

Statistical Analyses of Longitudinal
Observational Data from Adults Living in
Marginalized Housing,
with Particular Attention to Cognitive
Function Characterization

by

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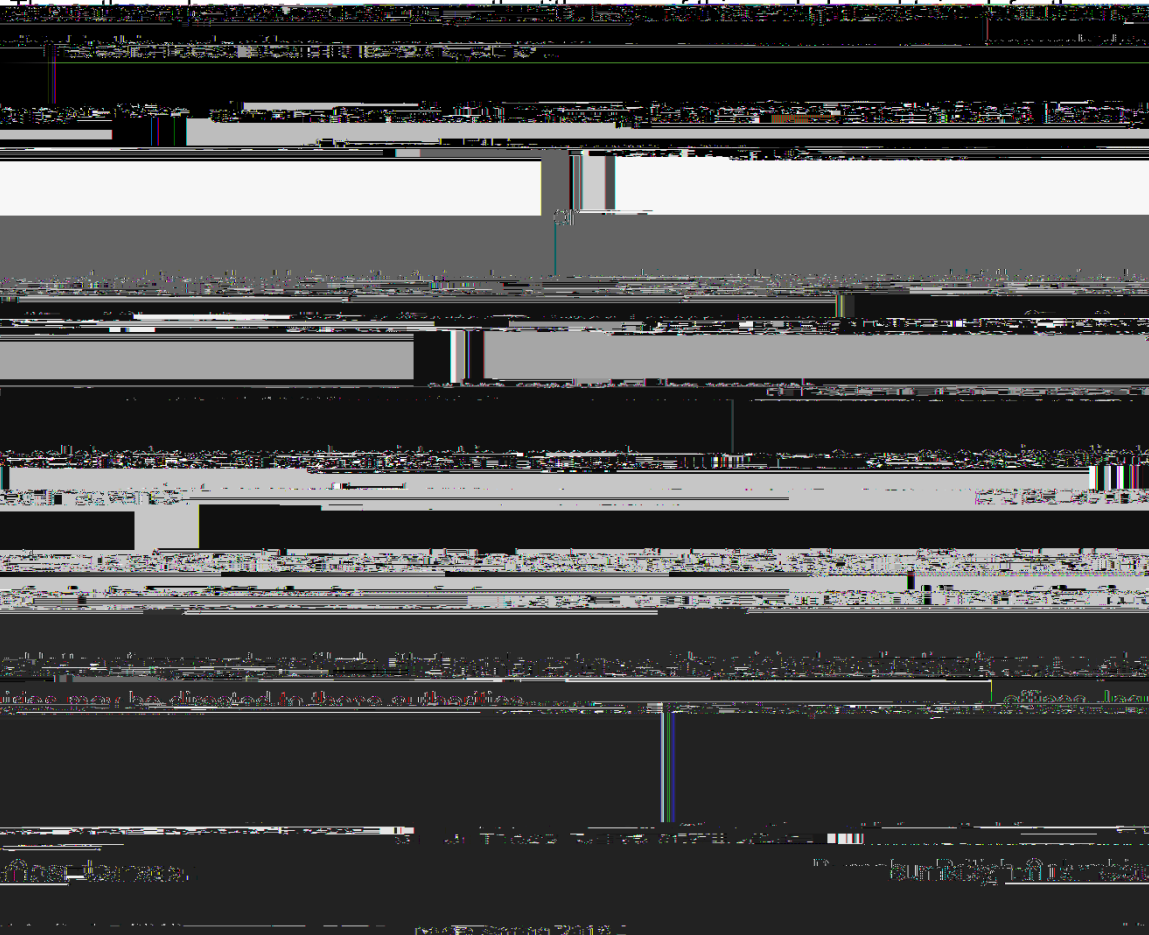
Declaration of Committee

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Ethics Statement



Abstract

An ongoing longitudinal study named by [Hotel Study](#) focuses on investigating the physical and mental health condition of people who lived in Vancouver's Downtown Eastside (DTES). The study's primary objective is to provide better healthcare services for the target population. Study participants could not follow closely the study's predetermined visit schedule and thus have caused their study data with nonignorable missing. That has motivated this project. We aim to understand the data missing mechanism and then account for it in analyses of the participants' cognitive test results. We begin with a descriptive analysis of all the study's available data. The analysis indicates that the study participants who were recruited from different sources represent different populations. That leads us to focus on the participants from single-room occupancy (SRO) hotels of the DTES in this project. We explore the frequency and rate of participants' study visits and their attendances to the cognitive tests over time by conducting regression analyses under various models. Participants who joined the study early appear to experience less missing visits. We conduct regression analyses of the study's available cognitive test scores with adjustment for the data missing. The test scores appear to be strongly associated with when the participants' joined the study. We also find that the participants' decision-making abilities are associated with their age and sex.

Keywords: cross-sectional analysis; generalized linear model; generalized estimating equation; linear mixed effects model; longitudinal analysis; missing data; visit frequency

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Chapter 1

Introduction

1.1 Background and Motivation

Health issues are crucial to be concerned about around the world; it relates to the quality of life of local residents. The long-term homeless or low-income population is often associated

While reviewing the past hotel sub-studies, one problem received my attention. For example, the work of Baitz et al. (2021) measured how participants' decision-making abilities are related to health-risk behavior as well as learning and memory; study samples with invalid data or missing data were excluded from this work, which may lead to biased results and difficulties in interpreting. Some other sub-studies use the same strategies to ignore incomplete data; that is researchers directly assume the missing data is under the missing completely at random assumption. The fact that participants could not follow closely the study's predetermined visit schedules and have caused significant amounts of missing data motivates me to consider this project. Additionally, the study's chosen sample is more akin to a convenience sample than a random sample; particularly when the study sample is expanded, we should consider whether it is suitable to pool all of the study samples for analysis, which is the first question that my project seeks to address. The second question we would like to answer from the data is what are the reasons for participants not following the predetermined visit schedule in the longitudinal, and how should we use the available information to find out the factors that affect participants' cognitive test scores.

In psychology research, longitudinal studies play a role because they keep track of how important factors change over time for an individual; however, missing data could frequently arise. Following Little and Rubin (2019), missing data can be categorized into three main types of missing: Missing Completely at Random (MCAR), Missing at Random (MAR), and Missing Not at Random (MNAR). After the identification of the missing data mechanism, based on Schlomer et al. (2010) as well as Baraldi and Enders (2010), the common methods for dealing with missing data issues in longitudinal studies can be summarized as deletion methods, imputation methods, and maximum likelihood estimation.

1.2 Study Objectives

With the missing data issue in our dataset, we first explore if it is appropriate to use the whole collected sample in our project. Then we focus on the frequency and rate of completing follow-up in the longitudinal study; this will allow us to understand the missing mechanism in this study. Later, we investigate the relationship between participants' test scores and characteristics.

This paper is organized as follows. In Chapter 2, we will introduce general notation as well as some cognitive tests in this project; provide descriptive analyses for the data. In Chapter 3, we will first conduct cross-sectional analyses of missing mechanisms on the count and rate of study visits using Poisson regression; then we will conduct longitudinal data analyses on the frequency of attending cognitive tests in each visit and the probability of visiting

Chapter 2

Descriptive Summary of the Cognitive Test Data from the Hotel Study

The neurocognitive data we obtained from Simon Fraser University Psychology Department's Professor Dr. Allen Thornton was used in this project. Data have been gathered since November 17, 2008, with the most recent update occurring on April 11, 2022. Key cognitive tests evaluate verbal learning and memory (measured by Hopkins Verbal Learning Test), inhibitory control (measured by Stroop Color Word Test), sustained attention and processing speed (measured by Rapid Visual Information Processing), mental exibility (measured by Intradimensional/Extradimensional), decision-making ability (measured by Iowa Gambling Task) once per study year; premorbid IQ measured by the Wechsler Test of Adult Reading and additional data such as demographic variables, were gathered at the baseline. In this chapter, we will first define the notation for the project, and have a description of the cognitive tests. Following that, we will provide a descriptive analysis of the data.

2.1 Notation

Participants are required to visit the study annually, in each visit, at most 5 cognition tests will be given. We introduce basic notation in this section; let a_i be the calendar date of recruitment for participants i

2022 in the study time scale, and T_i be the last time point for participant i ; then $C_i(t) = 0$ for t within the time interval $[0; a_i)$.

Let the covariate vector $X_i = (X_{i1}; \dots; X_{i5})$ collect the available explanatory variables for participant i . X_{i1} is the age of participant i when recruited in the study; X_{i2} is the premorbid

September 20, 2011, cannot finish all follow-ups. Participants in other groups are not able to finish follow-ups, while almost all of the participants in the hotel group can.

2.3.2 Demographic Variables

The dataset contains 363 (75%) male participants and 121 (25%) female participants. The average age at recruitment was 41.68 years, with a standard deviation of 11.64 years. The youngest participant in the research was 20 years old while recruiting, and the oldest participant was 75 years old. When we analyze subgroups, based on Table 2.1, participants in the hotel group had a mean age at recruitment of around 44 and a standard deviation of 9.5; those in the hospital group had a mean age at recruitment of around 44 and a standard deviation of 13. The average age at recruitment for the participants in the community group was 39, and the standard deviation was 11. The youth cohort consisted of adult participants under the age of 30.

Participants in the hotel group had a minimum education level of two years and a maximum education level of sixteen years; on average, participants had received 10.5 years of education, with a standard deviation of 2.38. According to Table 2.1, participants in the hotel group, community group, and youth group had comparable distributions of educational levels, while those in the hospital group had relatively higher levels of education.

2.4 Cognitive Tests

2.4.1 Estimate of Premorbid IQ

The score is calculated based on the WTAR test result, age, sex, and education. 13 individuals had missing values, and 22 participants had scores but invalid. Participants with invalid scores may not have understood the test, may not have completed it, or may have had other reasons for the invalid result; the hotel research team reviews the test's validity. The participants' valid scores ranged from 73 to 122, with an average score of 98.44 and a standard deviation of 9.12 for all participants. Table 2.2 shows that participants in the youth group had relatively higher premorbid IQ scores than participants in other groups.

The distributions of recruitment time and demographic variables for participants with premorbid IQ scores missing as well as invalid are shown in Figures 2.3 - 2.6 and Table 2.3. From Figure 2.3, we can see that most of the participants with missing premorbid IQ scores or invalid scores were recruited from SRO hotels early in the study time. Table 2.3 shows more males had missing premorbid IQ scores or invalid scores than females. Figure 2.4 shows participants with age around 50 years old are more likely to have missing premorbid IQ

scores or invalid premorbid IQ scores. We cannot see any relationship between participants' education level and missingness as well as invalidity of scores from Figures 2.5 and 2.6.

2.4.2 Verbal Learning and Memory

The available data recorded 12 years of verbal learning and memory scores for the hotel groups, 10 years of scores for the community group, 9 years of scores for the youth group, and 7 years of scores for the hospital group. Based on the available data, we could tabulate the numerical value of verbal learning and memory score change over time for each group in Table 2.4; we also count how many participants attended tests at each of their study years. The longitudinal score is relatively at around 20. Youth group participants seem to have higher test scores than other groups.

