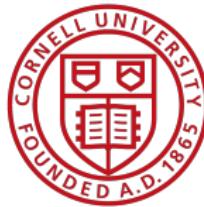


# Causal Mediation in Natural Experiments

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# Introduction

Natural experiments are settings with credible estimates of causal effects

- Little information on the **mechanisms** through which they operate
- Limits understanding of the decisions and underlying economic system
- Causal Mediation (CM) is a framework for sufficiently analysing a causal effect along an observed mechanism, which is not widely used in applied economics.

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## This paper:

- ① Develop selection bias concept for CM when we do not believe its assumptions, which can be large in practice
- ② Build an MTE-based approach to tackle the identification problem
- ③ Illustrate my methods with decomposing causal effects in the Oregon Health Insurance Experiment.

# Introduction — Contributions

- ① Problems with conventional approach to CM in observational settings  
→ makes explicit the folk-style reasoning for economics not engaging in CM.

## [Negative result]

- ② Recovering CM effects, via Marginal Treatment Effect (MTE) model  
→ Causal mediation from a quasi-experimental economist approach.

## [Positive result]

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New insights from intersection of two fields:

- **Causal Mediation (CM).**

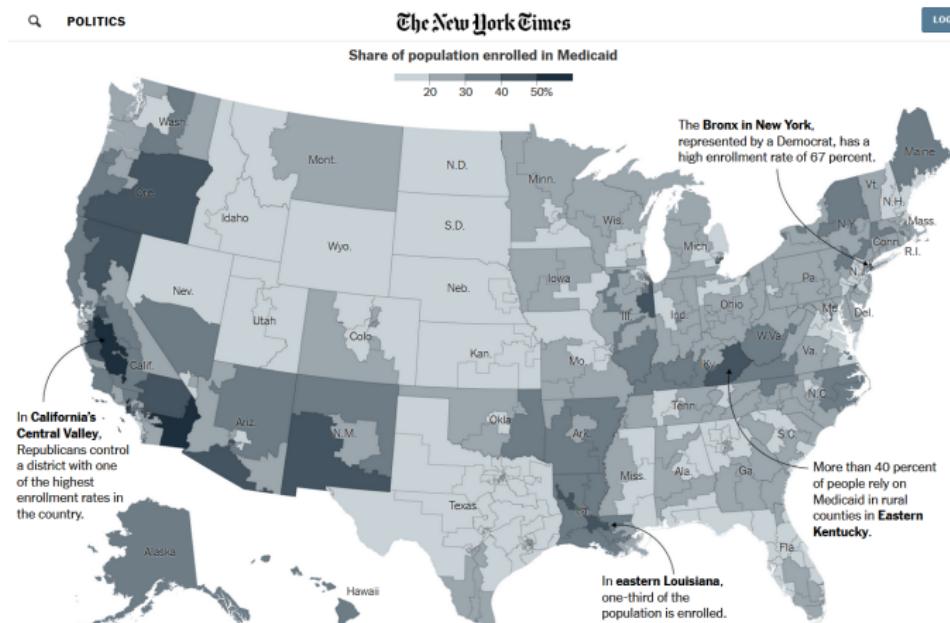
Imai Keele Yamamoto (2010), Frölich Huber (2017), Deuchert Huber Schelker (2019), Huber (2020), Kwon Roth (2024).

- **Labour theory, Selection-into-treatment, MTEs.**

Roy (1951), Heckman (1979), Heckman Honoré (1990), Vycatil (2002), Heckman Vycatil (2005), Brinch Mogstad Wiswall (2017), Kline Walters (2019).

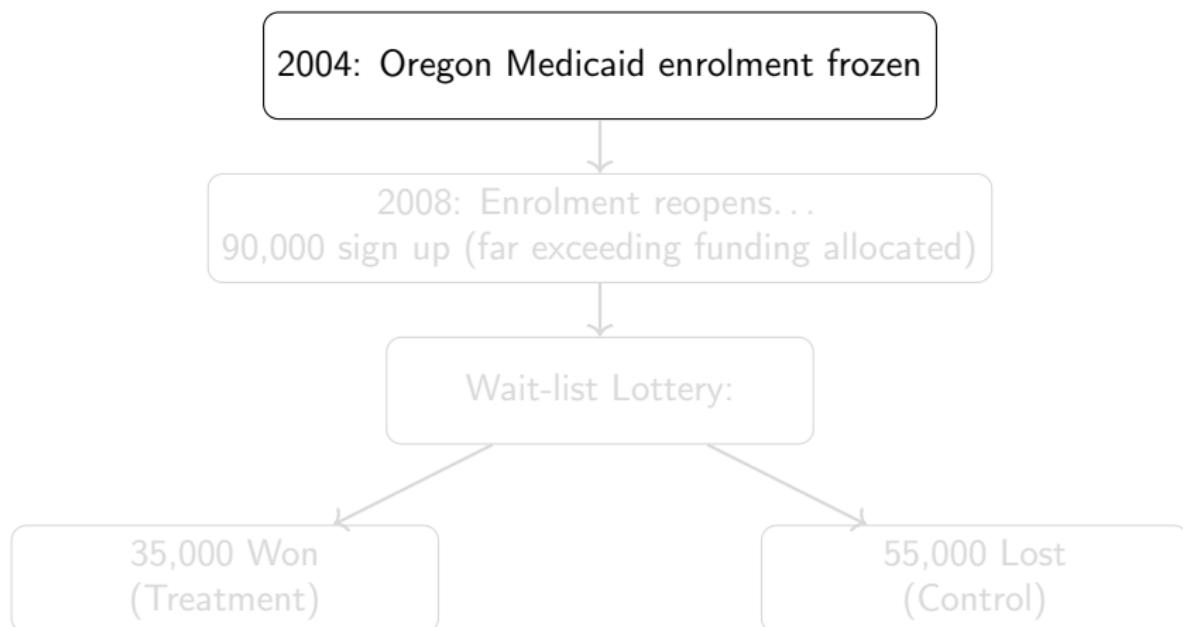
# Oregon Health Insurance Experiment

In the USA, healthcare is only provided by the government in special cases  
→ Medicaid is the government programme which provides health insurance for those close to the poverty line (> 70 million people in 2025).



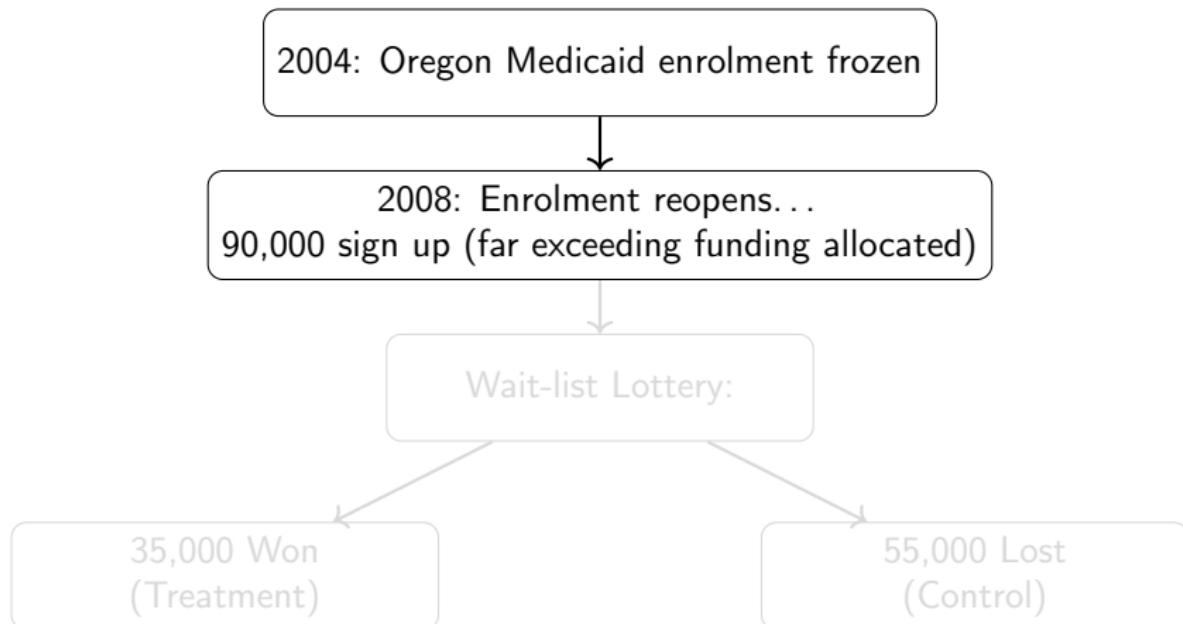
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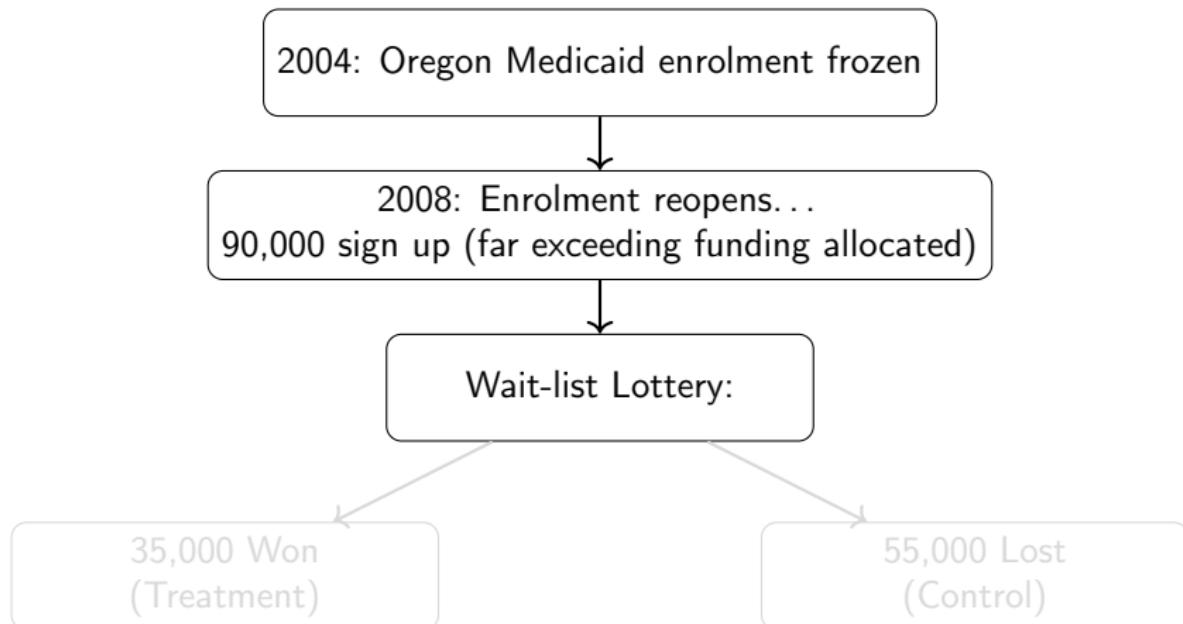
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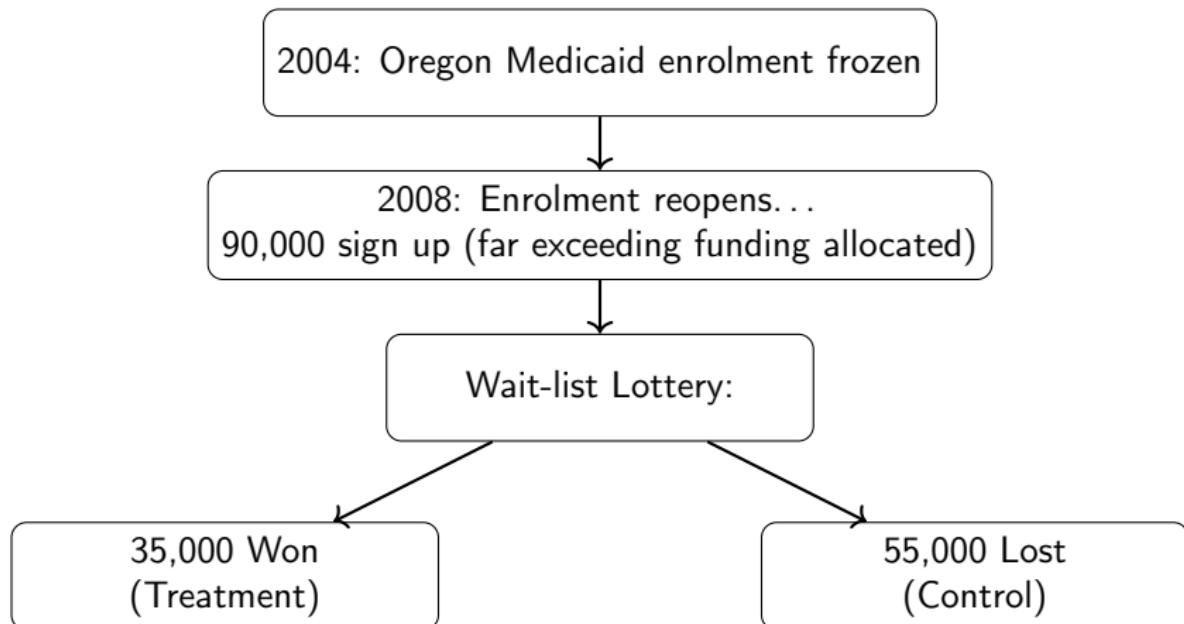
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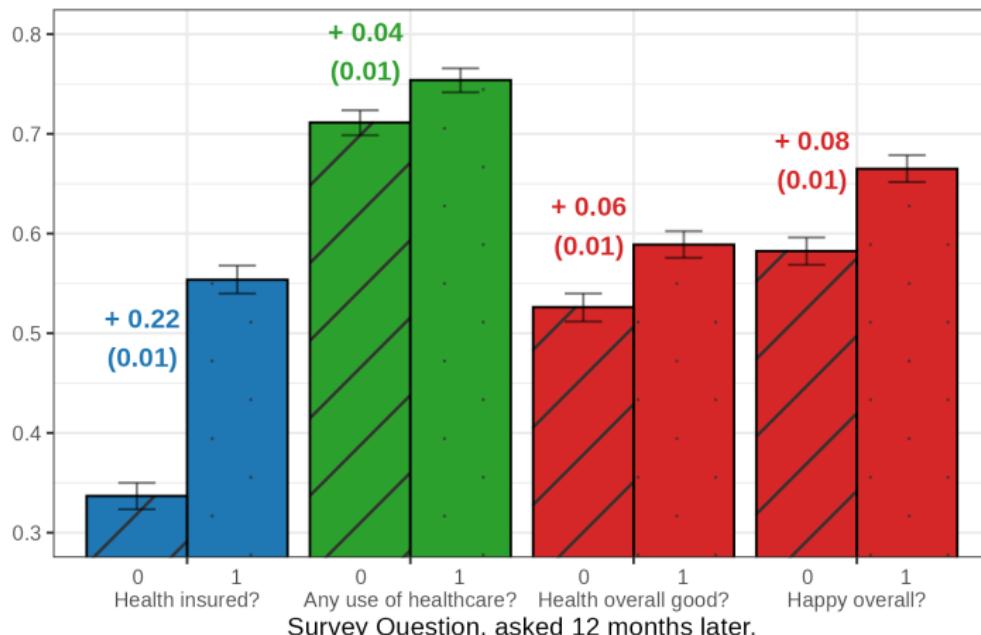
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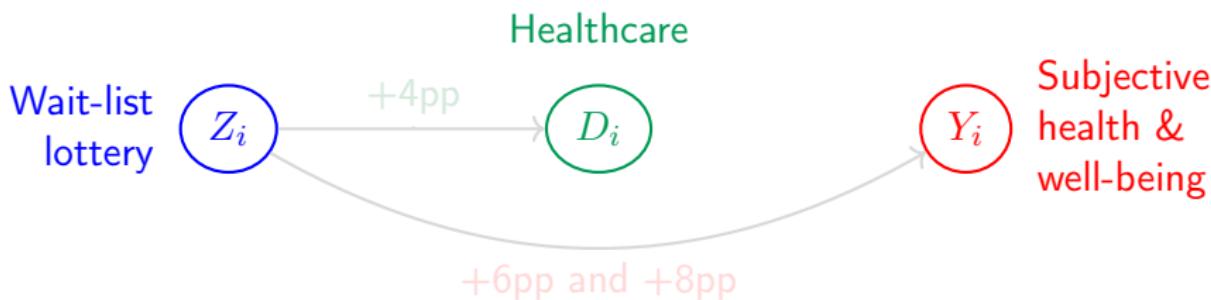
Winning this wait-list lottery significantly increased healthcare usage, plus subjective health and well-being (Finkelstein et al, 2012).

