

# Causal Inference

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# Outline

- Introduction
- Randomized control trials
- Causal inference basic concepts (counterfactuals, potential outcomes, etc)
- Causal Inference Methods
- Hands-on Session

# Outline



## Introduction

- Why?
  - Why do we care about finding causality?
- What?
  - What is causal inferencing?
  - What are the current methods and assumptions?

# Why finding causality?



Many of the critical questions are causal in nature:

- Does having health insurance make you healthier?
- Does the new curriculum help students learn better?
- Does the new marketing campaign attract more sales?
- Does the new diet help you lose weight?

# Causal Inference

- Does a relation from cause to effect exist?
- The most challenging empirical questions in educational research involve cause-effect relationships
  - Does the new curriculum improve student engagement?
  - Does the new ITS improve learning outcomes?
  - What drives student success?

# Prediction vs. Causality

- Predictions can be made without finding the causality
- In treatment assignment, we want to investigate how the treatment has affected the outcome

# Identifying causal impact

- Evaluate the impact/effect of a program or an intervention on some outcomes of interest
- By how much did treatment/intervention change the outcome?

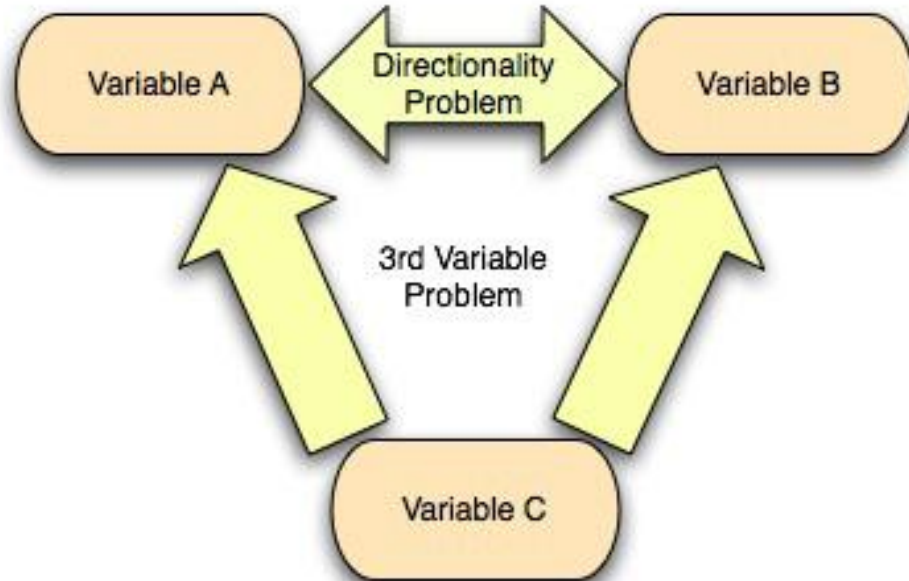
# Why not correlation?

- Basis of many scientific hypothesis
- Causation imply correlation
- Complex correlational designs allow for some limited causal inference



# Correlation or Causation?

- Directionality problem
- Third-variable problem



# Assumptions in Causality

- An effect could have multiple causes
- Each cause might have different weights
- There might be hidden or unknown causes

# How to Establish Causality?



What is the effect of an intervention/treatment T on outcome Y ?

Example: What is the effect of a new curriculum (T) on student learning outcomes (Y)?

Impact of T =

Student outcome (Y) for a students using the new curriculum

—

Student outcome (Y) for the same students not using the new curriculum  
(at the same point in time)

# Fundamental Problem of Causality

- We observe learning outcome ( $Y$ ) for a student using the new curriculum
- But we do not observe learning outcome ( $Y$ ) for the same student in the absence of the new curriculum

Fundamental problem: We never observe the same individual with and without the treatment at the same point in time

# Solution

- Estimate a proxy for what would have happened to outcome Y in the absence of treatment T
- For example, compare the students who 'look' exactly like those who were exposed to the new curriculum at the same point of time

In other words, we must find a valid **Counterfactual** or **Control group**

# Finding a Control Group



Understand the process by which treatment is determined:

- How are students assigned?
- The counterfactual must be similar in terms of the likelihood of treatment/program participation
- The treated observation and the counterfactual should have **identical characteristics**, except for benefiting from the intervention  
only reason for different outcomes between treatment and counterfactual is the treatment/intervention (T)