2.4.3 Inhibitory Control

The inhibitory control tests for the number of ink colours correctly specified when given inconsistent colour words. Tabulated results in Table 2.5 shows that the trend of the longitudinal score is at; on average, participants get scores around 36. Noted that youth group

to 100. Participants in the study gradually performed well with scores increasing over the years. Based on Table 2.8, youth group participants had relatively higher IGT net scores compared to participants in other groups. Participants in the hospital group only attended baseline test.

2.5 Conclusion of Descriptive Analyses

We first introduced basic notation in this chapter; then we conducted descriptive analyses of the Hotel neurocognitive data in terms of participants' recruitment time, demographic variables, and cognitive test scores. Participants from a specific subgroup were recruited during a particular time frame. The distributions of demographic variables or cognitive test scores are not that similar within subgroups. Four subgroups seem not from the same population based on our descriptive analyses. Therefore, we will focus on the original Hotel Study sample in the rest of the project by treating this group of people as a random sample from the target population.

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Figure 2.11: Hotel group participants' total IGT test attendances vs education level in year

Figure 2.12: Hotel group participants' total IGT test attendances vs premorbid IQ score

Figure 2.13: Hotel group participants' premorbid IQ score vs IGT score

Figure 2.14: Hotel group participants' premorbid IQ score vs age at recruitment

	Hotel (294)			Community (74)			Youth (43)			Hospital (73)		
	Count	Mean	SD	Count	Mean	SD	Count	Mean	SD	Count	Mean	SD
Y0	284	18.57	5.58	72	19.83	6.18	37	25.05	5.52	64	18.86	6.39
Y1	220	19.03	6.14	51	22.16	5.59	23	24.17	6.2	42	18.45	6.24
Y2	143	20.49	6.82	55	20.73	7.23	21	21.71	6.92	36	18	6.61
Y3	140	19.76	6.75	44	19.52	7.6	17	23.06	7.63	28	18.32	8.27
Y4	164	19.48	6.67	42	21.05	6.49	12	24.33	4.52	22	20.41	7.44
Y5	168	19.96	7.03	43	19.84	6.41	8	18	8.04	9	18.67	8.75
Y6	139	20.08	6.48	35	20.23	6.28	6	24.5	10.29	1	26	
Y7	144	20.47	6.15	31	21.68	5.4	3	19.33	10.97	0		
Y8	118	20.8	6.81	25	19.96	7.38	1	30		0		
Y9	102	19.61	6.14	14	18.93	6.08	0			0		
Y10	83	19.34	6.26	0			0			0		
Y11	61	18.75	6.49	0			0			0		

Count in tables is the number of participants who had test scores at their visit year j

The means and standard deviations (SD) were calculated based onns

	Hotel (294)			Community (74)			Youth (43)			Hospital (73)		
	Count	Mean	SD	Count	Mean	SD	Count	Mean	SD	Count	Mean	SD
Y0	272	34.95	10.32	71	36.1	10.34	41	44.71	11.96	61	33.98	12.31
Y1	208	35.5	11.04	52	38.35	9.96	25	41.52	12.07	37	32.32	9.87
Y2	141	35.93	11.15	54	38	10.82	21	41.29	11.97	39	31.21	12.68
Y3	131	36.08	10.72	45	38.73	11.64	19	43.32	12.77	28	30.32	13.49
Y4	158	37.08	11.95	41	39.63	10.97	12	42.25	14.78	21	31.38	9.5
Y5	158	37.46	11.4	42	38.5	10.08	9	44.11	14.74	9	33.44	11.66
Y6	131	38.32	11.83	37	37.27	10.95	6	38.67	13.6	1	41	
Y7	136	37.82	11.63	32	37.69	12.05	4	37.75	16.17	0		
Y8	113	35.96	12.04	25	31.28	13.26	1	53		0		
Y9	102	35.24	10.37	14	34.14	11.28	0			0		
Y10	81	34.42	9.89	0			0			0		
Y11	61	33.02	10.64	0			0			0		

Count in tables is the number of participants who had test scores at their visit year j

The means and standard deviations (SD) were calculated based on the available number of participants

Table 2.5: Summary statistics of inhibitory control test

	Hotel (294)			Community (74)			Youth (43)			Hospital (73)		
	Count	Mean	SD	Count	Mean	SD	Count	Mean	SD	Count	Mean	SD
Y0	257	-1.2	1.3	54	-1.05	1.03	27	-1.26	1.33	46	-1.46	1.46
Y1	188	-1.06	1.31	44	-0.77	1.18	15	-1.03	1.3	0		
Y2	126	-0.88	1.4	38	-0.4	1.12	10	-0.37	1.26	0		
Y3	112	-1.08	1.49	23	-0.51	1.17	1	1.6		0		
Y4	125	-0.82	1.37	23	-0.72	1.21	0			0		
Y5	130	-0.69	1.33	22	-0.55	1.15	0			0		
Y6	90	-0.75	1.22	8	-0.34	0.98	0			0		
Y7	110	-0.78	1.27	19	-0.63	1.63	0			0		
Y8	78	-0.61	1.29	1	-0.29		0			0		
Y9	48	-0.65	1.06	0			0			0		
Y10	36	-0.46	1.29	0			0			0		
Y11	14	-0.21	1.27	0			0			0		

Count in tables is the number of participants who had test scores at their visit year j

The means and standard deviations (SD) were calculated based on the available number of participants

Table 2.6: Summary statistics of sustained attention test

	Hotel (294)			Community (74)			Youth (43)			Hospital (73)		
	Count	Mean	SD	Count	Mean	SD	Count	Mean	SD	Count	Mean	SD
Y0	259	-5.95	32.41	48	-2.38	29.43	36	4.17	27.46	47	-2.72	30.19
Y1	171	-5.32	36.66	46	-0.61	39.8	14	8.14	36.91	0		
Y2	105	0.63	35.26	37	3.95	36.92	12	10.33	40.82	0		
Y3	101	2.2	32.65	31	6.97	30.97	1	8		0		
Y4	141	-5.52	35.06	25	5.12	37.87	0			0		
Y5	142	2.65	37.03	19	16.63	32.24	0			0		
Y6	109	-0.04	38.81	7	-6	26.1	0			0		
Y7	98	-1.71	40.42	14	24.43	27.63	0			0		
Y8	70	5.74	43.32	1	50		0			0		
Y9	36	-3.44	39.87	0			0			0		
Y10	24	19	41.46	0			0			0		
Y11	12	4	47.25	0			0			0		

Count in tables is the number of participants who had test scores at their visit year j

The means and standard deviations (SD) were calculated based on the available number of participants

Table 2.8: Summary statistics of decision-making ability test

Education (year)		2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Y0	IGT visit	1	1	3	3	5	13	25	33	55	39	43	20	7	0	11
	Not visit	0	1	0	0	4	1	3	3	11	6	2	1	0	1	2
Y1	IGT visit	0	0	1	0	4	7	16	23	40	30	27	12	3	0	8
	Not visit	1	2	2	3	5	7	12	13	26	15	18	9	4	1	5
Y2	IGT visit	0	1	0	1	1	5	13	16	16	17	17	10	3	0	5
	Not visit	1	1	3	2	8	9	15	20	50	28	28	11	4	1	8
Y3	IGT visit	0	0	1	1	3	7	8	14	22	12	13	10	4	1	5
	Not visit	1	2	2	2	6	7	20	22	44	33	32	11	3	0	8
Y4	IGT visit	0	1	1	1	3	7	13	23	35	22	21	7	4	0	3
	Not visit	1	1	2	2	6	7	15	13	31	23	24	14	3	1	10
Y5	IGT visit	0	2	1	1	3	7	17	19	38	19	17	11	4	0	3
	Not visit	1	0	2	2	6	6	11	17	28	26	28	10	3	1	8
Y6	IGT visit	0	1	1	1	2	5	8	12	34	15	13	10	3	0	3
	Not visit	1	1	2	2	7	8	20	24	32	30	31	11	4	1	8
Y7	IGT visit	0	1	1	1	3	7	10	12	29	14	11	4	3	0	2
	Not visit	1	1	2	2	6	6	18	24	36	31	33	17	4	1	9
Y8	IGT visit	0	0	0	1	0	4	8	9	22	10	5	3	1	0	1
	Not visit	1	2	3	2	8	6	20	27	42	32	36	17	5	1	8
Y9	IGT visit	0	1	0	1	1	2	4	4	7	5	4	2	0	0	1
	Not visit	1	1	2	0	4	6	20	21	45	28	26	11	3	0	6
Y10	IGT visit	0	0	0	0	0	2	2	1	6	4	1	1	0	0	0
	Not visit	1	1	1	0	2	5	9	15	28	17	13	7	1	0	4

Table 2.9: Number of hotel participants with different education levels attend the IGT test every year

Chapter 3

Patterns of Study Visits of the Hotel Study Participants

Investigating the missing mechanism may aid in our comprehension of the missingness in the longitudinal study and point us in the right direction for conducting an analysis of the missing data. This chapter aims to explain how covariates for hotel group participants relate to the missingness of the study visit and test visits. We first consider individual time scale on the count and rate of study visits using the Poisson regression model. Then we explore the missing pattern in longitudinal study visits as well as tests attending using the Logistic regression model. Finally, we consider the count and rate of the study visit in the study time scale using the Logistic regression model and Poisson regression model.

3.1 Cross-sectional Analysis of Total Count and Rate of Study Visit

We conduct analyses of participants' total number and rate of visits in this section to explore any factors that could affect overall visits for participants in this longitudinal study.

Model

For participant $i = 1, \dots, 294$ in the hotel group, $V_{i,j}$ is the total number of visits made by participant i in this longitudinal study; n_i is the ideal number of visits that can be given by participant i based on participant i 's recruitment time and the last updated time of the dataset. We consider the following Poisson regression models for participants' total number and rate of visits:

$$\log[E(V_{i,j}|X_i)] = \beta_0 + \beta_1 X_{i1} + \beta_2 X_{i2} + \beta_3 X_{i3} + \beta_4 X_{i4} + \beta_5 X_{i5}; \quad (3.1a)$$

$$\log[E(\frac{V_i}{n_i} | X_i)] = \beta_0 + \beta_1 X_{i1} + \beta_2 X_{i2} + \beta_3 X_{i3} + \beta_4 X_{i4} + \beta_5 X_{i5}; \quad (3.1b)$$

$$\log[E(V_i | X_i; n_i)] = \beta_0 + \beta_1 X_{i1} + \beta_2 X_{i2} + \beta_3 X_{i3} + \beta_4 X_{i4} + \beta_5 X_{i5} + \beta_6 \log(n_i); \quad (3.1c)$$

where covariate vector X_i is defined in the previous chapter as for participant i . X_{i1} is the age at recruitment, X_{i2} is the premorbid IQ score at recruitment, X_{i3} is the education level, X_{i4} is sex, and X_{i5} is the time of recruitment; 30 participants who did not have premorbid IQ score information and will be excluded when modelling. $\frac{V_i}{n_i}$ is the rate of visit made by participant i in this longitudinal study adjusting for the ideal number of visits. Models (3.1a) and (3.1b) are the reduced models of the model (3.1c) if the $\beta_6 = 0$ or $\beta_6 = 1$ in the model (3.1c), respectively.

Analysis results

analyzed. Third, for each of the cognitive tests, we consider the participants' probability of attending.