Mean Outcome, winning or losing the wait-list lottery.



# Oregon — Suggestive Evidence

Winning this wait-list lottery significantly increased healthcare usage, plus subjective health and well-being (Finkelstein et al, 2012).



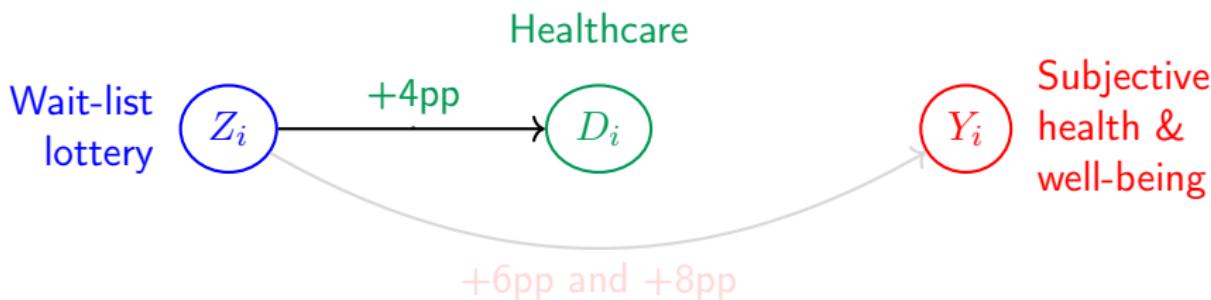

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## Suggestive evidence:

- If first-stage  $\neq 0$ , then healthcare may be a mediating mechanism
- This gives suggestive evidence for healthcare as mechanism.

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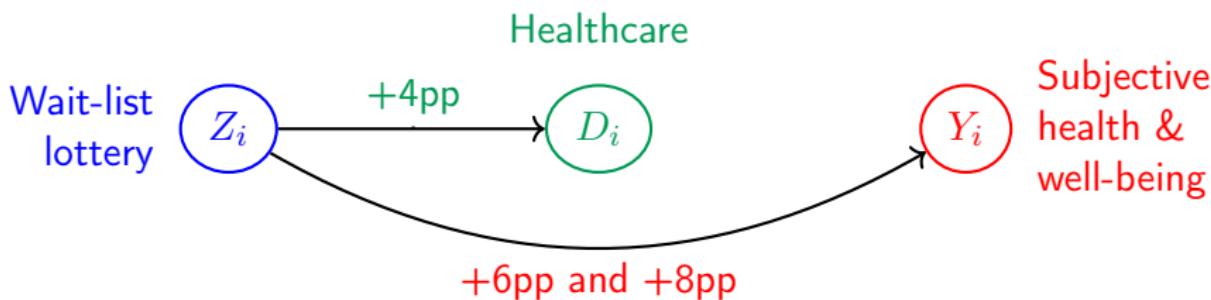
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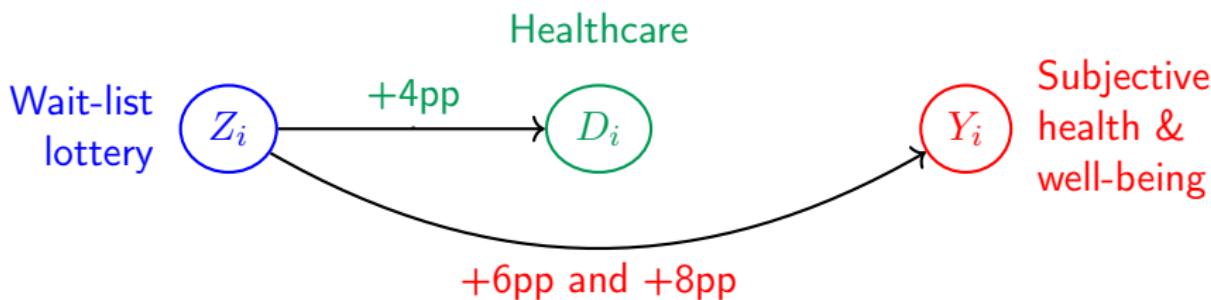
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**Suggestive evidence** is primarily how economics investigates mechanisms.

## Abstract — Lundborg Rooth Alex-Petersen (2022, ReStud).

“... Exposure to the [free school meals] programme also had substantial effects on educational attainment and health , which can explain a large part of the effect of the programme on lifetime income.”

## Abstract — Bloom Mahajan McKenzie Roberts (2013, QJE).

“... We find that adopting these management practices had three main effects. First, it raised average productivity by 11% through improved quality and efficiency and reduced inventory [...].”

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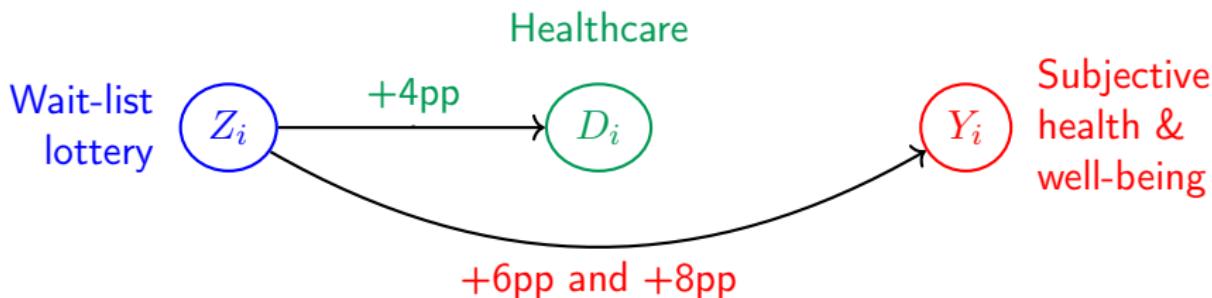
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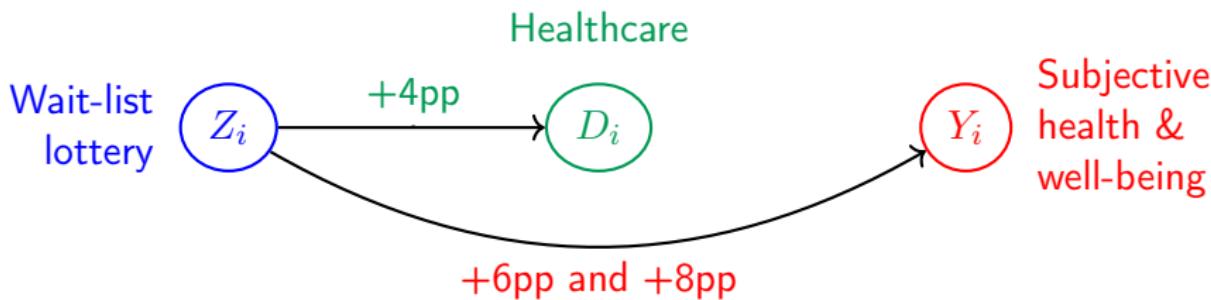
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What about direct effects?

- Winning access to Medicaid means you can file for free health insurance (income effect)
- Less stress from no longer having to be uninsured (psychological gains).

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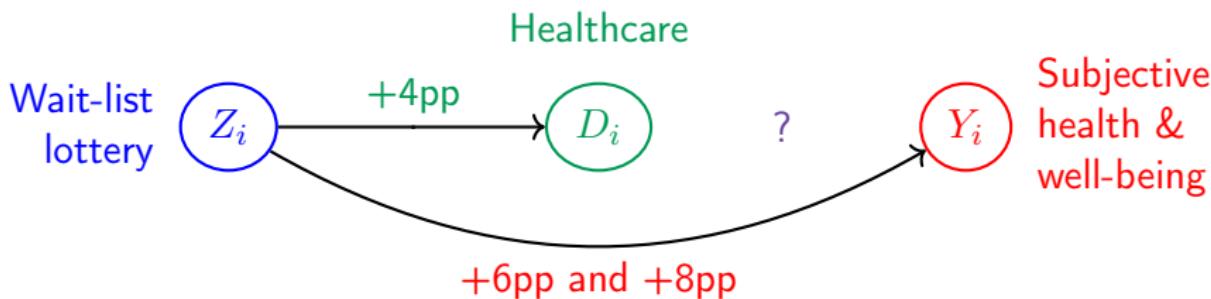
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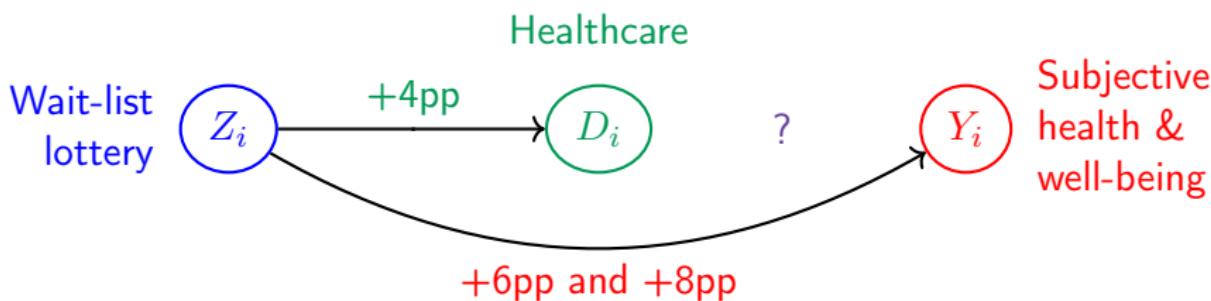
There is one missing piece to make a **definitive conclusion**:

Size of causal effect  $D_i \rightarrow Y_i \dots$

- If large, then **healthcare** explains all the lottery effect
- If small/zero then, then all **direct** (e.g., psychological) gains.

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## Causal Mediation (CM)

CM is an alternative framework to studying mechanisms, giving sufficient evidence on the mediating mechanism.



## Define

- Treatment  $Z_i = 0, 1$ , wait-list lottery
  - Mediator mechanism  $D_i = 0, 1$ , healthcare usage
  - Outcome  $Y_i$ , subjective health and well-being.

CM aims to decompose the ATE in two channels, direct and indirect effects

$$\text{ATE} = \text{ADE} + \text{AIE}.$$

# Causal Mediation (CM)

CM is an alternative framework to studying mechanisms, giving sufficient evidence on the mediating mechanism.



Write  $D_i(z')$  and  $Y_i(z', d')$  for the potential outcomes.

Two average causal effects are identified, with  $Z_i$  randomly assigned:

① Average first-stage

$$\mathbb{E}[D_i(1) - D_i(0)] = \mathbb{E}[D_i | Z_i = 1] - \mathbb{E}[D_i | Z_i = 0]$$

② Average Treatment Effect (ATE)

$$\mathbb{E}[Y_i(1, D_i(1)) - Y_i(0, D_i(0))] = \mathbb{E}[Y_i | Z_i = 1] - \mathbb{E}[Y_i | Z_i = 0].$$

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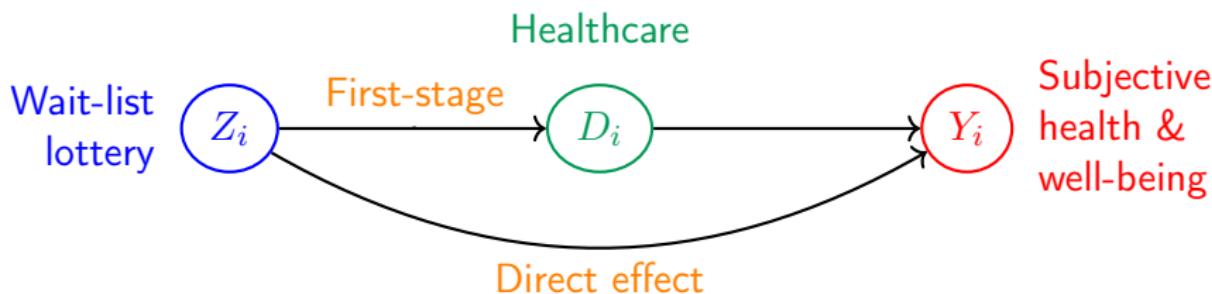
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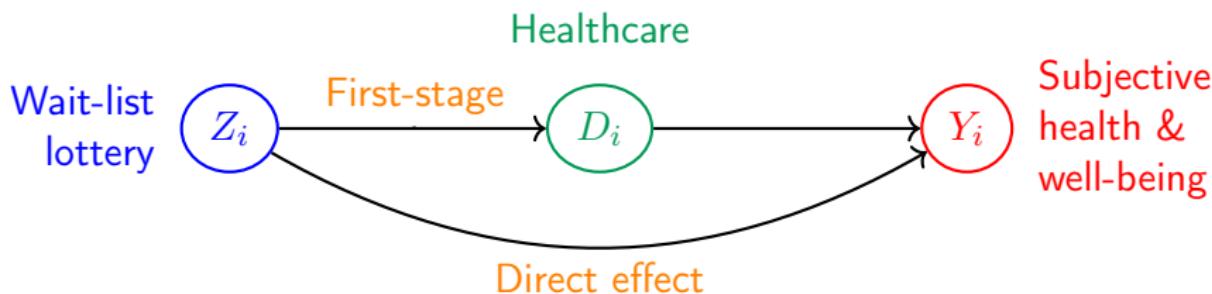
CM decomposes the ATE into components

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

AIE represents the average effect going through healthcare.

