Introduction to Causal Inference

Cheng Wan @ KC Seminar 2017

Material

- ICML 2016 Tutorial: Causal Inference for Observational Studies [Shalit et al. 2016]
- Causal inference in statistics: An overview [Pearl 2010]
- Learning Representations for Counterfactual Inference [Johansson et al. 2016]
- Causal Inference for Recommendation [Liang et al. 2016]
- Counterfactual Risk Minimization: Learning from Logged Bandit Feedback [Swaminathan et al. 2015]
- A Crash Course in Causality: Inferring Causal Effects from Observational Data [Coursera]

Outline

- Definition
- Methods
- Misc

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Definition

• **Causal inference** is the process of drawing a conclusion about a causal connection based on the conditions of the occurrence of an effect. (Wikipedia)

Example 1: Precision Medicine

- Which treatment is the best for me?
 - Treatment A or treatment B?
- Current situation
 - Clinical trials
 - Doctor's knowledge & intuition
- Individualized Treatment Effect (ITE)



Blood pressure = 150/95
WBC count = 6*10⁹/L
Temperature = 98°F
HbA1c = 6.6%
Thickness of heart artery
plaque = 3mm
Weight = 65kg

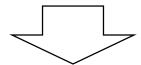
Example 2: Job Training

- Should the government fund a job training program?
- Current situation
 - Past education and employment data
- Average Treatment Effect (ATE)



Typical Causal Inference Problem

 Causal inference is the process of drawing a conclusion about a causal connection based on the conditions of the occurrence of an effect.



- One interesting parameter (treatment)
 - Input is denoted as (feature, treatment)

Challenge: Potential Confounder

- Which treatment is the best for me?
 - Cure rate of A: 80%
 - Cure rate of B: 90%
 - Treatment B is better than treatment A?

• Potential confounder: wealth, policy



Blood pressure = 150/95
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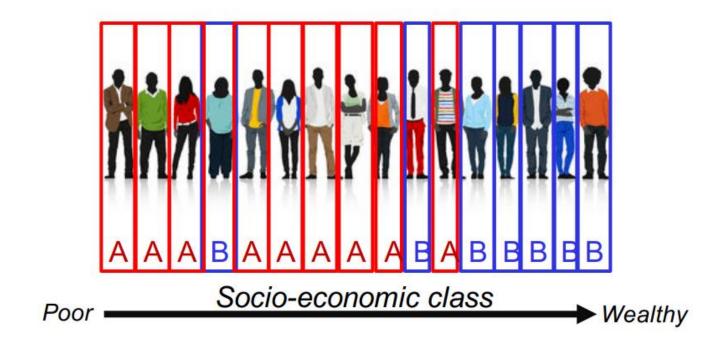
Challenge: Potential Confounder

- Should the government fund a job training program?
- Current situation
 - Past education and employment data

• Potential confounder: motivation



Challenge: Non-uniform Distribution



treatment A or B

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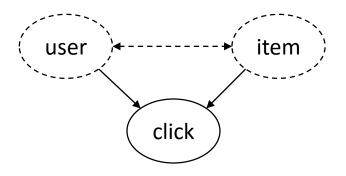
Two Approaches

- Estimating Data
- Dealing with biased Data

- Company X wants to improve its recommendation system.
- Collected data: (user, item, click)

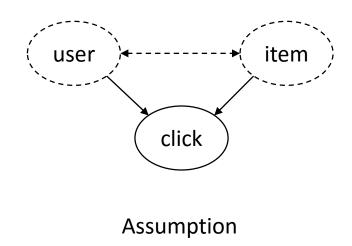


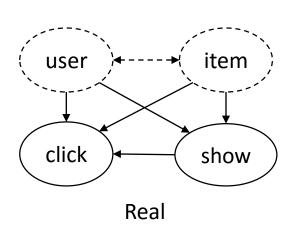
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- Collected data: (user, item, click)



