

Causal Inference with Interference and Noncompliance in Two-Stage Randomized Controlled Trials

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Methodological Motivation: Two-stage RCTs

- Causal inference revolution over the last three decades
- The first half of this revolution \rightsquigarrow **no interference between units**

- In social sciences, interference is the rule rather than the exception
- Significant methodological progress over the last decade
- Experimental solution: **two-stage randomized controlled trials** (Hudgens and Halloran, 2008)

- We consider **interference**, both from encouragement to treatment and from treatment to outcome, in the presence of **noncompliance**

Empirical Motivation: Indian Health Insurance Experiment

- What are the health and financial effects of expanding a national health insurance program?
- RSBY (Rashtriya Swasthya Bima Yojana) subsidizes health insurance for “below poverty line” (BPL) Indian households
 - Monthly household income below ₹900 (rural) / 1,100 (urban) in Karnataka
 - Pays for hospitalization expenses
 - No deductible or copay with the annual limit of ₹30,000
 - Household pays ₹30 for smart card fee
 - Government pays about ₹200 for insurance premium in Karnataka
- We conduct an RCT to evaluate the impact of expanding RSBY to non-poor (i.e., APL or above poverty line) households
- Does health insurance have spillover effects on non-beneficiaries?

Study Design

- Sample: 10,879 households in 435 villages
- Experimental conditions:
 - A Opportunity to enroll in RSBY essentially for free
 - B No intervention
- Time line:
 - 1 September 2013 – February 2014: Baseline survey
 - 2 April – May 2015: Enrollment
 - 3 September 2016 – January 2017: Endline survey
- Two stage randomization:

Mechanisms	Village prop.	Treatment	Control
High	50%	80%	20%
Low	50%	40%	60%

Causal Inference and Interference between Units

1 Causal inference **without** interference between units

- Potential outcomes: $Y_i(1)$ and $Y_i(0)$
- Observed outcome: $Y_i = Y_i(T_i)$
- Causal effect: $Y_i(1) - Y_i(0)$

2 Causal inference **with** interference between units

- Potential outcomes: $Y_i(t_1, t_2, \dots, t_N)$
- Observed outcome: $Y_i = Y_i(T_1, T_2, \dots, T_N)$
- Causal effects:
 - Direct effect = $Y_i(T_i = 1, \mathbf{T}_{-i} = \mathbf{t}) - Y_i(T_i = 0, \mathbf{T}_{-i} = \mathbf{t})$
 - Spillover effect = $Y_i(T_i = t, \mathbf{T}_{-i} = \mathbf{t}) - Y_i(T_i = t, \mathbf{T}_{-i} = \mathbf{t}')$

Fundamental problem of causal inference

↪ only one potential outcome is observed

Two-stage Randomized Experiments

- Individuals (households): $i = 1, 2, \dots, N$
- Blocks (villages): $j = 1, 2, \dots, J$
- Size of block j : n_j where $N = \sum_{j=1}^J n_j$
- Binary treatment assignment mechanism: $A_j \in \{0, 1\}$
- Binary encouragement to receive treatment: $Z_{ij} \in \{0, 1\}$
- Binary treatment indicator: $D_{ij} \in \{0, 1\}$
- Observed outcome: Y_{ij}
- **Partial interference assumption**: No interference across blocks
 - Potential treatment and outcome: $D_{ij}(\mathbf{z}_j)$ and $Y_{ij}(\mathbf{z}_j)$
 - Observed treatment and outcome: $D_{ij} = D_{ij}(\mathbf{Z}_j)$ and $Y_{ij} = Y_{ij}(\mathbf{Z}_j)$
- Number of potential values reduced from 2^N to 2^{n_j}