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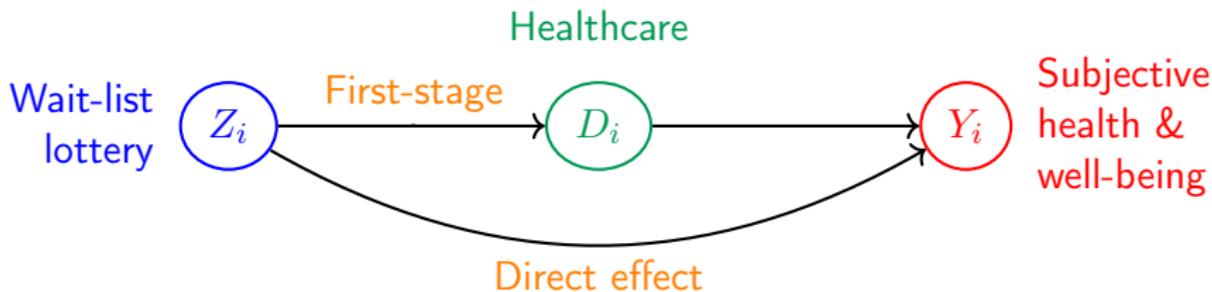
CM decomposes the ATE into components

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

ADE represents the average effect going absent healthcare.

# Causal Mediation (CM)

ADE + AIE are not separately identified without further assumptions.

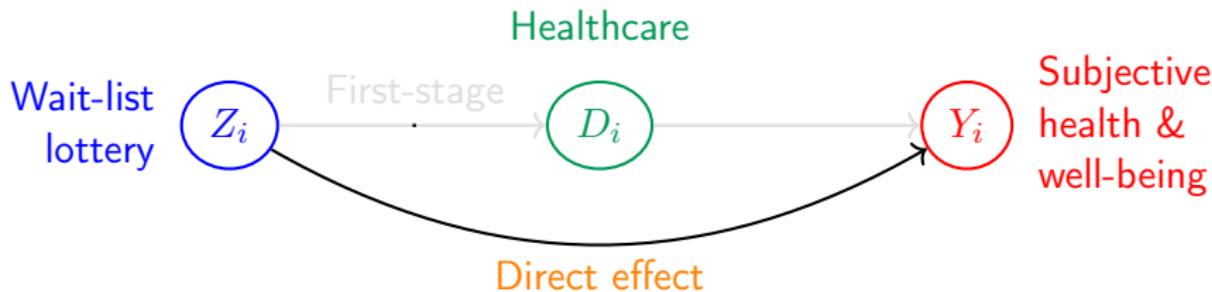


Conventional CM relies on two identifying assumptions,

- ① Treatment  $Z_i$  is (quasi-)randomly assigned
- ② Mediator  $D_i$  is (quasi-)randomly assigned, conditional on  $Z_i$  realisation (and covariates  $X_i$ ).

# Causal Mediation (CM)

Under assumptions (1) + (2), the ADE + AIE are separately identified by two-stage regression (Imai Keele Yamamoto 2010).



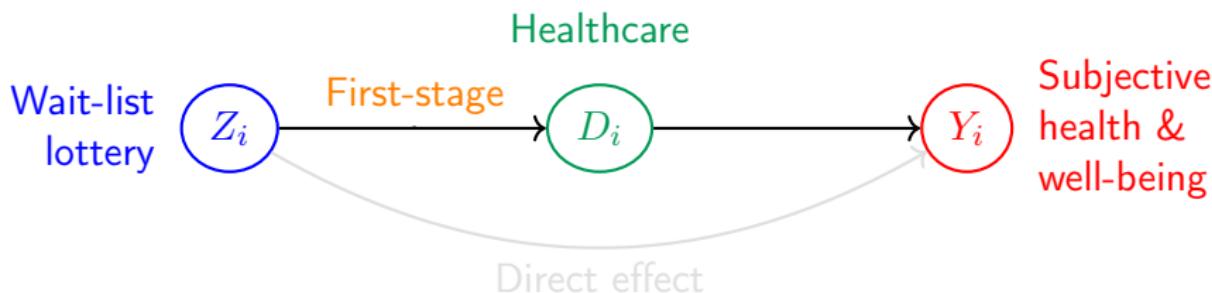

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ADE is the effect of  $Z_i$  after controlling for  $D_i$

$$\begin{aligned} \text{ADE} &= \mathbb{E} \left[ Y_i \left( 1, D_i(Z_i) \right) - Y_i \left( 0, D_i(Z_i) \right) \right] \\ &= \mathbb{E} \left[ Y_i \mid Z_i = 1, D_i \right] - \mathbb{E} \left[ Y_i \mid Z_i = 0, D_i \right]. \end{aligned}$$

# Causal Mediation (CM)

Under assumptions (1) + (2), the ADE + AIE are separately identified by two-stage regression (Imai Keele Yamamoto 2010).



AIE is the effect of  $D_i$  after controlling for  $Z_i$ , times average first-stage.

$$\begin{aligned}
 \text{AIE} &= \mathbb{E} \left[ Y_i \left( Z_i, D_i(1) \right) - Y_i \left( Z_i, D_i(0) \right) \right] \\
 &= (\mathbb{E} [D_i | Z_i = 1] - \mathbb{E} [D_i | Z_i = 0]) \\
 &\quad \times (\mathbb{E} [Y_i | D_i = 1, Z_i] - \mathbb{E} [Y_i | D_i = 0, Z_i]) .
 \end{aligned}$$

# Causal Mediation (CM)

This approach (conventional CM) is used heavily in epidemiology and medicine to give evidence for the channels of a treatment effect, but there is a reason why this is not prominent in economics.

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## Identifying assumptions:

- ① Treatment  $Z_i$  is (quasi-)randomly assigned
- ② Mediator  $D_i$  is (quasi-)randomly assigned, conditional on  $Z_i$  realisation (and covariates  $X_i$ ).

Translation: Healthcare is a random choice, conditional on wait-list lottery realisation and demographic controls.

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Would this be plausible in settings economists study?

## Causal Mediation (CM) — Roy Model

Consider the case that people, after the lottery, choose to visit the doctor in the next 12 months based on subjective costs and benefits,

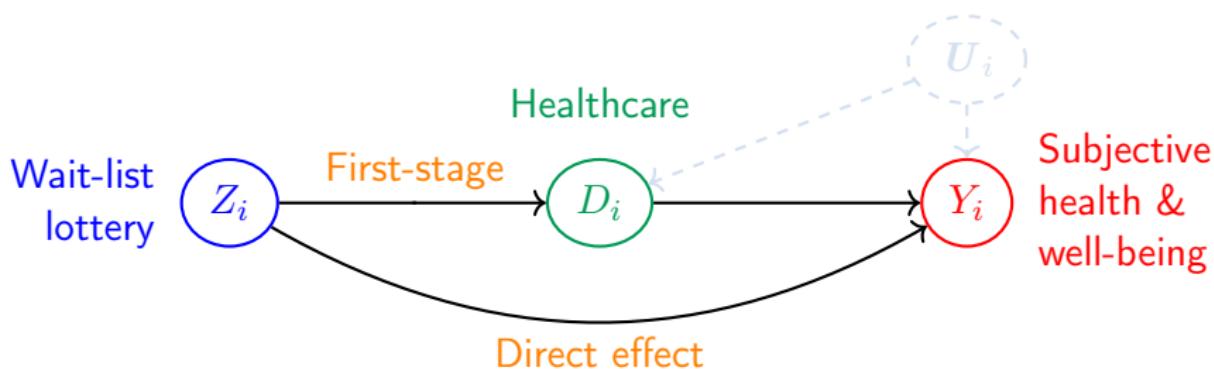
$$D_i(z') = \mathbb{1} \left\{ \underbrace{C_i}_{\text{Costs}} \leq \underbrace{Y_i(z', 1) - Y_i(z', 0)}_{\text{Benefits}} \right\}.$$

The wait-list lottery has no strategic selection, but visiting healthcare after is an unconstrained choice.

**Theorem:** If choice to attend healthcare is unconstrained, based on costs and benefits (Roy model) and demographics do not explain all benefits  
 $\Rightarrow$  mediator mechanism is not random, there is unobserved confounding.

# Causal Mediation (CM) — Selection Bias

Individual unobserved benefits are an unobserved confounder  $U_i$  here,



In economic settings, Conventional CM analyses have bias similar to classical selection bias (Heckman Ichimura Smith Todd 1998).

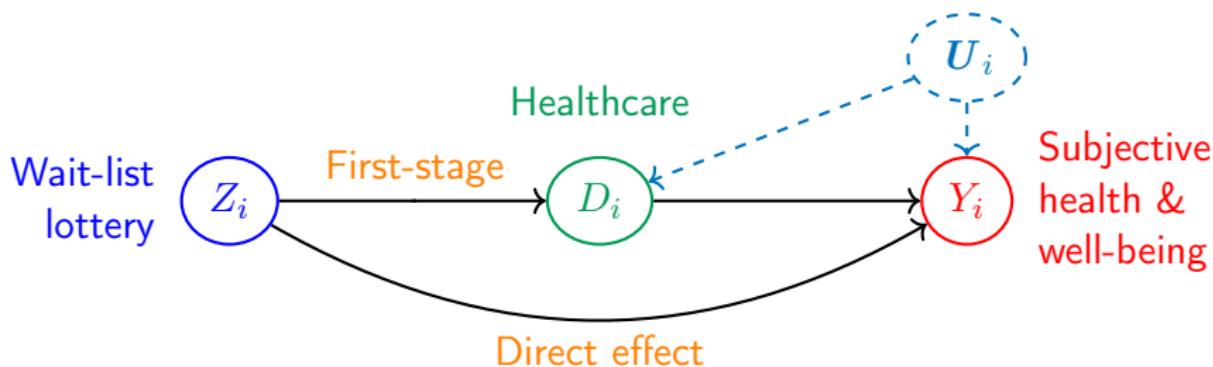
- Direct:  $\text{CM Estimand} = \text{ADE} + (\text{Selection Bias} + \text{Group difference bias})$
- Indirect:  $\text{CM Estimand} = \text{AIE} + (\text{Selection Bias} + \text{Group difference bias})$

▶ ADE biases

▶ AIE biases

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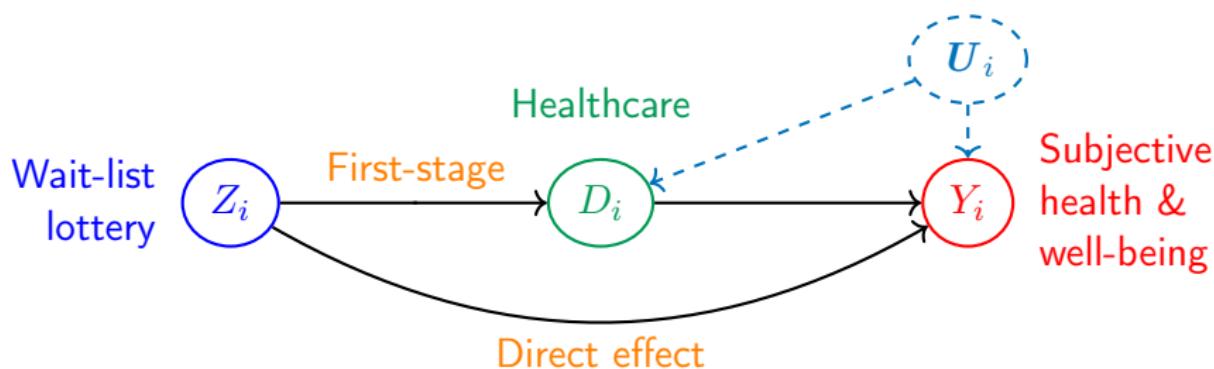
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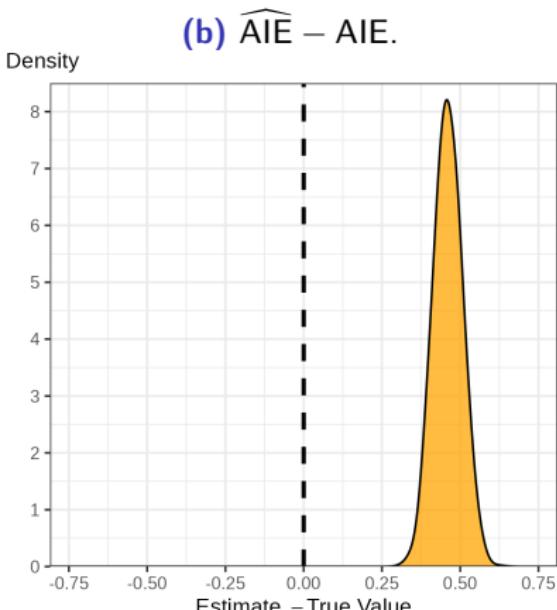
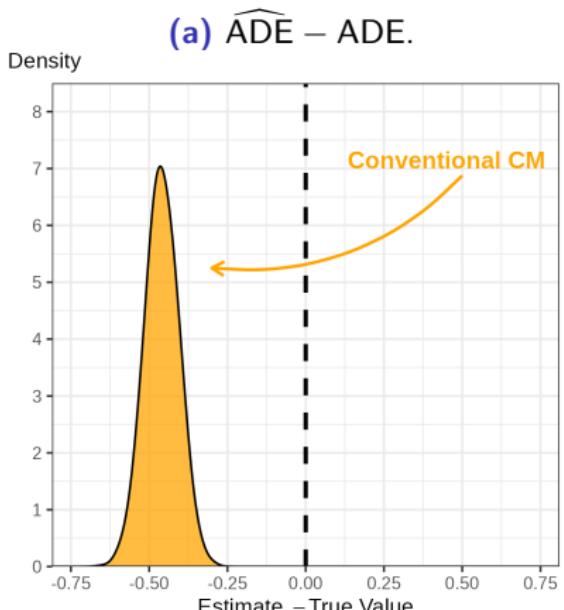
► ADE biases

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# Causal Mediation (CM) — Selection Bias

With strategic selection, the bias terms can be large and mislead inference on how much goes through the mediating channel.

