

Causal Quantity      (least) identifiability  
Study design       $\rightarrow$       Est      Valid, efficiency, Inter robustness

## Potential Outcomes and Causal Effects

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(Credited to Zhichao Jiang)

Causation:

Treatment A

Treatment B

Is treatment A better than treatment B

(in helping patients control blood pressure)

e.g. job training program, gender

Association : correlation, regression coef.

treatment  blood pressure reduction

# Simpson's paradox

	small stones		large stones	
	success	fail	success	fail
Treatment A	87	81	192	71
Treatment B	270	234	55	25

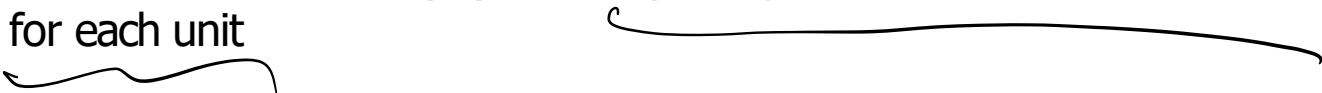
- Treatment A: open surgical procedures
- Treatment B: a minimally-invasive procedure
- Success rate for small stones:  $93\% (81/87) > 87\% (234/270)$
- Success rate for large stones:  $73\% (192/263) > 69\% (55/80)$
- Overall success rate:  $78\% (273/350) < 83\% (289/350)$ 
  - Why and Is treatment A better than treatment B?



# Potential outcomes framework (Neyman 1923; Rubin 1974)

- Success rate ( $A > B$ ) → positive association between stone removal and treatment A
- Association  $\neq$  Causation; The comparison between treatment A and treatment B is about association or causation?
- Causation: comparison between potential outcomes under treatment and control for the same unit(s) → What if xxx?
- Defining causal quantities by potential outcomes requires a thought experiment; neither data nor actual experimentation needed

# Potential outcome and observed outcome

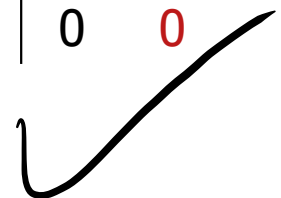
- Observed data: treatment  $Z_i$ , outcome  $Y_i$
  - Potential outcomes:  $Y_i(1)$  and  $Y_i(0)$ 
    - categorical:  $Y_i(0), Y_i(1), \dots, Y_i(K - 1)$
    - continuous:  $Y_i(z)$  for any  $z \in \mathbb{R}$
    - observed outcome:  $Y_i(Z_i) \rightarrow$  only one potential outcome is observed for each unit
- 

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  - observed outcome:  $Y_i(Z_i) \rightarrow$  only one potential outcome is observed for each unit

Unit $i$	$Z_i$	$Y_i(1)$	$Y_i(0)$	$Y_i(1) - Y_i(0)$	Unit $i$	$Z_i$	$Y_i$
1	1	0	1		1	1	0
2	0	0	1		2	0	1
3	1	0	0		3	1	0
4	1	1	1		4	1	1
5	0	1	0		5	0	0

unobservable



$$Y_i = Z_i Y_i(1) + (1 - Z_i) Y_i(0)$$

$$= \begin{cases} Y_i(1) & Z_i = 1 \\ Y_i(0) & Z_i = 0 \end{cases}$$



# Hidden assumptions on potential outcomes

- The notation of  $Y_i(z)$  implies **three assumptions**



- **no interference** between units:

$$Y_i(Z_1, \dots, Z_n) = \underbrace{Y_i(Z_i)}$$

- **same version** of treatment
- treatment occurs before outcomes

- Stable Unit Treatment Value Assumption (SUTVA)

- no interference
- only one version of treatment

# Violation of SUTVA

No interference | can be violated in infectious diseases or network experiments. For instance, if some of my friends receive flu shots, my chance of getting the flu decreases even if I do not receive the flu shot; if my friends see an advertisement on Facebook, my chance of buying that product increases even if I do not see the advertisement directly. It is an active research area to study situations with interfering units in modern causal inference literature (e.g., [Hudgens and Halloran, 2008](#)).