3.2.1 Longitudinal Hotel Study Visits

Model

We consider following logistic models at each individual year to model the relationship between participant i 's probability of visiting the study at each year and the covariate vector:

$$\text{logit}[P(V_{ij} = 1|X_i)] = \beta_{0j} + \beta_{1j}X_{i1} + \beta_{2j}X_{i2} + \beta_{3j}X_{i3} + \beta_{4j}X_{i4} + \beta_{5j}X_{i5}; \quad (3.2a)$$

$$\text{logit}[P(V_{ij} = 1|X_i)] = \beta_0 + \beta_1X_{i1} + \beta_2X_{i2} + \beta_3X_{i3} + \beta_4X_{i4} + \beta_5X_{i5}; \quad (3.2b)$$

$$\text{logit}[P(V_{ij} = 1|X_i)] = \beta_0 + \beta_1X_{i1} + \beta_2X_{i2} + \beta_3X_{i3} + \beta_4X_{i4} + \beta_5X_{i5}; \quad (3.2c)$$

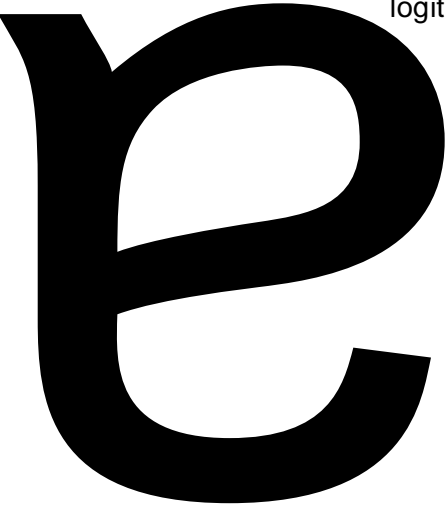
here time point j takes values from year1 to 11 since all participants visit the study at

3.2.2 Longitudinal Rate of Cognitive Tests Attending

Model

Participant i attended total R_{ij} cognitive tests at his or her the j^{th} year of visit, and the response variable we considered is $p_j(X_i)$ the probability of attending R_{ij} tests out of K_{ij} total available tests for participant i at year j ; $R_{ij} \sim B(K_{ij}; p_j(X_i))$. We consider using logistic regression models to estimate $p_j(X_i)$:

logit[p

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cognitive tests and covariate vector. However, all estimates of this model are close to 0; the reason for this result could be that we do not have enough possible values for the response variable in this model.

3.2.3 Longitudinal Cognitive Tests Attending

Model

In this section, we consider exploring the probability of test attending for each of the cognition tests separately at each year using Logistic regression. For $k = 1; \dots; 5$ and $j = 0; \dots; 11$, $R_{ijk} = 1$ if participant i attended the k^{th} cognitive test at the j^{th} year; the models are:

$$\text{logit}[P(R_{ijk} = 1|X_i)] = \beta_{0jk}^t + \beta_{1jk}^t X_{i1} + \beta_{2jk}^t X_{i2} + \beta_{3jk}^t X_{i3} + \beta_{4jk}^t X_{i4} + \beta_{5jk}^t X_{i5}; \quad (3.4a)$$

$$\text{logit}[P(R_{ijk} = 1|X_i)] = \beta_{0k}^t + \beta_{1k}^t X_{i1} + \beta_{2k}^t X_{i2} + \beta_{3k}^t X_{i3} + \beta_{4k}^t X_{i4} + \beta_{5k}^t X_{i5}; \quad (3.4b)$$

$$\text{logit}[P(R_{ijk} = 1|X_i)] = \beta_{0k}^t + \beta_{1k}^t X_{i1} + \beta_{2k}^t X_{i2} + \beta_{3k}^t X_{i3} + \beta_{4k}^t X_{i4} + \beta_{5k}^t X_{i5}; \quad (3.4c)$$

where X_{i1} is the age at recruitment, X_{i2} is the premorbid IQ score at recruitment, X_{i3} is the education level, X_{i4} is sex, and X_{i5} is the recruitment time of participant i .

Model (3.4a) is a mixed-effect model with all effects varying every year; for β_j^t such that $(\beta_{0jk}^t; \dots; \beta_{5jk}^t)^T \sim MN((\beta_{0k}^t; \dots; \beta_{5k}^t)^T; \Sigma)$. Model (3.4b) is a reduced model of model (3.4a) with only intercept varying every year; for β_j^t such that $\beta_{0jk}^t \sim N(\beta_{0k}^t; \Sigma_{0k}^2)$. Model (3.4c) is a reduced model of model (3.4b) that all effects are fixed at different year.

Analysis results

Missing of verbal learning and memory test ($k = 1$)

Based on Table 3.5, all models suggest that the probability of attending the verbal learning and memory test is significantly associated with the recruitment time; participants who joined the study earlier are more likely to attend this test. In model (3.4b), female participants are more likely to visit this test compared to male participants with odds ratio $\exp(0.1962) = 1.2168$.

Missing of inhibitory control test ($k = 2$)

Based on Table 3.6 in models 3.4b and 3.4c, the estimates of effects on premorbid IQ score, sex, and recruitment time are significantly different from 0 for all models. Participants with higher premorbid IQ scores are more likely to attend this test; female participants are more likely to attend the test.

First consider Logistic regression models to estimate $p_t(X_i)$ at each study year t such that $C_i(t) \sim \text{Bernoulli}(p_t(X_i))$:

$$\text{logit}[p_t(X_i)] = \alpha_t + \beta_1 X_{i1} + \beta_2 X_{i2} + \beta_3 X_{i3} + \beta_4 X_{i4} + \beta_5 X_{i5}; \quad (3.5.1a)$$

$$\text{logit}[p_t(X_i)] = \alpha_t + \beta_1 X_{i1} + \beta_2 X_{i2} + \beta_3 X_{i3} + \beta_4 X_{i4} + \beta_5 X_{i5}; \quad (3.5.1b)$$

$$\text{logit}[p_t(X_i)] = \alpha_t + \beta_1 X_{i1} + \beta_2 X_{i2} + \beta_3 X_{i3} + \beta_4 X_{i4} + \beta_5 X_{i5}; \quad (3.5.1c)$$

The mixed-effect model (3.5.1a) is the full model with all the effects varying at each study year; for t such that $(\alpha_t, \beta_1, \dots, \beta_5)^T \sim \text{MN}((\alpha_0, \beta_1, \dots, \beta_5)^T; \Sigma)$. The mixed-effect model (3.5.1b) is the reduced model of model (3.5.1a) with only intercept term varying at each study year; $\alpha_t \sim N(\alpha_0; \sigma^2)$. The model (3.5.1c) is a reduced model of the model (3.5.1b) with all effects fixed.

Based on the strategy of the model specification for model (3.1c), we could also consider

scores are more likely to visit the study. Models (3.5.1a) and (3.5.1b) agree that participants with later recruitment are more likely to visit the study. Compared to the conclusion in section 3.2.1 while considering the individual time scale, we obtain an inverse conclusion for participants' recruitment time. Based on Figure 3.19, this may be due to the reason

Tables and Figures

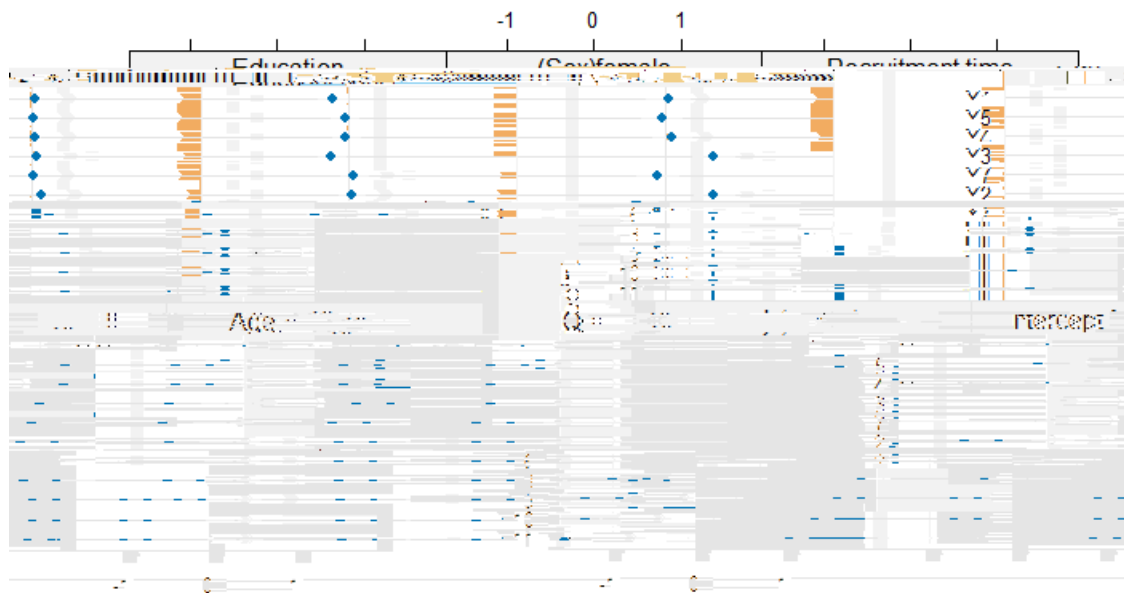


Figure 3.1: Estimate of random effects of the model (3.2a)

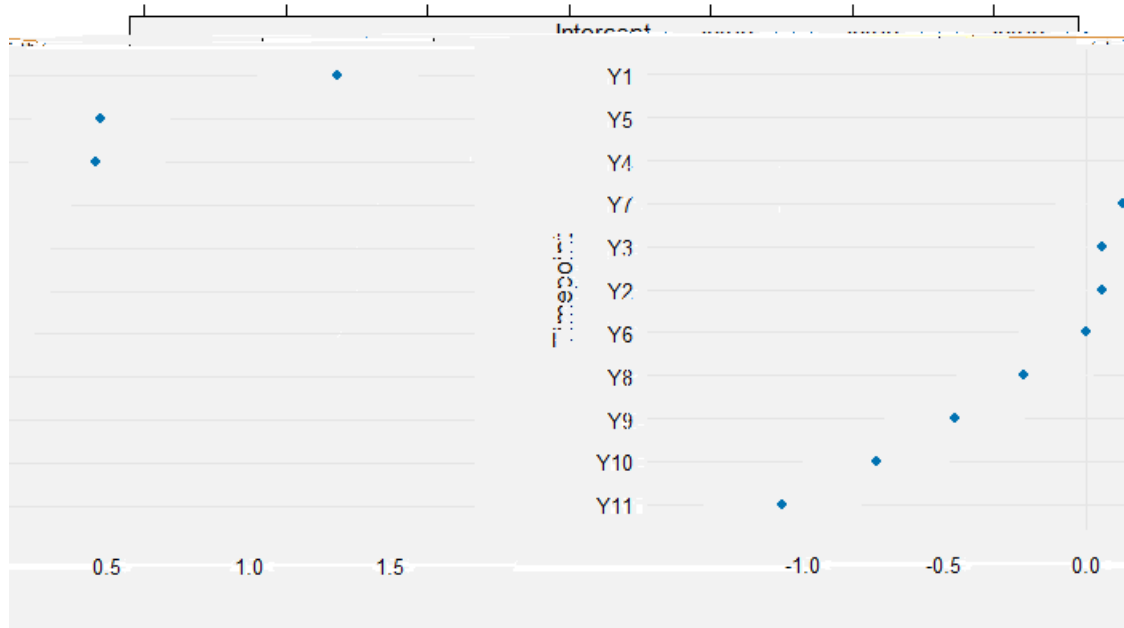


Figure 3.2: Estimate of random effect of the model (3.2b)

