Causal Mediation in Natural Experiments

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Plan

- 1. Start with explaining natural experiment, good for ATE $Z \to Y$. COnsider the Oregon health insurance experiment, or Vietnam draft instrument.
- 2. Does not illuminate how these causal effects came about.
- 3. You may have read epidemiology, medicine, or psychology and wondered what these claims are "mediated through."
- 4. These are mediation effect estimates, and they estimate "how much of the ATE goes through this channel? How much is left-over?"
- 5. Leads to my introduction page.

Have you ever read an epidemiology/psychology/medicine paper's abstract, and seen claims of mediator effects mediated through some mechanism?

> Family communication patterns, family environment, and [PDF] sagep the impact of parental alcoholism on offspring self-esteem

S Rangarajan, L Kelly - Journal of Social and Personal ..., 2006 - journals.sagepub.com

This study examined the role of perceptions of family environment and family communication as mediators of the effects of parental alcoholism on the self-esteem of adult children of

alcoholics. Participants (N= 227) completed self-reports of parental alcoholism, family environment, family communication patterns (FCP), and self-esteem. Results indicated a negative relationship between the seriousness of both maternal and paternal alcoholism and self-esteem. Paternal and maternal alcoholism were related to the two dimensions of ...

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Have you ever read an epidemiology/psychology/medicine paper's abstract, and seen claims of mediator effects **mediated** through some mechanism?

нтмы Persistent depressive symptomatology and inflammation: to what extent do health behaviours and weight control mediate this relationship?

[HTML] sciei

M Hamer, GJ Molloy, C de Oliveira... - Brain, Behavior, and ..., 2009 - Elsevier

We examined if persistent depressive symptoms are associated with markers of inflammation (C-Reactive Protein-CRP) and coagulation (fibrinogen), and if this association can be partly explained by weight control and behavioural risk factors (smoking, alcohol, physical activity). The study sample included 3609 men and women (aged 60.5±9.2 years) from The English Longitudinal Study of Ageing, a prospective study of community dwelling older adults.

Depressive symptoms (using the 8-item CES-D scale), health behaviours ...

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1980s: Psychometrics defined mediation (distinct from moderation).

1920s: Application of early econometric path analysis (Wright 1928).

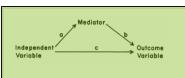
2020s: Popular in epidemiology, medicine, psychology.

Figure: Baron Kelly (1986), p. 1176.

1176 REUBEN M. BARON AND DAVID A. KENNY

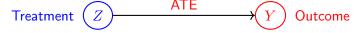
gression equasion, as described by Cohen and Cohen (1983) and Cleary and Kessler (1982). So if the independent variable is denoted as X, the moderator as Z, and the dependent variable as Y, Y is regressed on X, Z, and XZ. Moderator effects are indicated by the significant effect of XZ while X and Z are controlled. The simple effects of the independent variable for different levels of the moderator can be measured and tested by procedures described by Aiken and West (1986). (Measurement error in the moderator requires the same remedies as measurement error in the independent variable under Case Z).

The quadratic moderation effect can be tested by dichotoming the moderator at the point at which the function is given expected to accelerate. If the function is quadratic, as in June 2, the effect of the independent variable should be greatest for those who are high on the moderator. Alternatively, quadratic moderation can be tested by hierarchical regression procedures described by Cohen and Cohen (1983). Using the same notation as in the previous paragraph, Y is regressed on X, Z, XZ, Z², and XZ². The test of quadratic moderation is given by the test



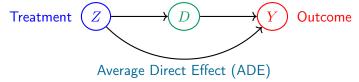
model, which recognizes that an active organism intervenes between stimulus and response, is perhaps the most generic formulation of a mediation hypothesis. The central idea in this model is that the effects of stimuli on behavior are mediated by various transformation processes internal to the organism. Theorists as diverse as Hull, Tolman, and Lewin shared a belief in the importance of postulating entities or processes that intervene between input and output. (Skinner's blackbox approach represents the notable exception.)

1. [familiar] Causal design to estimate a treatment effect.



2. [unfamiliar] CM decomposes ATE along a mechanism pathway.

Average Indirect Effect (AIE)



ATE \implies Average causal effect $Z \rightarrow Y$

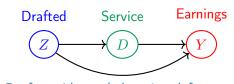
3. AIE \implies How much $Z \rightarrow Y$ effect through mediator D?

ADE \Longrightarrow How much $Z \to Y$ effect is left over?

Introduction— CM Examples:

1. Lottery military draft 1969 (Angrist 1990).



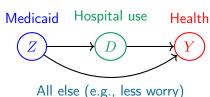


Draft avoidance (education deferment)

Note: instrumental variables assumes ADE= 0 (exclusion restriction).

