

Statistical Investigation Exemplar – IRON DATA

This activity arises out of information gleaned from a video interview with Elaine Ferguson: Is iron deficiency common among NZ infants and toddlers?

<http://www.maths.otago.ac.nz/video/statistics/Iron/index.html>

Other statistics videos useful for school complete with data sets and activities can also be found on the website: <http://www.maths.otago.ac.nz/video/statistics/>

In the late 1990s a study was undertaken in the South Island to explore iron levels in babies and toddlers (age 6-24 months). The participants were selected randomly from Christchurch, Dunedin and Invercargill (South Island Urban).

The iron, fibre, calcium and vitamin C intake per day was collected over three non-consecutive days. Haemoglobin, mean cell volume, zinc protoporphyrin and ferritin were all measured. Information such as whether the child was being breastfed, fed with formula milk or cows milk, as well as things like gender, ethnicity, maternal education, income level of household, if there were smoker(s) in the household and marital status of the mother.

From exploring the literature a number of factors were suggested that could have an effect on the levels of iron. Among these were: sex – boys at higher risk; premature babies – lower iron stores; formula fed babies – formula is fortified with iron; and cows milk – low in iron.

This gives three investigative questions to explore.

1. Do the iron levels of South Island urban boys tend to be lower than the iron levels of South Island urban girls?
2. Do the iron levels of South Island urban children who are given formula tend to be higher than the iron levels of South Island urban children who have high cows milk intake (more than 0.5 litre)?
3. Do the iron levels of children who were born prematurely tend to be lower than the iron levels of children who were not born prematurely (for South Island urban children)?

Before you analyse the sample data, predict and draw the population distributions for the ferritin levels in the questions. Show one population distribution relative to the other as suggested by the literature.

Snippet of the data table: downloaded from website.

id	hb	mcv	zpp	ferritin	age	infant	birthwt	bf	premi	girl
258.00	124.00	79.00	54.00	22.80	22.23	0.00	2,870.00	0.00	0.00	1.00
328.00	107.00	80.00	40.00	8.00	24.43	0.00	4,500.00	0.00	0.00	1.00
349.00	110.00	75.00			24.93	0.00	3,020.00	0.00	0.00	1.00
362.00	115.00	81.00	50.00	14.00	21.90	0.00	4,410.00	0.00	0.00	0.00
390.00	110.00	73.00	48.00	6.00	21.37	0.00	4,310.00	1.00	0.00	0.00
444.00	99.00	76.00	33.00	16.60	20.07	0.00	3,665.00	0.00	0.00	0.00
455.00	101.00	81.00	45.00	16.80	14.53	0.00	2,970.00	1.00	1.00	1.00
462.00	111.00	79.00	30.00	8.20	18.23	0.00	3,321.00	0.00	0.00	0.00
496.00	112.00	82.00	33.00	7.70	24.77	0.00	3,490.00	0.00	0.00	0.00
819.00	112.00	78.00	28.00	22.40	16.00	0.00	3,020.00	0.00	1.00	1.00
104.00	112.00	79.00	45.00		12.63	0.00	3,140.00	1.00	0.00	1.00
261.00	122.00	79.00	39.00	17.30	19.90	0.00	2,055.15	0.00	1.00	1.00
381.00	95.00	75.00	62.00	23.70	12.43	0.00	1,160.00	0.00	1.00	0.00
432.00	99.00	77.00	47.00	11.60	17.13	0.00	3,890.00	0.00	0.00	0.00
268.00	121.00	75.00	48.00	11.43	19.63	0.00	4,107.00	0.00	0.00	0.00
304.00	118.00	80.00	36.00	48.20	16.10	0.00	1,450.00	1.00	1.00	1.00

Complete list of variables in the data table:

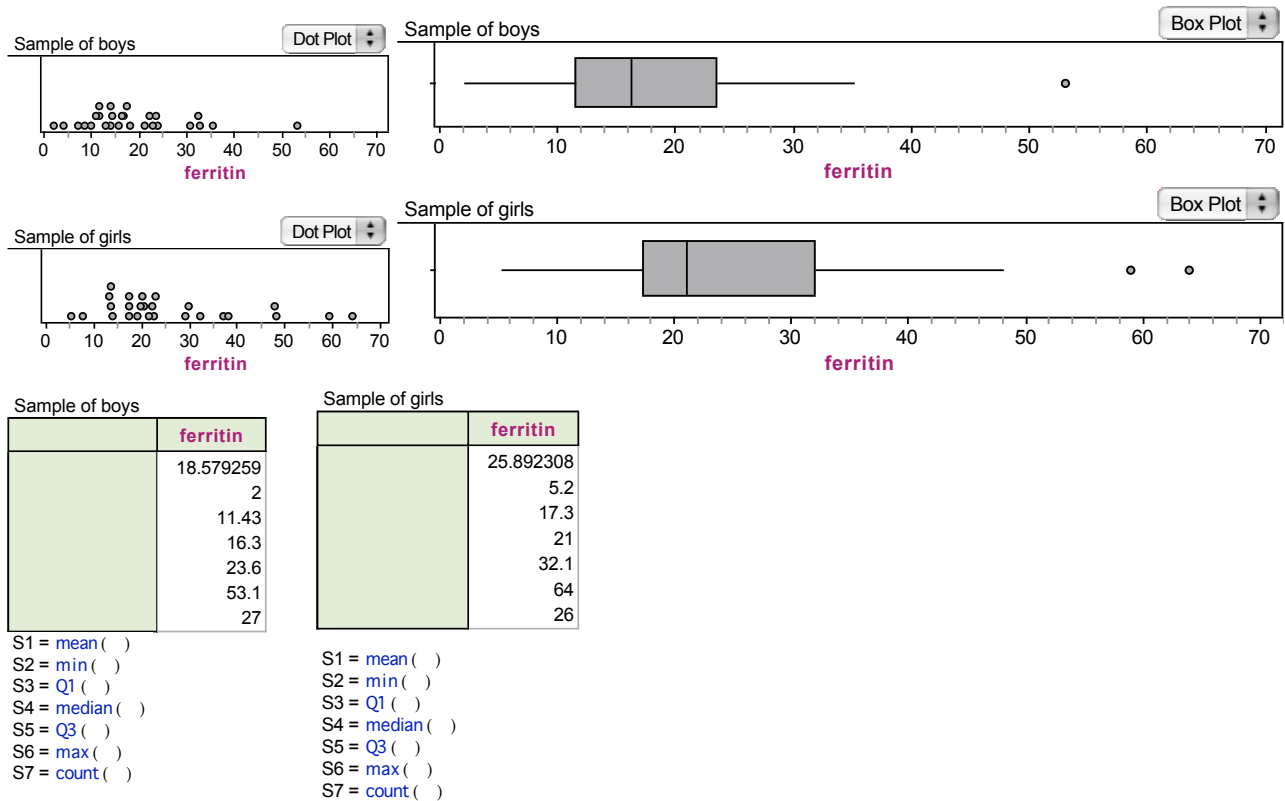
Variable	Type	Description
ID	Continuous	subject ID number
hb	Continuous	haemoglobin (g/L)
mcv	Continuous	mean cell volume (fL)
zpp	Continuous	zinc protoporphyrin ($\mu\text{mol/mol hb}$)
ferritin	Continuous	ferritin ($\mu\text{g/l}$)
iron3	1=iron deficiency anaemic (IDA) (Stage3)	Children with iron deficiency anaemia with ferritin <10, hb <110, mcv < 73, zpp > 70
iron2	1=iron deficient without anaemia (ID) (Stage2)	Children with iron deficiency without anaemia with ferritin <10, hb <110, mcv<73 fL, zpp>70
iron1	1=depleted iron stores (but without IDA or ID) (Stage1)	Children with depleted iron stores (not IDA or ID) with ferritin<10, hb<110, mcv<73, zpp>70
nrcp10	1=elevated C-reactive protein (infection), 0 otherwise	to define children with infection (elevated C-reactive protein)
age	Continuous	age of child
infant	1=infant, 0=toddler	infant = 5-11.9 months of age; toddler=12-24 months of age
birthwt	Continuous	infant birth weight
bf	1=currently breastfeeding 0 otherwise	to define children who were currently breastfeeding
premi	1=born prematurely 0 otherwise	to define children who were born prematurely
curff	1=currently formula feeding, 0 otherwise	to define children who were currently formula feeding
sex	1=girl, 0=boy	sex
caucasia	1=Caucasian, 0 otherwise	ethnicity
tertiary	1=mother has tertiary level education,0 otherwise	maternal education
lowincom	1=low income (<\$20,000 in 1998 & 1999)	household income level
hiincome	1=high income (>\$70,000 in 1998 & 1999)	household income level
medincom	1=mid income (\$20,000 to \$70,000 in 1998 & 1999)	household income level
smokers	1=a smoker in the household,0 otherwise	smoker in the household
marital	1=mother in a permanent relationship,0 otherwise	marital status
nkjall	Continuous	the estimated total average energy intake per day (breast milk & food)
nfeall	Continuous	total average iron intake per day from food and breast milk
fibre	Continuous	total average fibre intake per day from food & breast milk
ca	Continuous	total average calcium intake per day from food & breast milk
vtc	Continuous	total average vitamin C intake per day from food & breast milk
milk500	1=more than 500 ml of milk per day,0 otherwise	to define children with a high milk intake (> 0.5 litre)

STATISTICAL INVESTIGATION 1

PROBLEM: Do the iron levels of South Island urban boys tend to be lower than the iron levels of South Island urban girls?