Intention-to-Treat Analysis: Causal Quantities of Interest

- Average outcome under the treatment $Z_{ij} = z$ and the assignment mechanism $A_j = a$:

$$\bar{Y}_{ij}(z, a) = \sum_{\mathbf{z}_{-ij}} Y_{ij}(Z_{ij} = z, \mathbf{Z}_{-ij} = \mathbf{z}_{-ij}) \mathbb{P}_a(\mathbf{Z}_{-ij} = \mathbf{z}_{-ij} \mid Z_{ij} = z)$$

- Average direct effect of encouragement on outcome:

$$\text{ADE}^Y(a) = \frac{1}{N} \sum_{j=1}^J \sum_{i=1}^{n_j} \{ \bar{Y}_{ij}(1, a) - \bar{Y}_{ij}(0, a) \}$$

- Average spillover effect of encouragement on outcome:

$$\text{ASE}^Y(z) = \frac{1}{N} \sum_{j=1}^J \sum_{i=1}^{n_j} \{ \bar{Y}_{ij}(z, 1) - \bar{Y}_{ij}(z, 0) \}$$

- Horvitz-Thompson estimator for unbiased estimation

Effect Decomposition

- Average total effect of encouragement on outcome:

$$ATE^Y = \frac{1}{N} \sum_{j=1}^J \sum_{i=1}^{n_j} \{ \bar{Y}_{ij}(1, 1) - \bar{Y}_{ij}(0, 0) \}$$

- Total effect = Direct effect + Spillover effect:

$$ATE^Y = ADE^Y(1) + ASE^Y(0) = ADE^Y(0) + ASE^Y(1)$$

- In a two-stage RCT, we have an unbiased estimator,

$$\mathbb{E} \left[\frac{\sum_{j=1}^J \mathbf{1}\{A_j = a\} \frac{n_j}{N} \frac{\sum_{i=1}^{n_j} Y_{ij} \mathbf{1}\{Z_{ij}=z\}}{\sum_{i=1}^{n_j} \mathbf{1}\{Z_{ij}=z\}}}{\frac{1}{J} \sum_{j=1}^J \mathbf{1}\{A_j = a\}} \right] = \frac{1}{N} \sum_{j=1}^J \sum_{i=1}^{n_j} \bar{Y}_{ij}(z, a)$$

- Halloran and Struchiner (1995), Sobel (2006), Hudgens and Halloran (2008)

Complier Average Direct Effect

- Goal: Estimate the treatment effect rather than the ITT effect
- Use randomized encouragement as an instrument
 - ① **Monotonicity:** $D_{ij}(1, \mathbf{z}_{-i,j}) \geq D_{ij}(0, \mathbf{z}_{-i,j})$ for any $\mathbf{z}_{-i,j}$
 - ② **Exclusion restriction:** $Y_{ij}(\mathbf{z}_j, \mathbf{d}_j) = Y_{ij}(\mathbf{z}'_j, \mathbf{d}_j)$ for any \mathbf{z}_j and \mathbf{z}'_j
- **Compliers:** $C_{ij}(\mathbf{z}_{-i,j}) = \mathbf{1}\{D_{ij}(1, \mathbf{z}_{-i,j}) = 1, D_{ij}(0, \mathbf{z}_{-i,j}) = 0\}$
- **Complier average direct effect of encouragement** (CADE(z, a)):

$$\frac{\sum_{j=1}^J \sum_{i=1}^{n_j} \{Y_{ij}(1, \mathbf{z}_{-i,j}) - Y_{ij}(0, \mathbf{z}_{-i,j})\} C_{ij}(\mathbf{z}_{-i,j}) \mathbb{P}_a(\mathbf{Z}_{-i,j} = \mathbf{z}_{-i,j} \mid Z_{ij} = z)}{\sum_{j=1}^J \sum_{i=1}^{n_j} C_{ij}(\mathbf{z}_{-i,j}) \mathbb{P}_a(\mathbf{Z}_{-i,j} = \mathbf{z}_{-i,j} \mid Z_{ij} = z)}$$