Same treatment version | can be violated for treatments with complex components. For instance, when studying the effect of cigarette smoking on lung cancer, the type of cigarettes may matter; when studying the effect of college education on income, the type and major of college education may matter.

# Causal quantity

- Any causal quantity is a function of potential outcomes

$$\log Y_i(1) - \log Y_i(0), \quad \frac{Y_i(1)}{Y_i(0)}, \quad \mathbf{1}\{Y_i(1) > Y_i(0)\}, \quad \text{etc.}$$

- ① outcome
- ② practical meaning
- ③ estimable

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①,  $Y_i(1) > Y_i(0)$  ②

- A causal effect is defined to be the comparison of the potential outcomes on the same units

③

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- A causal effect is defined to be the comparison of the potential outcomes on the same units

- Fundamental problem of causal inference

→ only one potential outcome is observed

- we never see both  $Y_i(1)$  and  $Y_i(0)$
- most features of  $Y_i(1) - Y_i(0)$  are not point identified, e.g.,  
 $\text{pr}\{Y_i(1) - Y_i(0) \leq 0\}$

//  
estimate

$$p(\xi_i(1) - \xi_i(0) \leq 0)$$

$$(\xi_i(1), \xi_i(0))$$

marginal dist.

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$$= E\{Y_i(1)\} - E\{Y_i(0)\}$$

$$= \int x dF_{Y_i(1)}(x) - \int x dF_{Y_i(0)}(x)$$

$$F_{(Y_i(1), Y_i(0))}$$



# Average causal effect

- Individual causal effect:  $Y_i(1) - Y_i(0) \rightarrow$  difficult to estimate
  - Average causal effect (ACE):  $E\{Y_i(1) - Y_i(0)\}$
  - $E\{Y_i(1)\} \neq E\{Y_i \mid Z_i = 1\}$  (when will they be the same?)
    - $E\{Y_i(1)\}$ : average of  $Y_i(1)$  for units 1 to 5
    - $E(Y_i \mid Z_i = 1) = E\{Y_i(1) \mid Z_i = 1\}$ : average of  $Y_i(1)$  for units 1,3,4
- different cohorts*

Unit $i$	$Z_i$	$Y_i(1)$	$Y_i(0)$
1	1	0	1
2	0	0	1
3	1	0	0
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5	0	1	0

Unit $i$	$Z_i$	$Y_i$
1	1	0
2	0	1
3	1	0
4	1	1
5	0	0

$E Y_{i(1)}$ : average potential outcome  
receiving 1 for all patients

$E (Y_i | Z_i = 1)$ : average response  
for all patients receiving 1

$$Y_i = Z_i Y_{i(1)} + (1 - Z_i) Y_{i(0)}$$

$$\rightarrow E (Y_{i(1)} | Z_i = 1)$$

$$= E (Y_{i(1)} | Z_i = 1)$$

$$\neq E (Y_{i(1)})$$

$$Z_i \perp Y_{i(1)}$$

## Other causal quantities of interest

$$ATT \stackrel{?}{=} ATU \stackrel{?}{=} ATE$$

- Average treatment effect on the treated (ATT) and on the untreated (ATU):  $E\{Y_i(1) - Y_i(0) \mid Z_i = 1\}$ ,  $E\{Y_i(1) - Y_i(0) \mid Z_i = 0\}$
- Heterogeneous effects:
  - conditional average causal effect:  $ACE(\mathbf{x}) = E\{Y_i(1) - Y_i(0) \mid \mathbf{X}_i = \mathbf{x}\}$
  - applications to precision medicine
- Non-additive effects:
  - quantile treatment effects, e.g.,  
 $\text{median}\{Y_i(1) - Y_i(0)\}$  or  $\text{median}\{Y_i(1)\} - \text{median}\{Y_i(0)\}$
  - odds ratio

$$\frac{\text{pr}\{Y_i(1) = 1\} / \text{pr}\{Y_i(1) = 0\}}{\text{pr}\{Y_i(0) = 1\} / \text{pr}\{Y_i(0) = 0\}}$$

# Causal effect is comparison of potential outcomes

- Let  $Z = 1$  (Take Aspirin at 3 pm). Which of the following qualifies/qualify as a causal effect?