PLAN/DATA: Take a sample of 30 boys and 30 girls from the iron data used in the study. Some of these boys and girls may not have recorded ferritin levels ($\mu\text{g/l}$).

ANALYSIS:



Description of the sample distributions.

Middle 50%:

Shift: From the samples I notice...

that the ferritin levels of these girls are shifted further up the scale than the ferritin levels of these boys.

Overlap: From the samples I notice ...

that there is some overlap of ferritin levels between these two groups.

Anything unusual:

From the samples I notice...

One of these boys has an unusually high ferritin level.

I worry or think that ...

I worry about this and should try to check it.

Shape (Describe the shape of each sample distribution, compare the shapes of the two sample distributions):

From the samples I notice...

* that the ferritin levels of both these groups are a mound shape. The mound for these boys is around 15 $\mu\text{g/l}$ and around 20 $\mu\text{g/l}$ for these girls.

* that the ferritin levels of both these groups are slightly skewed to the right.

Back in the two populations I wonder if ...

the shapes will be like these, I expect so. (this is based on the predicted population distributions)

Spread (Describe the spread of each sample distribution, compare the spreads of the two sample distributions):

From the samples I notice...

* that the middle 50% of ferritin levels for these girls are slightly more spread out than the middle 50% of these boys.

* these girls' ferritin levels $IQR = 32.1 - 17.3 = 14.8 \mu\text{g/l}$

* these boys' ferritin levels $IQR = 23.6 - 11.43 = 12.17 \mu\text{g/l}$

Back in the two populations I wonder if ...

the spreads will be like these, that is, similar for boys and girls. I expect so. (this is based on the predicted population distributions)

CONCLUSION

Write a conclusion using the headings below.

Answer the problem:

“Do the iron levels of South Island urban boys tend to be lower than the iron levels of South Island urban girls?”

I would claim that ...

ferritin levels of girls tend to be higher than ferritin levels of boys back in the two populations.

Explain why you have made this conclusion.

This shift is big with only a small amount of overlap. The boys' median is below the girls' middle 50%. If I were to take new samples I would expect to make the same claim that is that ferritin levels of girls tends to be higher.

Is my conclusion consistent with the literature?

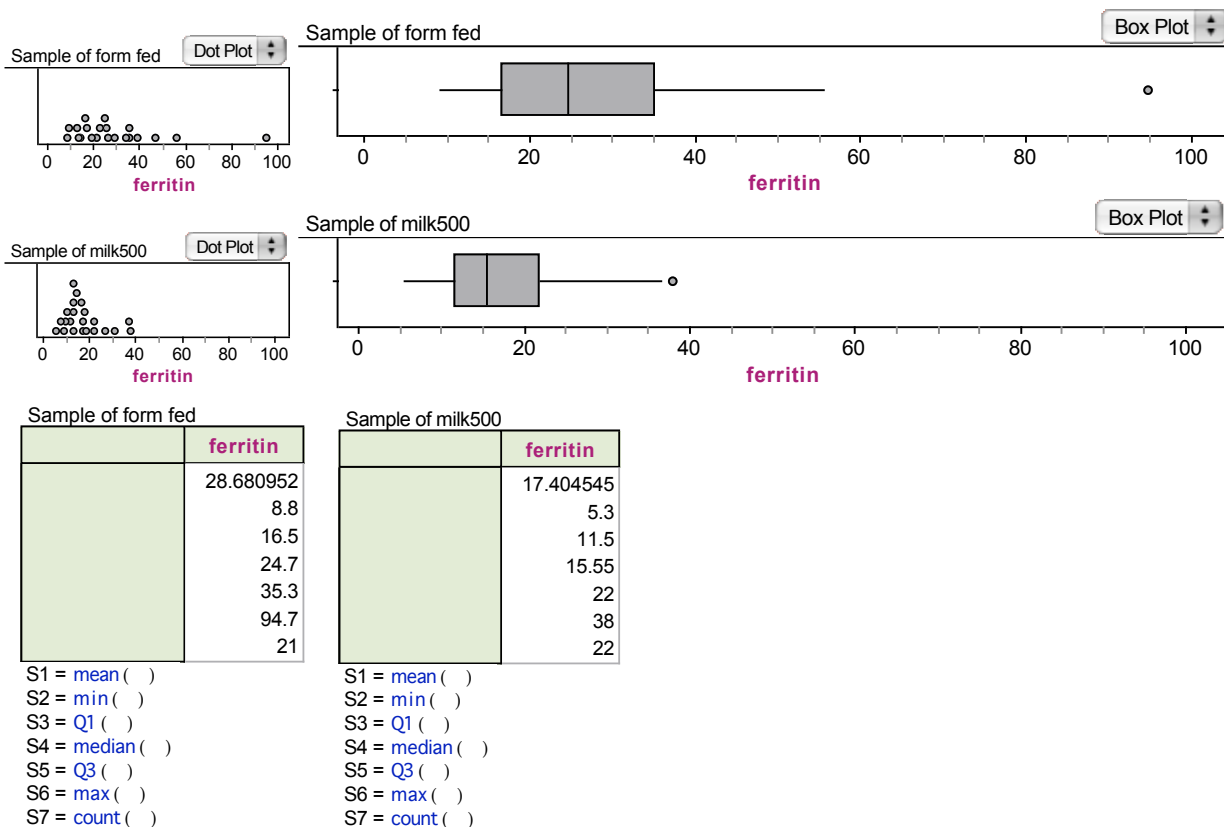
My conclusion confirms / ~~does not confirm~~ that boys tend to have a higher risk of having lower iron levels than girls.