2. Oregon health insurance experiment (Finkelstein+ 2009).





This project examines CM methods from an economic perspective:

- Problems with conventional, selection-on-observables, approach to CM in social science settings including natural experiments.
 [Negative result]
- Recovering valid CM effects under selection-into-mediator, using a selection model.[Positive result]

Brings together ideas from two different literatures:

- Causal mediation.
- Baron Kelly (1986), Imai Keele Yamamoto (2010), Flores Flores-Lagunes (2009), Frölich Huber (2017), Huber (2020), Kwon Roth (2024).
- Selection-into-treatment, selection models/MTEs.
 Roy (1951), Heckman (1979), Heckman Honore (1990), Florens Heckman Meghir Vytlacil (2008).

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Direct & Indirect Effects — Model

Consider binary treatment $Z_i = 0, 1$, binary mediator $D_i = 0, 1$, and con-

tinuous outcome Y_i . Mediator

 D_i is a function of Z_i : Y_i is a function of both Z_i, D_i :

ATE: $\mathbb{E}[Y_i(1, D_i(1)) - Y_i(0, D_i(0))] = \mathbb{E}[Y_i | Z_i = 1] - \mathbb{E}[Y_i | Z_i = 0]$ Average first-stage: $\mathbb{E}\left[D_i(1) - D_i(0)\right] = \mathbb{E}\left[D_i \mid Z_i = 1\right] - \mathbb{E}\left[D_i \mid Z_i = 0\right]$

 $Z_i \perp \!\!\!\perp D_i(z), Y_i(z',d) \mid \boldsymbol{X}_i \text{ for } z,z',d=0,1.$

Only two causal effects are identified so far.

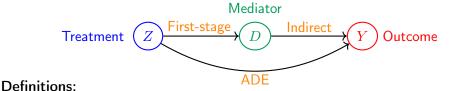
Assume Z_i is ignorable, conditional on X_i .

 $D_i = Z_i D_i(1) + (1 - Z_i) D_i(0)$. $Y_i = Z_i Y_i(1, D_i(1)) + (1 - Z_i) Y_i(0, D_i(0))$

First-stage Treatment

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Direct & Indirect Effects — Definitions



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- ▶ ADE is average effect $Z \to Y$, blocking the D path.
- ADE is average effect $Z \rightarrow I$, blocking the D path.

▶ AIE is causal effect of $D \to Y$, times number of D(Z) compliers.¹ AIE $= \mathbb{E} [D_i(1) - D_i(0)] \mathbb{E} [Y_i(Z_i, 1) - Y_i(Z_i, 0) | D_i(1) = 1, D_i(0) = 0]$.

Average Direct Effect (ADE): $\mathbb{E}\left[Y_i(1,D_i(Z_i)) - Y_i(0,D_i(Z_i))\right]$, Average Indirect Effect (AIE): $\mathbb{E}\left[Y_i(Z_i,D_i(1)) - Y_i(Z_i,D_i(0))\right]$.

Direct & Indirect Effects — Identification

Sequential ignorability (SI, Imai Keele Yamamoto 2010):

Assume mediator
$$D_i$$
 is also ignorable, conditional on \boldsymbol{X}_i and Z_i realisation $D_i \perp \!\!\! \perp Y_i(z',d) \mid \boldsymbol{X}_i, Z_i = z', \text{ for } z', d = 0,1.$

$$\mathsf{ADE} = \mathbb{E}\left[\underbrace{\mathbb{E}\left[Y_i \,\middle|\, Z_i = 1, D_i = d', \boldsymbol{X}_i\right] - \mathbb{E}\left[Y_i \,\middle|\, Z_i = 0, D_i = d', \boldsymbol{X}_i\right]}_{\mathsf{Second-stage regression}, \, Y_i \, \mathsf{on} \, Z_i \, \mathsf{holding} \, D_i, \boldsymbol{X}_i \, \mathsf{constant}}\right]$$

Second-stage regression,
$$Y_i$$
 on Z_i holding $D_i, m{X}_i$ constant $igg[igg(\mathbb{E}\left[D_i \,|\, Z_i=1, m{X}_i
ight] - \mathbb{E}\left[D_i \,|\, Z_i=0, m{X}_i
ight]igg)$

$$\mathsf{AIE} = \mathbb{E}\begin{bmatrix} \underbrace{\left(\mathbb{E}\left[D_i \,|\, Z_i = 1, \boldsymbol{X}_i\right] - \mathbb{E}\left[D_i \,|\, Z_i = 0, \boldsymbol{X}_i\right]\right)}_{\mathsf{First-stage regression}, \ D_i \ \mathsf{on} \ Z_i} \\ \times \underbrace{\left(\mathbb{E}\left[Y_i \,|\, Z_i = z', D_i = 1, \boldsymbol{X}_i\right] - \mathbb{E}\left[Y_i \,|\, Z_i = z', D_i = 0, \boldsymbol{X}_i\right]\right)}_{\mathsf{First-stage regression}}$$

Second-stage regression, Y_i on D_i holding Z_i, \boldsymbol{X}_i constant

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Direct & indirect Effects — identification

Sequential ignorability (SI, Imai Keele Yamamoto 2010):

Assume mediator D_i is also ignorable, conditional on X_i and Z_i realisation

$$D_i \perp \!\!\! \perp Y_i(z',d) \mid \mathbf{X}_i, Z_i = z', \text{ for } z', d = 0, 1.$$