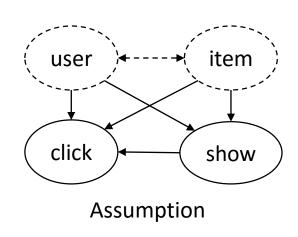
Assumption

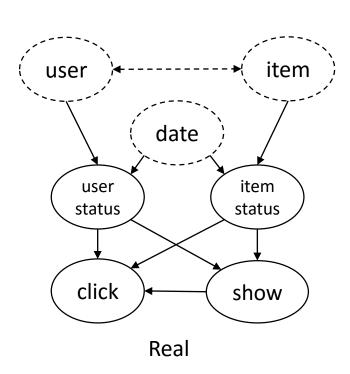
- Company X wants to improve its recommendation system.
- Collected data: (user, item, click, show)





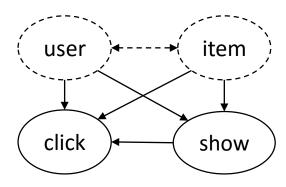
- Company X wants to improve its recommendation system.
- Collected data: (user, item, click, show)





Estimating Data: Causal Graphs

- Causal Graphs: graphical models used to encode assumptions about the data-generating process
 - Causal assumptions are encoded in the missing links
 - Testing assumptions using *d-separation*
 - A great way of formalizing when is correct causal inference possible in face of unmeasured confounders



- consequence expension expe
- variable
- **←** ⇒ association
- ← influence

Dealing with Biased Data: Terminology

- *Treatment*: (binary) indicator
- *Treated*: units who received treatment=1
- *Control*: units who received treatment=0
- *Factual*: the set of observed units with their respective treatment assignment
- Counterfactual: the factual set with flipped treatment assignment

Dealing with Biased Data: Symbol

- x_i : features (context)
- $Y_0(x_i)$, $Y_1(x_i)$: potential outcomes for control and treated
- t_i : treatment assignment
- Observed factual outcome and unobserved counterfactual outcome:
 - $y_i = t_i Y_1(x_i) + (1 t_i) Y_0(x_i)$
 - $y_i^{CF} = (1 t_i)Y_1(x_i) + t_iY_0(x_i)$
- $ITE(x_i) = \mathbb{E}[Y_1|x_i] \mathbb{E}[Y_0|x_i]$
- $ATE = \mathbb{E}_{x \sim p(x)}[ITE(x)]$

Target

Assumption: no unmeasured confounders

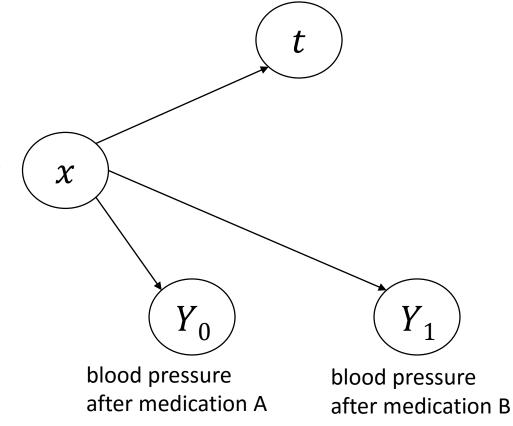
 $(Y_0, Y_1) \perp \!\!\!\perp t \mid x$