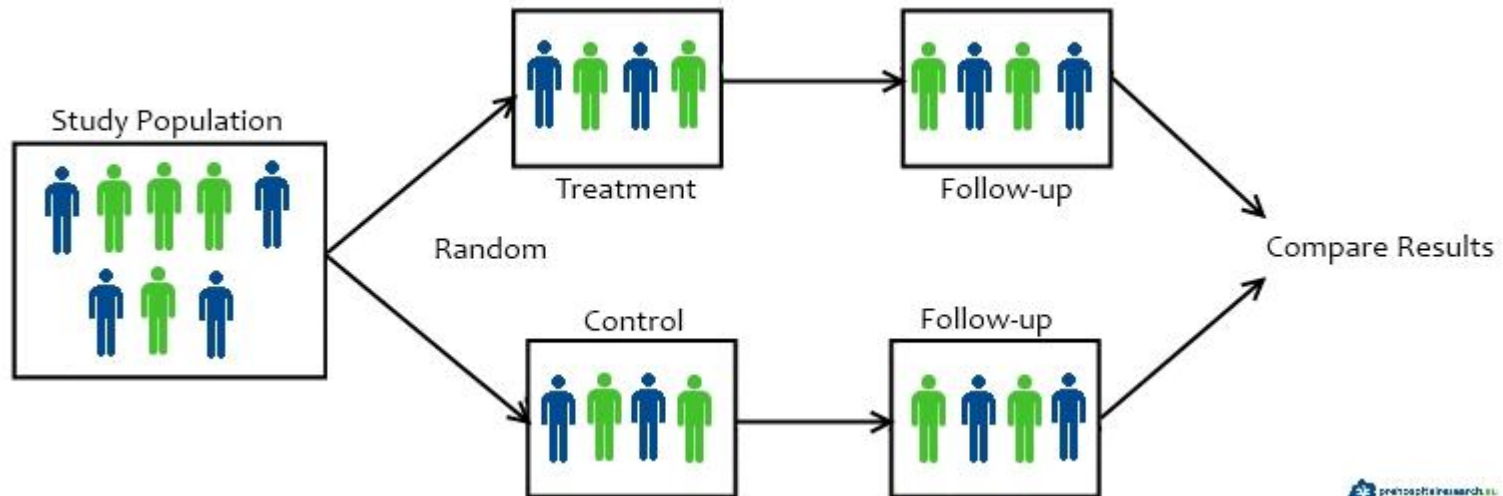
# Finding a Control Group

- Guarantee comparability of treatment and control groups
- ONLY remaining difference is intervention

How?

- Experimental design (randomized controlled trial)
- Non-experimental/ Quasi-experimental design (observational studies)

# Randomized Controlled Trial

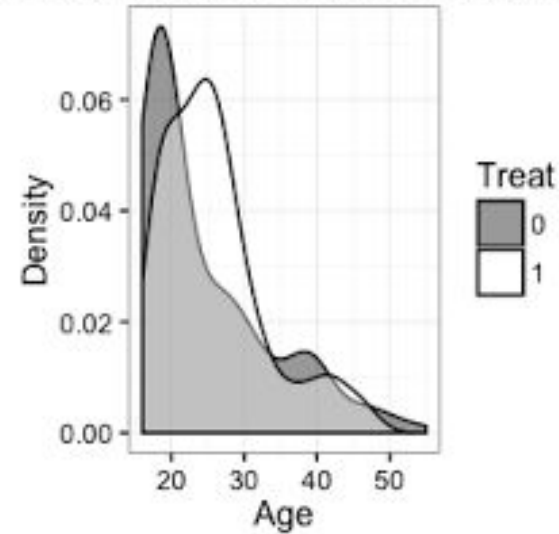




# Why Randomization?

Randomization balances out all other causes (covariates), besides treatment, between treatment and control groups.

Distributional Balance for Age



# Elements of Causality

- Covariate: any causes, besides treatment, that can affect outcome
- Covariate balance: treated and control groups with similar covariate distributions

