

Observational Study Designs I

POL-GA 3200
Quantitative Field Methods
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Overview

Cochran (1983) defines an observational study as one in which,

1. *The objective is to study the **causal effects** of certain agents, procedures, treatments, or programs.*
2. *For one reason or another, the **investigator cannot use controlled experimentation**, that is, the investigator cannot impose on a subject or withhold from a subject, a procedure or treatment whose effects he desires to discover, or cannot assign subjects at random to different procedures.*

Overview

- ▶ No random assignment, so key concern is **confounding**.
- ▶ Observational study designs try to minimize confounding while also allowing for efficient estimation of causal effects.
- ▶ Common approaches for studying **the effects of causes** include matched designs and designs leveraging discontinuities or naturally “as-if random” assignment.
- ▶ Also designs attempting to identify **causes of effects**, known as “case-control” design or “choice-based” sampling design.

Overview

Part I:

- ▶ Designing a matched observational study.
- ▶ Designing a case-control study.

Matched Designs: Statistical Foundations

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- ▶ We set for ourselves the goal of estimating “average effect of the treatment on the treated” (ATT), defined as,

$$\rho_{ATT} = E[Y_{1i} - Y_{0i} | D_i = 1]$$

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- ▶ Establishing the population for which you are making inferences is the crucial first step in a matched study design.

Matched Designs: Statistical Foundations

- ▶ The assumption necessary to identify ρ_{ATT} given that we can collect data from \mathcal{P} is “conditional mean independence” (CMI) with respect to Y_{0i} :

$$E[Y_{0i}|D_i = 1, X_i] = E[Y_{0i}|D_i = 0, X_i] \quad \text{and} \quad \Pr[D_i = 1|X_i] < 1,$$

where X_i is a vector of covariates that we can measure on all members of \mathcal{P} , and $\Pr[D_i|X_i] < 1$ ensures that corresponding control units for all treatment units over the range of X_i .

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- ▶ Then,

$$\begin{aligned} E[Y_i|D_i = 1, X_i] - E[Y_i|D_i = 0, X_i] &= E[Y_{1i}|D_i = 1, X_i] - E[Y_{0i}|D_i = 0, X_i] \\ &= E[Y_{1i}|D_i = 1, X_i] - E[Y_{0i}|D_i = 1, X_i] \\ &= E[Y_{1i} - Y_{0i}|D_i = 1, X_i] \end{aligned}$$

And,

$$\int_x E[Y_{1i} - Y_{0i}|D_i = 1, x] dF(x|D_i = 1) = E[Y_{1i} - Y_{0i}|D_i = 1] = \rho_{ATT}.$$

Matched Designs: Statistical Foundations

- ▶ Go back to the expression for the ATT:

$$\rho_{ATT} = E[Y_{1i} - Y_{0i} | D_i = 1] = \underbrace{E[Y_{1i} | D_i = 1]}_{\text{observable}} - \underbrace{E[Y_{0i} | D_i = 1]}_{\text{counterfactual}}$$

- ▶ Using CMI, we compute the counterfactual component by,

$$E[Y_{0i} | D_i = 1] = \int_x \underbrace{E[Y_{0i} | D_i = 0, x]}_{\text{observable}} dF(x | D_i = 1).$$

Matched Designs: Statistical Foundations

- ▶ Furthermore, if we can come up with a matching solution, \mathcal{M} , consisting of weights to apply to the control units such that $F(x|D_i = 1) = F_{\mathcal{M}}(x|D_i = 0)$, we can compute the counterfactual component as,

$$\begin{aligned}\int_x \mathbb{E}[Y_{0i}|D_i = 0, x] dF(x|D_i = 1) &= \int_x \mathbb{E}[Y_{0i}|D_i = 0, x] dF_{\mathcal{M}}(x|D_i = 0) \\ &= \mathbb{E}_{\mathcal{M}}[Y_i|D_i = 0],\end{aligned}$$

which is just the mean of the control units in data to which \mathcal{M} is applied.

Matched Designs: Statistical Foundations

Examples of \mathcal{M} satisfying the necessary conditions exactly:

- ▶ One-to-one exact matching: take each unit in the treated group, find a match on X_i in the control group, and allocate a weight of 1 to this matched control. Repeat for all treated units. (The weight values can accumulate.) For any control unit that is not matched, assign a weight of 0.
- ▶ Many-to-one exact matching: take each unit in the treated groups, find *all* K_i matches on X_i in the control group, and allocate a weight of $1/K_i$ to each of these matched controls. Repeat for all treated units. (The weight values can accumulate.) For any control unit that is not matched, assign a weight of 0.