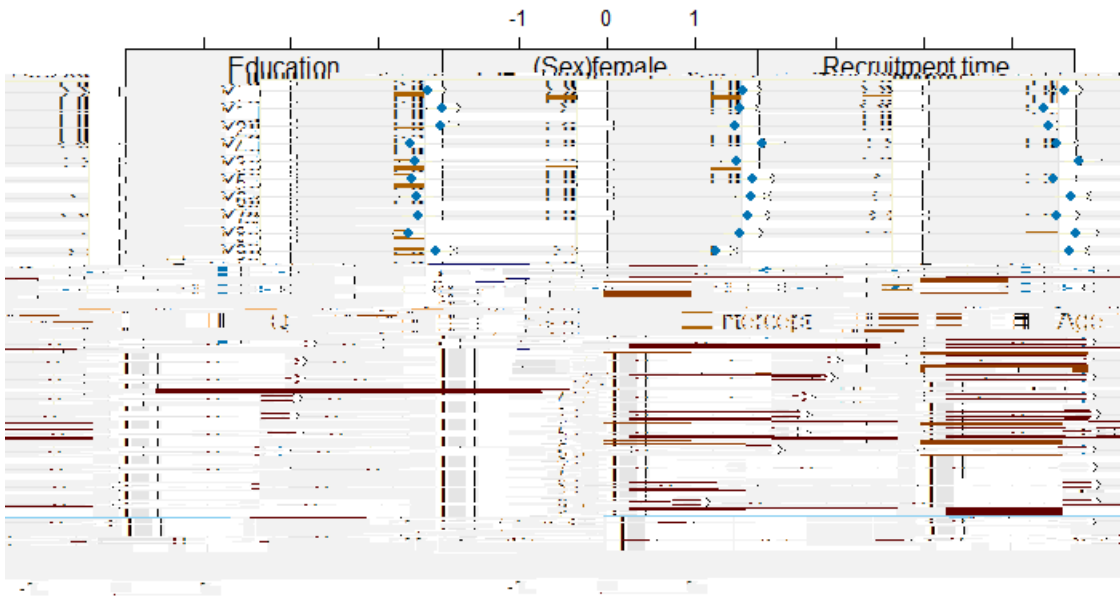


Figure 3.3: Estimate of random effects of the model (3.3a)

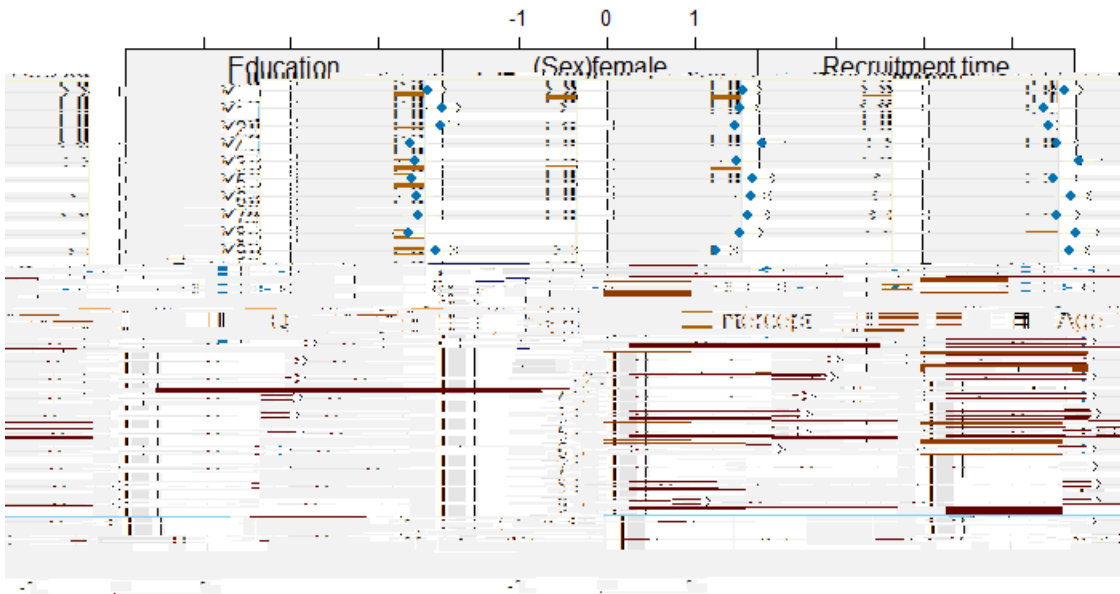


Figure 3.4: Estimate of random effect of the model (3.3b)

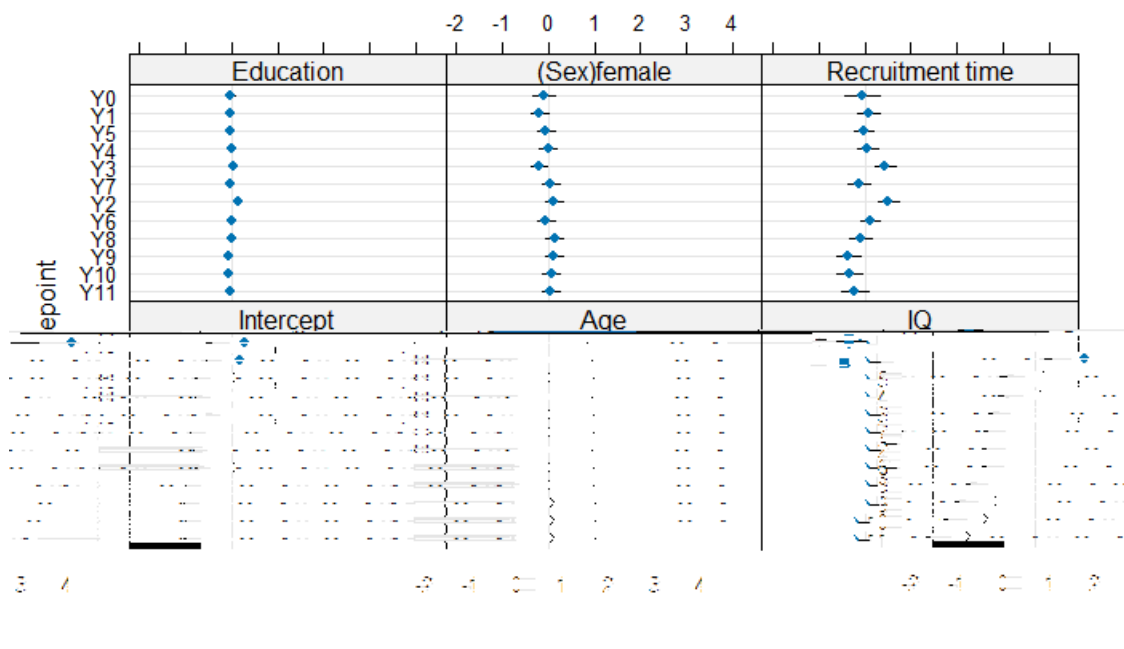


Figure 3.5: Estimate of random effects of the model (3.4a)

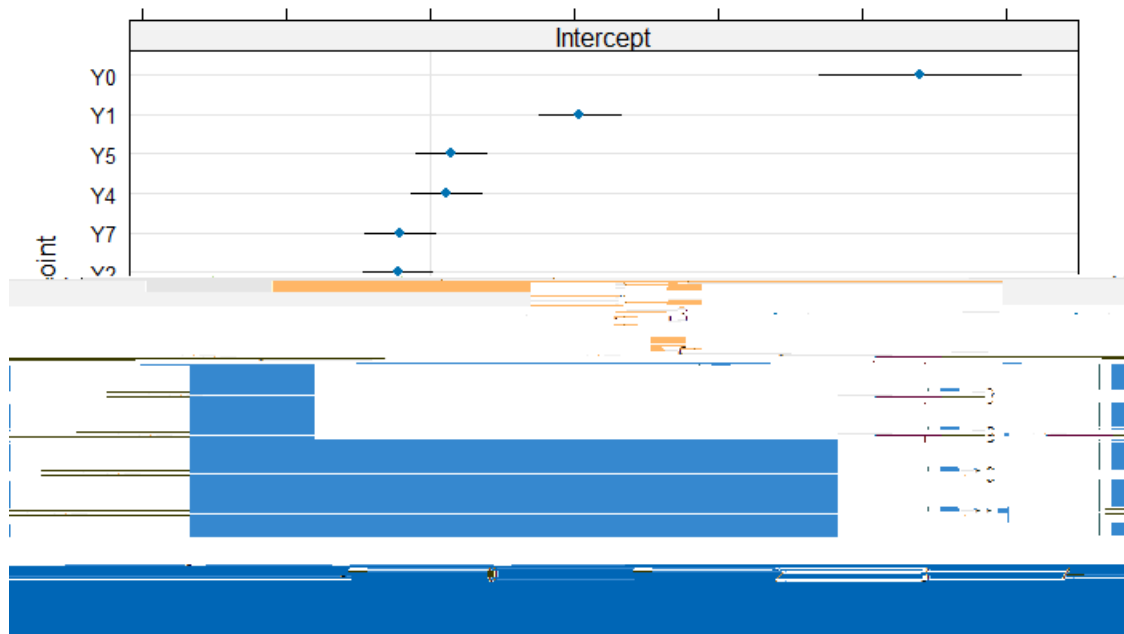


Figure 3.6: Estimate of random effect of the model (3.4b)

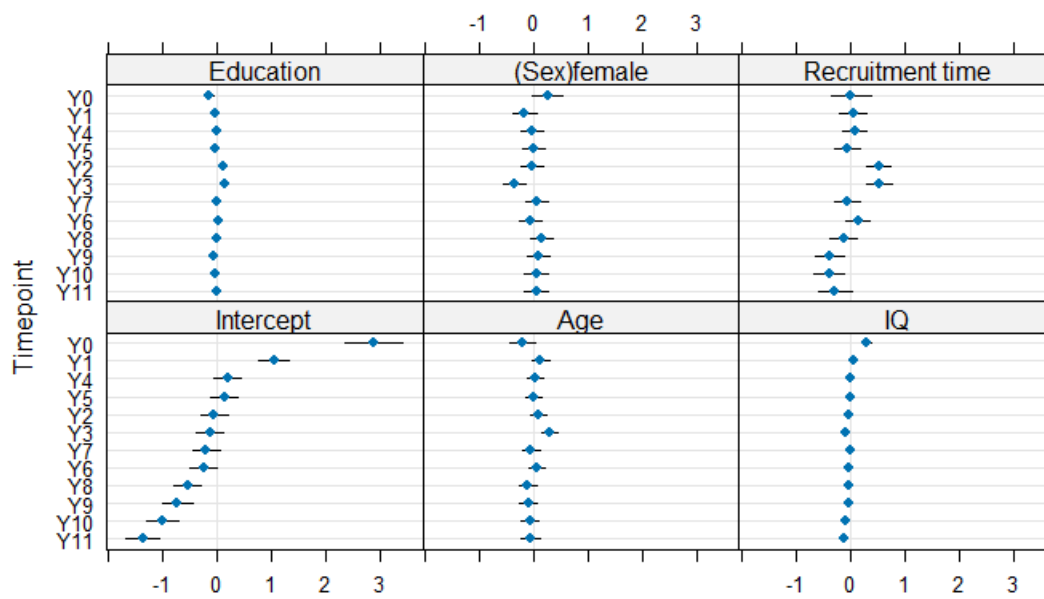


Figure 3.7: Estimate of random effects of the model (3.4a)

