

A superpopulation model...

Z_i = Treatment indicator

$Y_i(0), Y_i(1)$ = Potential outcomes.

X_i = Covariate vector [e.g. age, gender, ...].

We usually assume that we observe i.i.d. samples.

$(Z_i, Y_i(0), Y_i(1), X_i)$ drawn from a superpopulation.

[i.e. a density over $(Z, Y(0), Y(1), X)$].

The average treatment effect (ATE) is now an expectation:

$$\tau = E[Y(1)] - E[Y(0)].$$

What goes wrong?

We observe only $E[Y(1)|Z=1]$ and $E[Y(0)|Z=0]$.

In general, these are different from $E[Y(1)]$ and $E[Y(0)]$ respectively, i.e. the prima facie treatment effect defined by

$$\tau_{PF} = E[Y(1)|Z=1] - E[Y(0)|Z=0]$$

is not the same as τ .

Can write τ as

$$\begin{aligned}\tau &= E[Y(1)] - E[Y(0)] \\ &= E[Y(1)|Z=1] \cdot P(Z=1) + E[Y(1)|Z=0] \cdot P(Z=0) \\ &\quad - (E[Y(0)|Z=1] \cdot P(Z=1) + E[Y(0)|Z=0] \cdot P(Z=0)).\end{aligned}$$

We do not observe the highlighted terms, so τ

is not identifiable unless we make further assumptions....

What does randomization give us?

$$Z \perp\!\!\!\perp \{Y(1), Y(0)\}.$$

Rem: This is not saying that $Z \perp\!\!\!\perp Y_{\text{obs}}$.

→ This implies. $E[Y(1)|Z=1] = E[Y(1)|Z=0].$

$$\Rightarrow E[Y(1)] = E[Y(1)|Z=1].$$

$$\text{Analogously, } E[Y(0)] = E[Y(0)|Z=0].$$

$$\Rightarrow \tau = \tau_{\text{PE}}$$

How to identify ATE in observational studies.

Unconfoundedness / ignorability / exchangeability:

$$\{Y(1), Y(0)\} \perp\!\!\!\perp Z \mid X$$

$$\text{Define } \tau(x) = E[Y(1)|X=x] - E[Y(0)|X=x].$$

$$\tau_{\text{PE}}(x) = E[Y(1)|X=x, Z=1] - E[Y(0)|X=x, Z=0].$$

If unconfoundedness holds, then.

$$E[Y(1)|Z=1, X=x] = E[Y(1)|X=x].$$

$$E[Y(0)|Z=0, X=x] = E[Y(0)|X=x].$$

$$\Rightarrow \tau(x) = \tau_{\text{PE}}(x).$$

If X is discrete, then.

$$\begin{aligned}
\tau &= E[E[Y(w) - Y(w) | X]] \\
&= E[\tau(X)] \\
&= \sum_x \tau(x) \cdot P(X=x) \\
&= \sum_x \tau_{PP}(x) \cdot P(X=x).
\end{aligned}$$

We know $\tau_{PP}(x)$ and $P(X=x)$.

\Rightarrow use this to identify τ .

When we have finitely many samples, use plug-in estimators for everything.

$$\hat{\tau}_{PP}(x) = \frac{1}{n_{1,x}} \sum_{\substack{Z_i=x \\ Z_i=1}} Y_{i,obs} - \frac{1}{n_{0,x}} \sum_{\substack{X_i=x \\ Z_i=0}} Y_{i,obs},$$

$$\text{where } n_{1,x} = \#\{i : X_i=x, Z_i=1\}$$

$$n_{0,x} = \#\{i : X_i=x, Z_i=0\}$$

$$\hat{P}(X=x) = \frac{1}{n} \sum_{i=1}^n \mathbb{1}(X_i=x)$$

$$\Rightarrow \hat{\tau} = \sum_x \hat{\tau}_{PP}(x) \cdot \hat{P}(X=x)$$

This relies on assumption that X is discrete

When X is cts, or X has many levels, then need other methods...

3 methods:

① Regression.

- ② Propensity score weighting
- ③ Matching.

Back to kidney stones.

$$Z = 1(\text{Treatment B}).$$

$Y(1)$ = Recovery under treatment B.

$Y(0)$ = Recovery under treatment A.

$$X = 1(\text{small kidney stones}).$$

	Treatment A helps.	Treatment B helps.
Large kidney stones.	69%	73%
Small kidney stones.	87%	93%.
All patients	83%	78%

Proportion of patients with small kidney stones = 51%

$$\begin{aligned}
 \tau(1) &= E[Y(1) | X=1] - E[Y(0) | X=1] \\
 &\stackrel{\text{unconfoundedness}}{=} E[Y(1) | X=1, Z=1] - E[Y(0) | X=1, Z=0] \\
 &= 0.93 - 0.87 \\
 &= 0.06.
 \end{aligned}$$

$$\tau(0) = 0.73 - 0.69$$

$$= 0.04.$$

$$\begin{aligned}\tau &= \tau(1) \cdot P(X=1) + \tau(0) \cdot P(X=0) \\ &= 0.06 \cdot 0.51 + 0.04 \cdot 0.49 \\ &\approx 0.05.\end{aligned}$$

Methods for estimating ATE under unconfoundedness.

Method 1: Outcome regression.

$$\text{ATE } \tau = E[\tau(X)] = \int \tau(x) \cdot p(x) dx.$$

where $p(x)$ = density of X , and.

$$\tau(x) = E[Y(1)|X=x] - E[Y(0)|X=x].$$

is called the Conditional Average Treatment Effect (CATE). function.

