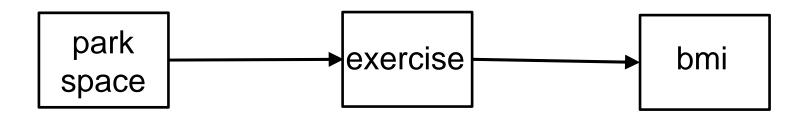






Common Contextual Hypotheses:

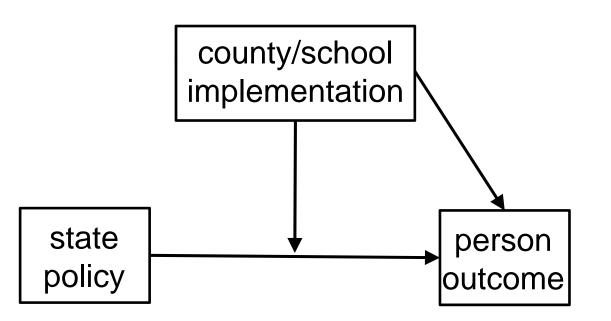
### **Indirect influences**







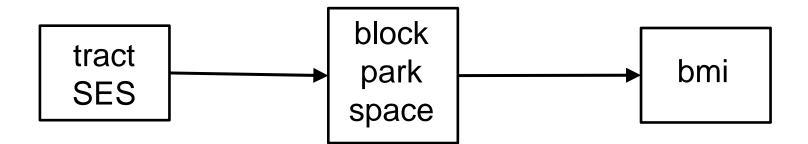
Multiple Contexts Hypotheses:







Multiple Contexts Hypotheses:







### **Recommendations:**

Use the marginal model

- treats nesting at the school level as a nuisance
- uses more efficient single-level weights
- however, no random effects (variance components) estimates

Always use the marginal model for longitudinal (repeated measures, stacked data, three-levels of nesting)





#### **Recommendations:**

If you use a two-level, multi-level model

- nesting is still at the school level
- contextual variables are fixed effects
- use centering to understand how contextual variables impact variance at the school and person levels