Matched Designs: Statistical Foundations

- ▶ The solutions on the previous page assumed that exact matching was possible for all members of the treatment group.
- ▶ If this is not possible, approximations are done through:
 - ▶ “Nearest neighbor matching” using propensity scores, Mahalanobis distance, or some combination (e.g., GenMatch in the MatchIt or Matching packages).
 - ▶ “Coarsened exact matching” (CEM in the MatchIt package).
 - ▶ “Reweighting” that minimizes the discrepancy between $F(x|D_i = 1)$ and $F_{\mathcal{M}}(x|D_i = 0)$ over x (e.g., classical propensity score weighting, or ebal or twang packages).
 - ▶ A combination of the above.
- ▶ The further these approximations depart from the exact matching solution, the greater is the potential for bias.
- ▶ Estimation of causal effects proceeds as if we have a randomized experiment. So, covariate adjustment used to boost power.

Matched Designs: Implementation

So how do we turn these ideas into a *field* research design?

- ▶ If ATT is fixed as target estimand, basic research design is:
 1. Draw a representative sample from treated population, measure outcomes.
 2. Draw a matched sample from control population, measure outcomes.
- ▶ Even if we want to use reweighting, it is most efficient to draw control sample that is as matched as possible.
- ▶ Symmetric for ATC.

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 - ▶ Often matched observational studies examine effects of cluster-level treatments. Of course, the consequences of such clustering need to be taken into account.
- ▶ Once you have determined your necessary sample size, you are ready to sample treated and then matched controls.

Matched Designs: Implementation

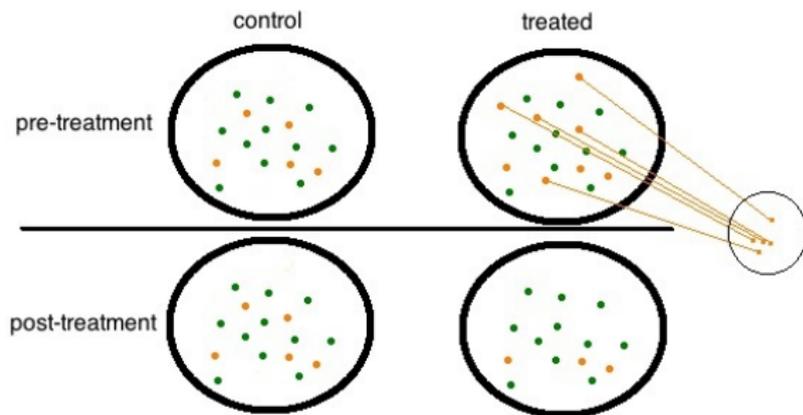
- ▶ Prior to matching you need covariate data that is sufficient for CMI to be believable. Be able to answer the question,

For two units with the same value of X_i , how is it that they could differ in their D_i values? Is the reason something that is clearly innocuous in terms potential bias?

- ▶ Matching needs should be done on *pre-treatment covariates*.
 - ▶ Thus, data ideally comes from *pre-existing sources* that measured covariates prior to treatment assignment.
 - ▶ If the data are not available, you may proceed by collecting pre-treatment (and perhaps outcome) data on treated, then seek out matched controls.
 - ▶ Latter strategy has it's hazards:

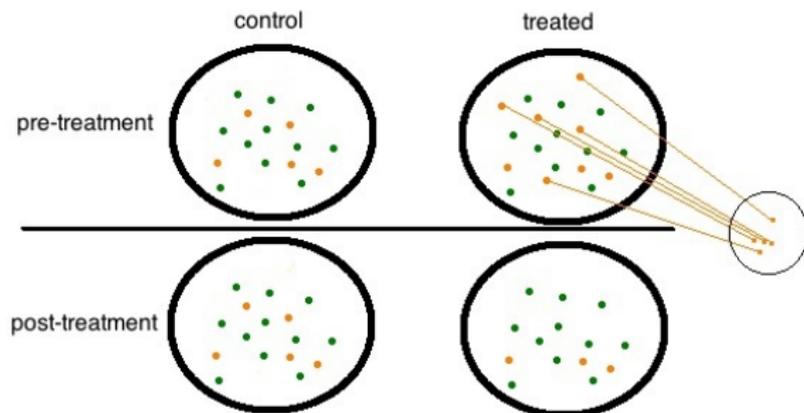
Matched Designs: Implementation

⚠️ Endogenous population composition change ⚠️:



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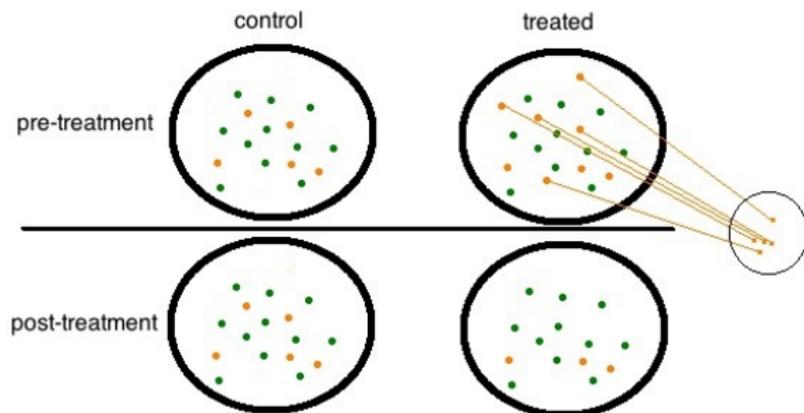
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- ▶ With composition change effects, for your design to be unconfounded, X has to account for both treatment assignment and likelihood of relocating (akin to attrition problem in RCTs).

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- ▶ One way to attack the problem formally is to think about how much you need to inflate the control sample to *ensure overlap on the margins* between the treated and control group on a given confounder. This will at least allow you to partially control for this confounder.

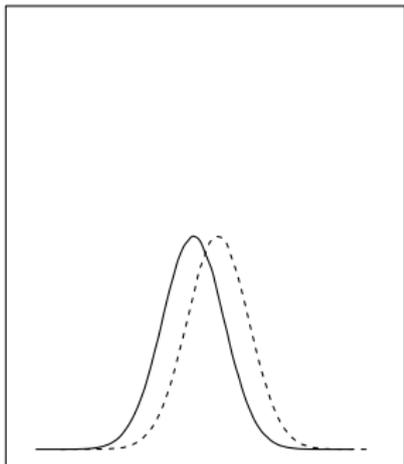
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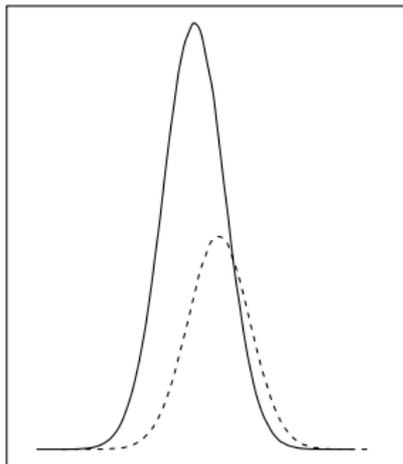
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- ▶ Consider the picture:

Matched Designs: Implementation

$n_1 = n_0$



$n_0/n_1 = 3$



Matched Designs: Implementation

- ▶ This inflation can be expressed in terms of a ratio of control-to-treated sample sizes.
- ▶ Formally, suppose the confounder, C is distributed as $F(\cdot; t, X)$, where t denotes treatment status and X any covariates used in stratifying our sampling. Consider a range of C values, $[c_L, c_H]$.
- ▶ The probability that a control unit value falls in this range is,