- We propose a consistent estimator of the CADE

Key Identification Assumption

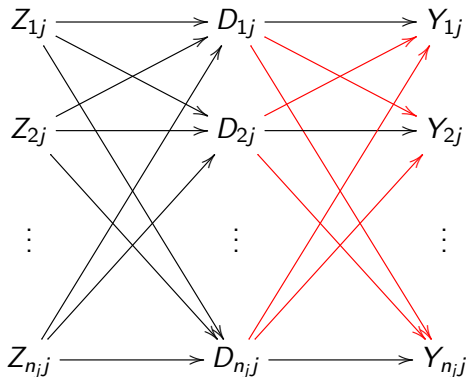
- Two causal mechanisms:
 - Z_{ij} affects Y_{ij} through D_{ij}
 - Z_{ij} affects Y_{ij} through $\mathbf{D}_{-i,j}$
- Idea: if Z_{ij} does not affect D_{ij} , it should not affect Y_{ij} through $\mathbf{D}_{-i,j}$

Assumption (Restricted Interference for Noncompliers)

If a unit has $D_{ij}(1, \mathbf{z}_{-i,j}) = D_{ij}(0, \mathbf{z}_{-i,j}) = d$ for any given $\mathbf{z}_{-i,j}$, it must also satisfy $Y_{ij}(d, \mathbf{D}_{-i,j}(Z_{ij} = 1, \mathbf{z}_{-i,j})) = Y_{ij}(d, \mathbf{D}_{-i,j}(Z_{ij} = 0, \mathbf{z}_{-i,j}))$

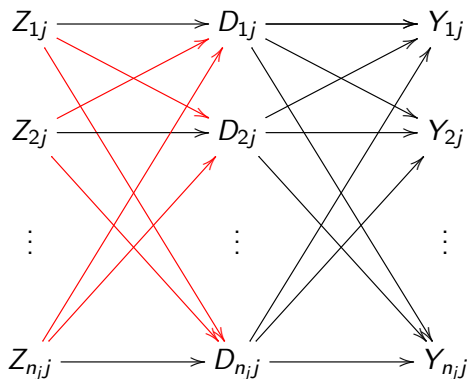
Scenario I: No Spillover Effect of the Treatment Receipt on the Outcome

$$Y_{ij}(d_{ij}, \mathbf{d}_{-i,j}) = Y_{ij}(d_{ij}, \mathbf{d}'_{-i,j})$$



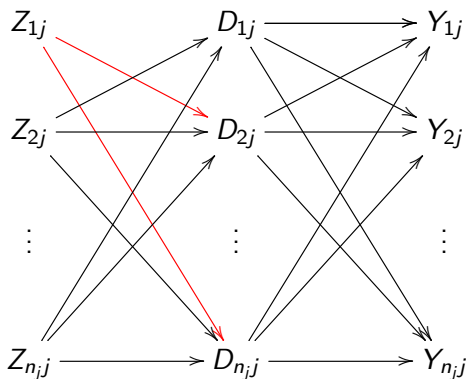
Scenario II: No Spillover Effect of the Treatment Assignment on the Treatment Receipt

$$D_{ij}(z_{ij}, \mathbf{z}_{-i,j}) = D_{ij}(z_{ij}, \mathbf{z}'_{-i,j}) \text{ (Kang and Imbens, 2016)}$$



Scenario III: Limited Spillover Effect of the Treatment Assignment on the Treatment Receipt

If $D_{ij}(1, \mathbf{z}_{-i,j}) = D_{ij}(0, \mathbf{z}_{-i,j})$ for any given $\mathbf{z}_{-i,j}$,
then $D_{i'j}(1, \mathbf{z}_{-i,j}) = D_{i'j}(0, \mathbf{z}_{-i,j})$ for all $i' \neq i$



Identification and Consistent Estimation

- 1 **Identification**: monotonicity, exclusion restriction, restricted interference for noncompliers

$$\lim_{n_j \rightarrow \infty} \text{CADE}(z, a) = \lim_{n_j \rightarrow \infty} \frac{\text{ADE}^Y(a)}{\text{ADE}^D(a)}$$

