Regression Modeling with Actuarial and Financial Applications

Chapters 2 to 6: Linear Models

Actuarial Short Course - Predictive Modeling 2024

Outline

1 [Description of Data](#page-2-0)

- **2** [Review of Linear Regression](#page-4-0)
- **3** [Data Example](#page-19-0)

Medical Expenditure Panel Survey (MEPS)

- Goal: Predict *y* measure of the health of an individual. We will focus on body mass index (BMI), an objective measure.
- We have knowledge of several characteristics of a person, include their age, sex, race, marital status. These will serve as predictor variables x_1, \ldots, x_k

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- We have knowledge of several characteristics of a person, include their age, sex, race, marital status. These will serve as predictor variables x_1, \ldots, x_k
- Work with the 2009 data so there are $n = 750$ observations
- With this data, we seek to calibrate a model that can be used to understand an individual's health in terms of the predictor variables
- To see how this model fares in prediction, we utilize a new sample of 2010 data, also with 750 observations.
- We will then use the characteristics of the new sample to make predictions of an individual's health, and be able to assess the predictive ability of the model as we have 2010 values of *y*.

Linear Regression Sampling Assumptions I

Observables Representation Sampling Assumptions F1. E $y_i = \beta_0 + \beta_1 \cdot x_{i1} + \cdots + \beta_k \cdot x_{ik}$

F2. $\{x_1, \ldots, x_n\}$ are non-stochastic variables F3. Var $y_i = \sigma^2$

F4. $\{y_i\}$ are independent random variables

- The model parameters are $\beta_0,\ldots,\beta_k,\sigma^2$
- For F3, a common variance is known as *homoscedasticity*

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- The model parameters are $\beta_0,\ldots,\beta_k,\sigma^2$
- For F3, a common variance is known as *homoscedasticity*
- We sometimes require

F5. {*yi*} are normally distributed.

Approximate normality is enough for central limit theorems needed for inference

Linear Regression Sampling Assumptions II

Error Representation Sampling Assumptions E1. $y_i = \beta_0 + \beta_1 \cdot x_{i1} + \cdots + \beta_k \cdot x_{ik} + \varepsilon_i$ E2. $\{x_1, \ldots, x_n\}$ are non-stochastic variables E3. E $\varepsilon_i = 0$ and Var $\varepsilon_i = \sigma^2$ E4. $\{\varepsilon_i\}$ are independent random variables

- These two sets of assumptions are equivalent
- The *error* representation is a useful springboard for residual analysis
- The *observable* representation is a useful springboard for extensions to nonlinear regression models

Regression Function:

$$
E[y] = \beta_0 \cdot x_0 + \beta_1 \cdot x_1 + \cdots + \beta_k \cdot x_k
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• For continuous *x^j* :

Interpret β*^j* as expected change in *y* per unit change in *x^j* , holding other explanatory variables fixed

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\beta_j = \frac{\partial E[y]}{\partial x_j}
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$$
\beta_j = \frac{\partial \mathbf{E}[\mathbf{y}]}{\partial \mathbf{x}_j}
$$

• For categorical *x^j* :

Interpret β*^j* as expected change in *y* for observation in category *xj* relative to the reference category, holding other explanatory variables fixed

Two estimators of y_i : \overline{y} and \hat{y}_i

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In one-variable regression:

After a little algebraic manipulation:

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Define *R*-square (*coefficient of determination*):

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 R^2 = Proportion of variability explained by regression line

- If regression line fits data perfectly, *Error SS* = 0 and $R^2 = 1$
- If regression line provides no information about response variable, $$
- Property: $0 \leq R^2 \leq 1$ (larger values implying better fit)

Model Adequacy and Goodness of Fit

- MSE (s^2) compared to s^2_y
- *t*-statistics of individual coefficients
- R^2 and R^2
- AIC, BIC, PRESS
	- Information criteria = measure of fit plus penalty for model complexity, e.g.
	- $AIC = -2 \times log-likelihood + 2 \times number of parameters$
	- smaller is better
- Residual analysis

Prediction Validation

- Cross-validation is most common
- Sometimes, a natural "in-sample" and "out-sample" is available, such as by years
- In this case, summarize using, e.g., $SPSS = \sum_i (y_i y_i^*)^2$

