

# Matching Estimators of Causal Effects

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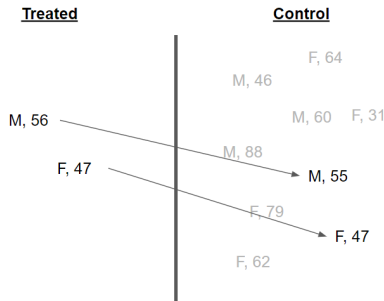
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# Overview of Matching

# Example of Matching



Example of matching copied from *A Crash Course in Causality (Coursera)*

- In this example, assume we're controlling for gender and age.
- We're looking for units in the control group that are similar to the treatment group.

# Causal effect of treatment on the treated

- Since we are making the covariate distribution in the control look like the treated, we are effectively measuring the *causal effect of treatment on the treated*.
- This is also known as the **Average Treatment Effect on the Treated (ATT)** which is different from ATE.

$$ATT = E[Y^1 - Y^0 | D = 1]$$

- In most cases, we are under sampling the control group.

# Fine Balance

- A less strict form of matching where we accept non-ideal matches as long as the final distributions of the treated and control have the same marginal distributions.
- e.g. we might accept

$$P(\text{Gender}, \text{Age} | D = 1) \neq P(\text{Gender}, \text{Age} | D = 0)$$

as long as

$$\begin{aligned} P(\text{Gender} | D = 1) &= P(\text{Gender} | D = 0) \quad \text{and} \\ P(\text{Age} | D = 1) &= P(\text{Age} | D = 0) \end{aligned}$$

# Number of matches

- One to one (pair matching)
  - Simplest form of matching; does not over sample the treated units.
  - But this discards a lot of available data (controls with no matches).
- Many to one
  - Match each treatment unit with a *fixed number* of controls.
  - e.g. 5 control units per treatment unit
- Variable
  - The number of matches per treatment unit will be variable depending on the availability of good matches.

## Matching Using a Distance Metric



# Matching using a Distance Metric

- This is the most straightforward matching technique.
- Match covariates using some distance metric.
- We'll explore 2 metrics:
  - Mahalanobis Distance
  - Robust Mahalanobis Distance
- and 2 matching strategies:
  - Greedy (nearest neighbor) matching
  - Optimal matching

# Mahalanobis Distance

- The Mahalanobis Distance  $D$  is defined as:

$$D(X_i, X_j) = \sqrt{(X_i - X_j)^T S^{-1} (X_i - X_j)}$$

- $X_i$  is the covariate vector for subject  $i$ .
- $S$  is the covariance matrix
- Intuition: If there are no covariances between the covariates, then this is equivalent to scaling (using std. dev.) and using Euclidean distance.
- This just makes sure that axes with naturally large variances are not over represented in the distance computation.
- Another intuition: This is equivalent to using Euclidean distance on the scaled (using std. dev.) PCA-transformed data.

# Mahalanobis Distance

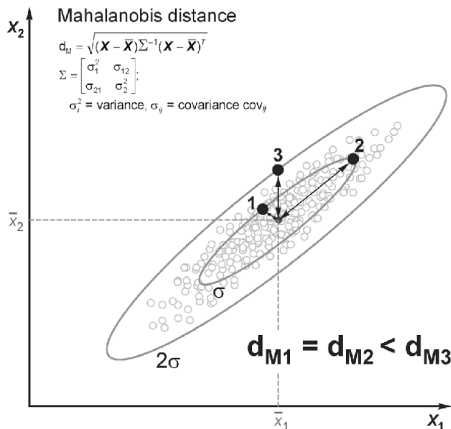


Illustration of Mahalanobis Distance (Source)

# Robust Mahalanobis Distance

- Replaces the covariate values with their **ranks** before using Mahalanobis distance.
- This makes the metric more robust against outliers (which could otherwise greatly affect the variance/covariance)

# Greedy (nearest-neighbor) Matching

Steps:

- 1 Randomize the order of treated and control units.
- 2 Start with the first treated subject and match it to control units with the smallest distance.
- 3 Remove the match control units from the list of matches.
- 4 Move to the next treated subject and repeat the process until all treated subjects have been matched.

# Greedy (nearest-neighbor) Matching

- This is "greedy" because we immediately match the current treated unit with the closest control.
- Advantages:
  - Intuitive
  - Computationally Inexpensive – this method can still be fast even for large data sets
- Disadvantages:
  - Matching varies depending on order of the training units.
  - The matching isn't optimal – it doesn't minimize the total distance. i.e. it is possible that another treatment unit down the line is a better match for the selected control.

# Greedy (nearest-neighbor) Matching

- For many to one matching, just run the algorithm through the treated units  $k$  times. e.g. make sure that all treated units have 1 match before starting the second loop.
- We could set a maximum allowable distance for cases where there aren't any good matches. In these cases, treated units with no close matches will be excluded.

# Optimal Matching

- Minimized some *global* distance measure. e.g. Total Distance
- Computationally demanding – this is usually only possible for small data sets.
- Network flow optimization problem
- Sparse Optimal Matching
  - Do the optimal matching for certain features only. e.g. optimal matching per disease category, age group, gender, etc.
  - Aim for fine balance only.
- R packages:
  - optmatch
  - rcbalance



## Matching in Practice

# Matching Bias

- With matching, the assumption is

$$X_i \approx X_j \implies Y_i^0 \approx Y_j^0$$

where  $Y_j^0$  is factual since it is from the control group.