Ignorability

Ignorability

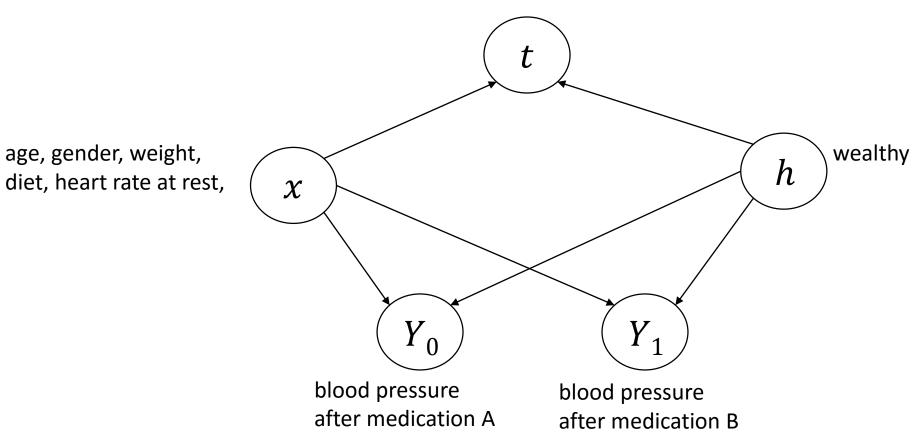
antihypertensive medication

wealthy, age, gender, weight, diet, heart rate at rest,



No Ignorability

antihypertensive medication

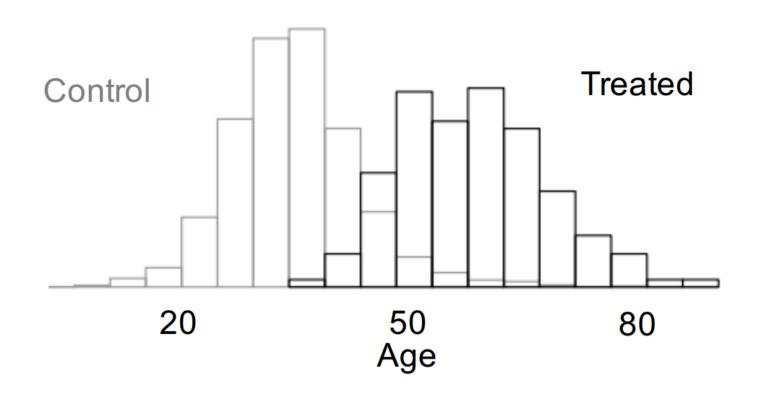


Assumption: common support

$$p(T = t | X = x) > 0 \ \forall t, x$$

$$Overlap$$

Overlap



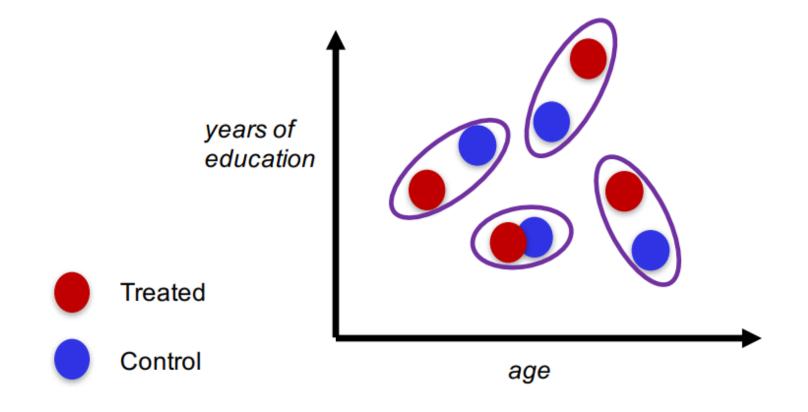
Methods: Overview

- Matching
- Covariate adjustment
- Propensity score
- Double robustness
- Causal forests
- Learning balanced representation
- Counterfactual risk minimization