STATISTICAL INVESTIGATION 2

PROBLEM: Do the iron levels of South Island urban children who are given formula tend to be higher than the iron levels of South Island urban children who have high cows milk intake (more than 0.5 litre)?

PLAN/DATA: Take a sample of 30 formula fed (form fed) children and 30 high cows milk intake (milk500) children from the iron data used in the study. Some of these children may not have recorded ferritin levels ($\mu\text{g/l}$).

ANALYSIS:



Description of the sample distributions.

Middle 50%:

Shift: From the samples I notice...

that the ferritin levels of these formula fed children are shifted further up the scale than the ferritin levels of these high cows milk intake children.

Overlap: From the samples I notice ...

that there is some overlap of ferritin levels between these two groups.

Anything unusual:

From the samples I notice...

One of these formula fed children has unusually high ferritin levels.

I worry or think that ...

I worry that this may be a measurement mistake.

Shape (Describe the shape of each sample distribution, compare the shapes of the two sample distributions):
From the samples I notice...

** that the ferritin levels of both these groups are a mound shape. The mound for these formula fed children is around 20 µg/l and around 15 µg/l for these high cows milk children.*

** that the ferritin levels of both these groups are slightly skewed to the right.*

Back in the two populations I wonder if ...

the shapes will be like these, I expect so. (this is based on the predicted population distributions)

Spread (Describe the spread of each sample distribution, compare the spreads of the two sample distributions):
From the samples I notice...

** that the middle 50% of ferritin levels for these formula fed children are more spread out than the middle 50% of these high cows milk children.*

** these formula fed children ferritin levels $IQR = 35.3 - 16.5 = 18.8 \mu\text{g/l}$*

** these high cows milk children ferritin levels $IQR = 22 - 11.5 = 10.5 \mu\text{g/l}$*

Back in the two populations I wonder if ...

the spreads will be like these, I don't know. (this is based on the predicted population distributions)

CONCLUSION

Write a conclusion using the headings below.

Answer the problem:

“Do the iron levels of South Island urban children who are given formula tend to be higher than the iron levels of South Island urban children who have high cows milk intake (more than 0.5 litre)?”

I would claim that ...

ferritin levels of formula fed children tend to be higher than ferritin levels of children who have high cows milk intake back in the two populations.

Explain why you have made this conclusion.

This shift is big with only a small amount of overlap. The median of each of these groups is outside the box of the other group. If I were to take new samples I would expect to make the same claim that is that ferritin levels of formula fed children tend to be higher.

Is my conclusion consistent with the literature?