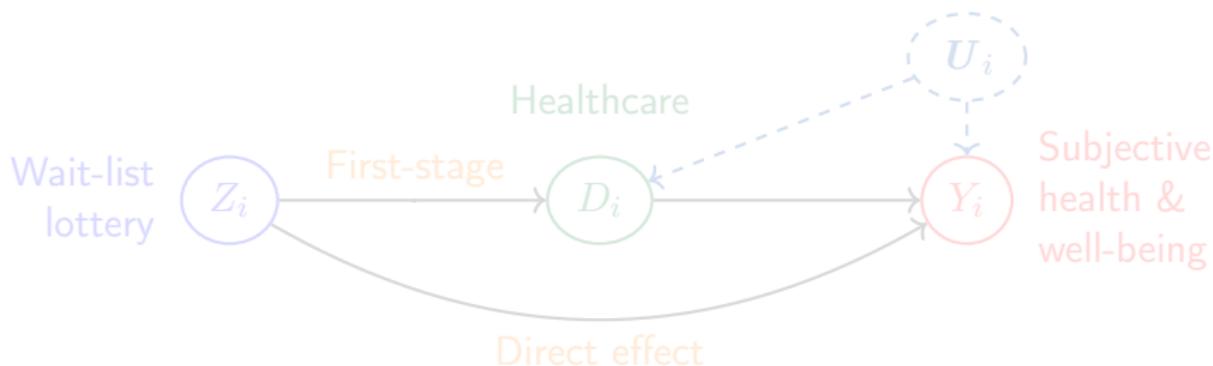
**Figure:** Simulated Distribution of CM Effect Estimates from 10,000 DGPs.



# CM with Selection

Conventional CM does not identify ADE + AIE in economic settings, so I build a structural model for natural experiment settings.

Take as given that  $Z_i$  is quasi-randomly assigned, but  $D_i$  is not:



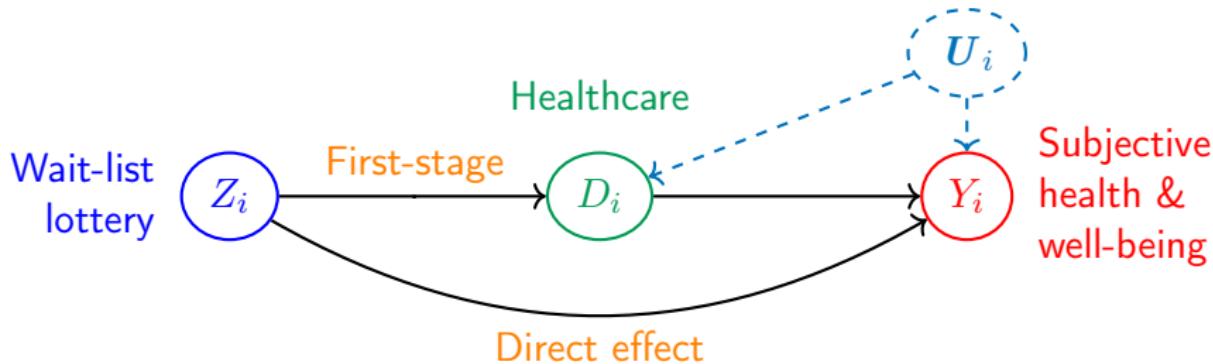
- ① Average first-stage,  $Z_i \rightarrow D_i$ , is identified
- ② Average second-stage,  $Z_i, D_i \rightarrow Y_i$ , is not — represented by  $U_i$ .

Intuition: model  $U_i$  via mediator MTE to identify ADE + AIE.

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Write potential outcomes as mean + unobserved, in choosing to visit healthcare or not,  $D_i = 0, 1$ :

$$Y_i(z', 0) = \mathbb{E} [Y_i(z', 0) | \mathbf{X}_i] + U_{0,i}, \quad Y_i(z', 1) = \mathbb{E} [Y_i(z', 1) | \mathbf{X}_i] + U_{1,i}.$$

CM has two-stage regression equations:

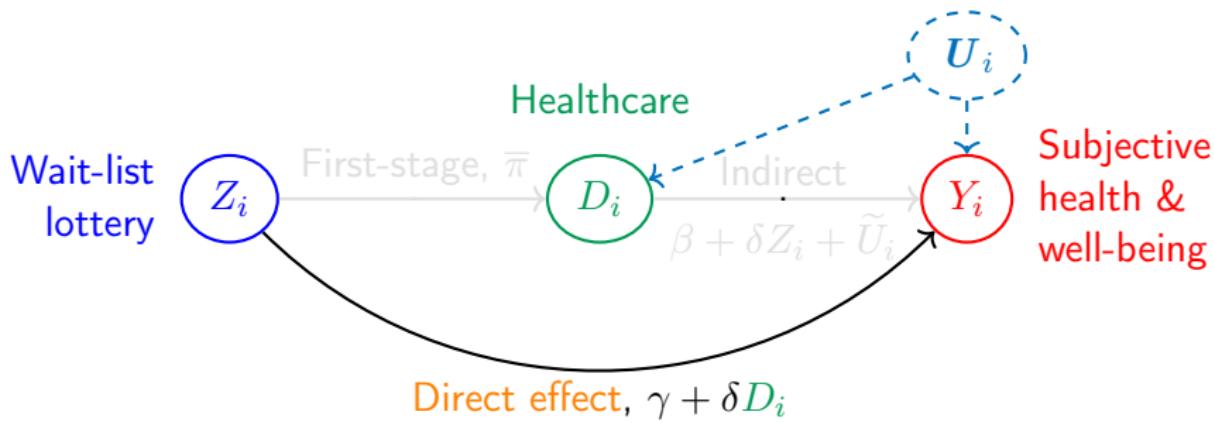
$$D_i = \phi + \bar{\pi} Z_i + \varphi(\mathbf{X}_i) + V_i$$

$$Y_i = \alpha + \beta D_i + \gamma Z_i + \delta Z_i D_i + \zeta(\mathbf{X}_i) + \underbrace{(1 - D_i) U_{0,i} + D_i U_{1,i}}_{\text{Correlated error term}}$$

- ①  $\bar{\pi}$  is average first-stage, effect  $Z_i \rightarrow D_i$
- ②  $\beta, \gamma, \delta$  are separated effects of  $Z_i, D_i$ .

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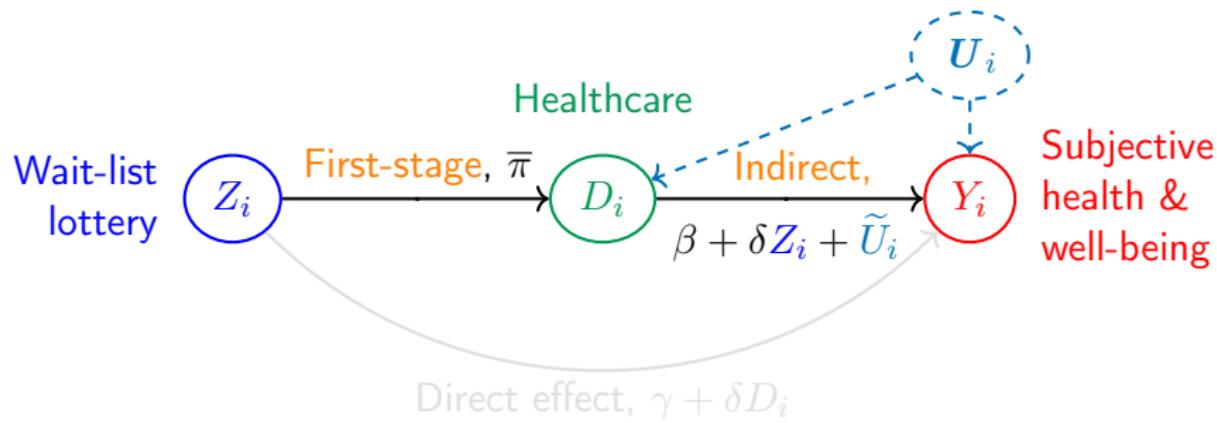


ADE composes effects of  $Z_i$ , holding  $D_i$  constant:

$$\text{ADE} = \mathbb{E} [\gamma + \delta D_i].$$

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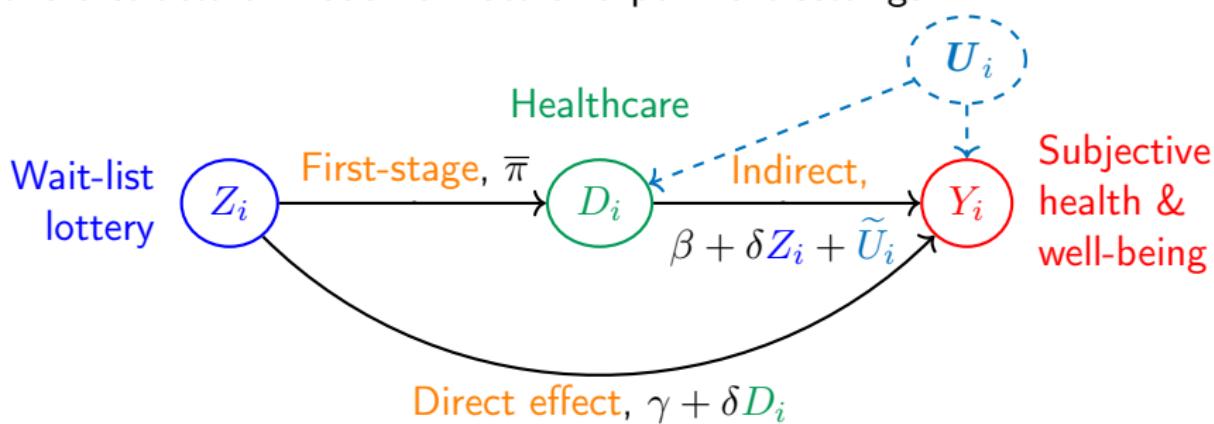
AIE composes effects of  $D_i$ , holding  $Z_i$  constant, times average first-stage:

$$\text{AIE} = \mathbb{E} \left[ \bar{\pi} (\beta + \delta Z_i + \tilde{U}_i) \right],$$

where  $\tilde{U}_i = \mathbb{E} [U_{1,i} - U_{0,i} | X_i, D_i(0) \neq D_i(1)]$  unobserved complier gains.

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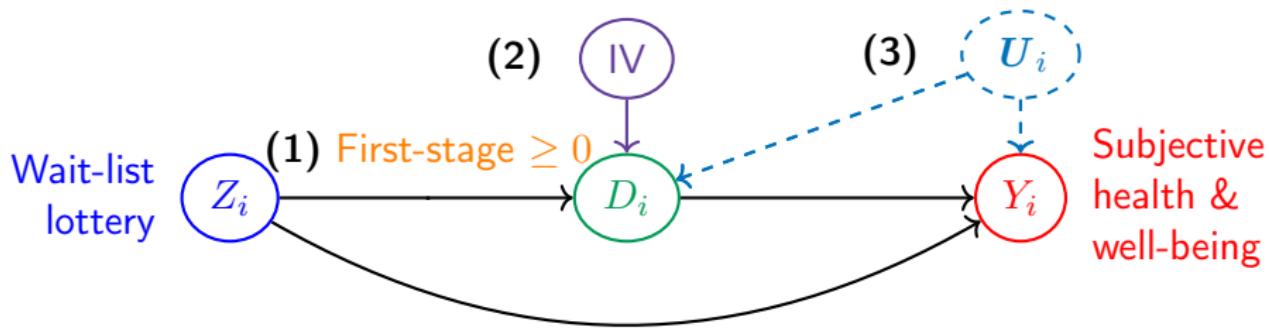
Structural model must solve the following issues:

- ①  $\beta, \gamma, \delta$  are not identified (see: selection bias)
- ②  $\tilde{U}_i$  is also not known (unobserved complier healthcare gains).

# MTE Model

The structural model is based on 3 assumptions.

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(1) First-stage monotonicity,

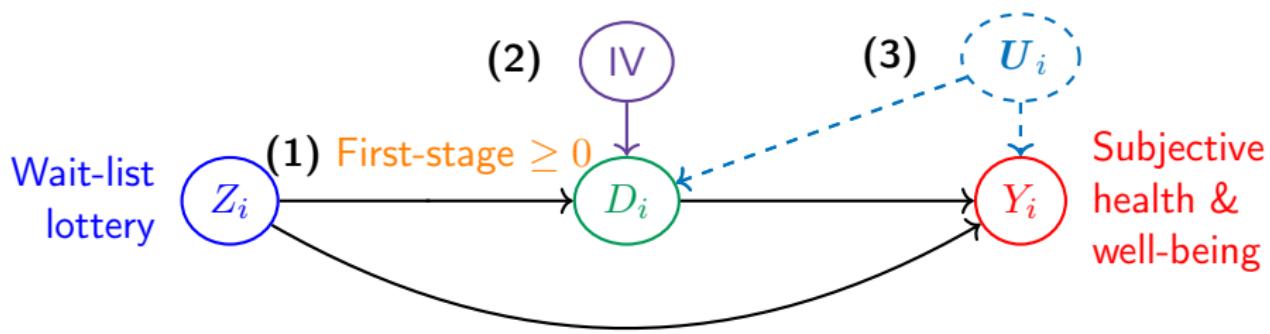
$$\Pr(D_i(0) \leq D_i(1)) = 1.$$

**Intuition:** No defiers — no one visits healthcare less if winning wait-list lottery, relative to losing.

# MTE Model

The structural model is based on 3 assumptions.