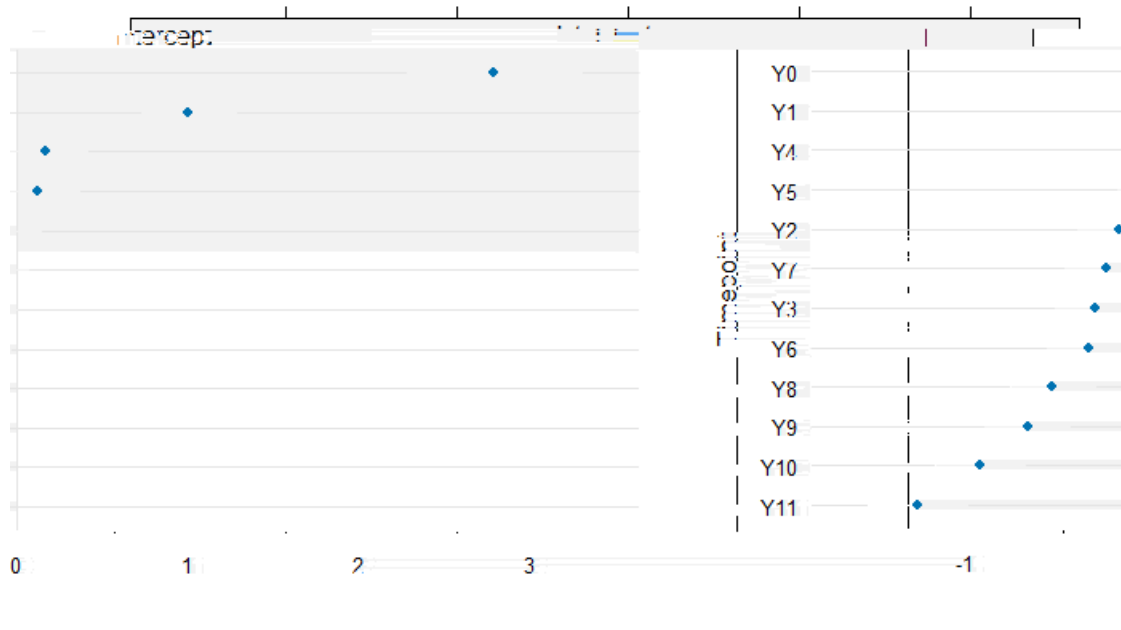


Figure 3.8: Estimate of random effect of the model (3.4b)

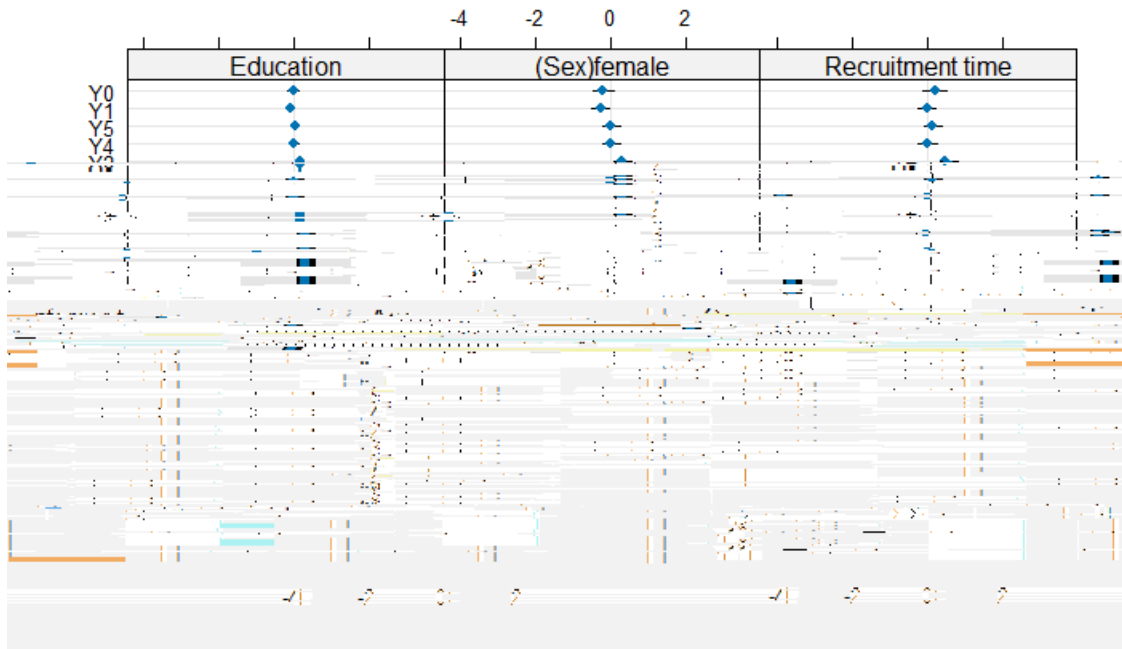


Figure 3.9: Estimate of random effects of the model (3.4a)

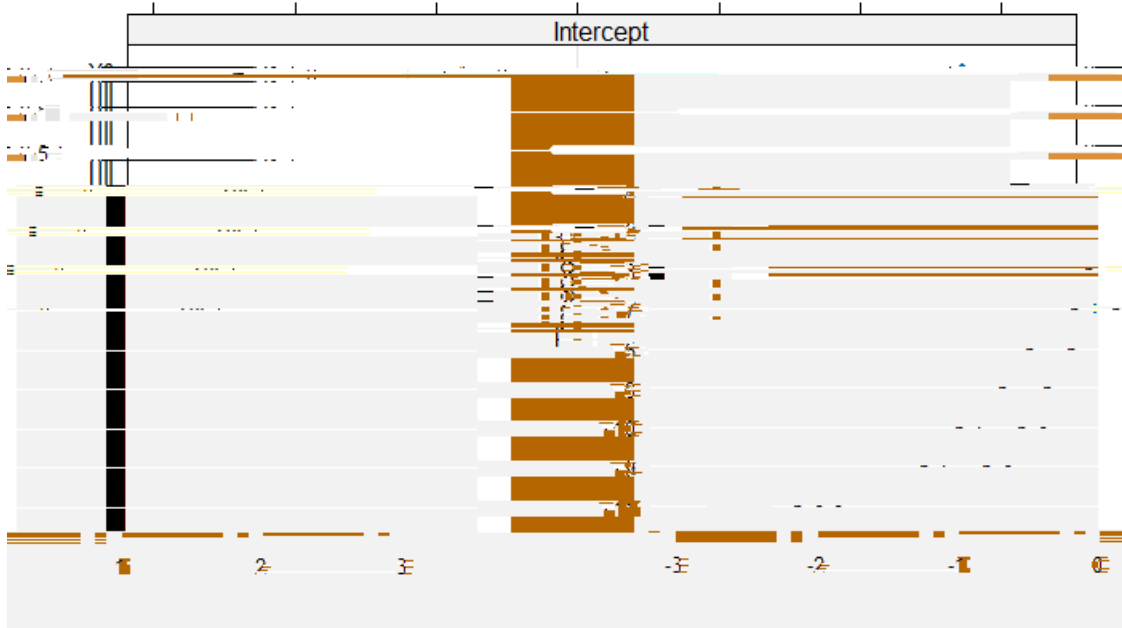


Figure 3.10: Estimate of random effect of the model (3.4b)

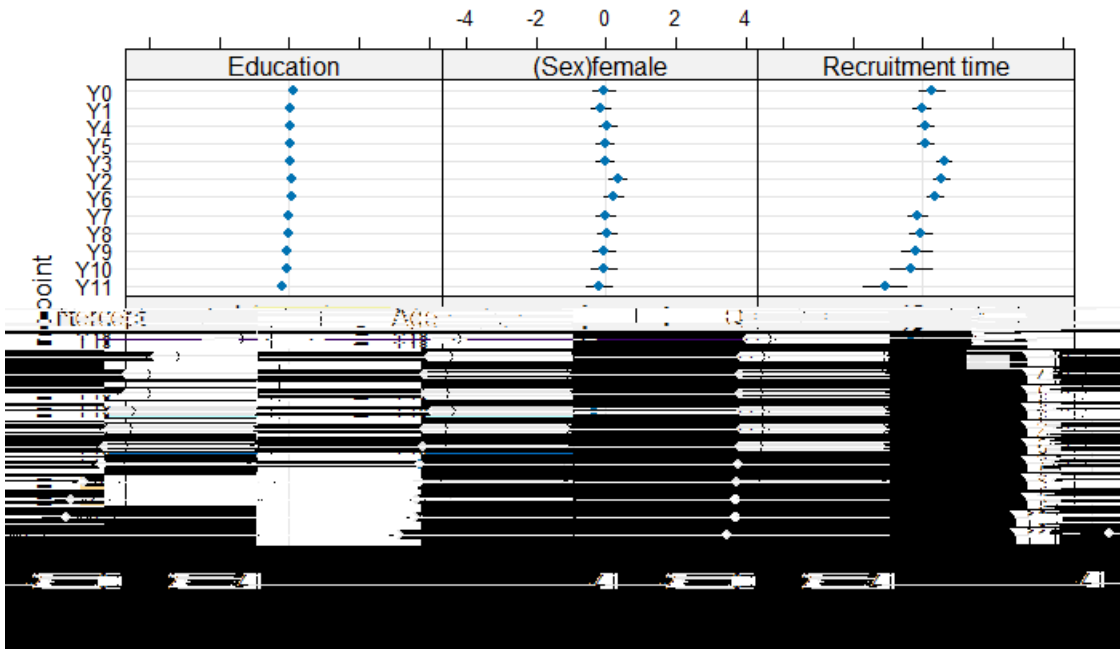


Figure 3.11: Estimate of random effects of the model (3.4a)