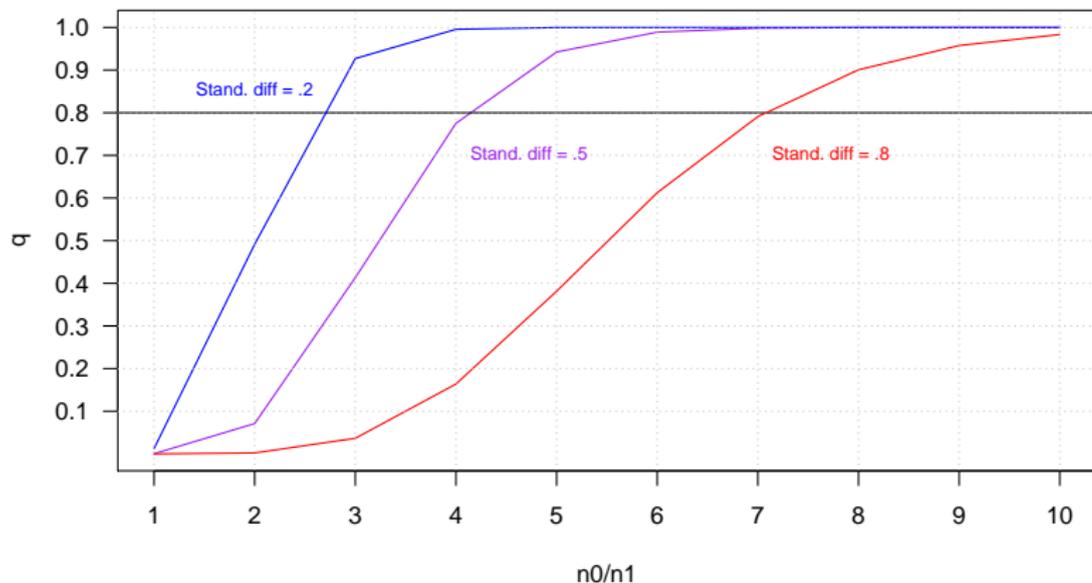
$$\pi \equiv F(c_H; 0) - F(c_L; 0)$$

- ▶ If we want our n_0 control units to have at least m observations in this range with probability q , then we choose the smallest n_0 such that,

$$q \leq \sum_{k=m}^{n_0} \binom{n_0}{k} \pi^k (1 - \pi)^{n_0 - k}.$$

Matched Designs: Implementation

**q by control-to-treated ratios for $m=10$
and treated sample size is 25 beyond the 75th percentile**



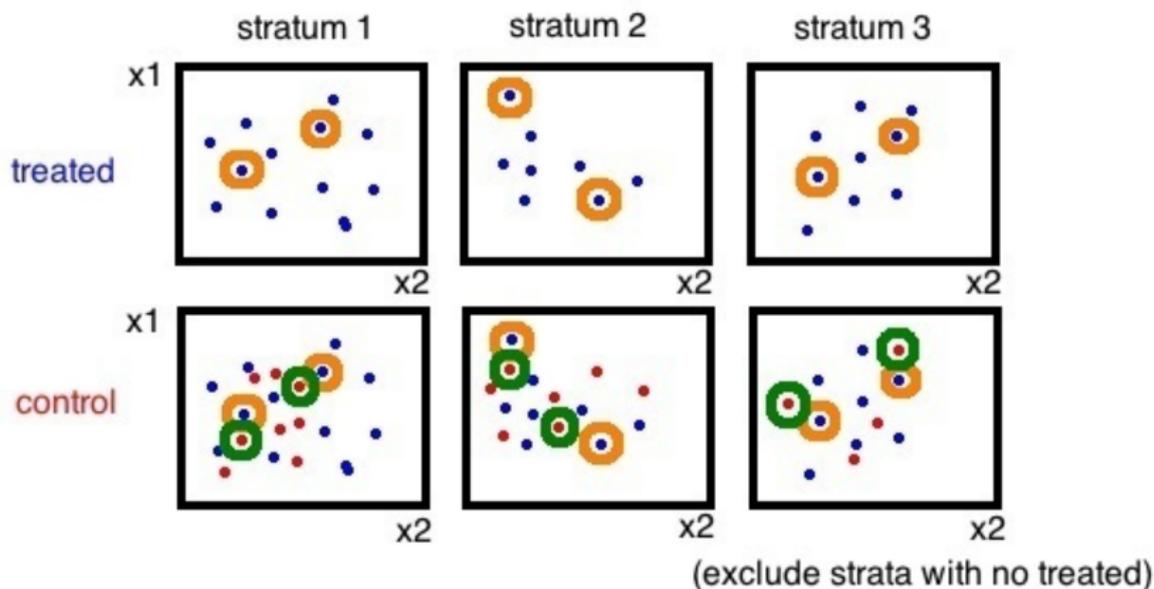
Example assumes C is standardized normal. The stand diff. measures the difference in treated and control means of the confounder, C .