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## (2) Mediator take-up cost IV

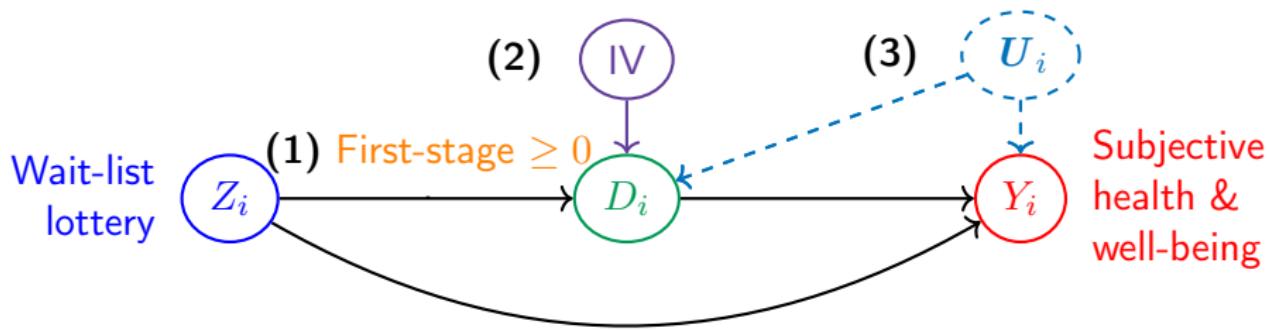
Requires an **IV**, which affects  $Y_i$  only via  $D_i$ .

**Key example:** Cost-shifting IV — random variation in **healthcare take-up** (not gains), e.g. **different healthcare costs**.

# MTE Model

The structural model is based on 3 assumptions.

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(3) Selection on benefits — unobserved selection is relevant

$$\text{Cov}(V_i, U_{0,i}), \text{Cov}(V_i, U_{1,i}) \neq 0.$$

**Key example:** Roy model, people choose to take healthcare if internal subjective gains exceed costs.

# MTE Model — Identification

**Proposition:** Under assumptions (1), (2), (3) mediator MTE is identified

$$\begin{aligned} \text{MTE} &= \mathbb{E} \left[ Y_i(z', 1) - Y_i(z', 0) \mid Z_i = z', X_i, V_i = p' \right] \\ &= \beta + \delta z' + \underbrace{\mathbb{E} [U_{1,i} - U_{0,i} \mid X_i, V_i = p']}_{=\rho_1\lambda_1(p')-\rho_0\lambda_0(p')} , \quad \text{for } p' \in (0, 1). \end{aligned}$$

Mediator MTE is the causal effect of healthcare, relative to likelihood of visiting healthcare,  $\Pr(D_i = 1 \mid X_i, Z_i)$ .

## Outline:

- (1) Gives a selection model by Vycatil (2002)
- (2) IV separates first-stage identification from second
- (3) Correlated errors connect  $D_i$  take-up with unobserved selection.

# MTE Model — Identification

**Theorem:** Under assumptions (1), (2), (3) ADE + AIE are identified.

$$\text{ADE} = \mathbb{E} [\gamma + \delta D_i],$$

$$\text{AIE} = \mathbb{E} \left[ \bar{\pi} \left( \beta + \delta Z_i + \underbrace{(\rho_1 - \rho_0) \Gamma(\pi(0; \mathbf{X}_i), \pi(1; \mathbf{X}_i))}_{= \tilde{U}_i, \text{ Mediator compliers}} \right) \right].$$

where  $\pi(z'; \mathbf{X}_i) = \Pr(D_i = 1 | \mathbf{X}_i, Z_i = z')$  and  $\Gamma(., .)$  is a function that depends on the Mediator MTE.

## ADE Intuition:

Control for unobserved confounding via Mediator MTE.

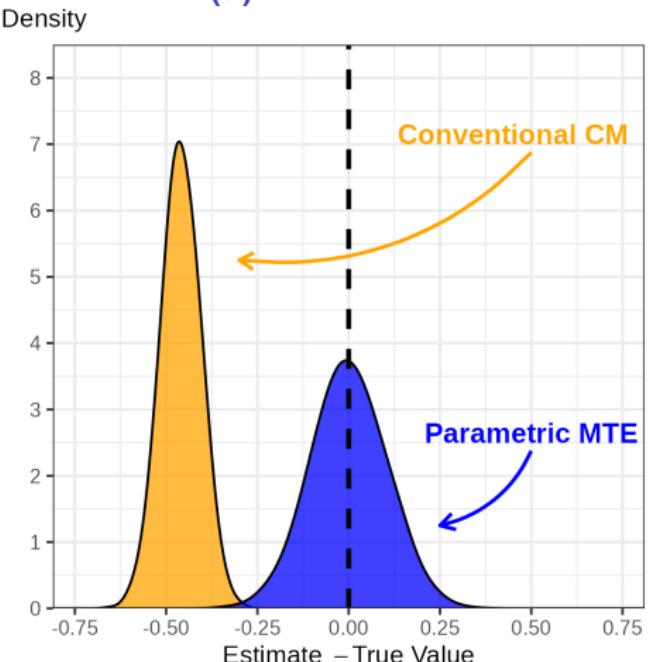
## AIE Intuition:

Extrapolate indirect effects across Mediator MTE.

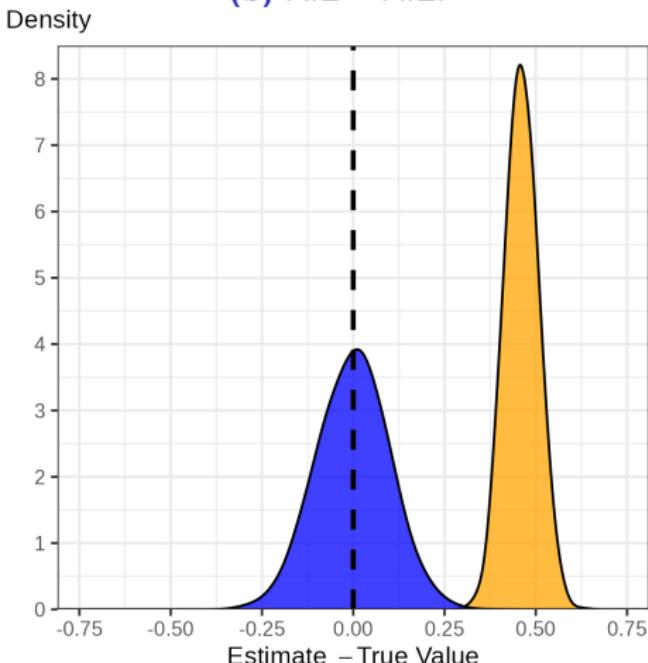
# MTE Model — Estimation

**Figure:** CM Estimates from 10,000 DGPs with **Normal** Errors.

(a)  $\widehat{ADE} - ADE$ .



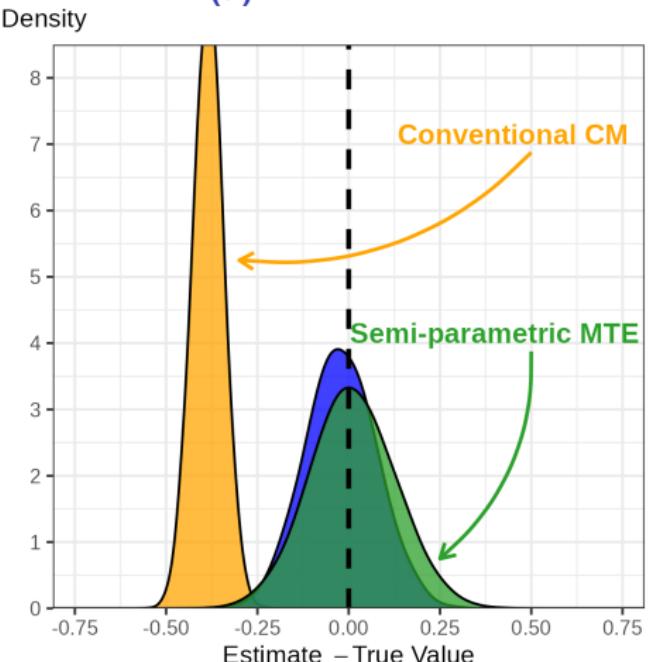
(b)  $\widehat{AIE} - AIE$ .



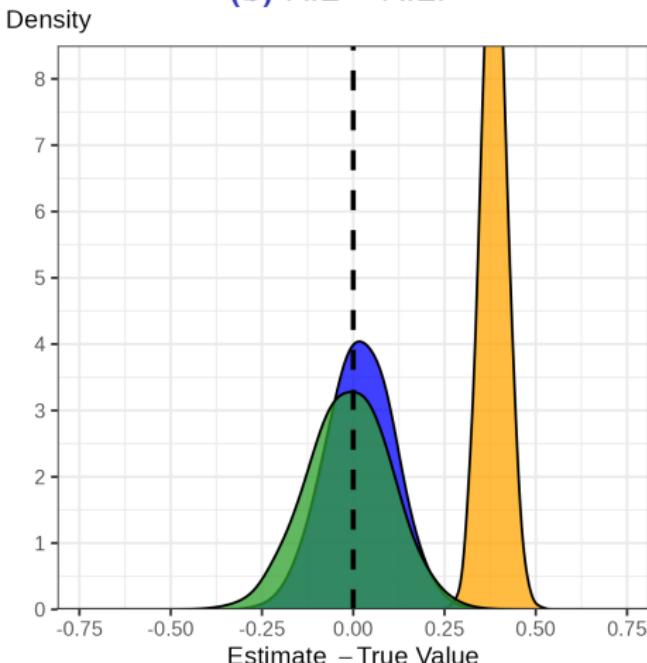
# MTE Model — Estimation

**Figure:** CM Estimates from 10,000 DGPs with **Uniform** Errors.

(a)  $\widehat{ADE} - ADE$ .



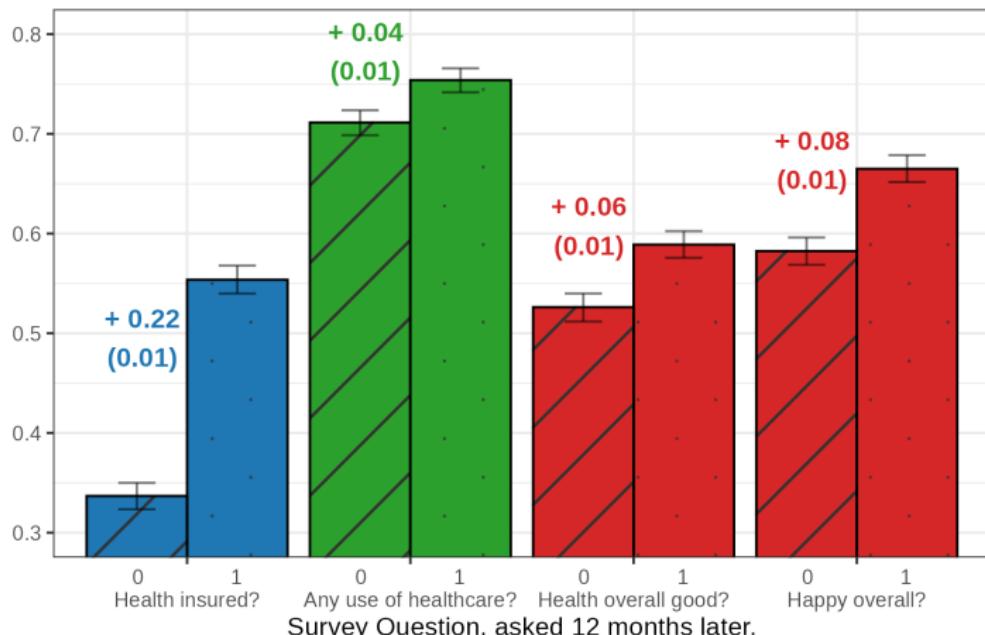
(b)  $\widehat{AIE} - AIE$ .



# Return to Oregon

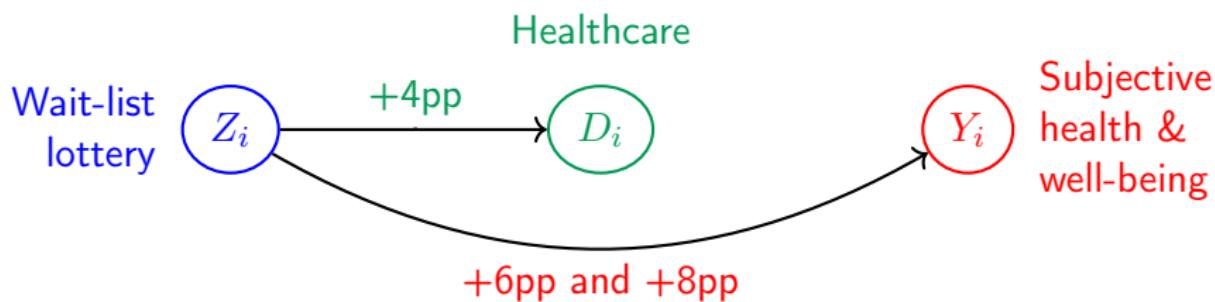
Winning the wait-list lottery significantly increased healthcare usage, plus subjective health and well-being (Finkelstein et al, 2012).

Mean Outcome, winning or losing the wait-list lottery.



# Return to Oregon

Winning the wait-list lottery significantly increased healthcare usage, plus subjective health and well-being (Finkelstein et al, 2012).



Suggestive evidence:

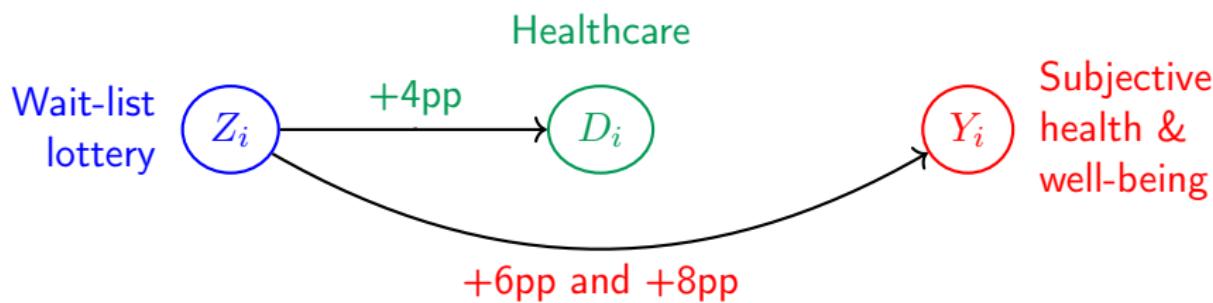
Healthcare is a mechanism.