# Challenges with RCT

- Expensive
- Bias
- Covariate balance
- Ethics

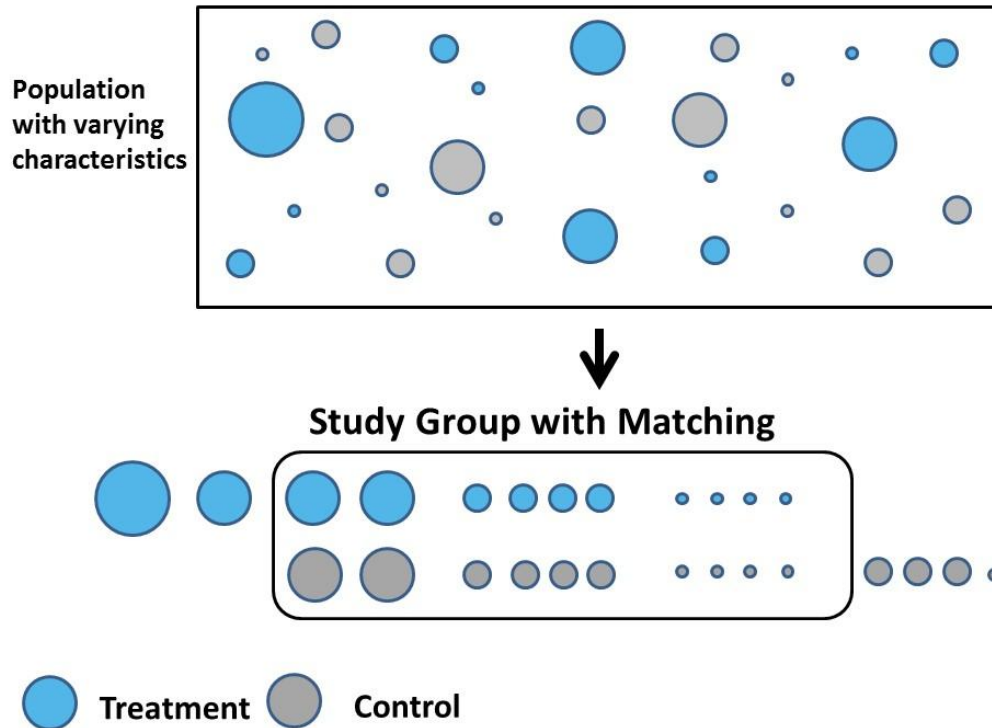
# Quasi-experimental Design

- Find a control group, that is as similar as possible to the group who received the treatment, the only difference is the treatment
- Guarantee comparability of treatment and control groups
- Similar to the RCT, but lacks “random assignment”
- Easily and more frequently implemented

# Quasi-experimental Design: Matching

Matching methods attempt to replicate, as closely as possible, the ideal of randomized experiments when using observational data.

# Matching





# Your Toolkit For Finding Causality

# T-test

- A form of hypothesis testing, testing the difference between two populations averages.
- The t-value measures the size of the difference relative to the variation in your sample data.
- $H_0$  (null hypothesis) claims “no difference”
- $H_a$  (alternative hypothesis) contradicts the null



# Statistical Significance (P-value)

A significance indicates whether or not the difference between two groups' averages most likely reflects a “real” difference in the population from which the groups were sampled

Smaller-and-smaller P-values → stronger-and-stronger evidence against  $H_0$

$P > .10$  evidence against  $H_0$  not significant

$.05 < P \leq .10$  evidence marginally significant

$.01 < P \leq .05$  evidence against  $H_0$  significant

$P \leq .01$  evidence against  $H_0$  very significant

# Effect Size

- Effect size is a quantitative measure of the strength of a relationship.
- Effect size or Cohen's  $d$  is the difference in the two groups' means divided by the average of their standard deviations:

$$d = \frac{M_{group1} - M_{group2}}{SD_{pooled}}$$

where pooled standard deviation is:

$$SD_{pooled} = \sqrt{(SD_{group1}^2 + SD_{group2}^2)/2}$$

0.2 is considered a 'small', 0.5 represents a 'medium', and 0.8 is a 'large' effect size.

# Matching Metrics



Matching methods examine how to best choose treated and control subjects for comparison.

# Matching Metrics

- Propensity score matching: matching treated and control subjects using propensity score:

$$P(X) = \Pr (Tr=1|X)$$

- Mahalanobis distance matching: matching treated and control subjects using Mahalanobis distance. Mahalanobis distance between two vectors,  $x$  and  $y$ , where  $S$  is the covariance matrix is:

$$d_M(x, y) = \sqrt{(x - y)^T S^{-1} (x - y)}$$

# Caliper



A match for person  $i$  is selected only if their propensity score difference is below a specified level ( $\epsilon$ ):

$$|P_i - P_j| < \epsilon$$

Larger differences will not result in matches, and all units whose differences lie within the caliper's radius will be chosen.

Recommended caliper size:  $0.25 \sigma$  (pooled standard deviation of the logit of the propensity score)

# Sensitivity Test

- A technique to measure the impact that any external factor not taken into account in a study could have on the results
- Rbounds is an R package to run sensitivity tests
- Rbounds reference paper:

<http://www.personal.psu.edu/ljk20/rbounds%20vignette.pdf>