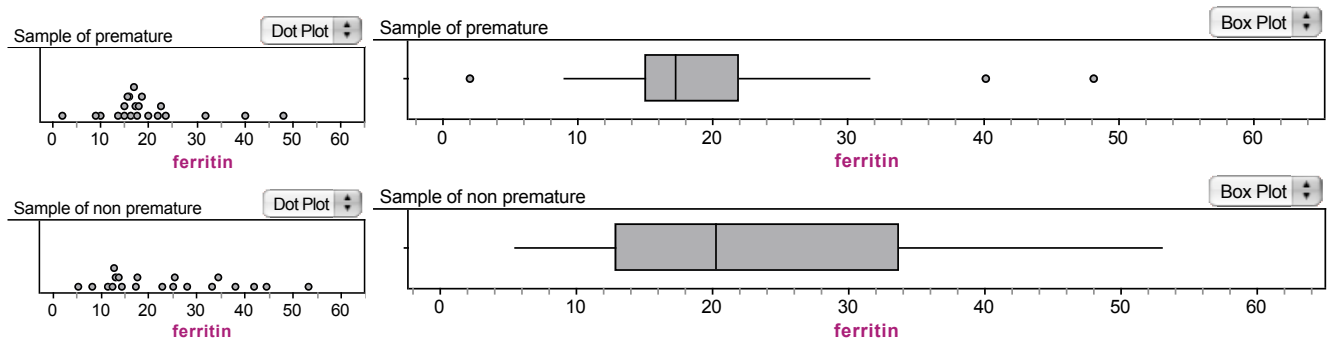
My conclusion confirms / ~~does not confirm~~ that formula fed children tend to have higher ferritin levels than children who have high cows milk intake (as cows milk is known to be low in iron).

STATISTICAL INVESTIGATION 3

PROBLEM: Do the iron levels of children who were born prematurely tend to be lower than the iron levels of children who were not born prematurely (for South Island urban children)?

PLAN/DATA: Take a sample of 30 children who were premature babies and 30 who were non-premature babies from the iron data used in the study. Some of these children may not have recorded ferritin levels ($\mu\text{g/l}$).

ANALYSIS:



Sample of premature		Sample of non premature	
	ferritin		ferritin
	19.461905		23.61
	2		5.3
	15		12.8
	17.3		20.25
	22		33.75
	48.2		53.1
	21		20

S1 = mean ()
 S2 = min ()
 S3 = Q1 ()
 S4 = median ()
 S5 = Q3 ()
 S6 = max ()
 S7 = count ()

Description of the sample distributions.

Middle 50%:

Shift: From the samples I notice...

that the ferritin levels of these non-premature children are shifted slightly further up the scale than the ferritin levels of these premature children.

Overlap: From the samples I notice ...

that ferritin levels of these non-premature children completely overlaps the ferritin levels of these premature children.

Anything unusual:

From the samples I notice ... *Nothing unusual.*

I worry or think that ...

Shape (Describe the shape of each sample distribution, compare the shapes of the two sample distributions):

From the samples I notice...

* that the ferritin levels of both these groups are a mound shape. The mound for these premature children is around 18 $\mu\text{g/l}$ and around 15 $\mu\text{g/l}$ for these non-premature children.

* that the ferritin levels of both these groups are slightly skewed to the right.

Back in the two populations I wonder if ...

the shapes will be like these, I expect so. *(this is based on the predicted population distributions)*

Spread (Describe the spread of each sample distribution, compare the spreads of the two sample distributions):

From the samples I notice...

* that the middle 50% of ferritin levels for these non-premature are a lot more spread out than the middle 50% of these premature.

* these premature ferritin levels $IQR = 22 - 15 = 7 \mu\text{g/l}$

* these non-premature ferritin levels $IQR = 33.75 - 12.8 = 20.95 \mu\text{g/l}$

Back in the two populations I wonder if ...

the spreads will be like these. I don't know. *(this is based on the predicted population distributions)*

CONCLUSION

Write a conclusion using the headings below.

Answer the problem:

“Do the iron levels of children who were born prematurely tend to be lower than the iron levels of children who were not born prematurely (for South Island urban children)?”

I would claim that ...

I am unable to make a call as to which group (premature or non-premature) has the highest iron level back in the two populations.

Explain why you have made this conclusion.

This shift is not big enough; there is a large overlap. Both medians are within the overlap. If I were to take new samples I could easily get the medians the other way around.

Is my conclusion consistent with the literature?

My conclusion ~~confirms~~ / does not confirm that children born prematurely have lower iron levels than children who were not born prematurely.

Key Ideas from Workshop 2

- Appreciating sampling variability
- Considering shift and overlap
- Making a call
- Justify the call

All handouts and classroom materials from Workshop 2 are located on CensusAtSchool:

<http://www.censusatschool.org.nz/2009/informal-inference/>