- 2 **Consistent estimation**: additional restriction on interference (e.g., Savje et al.)

$$\frac{\widehat{\text{ADE}}^Y(a)}{\widehat{\text{ADE}}^D(a)} \xrightarrow{p} \lim_{n_j \rightarrow \infty, J \rightarrow \infty} \text{CADE}(z, a)$$

Randomization Inference

- Variance is difficult to characterize

Assumption (**Stratified Interference** (Hudgens and Halloran. 2008))

$$Y_{ij}(z_{ij}, \mathbf{z}_{-i,j}) = Y_{ij}(z_{ij}, \mathbf{z}'_{-i,j}) \text{ and } D_{ij}(z_{ij}, \mathbf{z}_{-i,j}) = D_{ij}(z_{ij}, \mathbf{z}'_{-i,j}) \text{ if} \\ \sum_{i'=1}^{n_j} z_{ij} = \sum_{i'=1}^{n_j} z'_{ij}$$

- Under stratified interference, our estimand simplifies to,

$$\begin{aligned} & \text{CADE}(a) \\ = & \frac{\sum_{j=1}^J \sum_{i=1}^{n_j} \{Y_{ij}(1, a) - Y_{ij}(0, a)\} \mathbf{1}\{D_{ij}(1, a) = 1, D_{ij}(0, a) = 0\}}{\sum_{j=1}^J \sum_{i=1}^{n_j} \mathbf{1}\{D_{ij}(1, a) = 1, D_{ij}(0, a) = 0\}} \end{aligned}$$

- Compliers: $C_{ij} = \mathbf{1}\{D_{ij}(1, a) = 1, D_{ij}(0, a) = 0\}$
- Consistent estimation possible without additional restriction
- We propose an approximate asymptotic variance estimator

Connection to the Two-stage Least Squares Estimator

- The model:

$$Y_{ij} = \sum_{a=0}^1 \alpha_a \mathbf{1}\{A_j = a\} + \underbrace{\sum_{a=0}^1 \beta_a D_{ij} \mathbf{1}\{A_j = a\}}_{\text{CADE}} + \epsilon_{ij}$$

$$D_{ij} = \sum_{a=0}^1 \gamma_a \mathbf{1}\{A_j = a\} + \sum_{a=0}^1 \delta_a Z_{ij} \mathbf{1}\{A_j = a\} + \eta_{ij}$$

- Weighted two-stage least squares estimator:

$$w_{ij} = \frac{1}{\Pr(A_j) \Pr(Z_{ij} | A_j)}$$

- Transforming the outcome and treatment: multiplying them by $n_j J / N$
- Randomization-based variance is equal to the weighted average of cluster-robust HC2 and individual-robust HC2 variances

Complier Average Spillover Effect

- Under stratified interference, we can define the average spillover effect for compliers

Assumption (Monotonicity with respect to Assignment Mechanism)

$$D_{ij}(z, 1) \geq D_{ij}(z, 0)$$

- Compliers: $\mathbf{1}\{D_{ij}(z, 1) = 1, D_{ij}(z, 0) = 0\}$
- Complier Average Spillover Effect (CASE):

$$\begin{aligned} & \text{CASE}(z) \\ = & \frac{\sum_{j=1}^J \sum_{i=1}^{n_j} \{Y_{ij}(z, 1) - Y_{ij}(z, 0)\} \mathbf{1}\{D_{ij}(z, 1) = 1, D_{ij}(z, 0) = 0\}}{\sum_{j=1}^J \sum_{i=1}^{n_j} \mathbf{1}\{D_{ij}(z, 1) = 1, D_{ij}(z, 0) = 0\}} \end{aligned}$$