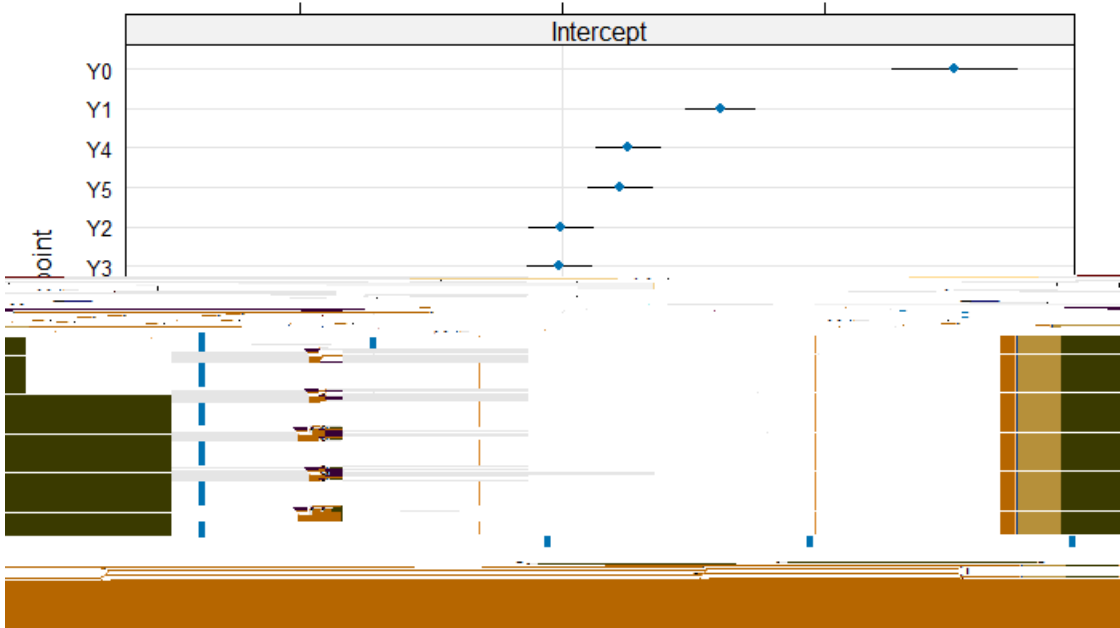


Figure 3.12: Estimate of random effect of the model (3.4b)

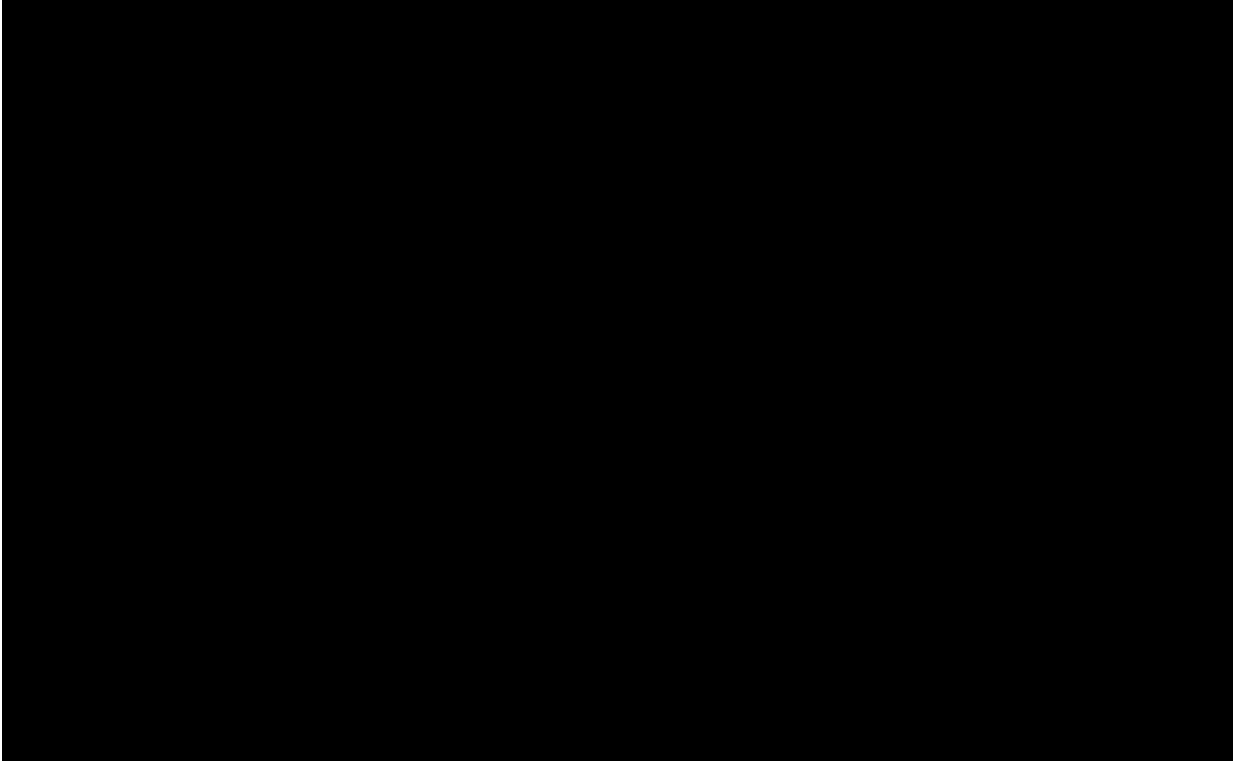


Figure 3.13: Estimate of random effects of the model (3.4a)

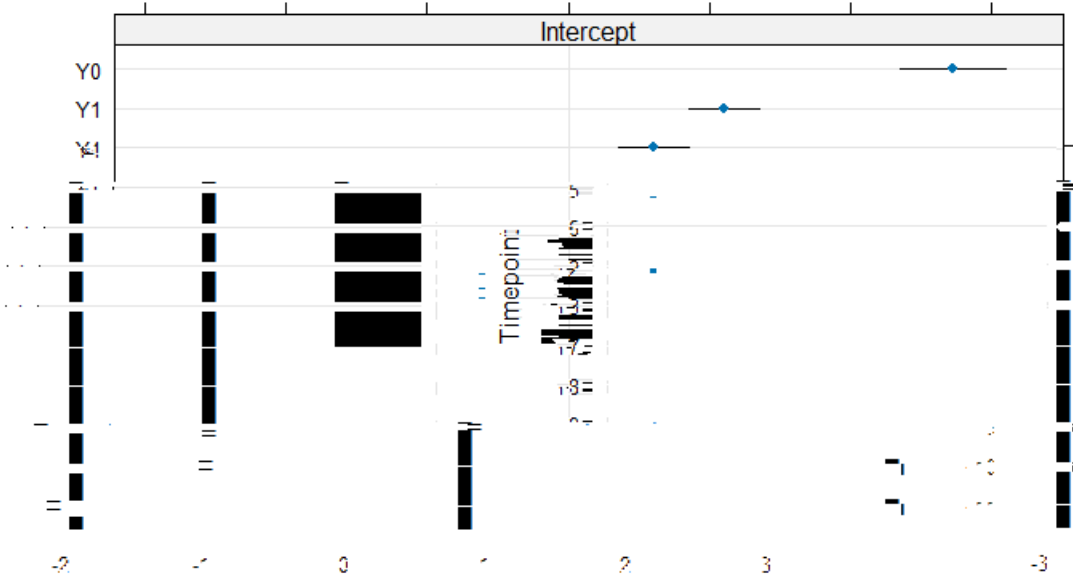


Figure 3.14: Estimate of random effect of the model (3.4b)

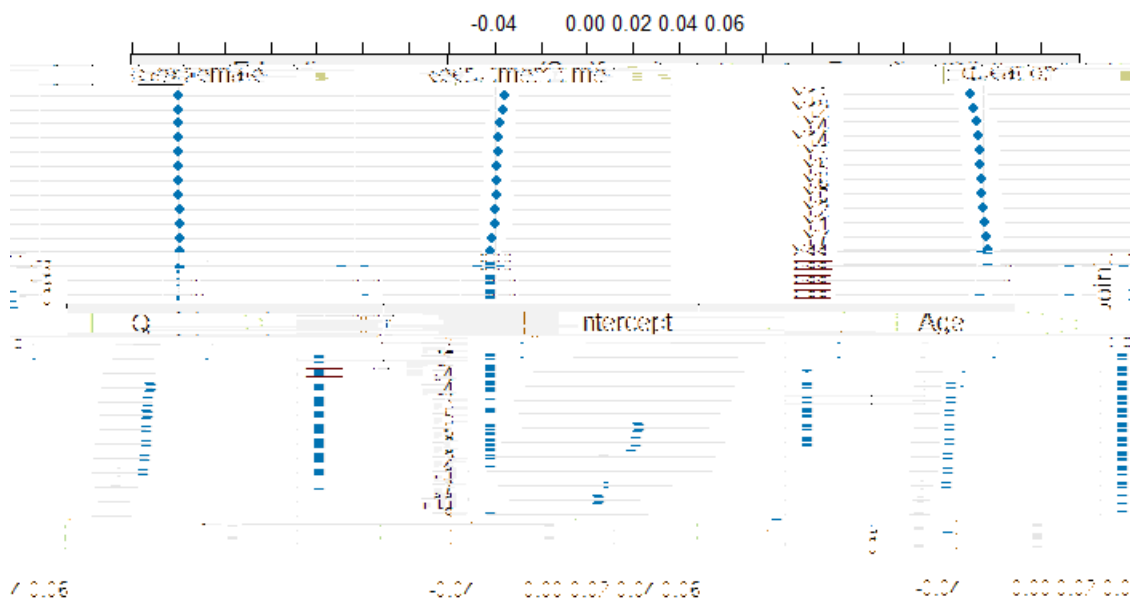


Figure 3.17: Estimate of random effects of the model (3.5.2a)

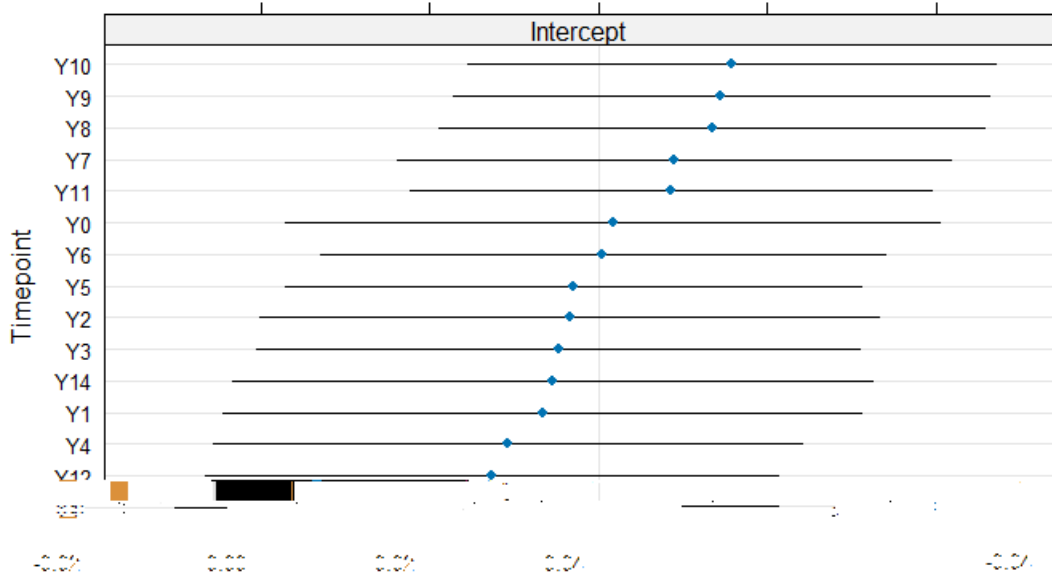


Figure 3.18: Estimate of random effect of the model (3.5.2b)