E.g., OLS simultaneous regression (Imai Keele Yamamoto, 2010):

$$Z_i \leftarrow \text{Treatment}$$
 First-stage: $D_i = \phi + \pi Z_i + \psi_1' X_i + \eta_i$
 $D_i \leftarrow \text{Mediator}$ Second-stage: $Y_i = \alpha + \beta D_i + \gamma Z_i + \delta Z_i D_i + \psi_2' X_i + \delta Z_i D_i + \delta Z_i D$

$$Y_i \leftarrow \mathsf{Outcome} \qquad \Longrightarrow \mathsf{ADE} = \gamma + \delta \mathbb{E}\left[D_i\right] \ \mathsf{AIE} = \pi\left(\beta + \delta \mathbb{E}\left[Z_i\right]\right)$$

i.e., a regression decomposition.

Other estimation methods do the same decomposition, avoiding linearity

assumptions (see Huber 2020 for an overview).

⇒ Great, we can use the Imai Keele Yamamoto (2010) approach to CM all our respective applied projects.

 \implies Learn the mechanism pathways in causal research o big gain!

Before we join epidemiologists/psychologists/medical researchers in this conclusion, let us interrogate the SI assumption.

$$D_i \perp \!\!\! \perp Y_i(z',d) \mid \boldsymbol{X}_i, Z_i = z', \text{ for } z', d = 0, 1.$$

Would this assumption hold true in settings that social scientists consider?

Return to the Oregon health insurance experiment (Finkelstein + 2009).

Medicaid Hospital use

The Oregon Health Insurance
Experiment: What Did It Find and What

Arny Finkelstein November 2019

All else (e.g., less worry)

Health

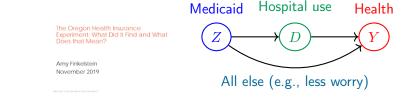
SI:

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Direct & Indirect Effects — Selection

SI:
$$D_i \perp \!\!\!\perp Y_i(z',d) \mid X_i, Z_i = z', \text{ for } z', d = 0, 1.$$

Oregon health insurance experiment (Finkelstein+ 2009).

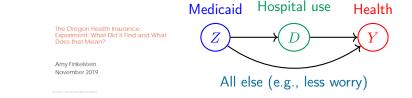


SI in this setting:

- 1. Health insurance assigned randomly (ensured by studying the 2008 Oregon waitlist lottery).
- 2. Hospital usage is quasi-random, conditional on Medicaid assignment Z_i and demographics X_i .

SI: Hospital usage is quasi-random, conditional on Medicaid assignment

 Z_i and demographics X_i .



Consider the case individuals go to the hospital to maximise health.

$$D_{i}\left(z^{\prime}\right) = \mathbb{1}\left\{\underbrace{Y_{i}\left(z^{\prime},1\right) - Y_{i}\left(z^{\prime},0\right)}_{\text{Renefits}} \geq \underbrace{C_{i}}_{\text{Costs}}\right\}, \quad \text{for } z^{\prime} = 0, 1.$$

i.e., Roy (1951) selection into D_i .

SI: Hospital usage is quasi-random, conditional on Medicaid assignment

 Z_i and demographics X_i .

Consider the case individuals go to the hospital to maximise health.

$$D_{i}\left(z'\right) = \mathbb{1}\left\{\underbrace{Y_{i}\left(z',1\right) - Y_{i}\left(z',0\right)}_{\text{Benefits}} \geq \underbrace{C_{i}}_{\text{Costs}}\right\}, \quad \text{for } z' = 0, 1.$$

i.e., Roy (1951) selection into D_i .

Theorem: If selection is Roy-style, and benefits are not 100% explained by Z_i, \boldsymbol{X}_i , then **SI** does not hold.

Proof sketch: suppose D_i is ignorable \Longrightarrow selection-into- D_i is explained 100% by $\{C_i, Z_i, X_i\}$, while unobserved gains explain 0%.

SI: Hospital usage is quasi-random, conditional on Medicaid assignment

 Z_i and demographics X_i .

Consider the case individuals go to the hospital to maximise health.

$$D_i\left(z'\right) = \mathbb{1}\left\{\underbrace{Y_i\left(z',1\right) - Y_i\left(z',0\right)}_{\text{Benefits}} \geq \underbrace{C_i}_{\text{Costs}}\right\}, \quad \text{for } z' = 0, 1.$$

Hospital Use

i.e., Roy (1951) selection into D_i .

$$\implies$$
 unobserved confounder U e.g., underlying health conditions.

Medicaid

First-stage

ADE

LAIE

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In practice, the only way to believe the ${\bf SI}$ assumption (selection-on-observables is to study a case with another natural experiment for D_i — in addition to the one that guaranteed Z_i is ignorable.

- (a) Cells in a lab \rightarrow SI believable.
- (b) People choosing healthcare \rightarrow SI not.





- What happens if you go ahead and estimate CM anyway?
- ► Would this be problematic?