- not potential outcome*
- (A)  $E(\text{temperature} \mid Z = 1) - E(\text{temperature} \mid Z = 0)$  *X*
- 
- (B)  $E(\text{potential pain scale at 4 pm with Aspirin} \mid \underline{Z = 1}) - E(\text{potential pain scale at 4 pm without Aspirin} \mid \underline{Z = 0})$  *X*  
*on the same*
- (C)  $E(\text{potential pain scale at } \underline{2 \text{ pm with Aspirin}}) - E(\text{potential pain scale at } \underline{2 \text{ pm without Aspirin}})$  *X* *not potential outcome*
- (D) my body temperature after taking Aspirin - my body temperature before taking Aspirin *X* *not potential outcome*



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  - ② reinterpretation
    - Causal effect of having a female politician on policy outcomes (Chattopadhyay and Duflo, 2004)

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  - 2 reinterpretation
    - Causal effect of having a female politician on policy outcomes (Chattopadhyay and Duflo, 2004)
  - 3 redefinition:
    - Race as a “bundle of sticks”: skin color, neighborhood, socio-economic status, etc. (Sen and Wasow, 2016)

# Resolving Simpson's paradox

	small stones		large stones	
	success	fail	success	fail
Treatment A	81	6	192	71
Treatment B	234	36	55	25

- Treatment  $Z_i$  (1 for A); outcome  $Y_i$  (1 for success); covariate  $X_i$  (1 for large stones)

*Small*

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*small*

- Simpson's paradox:

- $\hat{E}(Y_i | Z_i = 1, X_i = x) > \hat{E}(Y_i | Z_i = 0, X = x)$  for  $x = 0, 1$

- $\hat{E}(Y_i | Z_i = 1) < \hat{E}(Y_i | Z_i = 0)$

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  - $\hat{E}(Y_i | Z_i = 1) < \hat{E}(Y_i | Z_i = 0)$
  - the sign of association may **be reversed** when adding covariates

# Why Association Fail?

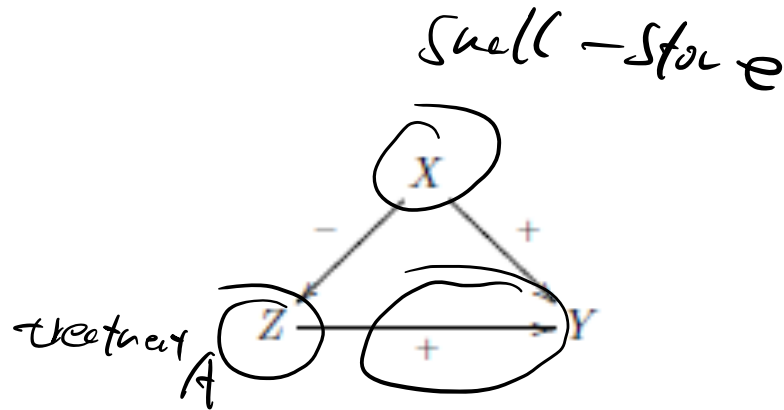
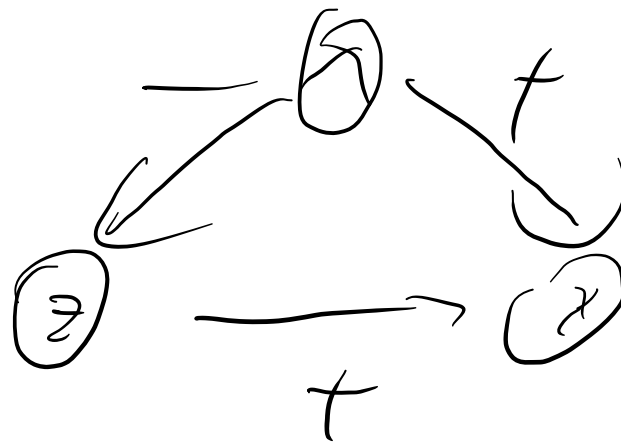
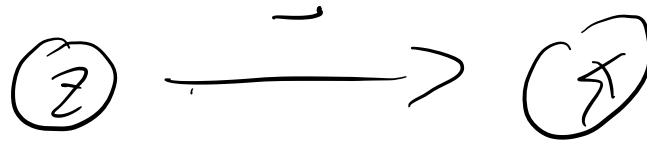