Medical Expenditure Panel Survey (MEPS)

- Conducted by Agency for Health Care Research and Quality (AHRQ) and National Center for Health Statistics (NCHS)
- Uses National Health Interview Survey (NHIS) as sampling frame
- 2 year panel
- Computer-assisted personal interviews (CAPI) to collect 2 full years of data
- Overlapping data collection

Data Used in Presentation

- Random sample of 750 observations from Panel 13 (cal yr 2009)
- Results not reflect weighting of observations

On your own:

- Download the Data
- Try out the R-code
- Review the presentation for an overview

Obesity Example

- More than 40% of U.S. adults are obese
- Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer
- In 2019, medical costs associated with obesity estimated at \$173 billion
- Medical costs paid by third-party payors for people who are obese \$1,861 higher than those of healthy weight.

(Source: <https://www.cdc.gov/bmi/adult-calculator/>)

Obesity Guidelines

*Calculate BMI: 703 times weight in pounds divided by height in squared inches

(Source: [https://www.cdc.gov/bmi/adult-calculator/](https://www.cdc.gov/bmi/adult-calculator/bmi-categories.html) [bmi-categories.html](https://www.cdc.gov/bmi/adult-calculator/bmi-categories.html))

Variables

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Summary Statistics (n = 750)

Categorical Variable Summary Statistics (n = 750)

Normal Q-Q Plot

Log(BMI) vs. Race

 4.0 3.6 3.2 2.8 **Rlack** O ther **M/hite**

 4.0 3.6 3.2 2.8

Log(BMI) vs. Uninsured

Log(BMI) vs. Comord.Cnt

Log(BMI) vs. DIABETES

Log(BMI) vs. EMPHYSEMA

Log(BMI) vs. ASTHMA ● 4.0 2.8 3.4 4.0 3.4 2.8

0 1

Log(BMI) vs. STROKE

Log(BMI) vs. CORONARY

Log(BMI) vs. CHOLEST ● 4.0 2.8 3.4 4.0 ●● ● 3.4 2.8 0 1

Log(BMI) vs. HIGHBP

Log(BMI) vs. MentHealth

Linear Model Example

Run a linear regression model:

Log.BMI ∼ Age + I(Age * Age) + Female + Race.f + Comord.Cnt

Compared to:

Log.BMI ∼ AgeCat + Female + Race.f + CANCER + DIABETES + EMPHYSEMA + ASTHMA + STROKE + CORONARY + CHOLEST + **HIGHBP**

Model A

 $lm(formula = Log.BMI$ \tilde{a} Age + I(Age * Age) + Female + Race.f + Comord.Cnt, data = bmi)

Estimate Std. Error t value Pr(>|t|) (Intercept) 3.037e+00 4.910e-02 61.861 < 2e-16 *** Age 1.234e-02 2.237e-03 5.517 4.77e-08 *** I(Age * Age) $-1.422e-04$ 2.348e-05 -6.055 2.23e-09 *** Female -1.765e-02 1.495e-02 -1.180 0.23821 Race.fBlack 1.683e-02 1.885e-02 0.892 0.37243 Race.fOther -7.798e-02 2.367e-02 -3.295 0.00103 ** Comord.Cnt 5.912e-02 7.845e-03 7.537 1.40e-13 *** --- Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1 Residual standard error: 0.2036 on 743 degrees of freedom Multiple R-squared: 0.1325, Adjusted R-squared: 0.1255 F-statistic: 18.92 on 6 and 743 DF, p-value: < $2.2e-16$ $ATC = -250.17$ PRESS = 31.38

Model B

lm(formula = Log.BMI ˜ AgeCat + +Female + Race.f + CANCER + DIABETES + EMPHYSEMA + ASTHMA + STROKE + CORONARY + CHOLEST + HIGHBP, $data = bmi)$

 $AIC = -252.53$ PRESS = 31.42

Model A vs. Model B Goodness of Fit Statistics

Other Possible Variables in Sample Data

Issues To Explore

- **1** Given the output from Models A and B, what you could you include to improve the model?
- 2 Does collinearity impact the models as shown?
- 3 What does an added variable plot show?
- 4 What additional variables could you add to the model?
- **6** What other considerations could impact the usefulness of the model?