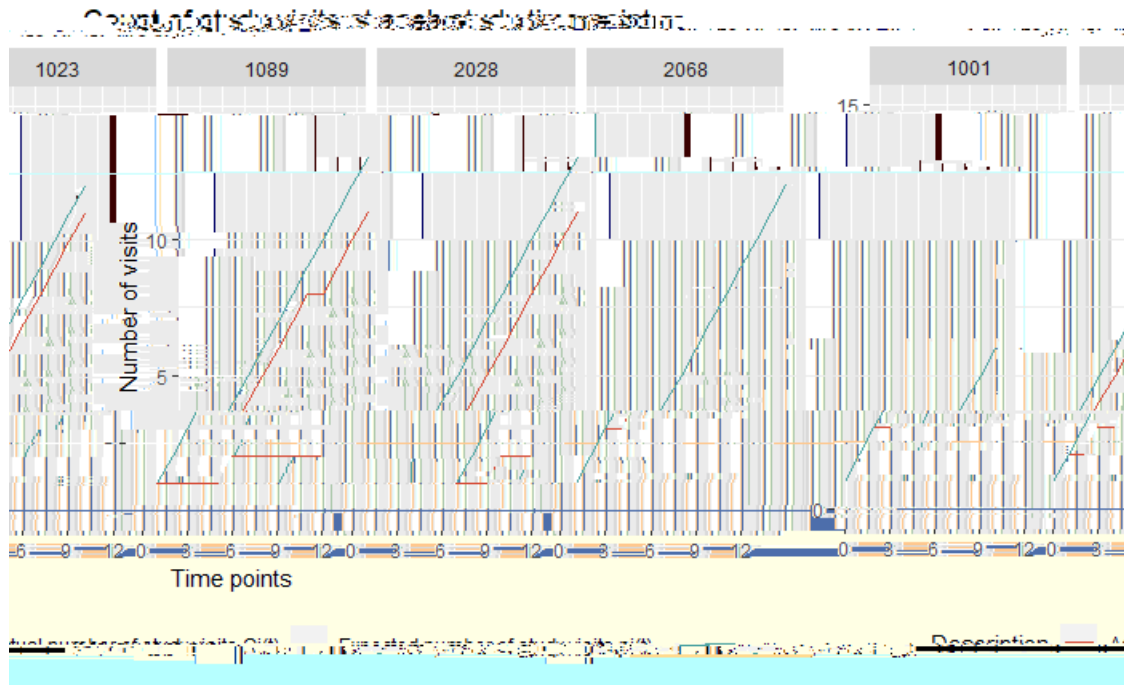


Figure 3.19: Example of number of study visits and ideal visits for participants

VIF	Age	Premorbid IQ score	Education	Sex	Recruitment time	log(n
-----	-----	--------------------	-----------	-----	------------------	-------

	Model 3.2a		Model 3.2b		Model 3.2c	
	Est.	S.E.	Est.	S.E.	Est.	S.E.
(Intercept)	0:1291	02152	0:1064	01949	0:0981	0:0430
age at recruitment	0:0151	00725	0:0120	00406	0:0120	00390
premorbid IQ score	0:0822+	0:0481	0:0805+	0:0470	0:0727	00451
education	0:0518	00557	0:0390	00514	0:0315	00493
sex(Female vs. male)	0:1900	01035	01821	00936	01653	00897

enrolT 0 1215 Td ; /R 1491650 Tf 7 Td Td () Tj /R167 10.0213 Tf 7.79453 0 Td (0) Tj /R144 10.0213 Tf 5.7625 0 Td (:

	Model 3.3a		Model 3.3b		Model 3.3c	
	Est.	S.E.	Est.	S.E.	Est.	S.E.
(Intercept)	1:4493	0:2195	1:4411	0:2141	1:5665	0:0339
age at recruitment	0:0789	0:0344	0:0779	0:0321	0:0288	00306
premorbid IQ score	0:2022	0:0587	0:1949	0:0367	0:1566	0:0354

	Model 3.4a		Model 3.4b		Model 3.4c	
	Est.	S.E.	Est.	S.E.	Est.	S.E.
(Intercept)	0:1262	03710	01365	03530	00088	00412
age at recruitment	0:0276	00772	00006	00405	0:0006	00373
premorbid IQ score	0:0827	00531	00894	00469	00744	00431
education	0:0813	00601	0:0656	00513	0:0501	00471
sex(Female vs. male)	0:1935	01119	0:1962	0:0932	0:1642	00861
enroll.date	0:2636	0:0981	0:2146	0:0439	0:1670	0:0403
Num.Obs.	3155		3155		3155	
Num. groups: Timepoint	12		12			
AIC	38465619		38564567		43595942	
BIC	40100854		38988517		43959327	
Log Likelihood	18962809		19212283		21737971	
Deviance					43475942	
intercept	1:2699	0:3666	1:2080	0:3487		
age	0:2140	0:0618				
premorbidIQ	0:0437	0:0126				
education	0:0641	0:0185				
sex	0:1515	0:0437				
recruitment	0:2928	0:0845				

Model 3.4a - generalized linear mixed model; all effects are fixed effects

	Model 3.4a		Model 3.4b		Model 3.4c	
	Est.	S.E.	Est.	S.E.	Est.	S.E.
(Intercept)	0:0086	03152	00062	02990	0:0625	00412
age at recruitment	0:1157	00619	0:0964	0:0403	0:0838	0:0373
premorbid IQ score	0:1448	0:0580	0:1227	0:0466	0:1043	0:0432
education	0:0686	00577	0:0471	00509	0:0356	00471
sex(Female vs. male)	0:2828	0:1135	0:2539	0:0925	0:2169	0:0861
enroll.date	0:2130	0:1032	0:1643	0:0433	0:1278	0:0401

	Model 3.4a		Model 3.4b		Model 3.4c	
	Est.	S.E.	Est.	S.E.	Est.	S.E.
(Intercept)	0:6355	04238	0:4991	03440	0:3600	0:0438
age at recruitment	0:0556	00735	0:0174	00440	0:0167	00395
premorbid IQ score	0:1465	00836	0:1694	0:0510	0:1347	0:0457
education	0:1600	0:0682	0:			

	Model 3.4a		Model 3.4b		Model 3.4c	
	Est.	S.E.	Est.	S.E.	Est.	S.E.
(Intercept)	0:4785	04542	0:3219	03691	0:2220	0:0434
age at recruitment	0:0174	00956	00245	00439	00164	00391
premorbid IQ score	0:0449	00695	00700	00506	00537	00450
education	0:1266	00654	0:0934	00557	0:0722	00495
sex(Female vs. male)	0:0825	01244	0:0535	01009	0:0466	00898
enroll.date	0:4788	0:1612	0:2863	0:0508	0:1456	0:0436
Num.Obs.	2914		2914		2914	
Num. groups: Timepoint	12		12			
AIC	33502417		33676686		40016112	
BIC	35116284		34095096		40374749	
Log Likelihood	16481289		-12h.988(o.Td [(28T147(6)43426 0 Td (:)Tj /R148 10.021 Tf 2.78437 0 Td (10			

	Model 3.4a		Model 3.4b		Model 3.4c	
	Est.	S.E.	Est.	S.E.	Est.	S.E.
(Intercept)	0:8217	04387	0:6666	03606	0:4472	0:0442
age at recruitment	0:0037	00598	00259	00445	00182	00397
premorbid IQ score	0:0902	00773	0:1261	0:0515	0:0990	0:0459
education	0:1572	0:0674	0:1186	0:0565	0:0943	00505
sex(Female vs. male)	0:0343	01160	0:0169	01025	0:0176	00916
enroll.date	0:4419	0:1976	0:2400	0:0508	0:0936	0:0443
Num.Obs.	2914		2914		2914	
Num. groups: Timepoint	12		12			
AIC	32459149		32948040		38983332	
BIC	33295969		33366450		39341969	
Log Likelihood	16089575		16404020		19431666	
Deviance					38863332	
intercept	1:4847	0:4286	1:2340	0:3562		
age	0:1215	0:0351				
premorbidIQ	0:1799	0:0519				
education	0:0796	0:0230				
sex	0:1042	0:0301				
recruitment	0:5957	0:1720				

Model 3.4a - generalized linear mixed model; all effects are arbitrary change over time

Model 3.4b - generalized linear mixed model; intercept term is arbitrary change over time

Model 3.4c - generalized linear model

Table 3.9: Estimates and Standard Errors for models (3.4a - c) with k = 5 test

	Model 3.5.1a		Model 3.5.1b		Model 3.5.1c	
	Est.	S.E.	Est.	S.E.	Est.	S.E.
(Intercept)	0:7242	0:2580	0:7021	0:2409	0:3900	0:0164

	Model 3.5.2a		Model 3.5.2b		Model 3.5.2c	
	Est.	S.E.	Est.	S.E.	Est.	S.E.
(Intercept)	0:0474	00383	0:0449	00389	0:0521	00348
age at recruitment	0:0225	0:0097	0:0219	0:0094	0:0220	0:0094
premorbid IQ score	0:0221	00113	00208	00109	00207	00109
education	0:0079	00122	0:0068	00119	0:0067	00119
sex(Female vs. male)	0:0518	0:0219	0:0515	0:0214	0:0513	0:0214
enroll.date	0:0029	00115	0:0016	00106	0:0037	00101
log(nit)	0:7613	0:0206	0:7614	0:0200	0:7670	0:0169
Num.Obs.	3160		3160		3160	
Num. groups: Timepoint	15		15			
AIC	123429435		122904644		122890010	
BIC	125549849		123389310		123314093	
Log Likelihood	61364717		61372322		61375005	
Deviance					27151024	
intercept	0:0254	0:0066	0:0220	0:0078	0:0217	0:0078

Chapter 4

Analyses the Cognitive Test Scores of the Hotel Study Participants

We are now interested in how factors affect participants' scores in the Iowa gambling task (IGT) with missing data issue present. Participants are expected to visit the study once a year and take five cognition tests during each visit. The previous chapter suggested that the missing mechanism for the test of IGT is missing not completely at random; the probability of participant i had an IGT score at time point j is associated with the participant's premorbid IQ score, education, and recruitment time in the study time scale for $j = 0, \dots, 11$. In this chapter, we assume all participants had baseline scores of IGT_{i05} , and first analyze the relationship between IGT net score and factors every year under the assumption that missing completely at random. In Chapter 3, we showed the evidence against the missing completely at random assumption, we then assume the missing mechanism is not missing completely at random, and use the weighted generalized estimating equations (Lin et al., 2015; Robins et al., 1995) to explore the relationship between IGT score and covariates. For convenience, we let Y_{ij} to be

with $\epsilon_{ij} \sim N(0; \sigma^2)$.

Analysis results

Under the setting that the IGT scores are independent within participants and the assumption that missing is completely at random, we used the available data to explore the relationship between IGT net score and factors. Table 4.1 shows that participants' IGT net score could be associated with premorbid IQ score. participants with higher premorbid IQ score would have higher IGT score.

4.1.2 Assuming IGT Scores are Correlated

We consider under the assumption that missing completely at random, the within-participants correlation is taken into account.