Plausible direct effects:

Stress reduction and psychological gains.

# Return to Oregon

Winning the wait-list lottery significantly increased healthcare usage, plus subjective health and well-being (Finkelstein et al, 2012).



Suggestive evidence:

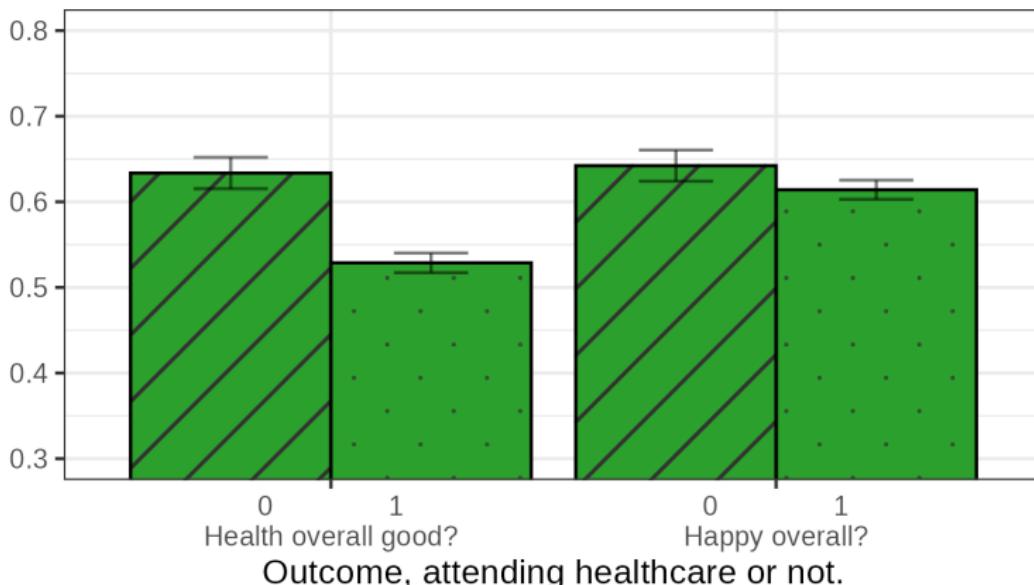
Healthcare is a mechanism.

Plausible direct effects:

Stress reduction and psychological gains.

# Oregon — Conventional CM

Does using healthcare improve subjective health and well-being?



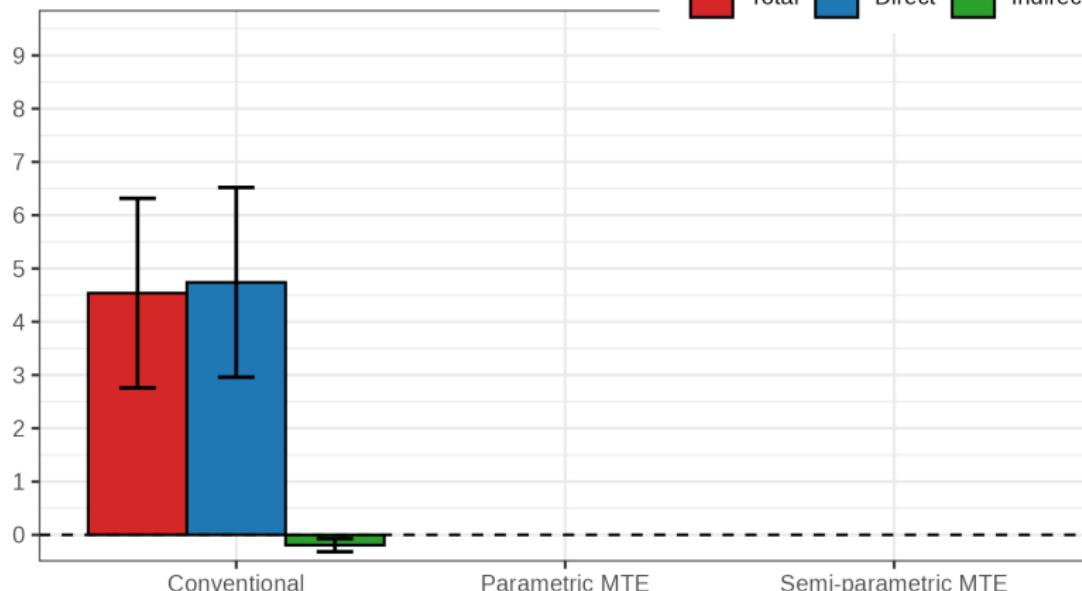
- OLS estimate of  $D_i \rightarrow Y_i$  is -10pp (1.1) and -2.5pp (1.1).
- Controls for initial health conditions gives -2.7pp (1.1) and +2.8 (1.1).

# Oregon — Conventional CM

Conventional CM estimates lottery **subjective health** effects as mostly direct,  $\approx 0$  healthcare.

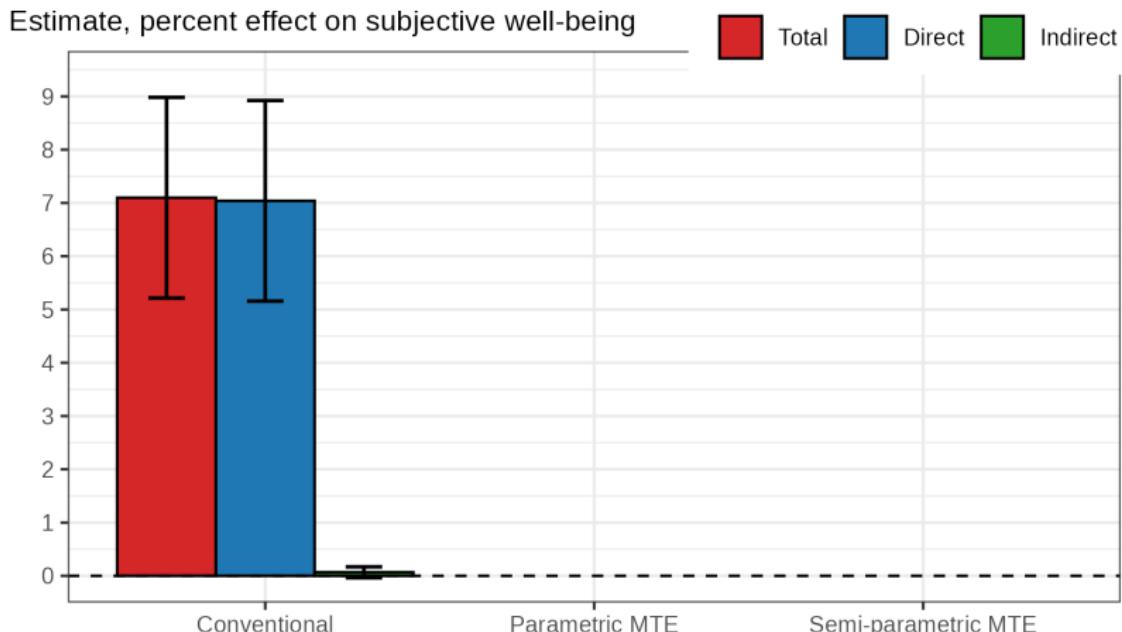
Estimate, percent effect on subjective health

■ Total   ■ Direct   ■ Indirect



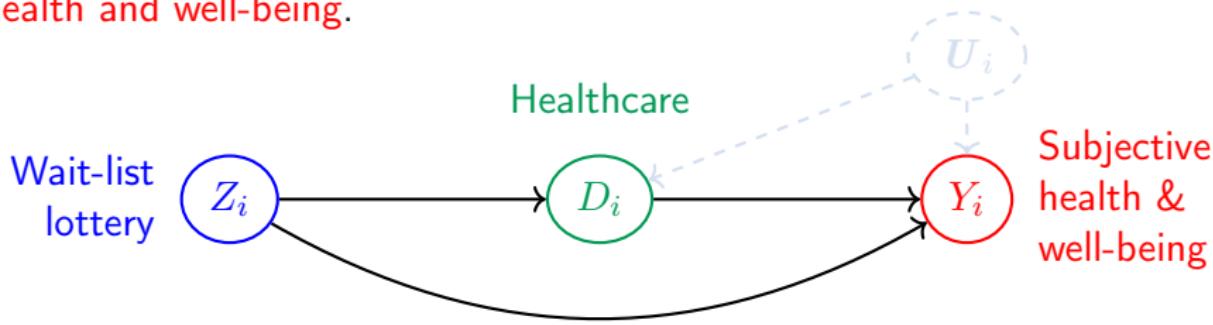
# Oregon — Conventional CM

Conventional CM estimates lottery **subjective well-being** effects as mostly direct,  $\approx 0$  **healthcare**.



# Oregon — Selection Bias

OLS Estimates had negative or little effects of healthcare → subjective health and well-being.



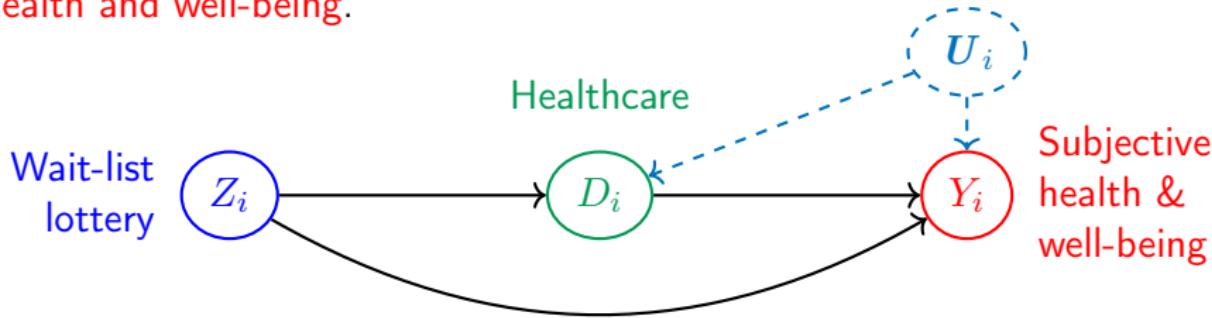
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**Example confounder:** undiagnosed conditions among those without health insurance, near or below the poverty line.

**Implication:** negative selection bias in OLS estimates, and Conventional CM underestimated indirect healthcare channel.

# Oregon — Selection Bias

OLS Estimates had negative or little effects of healthcare → subjective health and well-being.



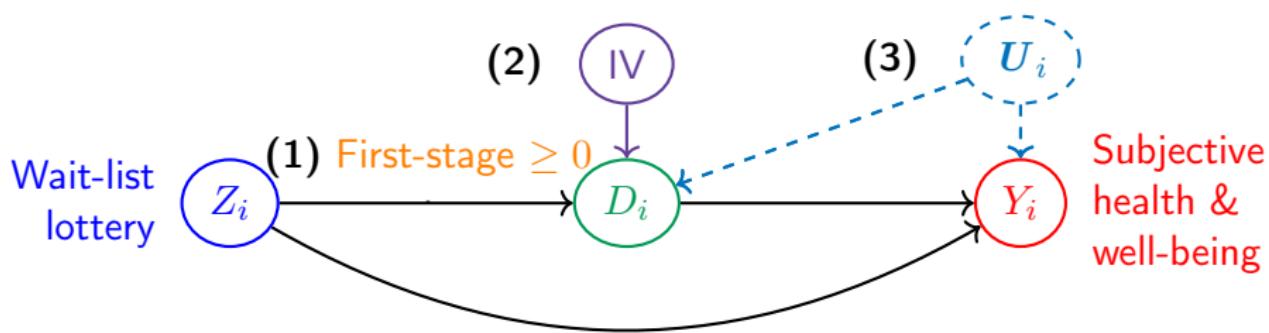

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**Example confounder:** undiagnosed conditions among those without health insurance, near or below the poverty line.

**Implication:** negative selection bias in OLS estimates, and Conventional CM underestimated indirect healthcare channel.

# Oregon — MTE Model

I bring the MTE model to these data instead.



Healthcare IV: pre-lottery healthcare location.

Intuition: Different locations charge different prices for similar healthcare.  
Heading to A&E costs more than a local doctor's office.

# Oregon — MTE Model

Oregon Health Insurance applicants asked pre-lottery healthcare location.

---

**Survey question:** Where do you usually go to receive medical care?

- A private doctor's office or clinic 35.5%
- A public health clinic, or community health centre 30.3%
- A hospital-based clinic 6.6%
- A hospital emergency room 10.2%
- An urgent care clinic 4.9%
- Other place not listed here 7.2%
- I don't have a usual place. 5.5%

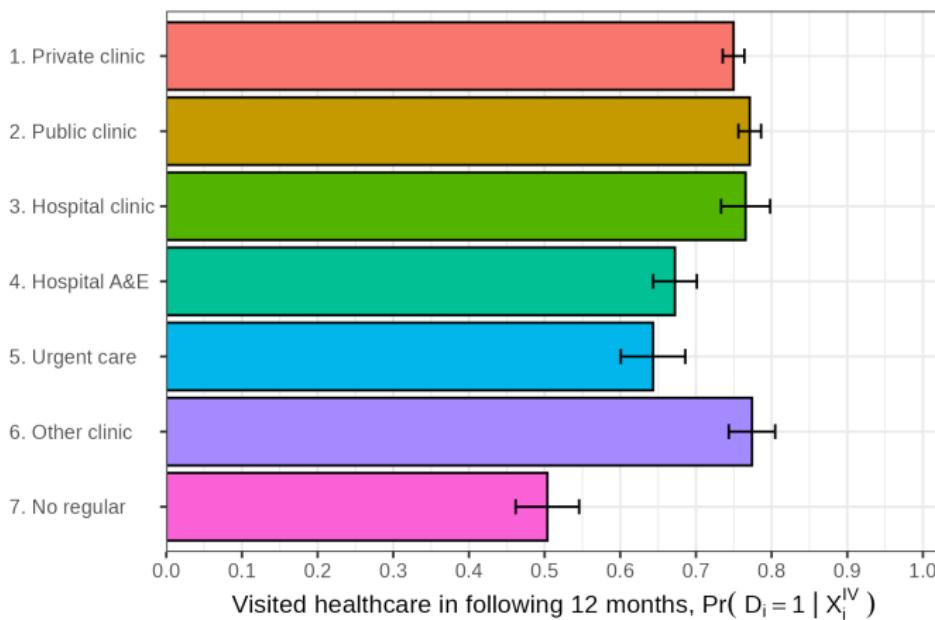
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**IV assumption:** where the uninsured, near poverty line, participants visits is indicative of their local healthcare access and cost.