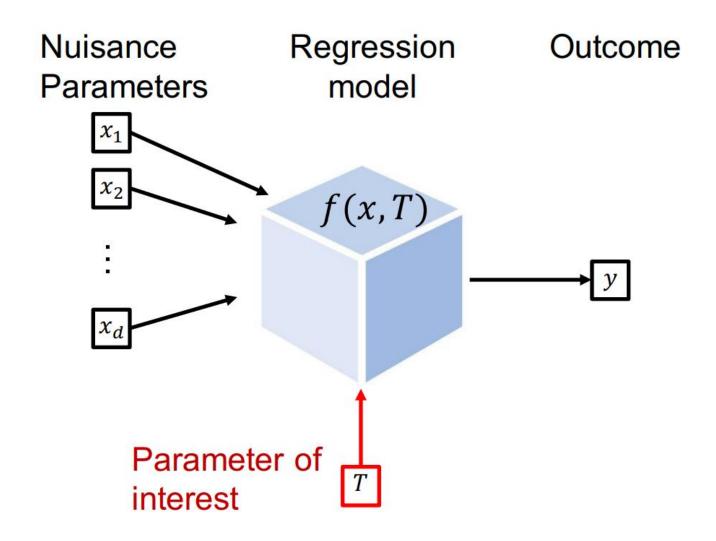
ML approach

Matching

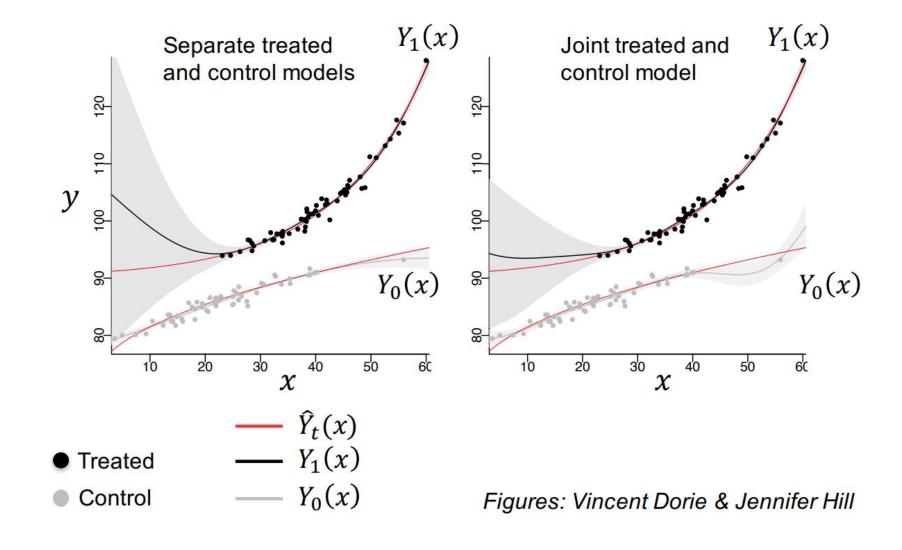
Match to nearest neighbor from opposite group



