#### Causality and randomization

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#### Introduction

This talk is based on

Kasy, M. (2016). Why experimenters might not always want to randomize, and what they could do instead. *Political Analysis*, 24(3):324–338.

- Causality is often defined by reference to Randomized Controlled Trials (RCTs).
- To what extent is randomization important? Are RCTs the best way to learn about causal effects?

## Introduction

Some intuitions

- We don't add random noise to estimators or tests

   why add random noise to treatment assignments?
- 2. Identification requires controlled trials (CTs), but not randomized controlled trials (RCTs).
- Goal of treatment assignment is to "compare apples with apples."
   ⇒ Balance covariate distribution. (Not just balance of means!)

#### Introduction

Somewhat more formally

- Treatment assignment in an experiment is a decision problem.
- General result: For any decision problem, randomized procedures perform worse than deterministic procedures.
- More specific result:
  - Suppose the goal is to assign treatment to minimize the mean squared error of estimators of average treatment effects.
  - Then (non-random) assignments which make treatment and control groups as similar as possible (in terms of a well-defined metric) are optimal.
  - Random assignment generates unnecessary imbalances.

#### Roadmap

#### 1. Review of definitions

- 2. Decision problems
- 3. Optimal treatment assignments
- 4. Arguments for randomization
- 5. Conclusion

A made-up history of causality

- 1. Pure probability theory:
  - Does not allow to talk about causality,
  - only joint distributions.
- 2. Causality in the sciences ("Gallilei"): Controlled experiments.
  - Additional concept: Exogenous variation.
  - Do the same thing
    - $\Rightarrow$  same thing happens to the outcomes you measure.
  - Variation in experimental circumstances
    - $\Rightarrow$  difference in observed outcomes  $\approx$  causal effect.

A made-up history of causality, continued

- 3. Causality in econometrics, biostatistics,... ("Fisher"):
  - Additional concept: Unobserved heterogeneity
     ⇒ Can never replicate experimental circumstances fully.
  - But we can still create experimental circumstances which are the same in expectation.
    - $\Rightarrow$  Randomized experiments (or "quasi-experiments").
- 4. Most experiments in social science (and this talk):
  - Additional concept: **Observed heterogeneity**.
  - Random treatment assignment makes treatment and control group the same in expectation.
  - But they might randomly be very different ex-post.
  - We can do better: Make them similar in terms of observables!

Identification

- 1. Learning about underlying structures, causal mechanisms
- 2. from a population distribution.
- Example: Identify a causal effect by a difference in expectations if we have a randomized experiment.
  - Identification inverts the mapping
  - from underlying structures to a population distribution
  - implied by a model and identifying assumptions.

Structural objects

- Contested notion; my preferred definition:
- An object is structural, if it is **invariant** across relevant counterfactuals.
- Example: Dropping a ball from the tower of Pisa.
  - Acceleration is the same, no matter which floor you drop it from,
  - and also the same if you do this on the Eiffel tower.
  - Time to ground would not be the same,
  - and acceleration is not the same if you do this on the moon.

Treatment effects and potential outcomes

- I will focus without loss of generality on two "treatments:" D = 0 or D = 1.
- Units *i*, potential outcomes  $Y_i^0$  and  $Y_i^1$ , realized outcomes  $Y_i$ .
- Treatment effect for unit *i*:  $Y_i^1 Y_i^0$ .
- Average treatment effect:

$$ATE = E[Y^1 - Y^0].$$

Expectation averages over the population of interest.

The fundamental problem of causal inference

- We never observe both  $Y^0$  and  $Y^1$  at the same time
- One of the potential outcomes is always missing from the data.
- Treatment *D* determines which of the two we observe.

$$Y = D \cdot Y^1 + (1 - D) \cdot Y^0.$$

• Selection problem: In general

$$E[Y|D = 1] = E[Y^{1}|D = 1] \neq E[Y^{1}],$$
  

$$E[Y|D = 0] = E[Y^{0}|D = 0] \neq E[Y^{0}],$$
  

$$E[Y|D = 1] - E[Y|D = 0] \neq E[Y^{1} - Y^{0}] = ATE.$$

Randomization

• No selection  $\Leftrightarrow D$  is random

$$(Y^0, Y^1) \perp D.$$

• In this case, the ATE is **identified**.

$$E[Y|D = 1] = E[Y^{1}|D = 1] = E[Y^{1}]$$
  

$$E[Y|D = 0] = E[Y^{0}|D = 0] = E[Y^{0}]$$
  

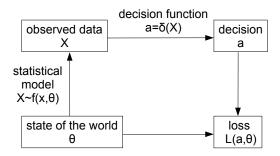
$$E[Y|D = 1] - E[Y|D = 0] = E[Y^{1} - Y^{0}] = ATE.$$

- Can ensure this by actually randomly assigning D
- Independence ⇒ comparing treatment and control actually compares "apples with apples" (ex ante).
- This gives empirical content to the notion of potential outcomes!

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General setup



Notions of risk

• **Risk function:** Expected loss, averaging over sampling distribution, function of state of the world:

$$R(\delta, \theta) = E_{\theta}[L(\delta(X), \theta)].$$

• **Bayes risk:** Average of risk function over some prior distribution (i.e., decision weights):

$$R(\delta,\pi) = \int R(\delta, heta)\pi( heta)d heta.$$

• Worst case risk: Maximum of risk function, over some set of  $\theta$ , given  $\delta(\cdot)$ :

$$\overline{R}(\delta) = \sup_{ heta \in \Theta} R(\delta, heta).$$

Randomized decision procedures

- We can allow  $\delta$  to depend on some randomization device *U*:  $a = \delta(X, U)$ , where  $P(U = u | \theta, X) = p_u$  for u = 1, ..., k.
- Denote  $\delta^u$  the deterministic decision rule  $a = \delta(X, u)$ .
- It follows from the definitions that

(Worst case risk is somewhat subtle – we will return.)