# Oregon — MTE Model

IV first-stage F stat. is 38.4, for all categories (minus base).

Usual Healthcare Location



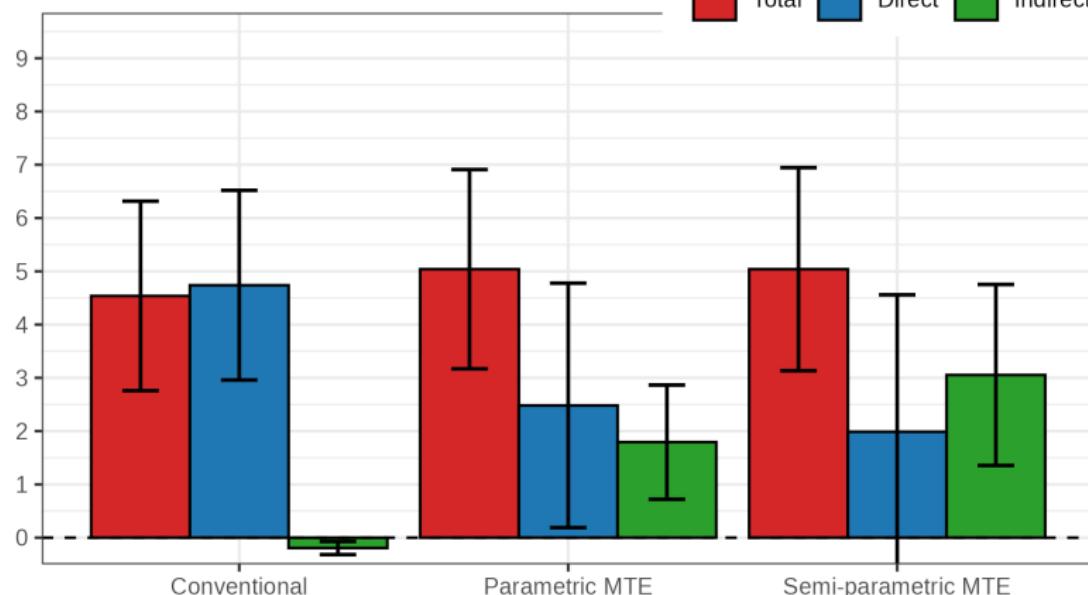
MTE Estimates of  $D_i \rightarrow Y_i$  are +19.4pp (7.6) and +27.0pp (7.5).

# Oregon — MTE Model

Using MTE approach, with regular healthcare location IV, restores indirect effect through increasing healthcare visitation.

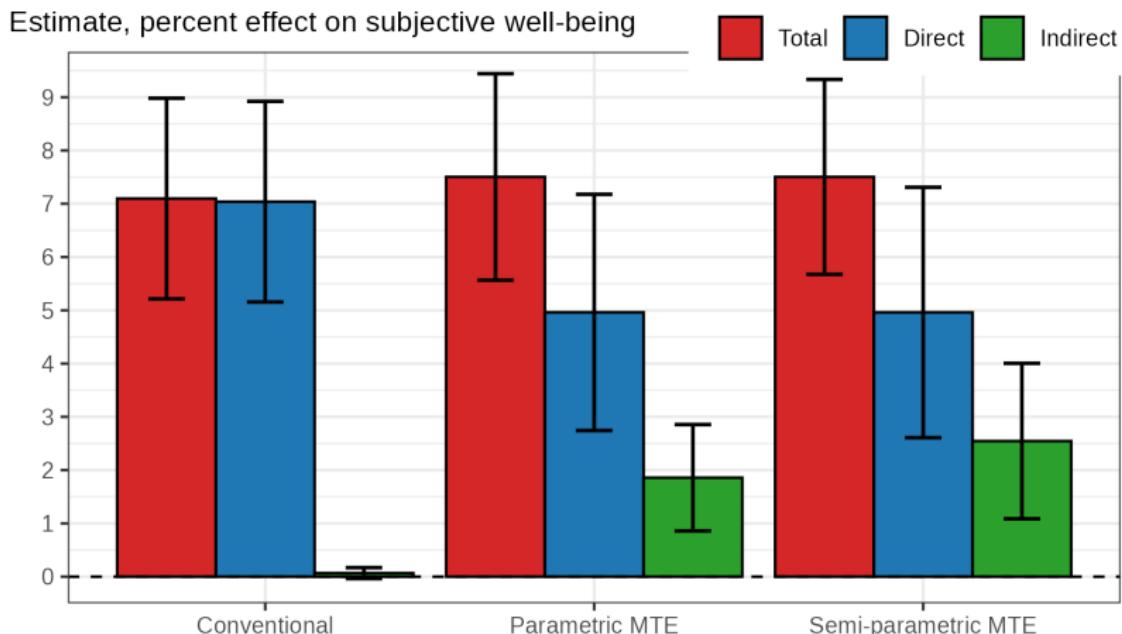
Estimate, percent effect on subjective health

Total      Direct      Indirect



# Oregon — MTE Model

Using MTE approach, with regular healthcare location IV, restores indirect effect through increasing healthcare visitation.



# Conclusion

## Overview:

- ① Selection bias in conventional CM analyses with no case for mediator (quasi-)random assignment.
- ② Connect CM with labour theory + selection-into-treatment + MTEs.

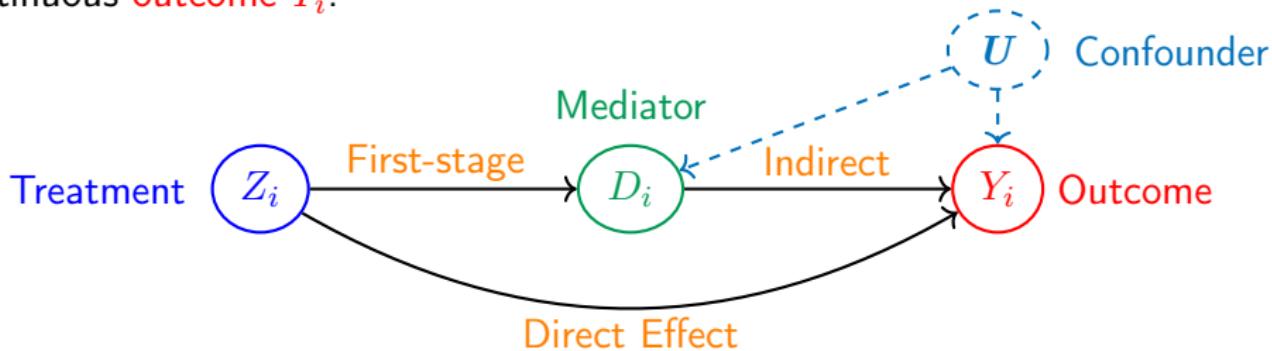
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## Caveats and points to remember:

- Structural assumptions and IV for identification + estimation (not ideal)
- Application to Oregon Health Insurance Experiment, showing **subjective health + well-being** effects mediated by **healthcare take-up**
- **Credible** analyses of mechanisms are hard in practice, and wide confidence intervals show true uncertainty.

## Appendix: CM Guiding Model

Consider binary treatment  $Z_i = 0, 1$ , binary mediator  $D_i = 0, 1$ , and continuous outcome  $Y_i$ .



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

- ADE is causal effect  $Z \rightarrow Y$ , blocking the indirect  $D_i$  path.

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

- AIE is causal effect of  $D_i(Z_i) \rightarrow Y_i$ , blocking the direct  $Z_i$  path.

# Group Difference — ADE

CM effects contaminated by (less interpretable) bias terms.

$$\text{CM Estimand} = \text{ADEM} + \text{Selection Bias}$$

$$\begin{aligned}
 & \underbrace{\mathbb{E}_{D_i} \left[ \mathbb{E}[Y_i | Z_i = 1, D_i] - \mathbb{E}[Y_i | Z_i = 0, D_i] \right]}_{\text{Estimand, Direct Effect}} \\
 &= \underbrace{\mathbb{E}_{D_i=d'} \left[ \mathbb{E}[Y_i(1, D_i(Z_i)) - Y_i(0, D_i(Z_i)) | D_i(1) = d'] \right]}_{\text{Average Direct Effect on Mediator (ADEM) take-up — i.e., } D_i(1) \text{ weighted}} \\
 & \quad + \underbrace{\mathbb{E}_{D_i} \left[ \mathbb{E}[Y_i(0, D_i(Z_i)) | D_i(1) = d'] - \mathbb{E}[Y_i(0, D_i(Z_i)) | D_i(0) = d'] \right]}_{\text{Selection Bias}}
 \end{aligned}$$

The weighted ADE you get here is a positive weighted sum of local ADEs, but with policy irrelevant weights  $D_i(1) = d'$ .

⇒ consider this group bias, noting difference from true ADE.

Back

# Selection Bias — Direct Effect

CM Effects + contaminating bias.

$$\text{CM Estimand} = \text{ADE} + (\text{Selection Bias} + \text{Group difference bias})$$

► Model

$$\underbrace{\mathbb{E}_{D_i=d'} [\mathbb{E} [Y_i | Z_i = 1, D_i = d'] - \mathbb{E} [Y_i | Z_i = 0, D_i = d']]}_{\text{Estimand, Direct Effect}}$$

$$= \underbrace{\mathbb{E} [Y_i(1, D_i(Z_i)) - Y_i(0, D_i(Z_i))]}_{\text{Average Direct Effect}}$$

$$+ \underbrace{\mathbb{E}_{D_i=d'} [\mathbb{E} [Y_i(0, D_i(Z_i)) | D_i(1) = d'] - \mathbb{E} [Y_i(0, D_i(Z_i)) | D_i(0) = d']]}_{\text{Selection Bias}}$$

$$+ \mathbb{E}_{D_i=d'} \left[ \times \left( \begin{array}{l} \left( 1 - \Pr(D_i(1) = d') \right) \\ - \mathbb{E} [Y_i(1, D_i(Z_i)) - Y_i(0, D_i(Z_i)) | D_i(1) = 1 - d'] \end{array} \right) \right]$$

Group difference bias

► Group-diff

# Group Difference — AIE

CM effects contaminated by (less interpretable) bias terms.

$$\text{CM Estimand} = \text{AIEM} + (\text{Selection Bias} + \text{Group difference bias})$$

$$\underbrace{\mathbb{E}_{Z_i} \left[ \left( \mathbb{E}[D_i | Z_i = 1] - \mathbb{E}[D_i | Z_i = 0] \right) \times \left( \mathbb{E}[Y_i | Z_i, D_i = 1] - \mathbb{E}[Y_i | Z_i, D_i = 0] \right) \right]}_{\text{Estimand, Indirect Effect}}$$

$$= \underbrace{\mathbb{E}[Y_i(Z_i, D_i(1)) - Y_i(Z_i, D_i(0)) | D_i = 1]}_{\text{Average Indirect Effect on Mediated (AIEM) — i.e., } D_i = 1 \text{ weighted}}$$

$$+ \bar{\pi} \underbrace{\left( \mathbb{E}[Y_i(Z_i, 0) | D_i = 1] - \mathbb{E}[Y_i(Z_i, 0) | D_i = 0] \right)}_{\text{Selection Bias}}$$

$$+ \bar{\pi} \underbrace{\left[ \left( \frac{1 - \Pr(D_i(1) = 1, D_i(0) = 0)}{\Pr(D_i(1) = 1, D_i(0) = 0)} \right) \left( \mathbb{E}[Y_i(Z_i, 1) - Y_i(Z_i, 0) | D_i(1) = 0 \text{ or } D_i(0) = 1] \right) \right.}_{\text{Groups difference Bias}} \\ \left. - \mathbb{E}[Y_i(Z_i, 1) - Y_i(Z_i, 0)] \right]$$

The weighted AIE you get here is not a positive weighted sum of local AIEs, because the AIE is only about  $D(Z)$  compliers. [► Model](#).

→ consider this group bias noting difference from true AIE.