FIGURE 1.1: A diagram for the kidney stone example. The signs indicate the associations of two variables, conditioning on other variables pointing to the downstream variable.

- Patient with larger stones tends to take treatment A
- Patients with smaller stones have higher success probability.





# Resolving Simpson's paradox

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- Treatment  $Z_i$  (1 for A); outcome  $Y_i$  (1 for success); covariate  $X_i$  (1 for large stones)
- Can Simpson's paradox happen using ACE instead of success rate?

$$ACE = E(Y_{(1)} - Y_{(0)})$$

$$ACE_{X=0} = E(Y_{(1)} - Y_{(0)} | X=0)$$

$$ACE = E(Y_{(1)} - Y_{(0)})$$

$$= P(X=1) E(Y_{(1)} - Y_{(0)} | X=1)$$

$$+ P(X=0) E(Y_{(1)} - Y_{(0)} | X=0)$$

$$= \sum_{i=0,1} P(X=i) ACE_{X=i}$$

$$ACE_{X=i} > 0$$

$$\rightarrow ACE > 0$$

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- Can Simpson's paradox happen using ACE instead of success rate?
  - $E\{Y_i(1) \mid X_i = x\} > E\{Y_i(0) \mid X = x\}$  for  $x = 0, 1$
  - $E\{Y_i(1)\} < E\{Y_i(0)\}$ ?

$$\begin{aligned}
 & E(Y_i(1) - Y_i(0)) \\
 &= \sum_{x=0,1} p(X_i = x) E(Y_i(1) - Y_i(0) \mid X_i = x)
 \end{aligned}$$

# Resolving Simpson's paradox

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  - $E\{Y_i(1) \mid X_i = x\} > E\{Y_i(0) \mid X = x\}$  for  $x = 0, 1$
  - $E\{Y_i(1)\} < E\{Y_i(0)\}$ ?
- Simpson's paradox **cannot** happen for ACE; Is treatment A better than treatment B?

$$\underbrace{E(Y_{i(1)})}$$

$$\text{vs } E(Y_i | Z_i = 1)$$

//

$$E(Z_i Y_{i(1)} + (1 - Z_i) Y_{i(0)} | Z_i)$$

//

$$E(Y_{i(1)} | Z_i = 1)$$

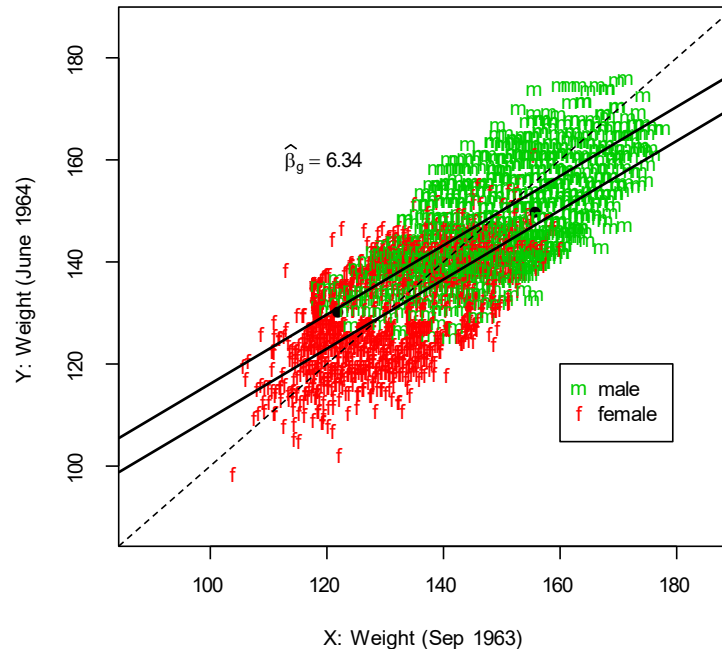
Association: difference after  
... before treatment