Model

- Linear mixed effect model with the random effect associated with the i^{th} participant:

$$Y_{ij} = \mu_{0i} + \beta_1 X_{i1} + \beta_2 X_{i2} + \beta_3 X_{i3} + \beta_4 X_{i4} + \beta_5 X_{i5} + \epsilon_{ij} \quad (4.2a)$$

with $\mu_{0i} \sim N(\mu_0; \sigma_0^2)$ and $\epsilon_{ij} \sim N(0; \sigma^2)$. μ_{0i} and ϵ_{ij} are assumed to be independent

- GEE method (Hedeker and Gibbons, 2006) with model as follows:

$$Y_{ij} = \mu_0 + \beta_1 X_{i1} + \beta_2 X_{i2} + \beta_3 X_{i3} + \beta_4 X_{i4} + \beta_5 X_{i5} + \epsilon_{ij} \quad (4.2b)$$

The within-participants covariance structures R we considered are AR(1) working correlation structure that the correlation over time is a function of lag:

$$\text{Corr}(Y_{ij}; Y_{i,j+l}) = \rho^l \text{ for } l = 0; 1; 2; \dots; 11 - j$$

as well as the exchangeable working correlation structure that all correlations are equal:

$$\text{Corr}(Y_{ij}; Y_{ij'}) = \begin{cases} \rho & j = j' \\ \sigma^2 & j \neq j' \end{cases}$$

Thus, the variance-covariance matrix for Y_i is

$$V_i = R_i(\rho, \sigma^2)$$

in the normal case. The unknown correlation parameter ρ and scale parameter σ^2 will be estimated in analyses.

Analysis results

Based on Table 4.2, we obtain a similar conclusion that participants' IGT score is significantly associated with premorbid IQ score; participants with higher

Weights are calculated based on the observed data $(R_{i0}, \dots, R_{ij-1})$.

- Missingness based on participant's most recent attendance data

$$\text{logit}[P(R_{i1} = 1 | R_{i0}, \dots, R_{ij-1})]$$
$$\text{logit}[P(R_{i2} = 1 | R_{i0}, \dots, R_{ij-1})]$$

$$\text{logit}[P(R_{i,11} = 1 | R_{i0}, \dots, R_{ij-1})]$$

Weights are calculated based on the observed data (R_{ij-1}) .

We will assign different weights to observations that are independent over time in section 4.2.2.

4.2.1 Assuming IGT Scores are Independent

To begin with, we assume the observed data are independent. We use the weighted GEE method with the independent correlation structure. Based on Table 4.3, we cannot rule out the influence of other factors.

4.2.2 Assuming IGT Scores are Exchangeable

The result for the WGEE method shows that the association between morbid IQ score, recruitment time, and IGT score is significant. We conclude that older participants have higher IGT scores. This exchangeable working correlation structure suggests that the association of participants' IGT scores is similar across study late could have higher IGT scores.

While we consider the WGEE method with the exchangeable correlation structure, morbid IQ score, recruitment time, and IGT score are significant. 4.5, older participants would have

between participants' premorbid IQ scores and IGT scores. Namely, under the missing completely at random assumption, participants with higher premorbid IQ scores would have higher IGT scores. However, based on Table 3.9, we also conclude that participants with lower premorbid IQ scores are less likely to attend the IGT test. It is possible that participants who missed the IGT tests with lower premorbid IQ scores can still achieve higher scores on the IGT test. Thus, it is reasonable that the IGT score is not significantly associated with premorbid IQ after we handling the missing data issue in the IGT test.

Tables and Figures

	Model 4.1	
	Est.	S.E.
(Intercept)	0:0159	00342
age at recruitment	0:0175	00310
premorbid IQ score	0:1712	0:0365
education	0:0512	00407
sex(Female vs. male)	0:0469	00708
enroll.date	0:0102	00331
Num.Obs.	1151	
AIC	32697720	
BIC	33051107	
Log.Lik.	16278860	
Deviance	11404244	

IGT scores are independent
Regression based on available data

Table 4.1: Estimates and Standard Errors for model (4.1)

	Model 4.2a		Model 4.2.1b		Model 4.2.2b	
	Est.	S.E.	Est.	S.E.	Est.	S.E.
(Intercept)	0:0176	00524	0:0278	00500	0:0206	00498
age at recruitment	0:0257	00473	0:0286	00471	0:0270	00467
premorbid IQ score	0:2064	0:0555	0:2079	0:0556	0:2109	0:0544
education	0:0901	00612	0:0860	00576	0:0931	00574
sex(Female vs. male)	0:0485	01100	00427	01153	00496	01062
enroll.date	0:0089	00494	00200	00467	00111	00442
Num.Obs.	1151		1151		1151	
Num. groups: SubjectNumber	258					
AIC	30567		32751		32739	
BIC	3097.1		33105		33092	
Log.Lik.			1630568		1629947	
intercept	0:5942	0:0370				
Scale parameter: gamma			0:9950	00785	09940	00786
Correlation parameter: alpha			0:7050	00479	04440	00603
Num. clust.			258		258	

Regression based on available data

Model 4.2a - mixed linear effect model; intercept term is arbitrary change across different participant

Model 4.2.1b - generalized linear model with generalized estimating equations method; AR(1) working correlation matrix

Model 4.2.2b - generalized linear model with generalized estimating equations method; exchangeable working correlation matrix

Table 4.2: Estimates and Standard Errors for models (4.2a), (4.2.1b), (4.2.2b)

	Model 4.3.1a		Model 4.3.1b	
	Est.	S.E.	Est.	S.E.
(Intercept)	0:2137	02059	00207	01016
age at recruitment	0:4674	02965	01191	01238
premorbid IQ score	0:0359	01921	01435	01073
education	0:1592	01501	00053	00790
sex(Female vs. male)	0:3030	02817	02021	02278
enroll.date	0:1374	01218	0:0443	00707
Num.Obs.	1053		1053	
Num. clust.	235		235	
Scale parameter: gamma	1:4900	01990	11700	01520

	Model 4.3.2a		Model 4.3.2b	
	Est.	S.E.	Est.	S.E.
(Intercept)	0:4345+	0:2371	0:3492	02335
age at recruitment	0:6803	0:2844	0:7053	0:2949
premorbid IQ score	0:2729	02894	0:1693	02714
education	0:1751	02679	01905	0 27140

	Model 4.3.3a		Model 4.3.3b	
	Est.	S.E.	Est.	S.E.
(Intercept)	0:0388	01739	00214	01669
age at recruitment	0:3856+	0:2069	0:2874	02069
premorbid IQ score	0:1257	01832	01756	01734
education	0:0208	01375	0:0104	01288
sex(Female vs. male)	0:6951+	0:3648	0:4474	03632
enroll.date	0:0811	01244	0:0567	01136
Num.Obs.	1053		1053	
Num. clust.	235		235	
Scale parameter: gamma	1:2700	02040	12000	01760
Scale parameter: alpha	0:8290	00626	06200	01160

Model4.3.3a - QIC = 1515 for AR(1) working correlation structure

Model4.3.3b - QIC = 1523 for exchangeable working correlation structure

Table 4.5: Estimates and Standard Errors for models (4.3.3a-b)

Chapter 5

Discussion

5.1 Summary

The data we obtained from the Hotel Study research team contains information for sample participants who lived on DTES; more specifically, sample participants were collected from three different sources on DTES: the SRO hotels, a community court, and the Emergency Room at St. Paul's hospital; additional youth group to collect any participants if they were below 30 years old when recruiting. We first performed descriptive analyses to compare the similarity of participants in four groups. We found the distributions of age at recruitment time, premorbid IQ score, education level received in years, and cognitive test scores are not that similar in the four groups; participants from different groups may come from different populations. Furthermore, the data contains 272 participants from the hotel group, 71 participants from the community group, 41 participants from the youth group, and 61 participants from the hospital group; due to the large sample size of the hotel group, when we pool all groups together, the hotel group would dominate the analyses. Thus, we choose the original hotel sample to be the random sample of the target population; in the rest of the project, we focused on the hotel group participants only.

Next, through cross-sectional analyses and longitudinal analyses, we investigated the ef-

participants who joined the study late are less likely to attend any of the tests. Besides that, other factors also affect the probability of test attending:

- k = 1 test: The probability of attending verbal learning and memory test is significantly associated with sex in the mixed-effects model; female participants are more likely to visit this test compared to male participants.
- k = 2 test: All models suggest that the probability of attending an inhibitory control test is associated with premorbid IQ score and sex. Participants with higher measured premorbid IQ scores at baseline are more likely to visit this test; female participants are more likely to visit this test compared to male participants. The probability of attending this test could also be associated with age at recruitment; younger participants are more likely to attend the test.
- k = 3 test: All models suggest that the probability of attending sustained attention and processing speed test is associated with education level; participants with lower education level are more likely to attend this test. The mixed-effects model with intercept term varying over time and the generalized linear model indicate that participants

5.2.5 Study Sample

The Hotel Study contains four study samples that were collected in different time frames. With the time changes, the standards for selecting participants would change; we could test if two samples are from the same population (Wald and Wolfowitz, 1940). We chose to use the original hotel sample as a random sample for the target population in this project. However, we wasted 40% of the total participants we have. Future investigation can consider making use of the whole study sample with some weight adjustment.

5.2.6 Relationship between Variables

Based on Figure 2.8, we found that participants with higher premorbid IQ scores would have higher education levels. Based on Tables 2.9 and 2.10, we found trends that participants who joined the study late may have higher education levels or premorbid IQ scores. Future studies can investigate how these variables relate to each other, and why participants with later recruitment time tend to have higher education levels or premorbid IQ scores.

Bibliography

Intra-extra dimensional set shift (ied). <https://www.cambridgecognition.com/cantab/cognitive-tests/executive-function/intra-extra-dimensional-set-shift-ied/> . Accessed: 2023-03-19.

Rapid visual information processing (rvp). <https://www.cambridgecognition.com/cantab/cognitive-tests/attention/rapid-visual-information-processing-rvp/> . Accessed: 2023-03-19.

Aho, K., Derryberry, D., and Peterson, T. Model selection for ecologists: the worldviews of aic and bic. *Ecology*, 95(3):631-636, 2014.

Baitz, H. A., Jones, P. W., Campbell, D. A., Jones, A. A., Gicas, K. M., Giesbrecht, C. J., Loken Thornton, W., Barone, C. C., Wang, N. Y., Panenka, W. J., et al. Component processes of decision making in a community sample of precariously housed persons: Associations with learning and memory, and health-risk behaviors. *Frontiers in Psychology*, 12:571423, 2021.

Baraldi, A. N. and Enders, C. K. An introduction to modern missing data analyses. *Journal of school psychology*48(1):5-37, 2010.

Baranyi, G., Scholl, C., Fazel, S., Patel, V., Priebe, S., and Mundt, A. P. Severe mental illness and substance use disorders in prisoners in low-income and middle-income countries: a systematic review and meta-analysis of prevalence studies. *The Lancet Global Health* 7(4):e461-e471, 2019.

Bechara, A., Damasio, A. R., Damasio, H., and Anderson, S. W. Insensitivity to future

study clinical and health service effectiveness in a cohort of homeless or marginally housed persons. *The Canadian Journal of Psychiatry*, 62(7):482-492, 2017.

Jones, A. A., Cho, L. L., Kim, D. D., Barbic, S. P., Leonova, O., Byford, A., Buchanan, T., Vila-Rodriguez, F., Procyshyn, R. M., Lang, D. J., et al. Pain, opioid use, depressive symptoms, and mortality in adults living in precarious housing or homelessness: a longitudinal prospective study. *Pain*