[► Back](#)

# Selection Bias — Indirect Effect

CM Effects + contaminating bias, where  $\bar{\pi} = \Pr(D_i(0) \neq D_i(1))$ .

$$\text{CM Estimand} = \text{AIE} + \left( \text{Selection Bias} + \text{Group difference bias} \right) \rightarrow \text{Model}$$

$$\underbrace{\mathbb{E}_{Z_i} \left[ \left( \mathbb{E}[D_i | Z_i = 1] - \mathbb{E}[D_i | Z_i = 0] \right) \times \left( \mathbb{E}[Y_i | Z_i, D_i = 1] - \mathbb{E}[Y_i | Z_i, D_i = 0] \right) \right]}_{\text{Estimand, Indirect Effect}}$$

$$= \underbrace{\mathbb{E}[Y_i(Z_i, D_i(1)) - Y_i(Z_i, D_i(0))]}_{\text{Average Indirect Effect}}$$

$$+ \bar{\pi} \underbrace{\left( \mathbb{E}[Y_i(Z_i, 0) | D_i = 1] - \mathbb{E}[Y_i(Z_i, 0) | D_i = 0] \right)}_{\text{Selection Bias}}$$

$$+ \bar{\pi} \left[ \left( 1 - \Pr(D_i = 1) \right) \begin{pmatrix} \mathbb{E}[Y_i(Z_i, 1) - Y_i(Z_i, 0) | D_i = 1] \\ - \mathbb{E}[Y_i(Z_i, 1) - Y_i(Z_i, 0) | D_i = 0] \end{pmatrix} \right. \\ \left. + \left( \frac{1 - \Pr(D_i(1) = 1, D_i(0) = 0)}{\Pr(D_i(1) = 1, D_i(0) = 0)} \right) \begin{pmatrix} \mathbb{E}[Y_i(Z_i, 1) - Y_i(Z_i, 0) | D_i(Z_i) \neq Z_i] \\ - \mathbb{E}[Y_i(Z_i, 1) - Y_i(Z_i, 0)] \end{pmatrix} \right]$$

Groups difference Bias → Group-diff

## Semi-parametric Control Functions

Semi-parametric specifications for the CFs  $\lambda_0, \lambda_1$  bring some complications to estimating the AIE.

$$\mathbb{E}[Y_i | Z_i, D_i = 0, \mathbf{X}_i] = \alpha + \gamma Z_i + \varphi(\mathbf{X}_i) + \rho_0 \lambda_0(\pi(Z_i; \mathbf{X}_i)),$$

$$\mathbb{E}[Y_i | Z_i, D_i = 1, \mathbf{X}_i] = (\alpha + \beta) + (\gamma + \delta) Z_i + \varphi(\mathbf{X}_i) + \rho_1 \lambda_1(\pi(Z_i; \mathbf{X}_i))$$

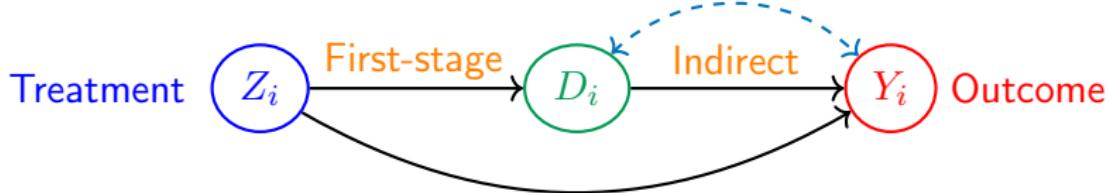
Intercepts,  $\alpha, (\alpha + \beta)$ , and relevance parameters  $\rho_0, \rho_1$  are not separately identified from the CFs  $\lambda_0(.), \lambda_1(.)$  so CF extrapolation term  $(\rho_1 - \rho_0)\Gamma(\pi(0; \mathbf{X}_i), \pi(1; \mathbf{X}_i))$  is not directly identified or estimable.

These problems can be avoided by estimating the AIE using its relation to the ATE,  $\widehat{\text{AIE}}^{\text{CF}} =$

$$\widehat{\text{ATE}} - (1 - \bar{Z}) \underbrace{\left( \frac{1}{N} \sum_{i=1}^N \widehat{\gamma} + \widehat{\delta} \widehat{\pi}(1; \mathbf{X}_i) \right)}_{\widehat{\text{ADE}} \text{ given } Z_i=1} - \bar{Z} \underbrace{\left( \frac{1}{N} \sum_{i=1}^N \widehat{\gamma} + \widehat{\delta} \widehat{\pi}(0; \mathbf{X}_i) \right)}_{\widehat{\text{ADE}} \text{ given } Z_i=0}.$$

## Appendix: CM with Selection

Suppose  $Z_i$  is ignorable,  $D_i$  is not, so we have the following causal model.



Then this system has the following random coefficient equations:

$$D_i = \phi + \bar{\pi}Z_i + \varphi(\mathbf{X}_i) + U_i$$

$$Y_i = \alpha + \beta D_i + \gamma Z_i + \delta Z_i D_i + \zeta(\mathbf{X}_i) + \underbrace{(1 - D_i)U_{0,i} + D_i U_{1,i}}_{\text{Correlated error term}}$$

where  $\beta, \gamma, \delta$  are functions of  $\mu_{d'}(z'; \mathbf{X}_i)$ .

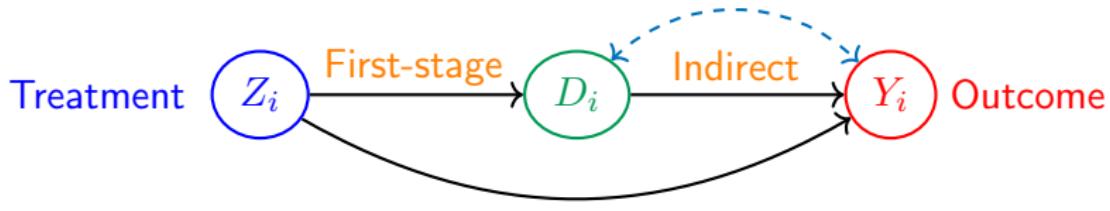
Correlated error term

$$\text{ADE} = \mathbb{E} [\gamma + \delta D_i], \quad \text{AIE} = \mathbb{E} \left[ \bar{\pi} (\beta + \delta Z_i + \tilde{U}_i) \right]$$

with  $\tilde{U}_i = \mathbb{E} [U_{1,i} - U_{0,i} | \mathbf{X}_i, D_i(0) \neq D_i(1)]$  unobserved complier gains.

## Appendix: CM with Selection

Suppose  $Z_i$  is ignorable,  $D_i$  is not, so we have the following causal model.



Main problem, second-stage is not identified:

$$\begin{aligned}
 \mathbb{E}[Y_i | Z_i, D_i, \mathbf{X}_i] &= \alpha + \beta D_i + \gamma Z_i + \delta Z_i D_i + \varphi(\mathbf{X}_i) \\
 &+ (1 - D_i) \mathbb{E}[U_{0,i} | D_i = 0, \mathbf{X}_i] \\
 &+ D_i \mathbb{E}[U_{1,i} | D_i = 1, \mathbf{X}_i]
 \end{aligned}$$

Unobserved  $D_i$  confounding.

**Identification intuition:** Identify second-stage via MTE control function.

# Appendix: CM with Selection — Identification

Assume:

- ① Mediator monotonicity,  $\Pr(D_i(0) \leq D_i(1) | \mathbf{X}_i) = 1$

$\implies D_i(z') = \mathbb{1}\{U_i \leq \pi(z'; \mathbf{X}_i)\}, \text{ for } z' = 0, 1$  (Vycatil 2002).

- ② Selection on mediator benefits,  $\text{Cov}(U_i, U_{0,i}), \text{Cov}(U_i, U_{1,i}) \neq 0$

$\implies$  First-stage take-up informs second-stage confounding.

- ③ There is an IV for the mediator,  $\mathbf{X}_i^{\text{IV}}$  among control variables  $\mathbf{X}_i$ .

$\implies \pi(Z_i; \mathbf{X}_i) = \Pr(D_i = 1 | Z_i, \mathbf{X}_i)$  is separately identified.

**Proposition:**

$$\begin{aligned} & \mathbb{E}[Y_i(z', 1) - Y_i(z', 0) | Z_i = z', \mathbf{X}_i, U_i = p'] \\ &= \beta + \delta z' + \mathbb{E}[U_{1,i} - U_{0,i} | \mathbf{X}_i, U_i = p'], \quad \text{for } p' \in (0, 1). \end{aligned}$$

## Appendix: CM with Selection — Identification

The marginal effect has corresponding Control Functions (CFs), describing unobserved selection-into- $D_i$ ,

$$\rho_0 \lambda_0(p') = \mathbb{E} [U_{0,i} \mid p' \leq U_i], \quad \rho_1 \lambda_1(p') = \mathbb{E} [U_{1,i} \mid U_i \leq p'].$$

These CFs restore second-stage identification, by extrapolating from  $\mathbf{X}_i^{\text{IV}}$  compliers to  $D_i(Z_i)$  mediator compliers,

$$\begin{aligned} \mathbb{E} [Y_i \mid Z_i, D_i, \mathbf{X}_i] &= \alpha + \beta D_i + \gamma Z_i + \delta Z_i D_i + \varphi(\mathbf{X}_i) \\ &\quad + \underbrace{\rho_0 (1 - D_i) \lambda_0(\pi(Z_i; \mathbf{X}_i)) + \rho_1 D_i \lambda_1(\pi(Z_i; \mathbf{X}_i))}_{\text{CF adjustment.}} \end{aligned}$$

This adjusted second-stage re-identifies the ADE and AIE,

$$\text{ADE} = \mathbb{E} [\gamma + \delta D_i], \quad \text{AIE} = \mathbb{E} \left[ \bar{\pi} \left( \beta + \delta Z_i + \underbrace{(\rho_1 - \rho_0) \Gamma(\pi(0; \mathbf{X}_i), \pi(1; \mathbf{X}_i))}_{\text{Mediator compliers extrapolation.}} \right) \right]$$

## Appendix: CM with Selection — Estimation

Will explain how estimation works, with simulation evidence.

- ① Random treatment  $Z_i \sim \text{Binom}(0.5)$ , for  $n = 5,000$ .
- ②  $(U_{0,i}, U_{1,i}) \sim \text{BivariateNormal}(0, 0, \sigma_0, \sigma_1, \rho)$ , Costs  $C_i \sim N(0, 0.5)$ .

Roy selection-into- $D_i$ , with constant partial effects + interaction term.

$$D_i(z') = \mathbb{1} \left\{ C_i \leq Y_i(z', 1) - Y_i(z', 0) \right\},$$

$$Y_i(z', d') = (z' + d' + z'd') + U_{d'} \quad \text{for } z', d' = 0, 1.$$

Following the previous, these data have the following first and second-stage equations, where  $X_i^{\text{IV}}$  is an additive cost IV:

$$D_i = \mathbb{1} \left\{ C_i - \left( U_{1,i} - U_{0,i} \right) \leq Z_i - X_i^{\text{IV}} \right\}$$

$$Y_i = Z_i + D_i + Z_i D_i + (1 - D_i) U_{0,i} + D_i U_{1,i}.$$

$\implies$  unobserved confounding by BivariateNormal  $(U_{0,i}, U_{1,i})$ .

# Appendix: CM with Selection — Estimation

Errors are normal, so system is Heckman (1979) selection model.

CFs are the inverse Mills ratio, with  $\phi(\cdot)$  normal pdf and  $\Phi(\cdot)$  normal cdf,

$$\lambda_0(p') = \frac{\phi(-\Phi^{-1}(p'))}{\Phi(-\Phi^{-1}(p'))}, \quad \lambda_1(p') = \frac{\phi(\Phi^{-1}(p'))}{\Phi(\Phi^{-1}(p'))}, \quad \text{for } p' \in (0, 1).$$

## Parametric Estimation Recipe:

- ① Estimate first-stage  $\pi(Z_i; \mathbf{X}_i)$  with probit, including  $\mathbf{X}_i^{\text{IV}}$ .
- ② Include  $\lambda_0, \lambda_1$  CFs in second-stage OLS estimation.
- ③ Compose CM estimates from two-stage plug-in estimates.

→ Same as conventional CM estimates (two-stages), with CFs added.

$$\widehat{\text{ADE}} = \mathbb{E} \left[ \widehat{\gamma} + \widehat{\delta} D_i \right], \quad \widehat{\text{AIE}} = \mathbb{E} \left[ \widehat{\pi} \left( \widehat{\beta} + \widehat{\delta} Z_i + \underbrace{(\widehat{\rho}_1 - \widehat{\rho}_0) \Gamma(\widehat{\pi}(0; \mathbf{X}_i), \widehat{\pi}(1; \mathbf{X}_i))}_{\text{Mediator compliers extrapolation.}} \right) \right]$$

## Appendix: CM with Selection — Estimation

If errors are not normal, then CFs do not have a known form, so semi-parametrically estimate them (e.g., splines).

$$\mathbb{E}[Y_i | Z_i, D_i = 0, \mathbf{X}_i] = \alpha + \gamma Z_i + \varphi(\mathbf{X}_i) + \rho_0 \lambda_0(\pi(Z_i; \mathbf{X}_i)),$$

$$\mathbb{E}[Y_i | Z_i, D_i = 1, \mathbf{X}_i] = (\alpha + \beta) + (\gamma + \delta)Z_i + \varphi(\mathbf{X}_i) + \rho_1 \lambda_1(\pi(Z_i; \mathbf{X}_i))$$

### Semi-parametric Estimation Recipe:

- ① Estimate first-stage  $\pi(Z_i; \mathbf{X}_i)$ , including  $\mathbf{X}_i^{\text{IV}}$ .
- ② Estimate second-stage separately for  $D_i = 0$  and  $D_i = 1$ , with regressors  $\lambda_0(p'), \lambda_1(p')$ , semi-parametric in  $\hat{\pi}(Z_i; \mathbf{X}_i)$ .
- ③ Compose CM estimates from two-stage plug-in estimates.

→ Same as conventional CM estimates, with semi-parametric CFs.

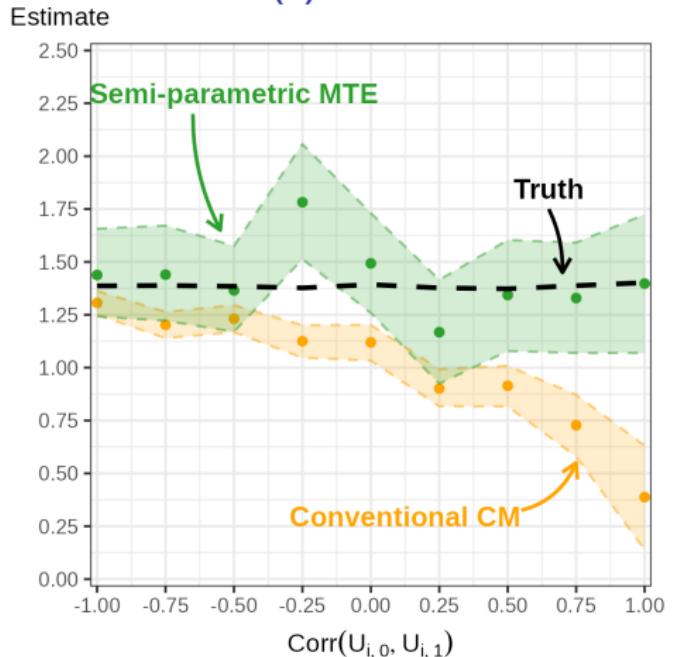
► CFs.

$$\widehat{\text{ADE}} = \mathbb{E} \left[ \widehat{\gamma} + \widehat{\delta} D_i \right], \quad \widehat{\text{AIE}} = \mathbb{E} \left[ \widehat{\pi} \left( \widehat{\beta} + \widehat{\delta} Z_i + (\widehat{\rho}_1 - \widehat{\rho}_0) \Gamma(\widehat{\pi}(0; \mathbf{X}_i), \widehat{\pi}(1; \mathbf{X}_i)) \right) \right]$$

# Appendix: CM with Selection — Estimation

**Figure:** CF Adjusted Estimates Work with Different Error Term Parameters.

(a) ADE.



(b) AIE.