Matched Designs: Implementation

Let's look at two schematic examples:

Matched Designs: Implementation

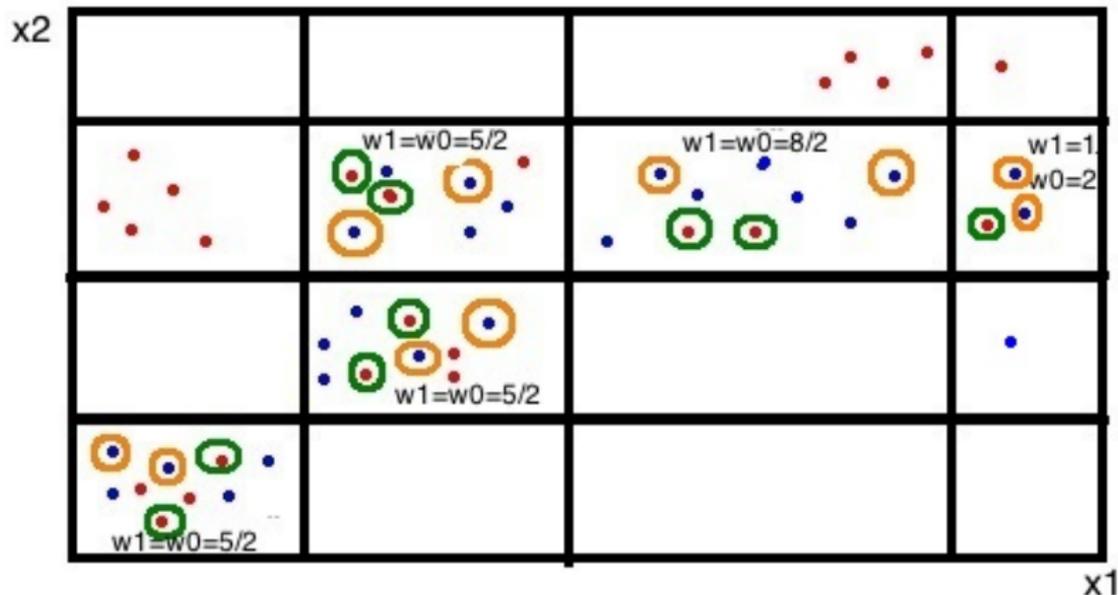
Example of nearest neighbor matching within strata:



For ATT, reweight within each stratum to recover the distribution of the *treated* population over the strata.

Matched Designs: Implementation

Example of a design using CEM:



ATT reweighting is shown for each stratification cell.

Case Control Studies

- ▶ A *case-control* study (also known as a *retrospective* study, *choice-based sample*, or *case-referent* study) flips the causal question around:

What is the cause of an outcome that has already been revealed?

- ▶ Staple of epidemiology: what are possible causes of a disease outbreak?
- ▶ Useful when outcomes of interest occur rarely, take a long time, or were unintended.

Case Control Studies

- ▶ Formally, suppose a binary outcome, $Y_i = 0, 1$.
- ▶ A case-control study *selects on the dependent variable*, choosing a sample of units for which $Y_i = 1$ (“cases”) and another sample for which $Y_i = 0$ (“controls”).
- ▶ It compares cases and controls to determine the contributions of explanatory factors, W_{1i}, \dots, W_{Ki} .
- ▶ If you focus on one explanatory factor, then you would proceed as with any other observational study, merely weighting to account for differential sampling rates conditional on outcome.

Case Control Studies

- ▶ Identification in such a study is delicate, because explanatory factors are usually embedded in endogenous causal chains that mask true causal relationships.
- ▶ Thus, case control studies rarely provide definitive answers. Rather, they provide leads that should be pursued via a more focused prospective experimental or quasi-experimental study.

Case Control Studies

Basic research design is:

1. Define a clear study population (e.g., age cohorts or demographic subgroups).
2. Obtain a representative sample of “cases” from the study population. This may be a sample stratified on factors thought to predict the outcome.
3. Obtain a sample of “controls” from the same study population. This may be done in a way that uses the same strata as the case sample, or you may select a control sample by *matching* to the cases.

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- ▶ Matching following unweighted analysis prevents you from estimating the overall effect of an explanatory factor (effect heterogeneity needs to be aggregated in a way that accounts for the population distribution of the matching covariates).
- ▶ You can overcome these limitations by weighting to population distribution of matching covariates, accounting for differential sampling rates for cases and controls.

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- ▶ Conventional presentations of case-control methods are based on logistic regression, owing to an invariance property on logistic slope coefficients. (See R code.) Then, power analysis would be based on the test that you use on the logit coefficients.
- ▶ A more modern approach uses inverse propensity score weighting for *each risk factor of interest*, computes effects separately for each risk factor, and then uses multiple comparison adjustment to make a final judgment on the relative importance of difference risk factors (e.g., Van der Laan & Rose, Ch. 13-15; Young et al., 2009; Samii et al. 2014).