- We say that  $Y_j^0$  (the matching) is an unbiased estimator iff

$$\sqrt{N_{D=1}}(E[Y^0|D=1] - E[Y^0|D=0])$$

converges to 0 as  $N_{D=1} \rightarrow \infty$

- But this doesn't turn out to be the case. Here,  $\sqrt{N_{D=1}}$  grows faster than  $(E[Y^0|D=1] - E[Y^0|D=0])$  shrinks.
- Intuitively, increasing the treatment units makes it more likely to get good (closer) matches, but the overall decrease in distance doesn't converge fast enough.

# Adjusting for Bias

- We won't go through it here, but adjusting for the matching bias involves estimating  $E[Y|X, D = 0]$  using some model (e.g. linear regression on the control samples only).
- In practice, we can just use the library `causal inference`:

```
from causalinference import CausalModel

cm = CausalModel(
    Y=med["recovery"].values,
    D=med["medication"].values,
    X=med[["severity", "age", "sex"]].values
)

cm.est_via_matching(matches=1, bias_adj=True)

print(cm.estimate)
```

Treatment Effect Estimates: Matching

	Est.	S.e.	z	P> z	[95% Conf. int.]	
ATE	-7.709	0.609	-12.649	0.000	-8.903	-6.514
ATC	-6.665	0.246	-27.047	0.000	-7.148	-6.182
ATT	-9.679	1.693	-5.717	0.000	-12.997	-6.361

Taken from *Causal Inference for the Brave and True*.

# Propensity Score Matching

# Motivation: The Curse of Dimensionality

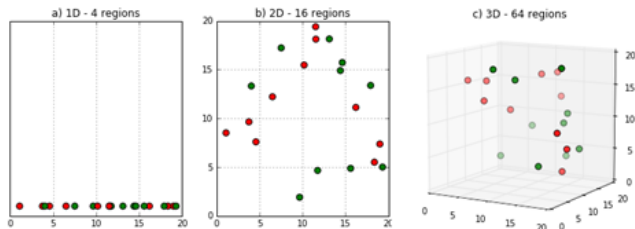


Image from DeepAI.

- Adding more covariates makes it (exponentially) more difficult to satisfy the *positivity assumption*.
- e.g. If you have 10 binary covariates, then there are 1024 possible states of  $X$ , and you need to make sure that you have a good sample size per state to find reasonable matches.

# The Propensity Score

- The propensity score of an individual  $i$  is given by

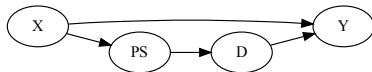
$$\pi_i = P(D = 1 | X_i)$$

i.e. it is the *probability of receiving treatment*.

- Instead of controlling for  $X$ , **it is sufficient to control for  $\pi$  to satisfy ignorability**. More formally,

$$(Y^1, Y^0) \perp\!\!\!\perp D | \pi(x)$$

- There's a formal way of proving this, but the intuition is:



- Notice that controlling for the Propensity Score (PS) is sufficient to satisfy the backdoor path criterion.

# Estimated Propensity Score

- Unless we're designing the experiment, we won't know the true propensity scores.
- So we have to resort to estimating  $\pi(x) = P(D = 1|X)$ .
- We can use any model to do this, but the most common way is to use **logistic regression**.

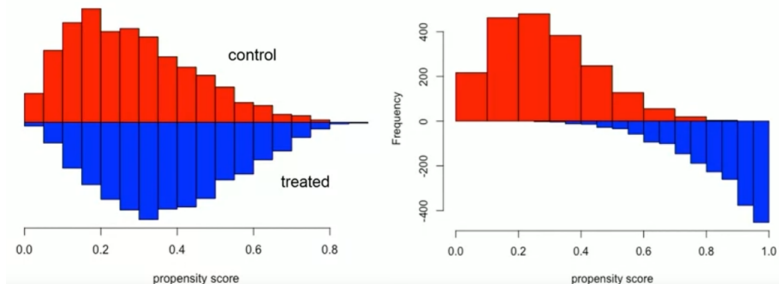
# Propensity Score Matching (PSM)

- Propensity Score Matching (PSM) is just the same matching procedure, but we match on  $\hat{\pi}(x)$  instead of on the covariates  $X$ .
- This makes the matching problem easier! It also gets around the curse of dimensionality problem.
- In practice, people usually match on the **logit** (log-odds) because it "stretches out" the distribution while preserving the rank. This is done because  $0 \leq \pi(x) \leq 1$  making most values appear similar.



# Assessing PSM Results

- We can easily check the Propensity Score distributions per treatment group to assess the quality of matching:



Taken from *A Crash Course in Causality*.

- The left figure shows good overlap while the right one shows poor overlap.

## References

# References

- ① Hernan, Miquel A., and James M. Robins. Causal Inference. CRC Press, 2019.
- ② Roy, Jason. “A Crash Course in Causality: Inferring Causal Effects from Observational Data — Coursera.” Coursera, <https://www.coursera.org/learn/crash-course-in-causality>. Accessed 15 Aug. 2022.
- ③ Matheus, Facure. “Causal Inference for The Brave and True.” Matheus Facure, <https://matheusfacure.github.io/python-causality-handbook/landing-page.html>. Accessed 15 Aug. 2022.
- ④ Morgan, Stephen L., and Christopher Winship. Counterfactuals and Causal Inference. Cambridge University Press, 2014.
- ⑤ Pearl, Judea, et al. Causal Inference in Statistics. John Wiley & Sons, 2016.
- ⑥ Yao, Liuyi, et al. “A Survey on Causal Inference.” ACM Transactions on Knowledge Discovery from Data, no. 5, Association for Computing Machinery (ACM), Oct. 2021, pp. 1–46. Crossref, doi:10.1145/3444944.