## Lord's paradox (Lord, 1967)

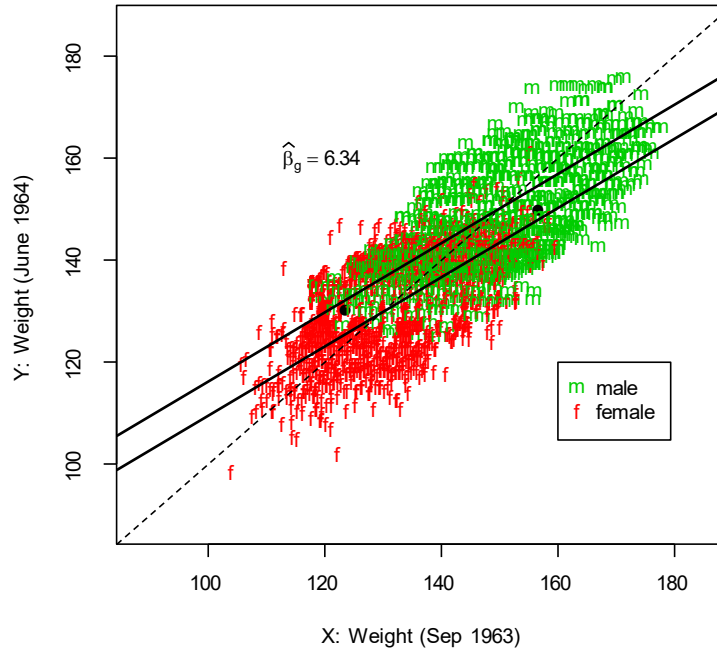
- Question: are the effects of the diet provided in the dining hall different for males and females?
- Data: gender  $G_i$ ; weight in 1963  $X_i$ ; weight in 1964  $Y_i$

# Lord's paradox (Lord, 1967)

- Question: are the effects of the diet provided in the dining hall different for males and females?
- Data: gender  $G_i$ ; weight in 1963  $X_i$ ; weight in 1964  $Y_i$
- $E(Y_i | G_i = 1) = E(X_i | G_i = 1) = 150$
- $E(Y_i | G_i = 0) = E(X_i | G_i = 0) = 130$



# Lord's paradox (Lord, 1967)



- Statistician A: average weights unchanged for both males and females
- Statistician B:  $Y_i = \beta_0 + \beta_g G_i + \beta_X X_i + E_i$      $\beta_g = 6.34$
- What is the interpretation of  $\beta_g$
- Who is correct?



$$E \subset Y \mid X, G=1)$$

$$- \bar{E} \subset Y \mid X, G=0)$$

$$= 6.34$$

# Resolving Lord's paradox

- Formulation

- treatment  $Z_i$  (1 for dining)
- pre-treatment: gender  $G_i$  (1 for male); weight in 1963  $X_i$
- post-treatment: weight in 1964  $Y_i$
- potential outcomes:  $Y_i(1)$  and  $Y_i(0)$

# Resolving Lord's paradox

- Formulation

- treatment  $Z_i$  (1 for dining)
- pre-treatment: gender  $G_i$  (1 for male); weight in 1963  $X_i$
- post-treatment: weight in 1964  $Y_i$
- potential outcomes:  $Y_i(1)$  and  $Y_i(0)$

- Causal quantity:  $\Delta_g = E\{Y_i(1) - Y_i(0) \mid G_i = g\}$  for  $g = 0, 1$

- difference between males and females:  $\Delta_1 - \Delta_0$

# Resolving Lord's paradox

- $E\{Y_i(1) \mid G_i = g\} = E(Y_i \mid G_i = g),$   $E\{Y_i(0) \mid G_i = g\} = ???$