Outcome regression comprises 2 steps:

Step 1: Estimate $\tau(x)$ via $\hat{\tau}(x)$.

Step 2: Use plugin estimator for τ . i.e. we substitute $p(x)$ with empirical distribution $\hat{p}(x) [= \text{uniform distribution on } \{X_{i1}, \dots, X_{in}\}]$.

$$\text{Hence, } \hat{\tau} = \frac{1}{n} \sum_{i=1}^n \hat{\tau}(X_i).$$

To estimate τ is tricky.

Many strategies, we will state 2 of them.

Strategy 1: Fit joint model for $\mu(x, z) = E[Y_{\text{obs}} | X=x, Z=z]$

$$\text{observe that } \tau(x) = \mu(x, 1) - \mu(x, 0).$$

Strategy 2: Fit 2 models, one each for

- $\mu_{01}(x) = E[Y_{obs} | X=x, Z=1]$

- $\mu_{00}(x) = E[Y_{obs} | X=x, Z=0]$.

Observe that $\tau(x) = \mu_{01}(x) - \mu_{00}(x)$.

What can we use to estimate μ , μ_{01} , μ_{00} ?

- Linear model. } Model may be misspecified.
- GLM. }
- ML methods. \rightarrow problems with overfitting & extrapolation.

Fact: Use Strategy 1 with a linear model,

i.e. regress $Y \sim X + Z$, get a model.

$$Y = \hat{\alpha} + \hat{\beta}^T X + \hat{\gamma} Z + \varepsilon.$$

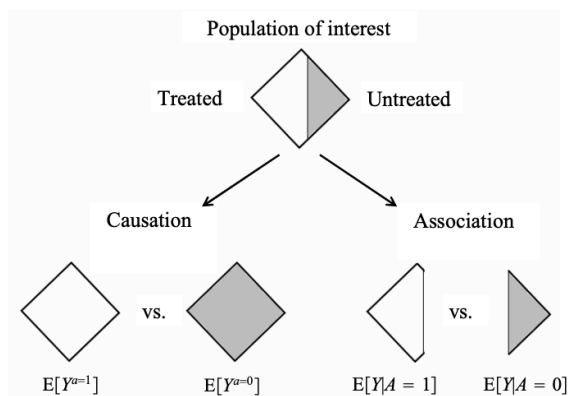
Then $\hat{\tau} = \hat{\gamma}$.

Pf. $\hat{\tau}(x) = \hat{\mu}(x, 1) - \hat{\mu}(x, 0)$. [$\hat{\mu}(x, z) = \hat{\alpha} + \hat{\beta}^T x + \hat{\gamma} z$]

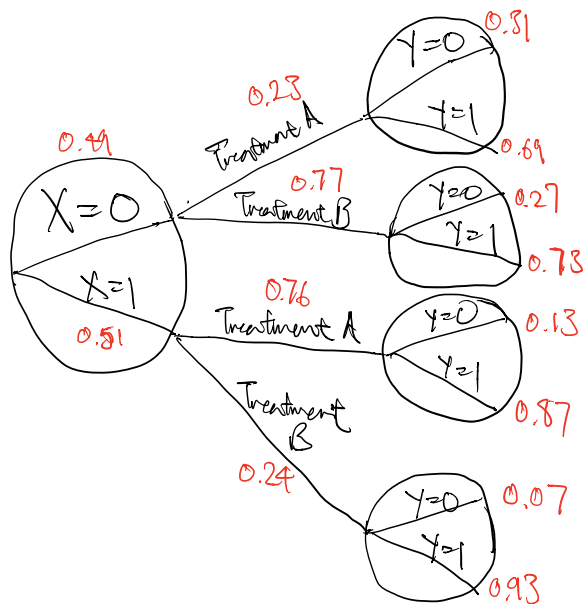
$$= \hat{\gamma}.$$

$$\Rightarrow \hat{\tau} = \hat{\gamma}. \quad \square$$

Method 2: Inverse propensity score weighting



Observed:



See slides / lecture video for explanation of above.

Thm. Assume $\{Y(0), Y(1)\} \perp\!\!\!\perp Z \mid X$, then.

$$\textcircled{1} \quad \mathbb{E}\left[\frac{Y_{\text{obs}} \cdot Z}{e(X)}\right] = \mathbb{E}[Y(0)].$$

$$\textcircled{2} \quad \mathbb{E}\left[\frac{Y_{\text{obs}}(1-Z)}{1-e(X)}\right] = \mathbb{E}[Y(1)].$$

$$\text{Hence, } \tau = \mathbb{E}\left[\frac{Y_{\text{obs}} \cdot Z}{e(X)}\right] - \mathbb{E}\left[\frac{Y_{\text{obs}}(1-Z)}{1-e(X)}\right].$$

For finite samples, we have the inverse propensity weighting (IPW) estimator.

$$\hat{\tau}_{\text{IPW}} = \frac{1}{n} \sum_{i=1}^n \frac{Y_{\text{obs},i} Z_i}{\hat{e}(X_i)} - \frac{1}{n} \sum_{i=1}^n \frac{Y_{\text{obs},i}(1-Z_i)}{1-\hat{e}(X_i)}.$$

where $\hat{e}(x)$ is an estimator of $e(x)$.

Fact. Assume $\{Y(0), Y(1)\} \perp\!\!\!\perp Z \mid X$; then

$$\{Y(0), Y(1)\} \perp\!\!\!\perp Z \mid e(X)$$

$(100, 1018 \leq 1000)$

Proofs of This, Fact are easy.