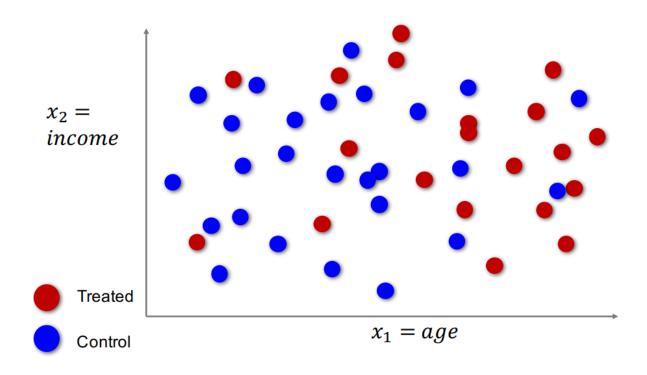
Covariate Adjustment



Covariate Adjustment

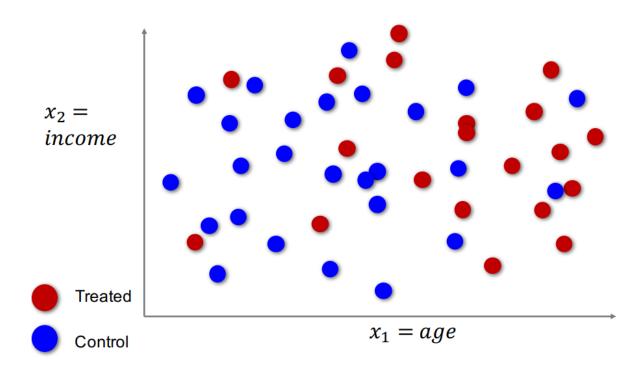


Propensity Score



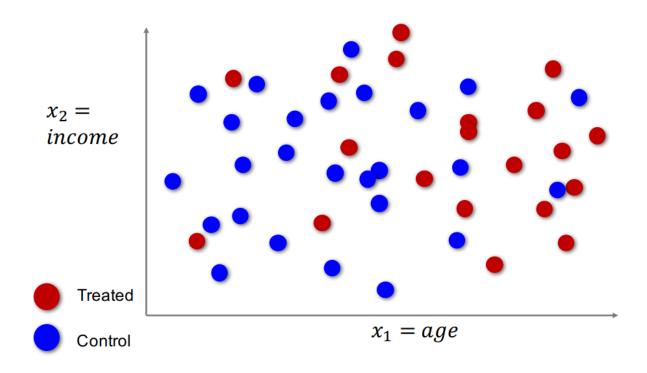
$$p(x|t=0) \neq p(x|t=1)$$

Propensity Score



$$p(x|t = 0) \cdot w_0(x) = p(x|t = 1) \cdot w_1(x)$$

Propensity Score



$$w_i(x) = \frac{p(t=i)}{p(t=i|x)}$$
 propensity score

Double Robustness

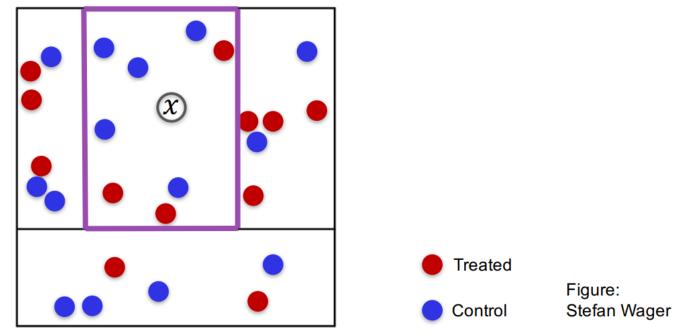
- Combining covariate adjustment and propensity score
 - an estimator which is unbiased if at least one of the models is well-specified

$$\mathbb{E}_{x \sim p(x)}[Y_1] = \frac{1}{n} \sum_{i=1}^{n} \frac{t_i y_i}{\pi_1(x_i)}$$
 (propensity score)
$$= \frac{1}{n} \sum_{i=1}^{n} (t_i y_i + (1 - t_i) m_1(x_i))$$
 (covariate adjustment)
$$= \frac{1}{n} \sum_{i=1}^{n} \left(\frac{t_i y_i - (t_i - \pi_1(x_i)) m_1(x_i)}{\pi_1(x_i)} \right)$$
 (double robustness)

Causal Forest

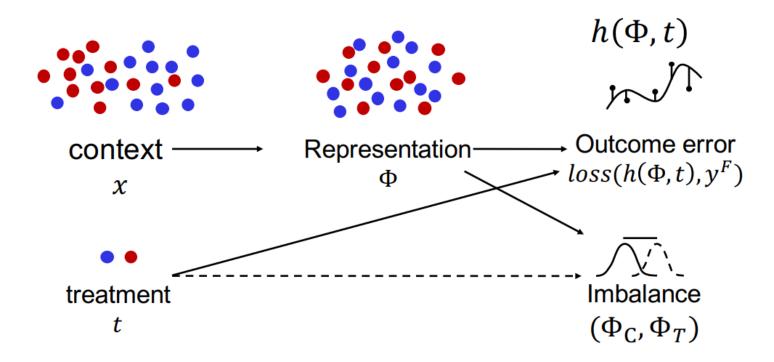
Maximize variance of \widehat{ITE}

$$I\hat{T}E(x) = \frac{1}{\#\text{treat in leaf}(x)} \sum_{\substack{i \in \text{leaf}(x) \\ t_i = 1}} y_i - \frac{1}{\#\text{control in leaf}(x)} \sum_{\substack{i \in \text{leaf}(x) \\ t_i = 0}} y_i$$



Learning Balanced Representation

• "... prevent the learner from using 'unreliable' aspects of the data ..."



[Johansson et al. 2016]

- Company X wants to improve its recommendation system.
 - Old distribution: $h_0(y|x_i)$
 - New distribution: $h(y|x_i)$
- Collected data: (user, item, loss, prob) \Rightarrow $(x_i, y_i, \delta_i, p_i)$

$$R(h) = \mathbb{E}_{x \sim p(x)} \mathbb{E}_{x \sim h(y|x)} [\delta(x, y)]$$

$$= \mathbb{E}_{x \sim p(x)} \mathbb{E}_{x \sim h_0(y|x)} \left[\delta(x, y) \frac{h(y|x)}{h_0(y|x)} \right]$$