# Resolving Lord's paradox

- $E\{Y_i(1) \mid G_i = g\} = E(Y_i \mid G_i = g), E\{Y_i(0) \mid G_i = g\} = ???$
- $Y_i(0)$  is missing for all units  $\rightarrow$  no conclusion without assumptions about  $Y_i(0)$  (identifiability issue)

Difference in Difference



# Resolving Lord's paradox

- Statistician A:  $Y_i(0) = X_i \rightarrow \Delta_1 - \Delta_0 = 0$

$$E(Y_i - X_i \mid G_i = 0)$$

$$= E(Y_i(1) \mid G_i = 0)$$

$$- E(X_i \mid G_i = 0)$$

$$Y_i(0) \\ = X_i$$

$$\stackrel{?}{=} E(Y_i(1) - Y_i(0) \mid G_i = 0)$$

# Resolving Lord's paradox

- Statistician A:  $Y_i(0) = X_i \rightarrow \Delta_1 - \Delta_0 = 0$
- Statistician B:  $Y_i = \beta_0 + \beta_g G_i + \beta_X X + E_i$



# Resolving Lord's paradox

- Statistician A:  $Y_i(0) = X_i \rightarrow \Delta_1 - \Delta_0 = 0$

- Statistician B:  $Y_i = \beta_0 + \beta_g G_i + \beta_X X + E_i$

- $E\{Y_i(1) \mid X_i, G_i = g\} = a_g + \underline{bX_i} \rightarrow a_1 - a_0 = \beta_g$

- $Y_i(0) = a + \underline{bX_i}$

$$E\{Y_i(1) \mid X_i, G_i = g\} = a_g + bX_i$$

$$\Delta_1 - \Delta_0?$$

$$\Delta_g = \left[ E(Y_{i(1)} | G_i = g) - E(Y_{i(0)} | G_i = g) \right]$$

$$\parallel$$

$$E(a_g + b X_i | G_i = g)$$

$$\Delta_1 - \Delta_0$$

$$\Rightarrow = a_1 - a_0 + \left[ E(b X_i - Y_{i(0)} | G_i = 1) - E(b X_i - Y_{i(0)} | G_i = 0) \right]$$

regression coef  $\gamma$

$$\Rightarrow \left[ \beta_g = a_1 - a_0 \right] \doteq \Delta_1 - \Delta_0$$

difference

ACE

# Resolving Lord's paradox

- Statistician A:  $Y_i(0) = X_i \rightarrow \Delta_1 - \Delta_0 = 0$
- Statistician B:  $Y_i = \beta_0 + \beta_g G_i + \beta_X X + E_i$ 
  - $E\{Y_i(1) \mid X_i, G_i = g\} = a_g + bX_i \rightarrow a_1 - a_0 = \beta_g$
  - $Y_i(0) = a + bX_i$
- Both statisticians' conclusions depend on untestable assumptions

# Identification links thought experiment and data

- The target parameters, as defined by potential outcomes, is a function of the unobservables
- Question of identification: what can we learn about this function from the observed data?
- Identification ~~maps assumptions and data to information about target parameters;~~ **Which causal quantity is identifiable?**
- A parameter is identified if, under the stated assumptions, (alternative values of the parameter implies different distributions of observable data)
- Identification is a binary property
- In order to achieve identification, assumptions are unavoidable, but we need to figure out what assumptions are plausible in practice

# Statistical inference links population and sample

- In practice, we only see a finite **sample** of the observables
- We do not know the population distribution of data
- Statistical inference: using the sample to infer about the population
- It is useful to separate identification from statistical inference



- Identification: how much can you learn about the quantities of interest if you had an infinite amount of data?
- We will keep returning to these two steps in the whole semester

# Summary

- Causation: comparison of potential outcomes for the same unit(s)
  - Causal quantity is a function of potential outcomes
  - Fundamental problem of causal inference: only one potential outcome is observed
  - Identification links **thought experiment** and data
  - Statistical inference links population and sample
- 