• Averages (over U) are not as good as best cases. Thus

$$R(\delta,\pi) \ge \min_{u} R(\delta^{u},\pi)$$
  
 $\overline{R}(\delta) \ge \min_{u} \overline{R}(\delta^{u}).$ 

Randomized decision procedures

• We just proved the following theorem.

Theorem (Optimality of deterministic decisions)

Consider a general decision problem. Let  $R^*(\cdot)$  equal  $R(\cdot,\pi)$  or  $\overline{R}(\cdot)$ . Then:

- 1. The optimal risk  $R^*(\delta^*)$ , when considering only deterministic procedures is no larger than the optimal risk when allowing for randomized procedures.
- 2. If the optimal deterministic procedure is unique, then it has strictly lower risk than any non-trivial randomized procedure.

#### Roadmap

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#### 3. Optimal treatment assignments

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# Optimal treatment assignments

Setup

1. Sampling:

Random sample of *n* units baseline survey  $\Rightarrow$  vector of covariates  $X_i$ 

- Treatment assignment: binary treatment assigned by D<sub>i</sub> = d<sub>i</sub>(X, U)
   X matrix of covariates; U randomization device
- 3. Realization of outcomes:  $Y_i = D_i Y_i^1 + (1 - D_i) Y_i^0$
- 4. Estimation: estimator  $\hat{\beta}$  of the (conditional) average treatment effect,  $\beta = \frac{1}{n} \sum_{i} E[Y_{i}^{1} - Y_{i}^{0} | X_{i}, \theta]$ 
  - The theorem implies: The optimal d(X, U) does not depend on U.
  - But how do we get the optimal **d**?

# Optimal treatment assignments

Sketch of solution

• Key object: Conditional expectation of potential outcomes,

$$f(x,d) = E[Y^d | X = x].$$

- Bayesian approach: Prior distribution over f(·, ·).
   Possibly informed by earlier data.
- Estimator: E.g. difference in means,

$$\widehat{\beta} = \frac{1}{n_1} \sum_i D_i Y_i - \frac{1}{n_0} \sum_i (1 - D_i) Y_i.$$

• Loss: Squared estimation error,

$$(\widehat{\beta}-\beta)^2.$$

#### Optimal treatment assignments

Discrete optimization

- Risk  $R(\boldsymbol{d}, \boldsymbol{\beta} | \boldsymbol{X})$ : Expected loss, i.e. mean squared error.
- Straightforward to write down in closed form. Formalizes the notion of "balance."
- The optimal design solves

$$\max_{\mathbf{d}} R(\mathbf{d}, \beta | \mathbf{X}).$$

- With continuous or many discrete covariates, the optimum is unique, and thus randomization is strictly dominated.
- Absent covariates, all units look the same. In this case, the optimum is not unique, and randomization does not hurt.
- Possible optimization algorithms:
  - 1. Search over random d,
  - 2. greedy algorithm,
  - 3. simulated annealing.

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#### Arguments for randomization

Identification

- In the beginning I showed identification of the ATE with random assignment.
- Is the ATE still identified without randomization?
- Yes, for controlled assignment!

#### Proposition (Conditional independence)

Suppose that  $(X_i, Y_i^0, Y_i^1)$  are i.i.d. draws from the population of interest, which are independent of U. Then any treatment assignment of the form  $D_i = d_i(X_1, ..., X_n, U)$  satisfies conditional independence,

$$(Y_i^0, Y_i^1) \perp D_i | X_i.$$

This is true, in particular, for deterministic treatment assignments of the form  $D_i = d_i(X_1, ..., X_n)$ .

#### Arguments for randomization

Adversarial audience

• I did not formally define worst-case risk for randomized procedures before. The definition I implicitly used was

$$\bar{R}(\delta, U) = \sup_{\theta \in \Theta} R(\delta(\cdot, U), \theta).$$

Worst-case  $\theta$  is chosen "after" realization of U.

• Possible alternative definition:

$$\bar{R}(\delta) = \sup_{\theta \in \Theta} \left( \sum_{u=1}^{k} p_u \cdot R(\delta(\cdot, u), \theta) \right)$$

- Worst-case  $\theta$  is chosen "before" realization of U.
- In this case, random strategies can be optimal.
- Has been justified by reference to adversarial audience.
- Assumes that audience doesn't care about imbalanced covariates, as long as they are the product of randomness.
- Note: Conditional on knowledge of audience, experimental estimates are biased!

## Arguments for randomization

Randomization inference

- Randomization inference requires randomization.
- Randomization inference tests strong null hypotheses of the form  $Y_i^1 = Y_i^0$  for all *i*.
- By our theorem, randomization inference can not be the solution to any decision problem.
- Compromise approach: Randomize only among treatment assignments that yield low expected mean squared error.

#### Conclusion

- Causality requires exogenous variation.
- In social and life sciences, there is unobserved heterogeneity.
- Randomization makes treatment and control groups the same *in expectation*.
- In practice there is also observed heterogeneity.
- We get better estimates of causal effects by balancing covariate distributions.
- Identification of causal effects relies on controlled trials (CTs), not randomized controlled trials (RCTs).

A web-app for implementing the proposed optimal designs is available at

https://maxkasy.github.io/home/treatmentassignment/

# Thank you!