- Company X wants to improve its recommendation system.
 - Old distribution: $h_0(y|x_i)$
 - New distribution: $h(y|x_i)$
- Collected data: (user, item, loss, prob) \Rightarrow $(x_i, y_i, \delta_i, p_i)$

$$\widehat{R}(h) = \frac{1}{n} \sum_{i=1}^{n} \delta_i \frac{h(y_i|x_i)}{p_i}$$

- Degenerate results
- Unbounded variance
- Generalization error

$$\widehat{R}(h) = \frac{1}{n} \sum_{i=1}^{n} \delta_i \frac{h(y_i|x_i)}{p_i}$$

Degenerate results

$$\delta_i \in [-1,0]$$

$$\widehat{R}(h) = \frac{1}{n} \sum_{i=1}^{n} \delta_i \frac{h(y_i|x_i)}{p_i}$$

Unbounded variance

$$\hat{R}^{M}(h) = \frac{1}{n} \sum_{i=1}^{n} \delta_{i} \min \left\{ M, \frac{h(y_{i} \mid x_{i})}{p_{i}} \right\}$$

Generalization error

$$\hat{R}^{M}(h) + \lambda \sqrt{\frac{\boldsymbol{Var}_{h}(u)}{n}}$$

POEM Training Objective:

$$w^* = \underset{w \in \mathbb{R}^d}{\operatorname{argmin}} \, \overline{u_w} + \lambda \sqrt{\frac{\boldsymbol{Var}_w(u)}{n}},$$

$$u_w^i \equiv \delta_i \min\{M, \frac{\exp(w \cdot \phi(x_i, y_i))}{p_i \cdot \mathbb{Z}(x_i)}\}, \ \overline{u_w} \equiv \sum_{i=1}^n u_w^i / n,$$

$$\mathbf{Var}_w(u) \equiv \sum_{i=1}^n (u_w{}^i - \overline{u_w})^2/(n-1).$$

Proposition 1. For any w_0 ,

$$\sqrt{Var_{w}(u)} \leq A_{w_{0}} \sum_{i=1}^{n} u_{w}^{i} + B_{w_{0}} \sum_{i=1}^{n} \{u_{w}^{i}\}^{2} + C_{w_{0}}$$

$$= Q(w; w_{0}).$$

$$A_{w_{0}} \equiv -\overline{u_{w_{0}}}/\{(n-1)\sqrt{Var_{w_{0}}(u)}\},$$

$$B_{w_{0}} \equiv 1/\{2(n-1)\sqrt{Var_{w_{0}}(u)}\},$$

$$C_{w_{0}} \equiv \frac{n\{\overline{u_{w_{0}}}\}^{2}}{2(n-1)\sqrt{Var_{w_{0}}(u)}} + \frac{\sqrt{Var_{w_{0}}(u)}}{2}.$$

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Question

- How to leverage cross validation?
 - Artificially introducing imbalance?
- Difference with Reinforcement Learning
 - Off-policy Offline policy

Misc

Education [edit]

Graduate courses on causal inference have been introduced to the curriculum of many schools.

- Saint Louis University, College of Public Health & Social Justice
- Carnegie Mellon University, Department of Philosophy
- Harvard University, School of Public Health
- Johns Hopkins University, Department of Computer Science
- Karolinska Institutet, Department of Medical Epidemiology and Biostatistics
- McGill University, Department of Epidemiology, Biostatistics and Occupational Health
- Northwestern University, Department of Sociology and Kellogg School of Management
- University of Pittsburgh, Department of Psychology in Education
- University of Groningen, Department of Statistics & Measurement Theory
- University of California, Los Angeles, Department of Epidemiology and Department of Computer Science
- University of California, Berkeley, School of Public Health
- University of Copenhagen, Department of Public Health
- University of Pennsylvania, Department of Biostatistics and Epidemiology
- The University of British Columbia, School of Population and Public Health
- Vanderbilt University, Department of Leadership, Policy, and Organizations
- Stevens Institute of Technology, Department of Computer Science [10]
- University of North Carolina at Chapel Hill, Department of Biostatistics [11]

Misc

http://causality.cs.ucla.edu/blog/