- Consistent estimation:

$$\frac{\widehat{\text{ASE}}^Y(z)}{\widehat{\text{ASE}}^D(z)} \xrightarrow{p} \lim_{n_j \rightarrow \infty, J \rightarrow \infty} \text{CASE}(z)$$

Simulation Setup

- Two assignment mechanisms ($A_j = 0$: 40%, $A_j = 1$: 60%):

- ① $\Pr(Z_{ij} = 1 \mid A_j = 0) = 0.4$

- ② $\Pr(Z_{ij} = 1 \mid A_j = 1) = 0.6$

- Compliance status:

$$C_{ij}(a) = \begin{cases} \text{complier} & \text{if } D_{ij}(1, a) = 1, D_{ij}(0, a) = 0 \\ \text{always-taker} & \text{if } D_{ij}(1, a) = D_{ij}(0, a) = 1 \\ \text{never-taker} & \text{if } D_{ij}(1, a) = D_{ij}(0, a) = 0 \end{cases}$$

- **Spillover effect of encouragement on treatment** \rightsquigarrow complier status proportions (complier, always-taker, never-taker)
 - ① $a = 0$: (40%, 30%, 30%)
 - ② $a = 1$: (60%, 20%, 20%)
- No spillover effect: $C_{ij}(1) = C_{ij}(0)$ for all i, j and (50%, 30%, 20%)

- No spillover effect of treatment on outcome

$$Y_{ij}(d_{ij} = 0) \stackrel{\text{i.i.d.}}{\sim} \mathcal{N}(0, 1)$$

$$Y_{ij}(1) - Y_{ij}(0) \stackrel{\text{indep.}}{\sim} \mathcal{N}(\theta_j, \sigma^2)$$

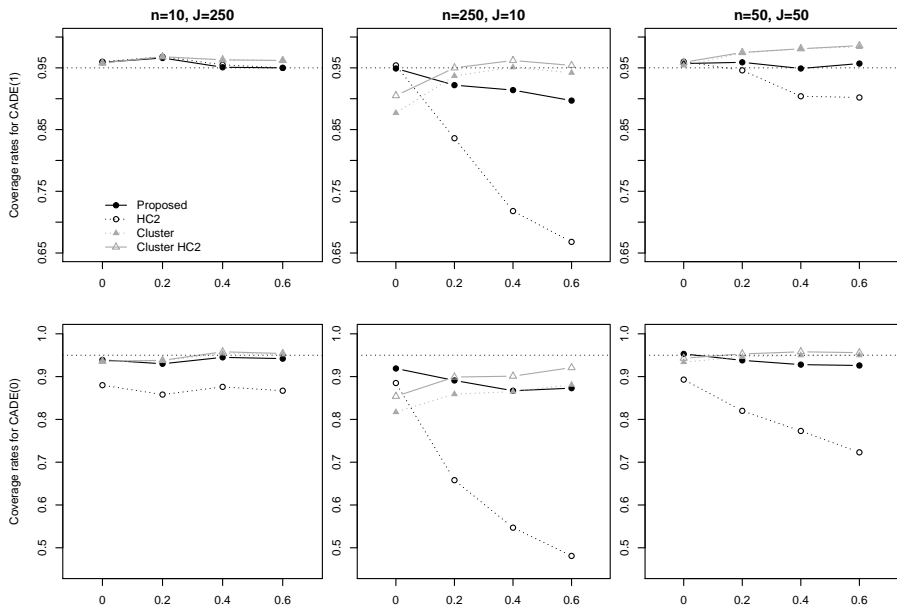
- Spillover effect of treatment on outcome: \rightsquigarrow stratified interference

$$Y_{ij}(0, \mathbf{d}_{-i,j}) \stackrel{\text{indep.}}{\sim} \mathcal{N}\left(\frac{\beta}{n_j} \sum_{i'} d_{i'j}, 1\right)$$

$$Y_{ij}(1, \mathbf{d}_{-i,j}) - Y_{ij}(0, \mathbf{d}_{-i,j}) \stackrel{\text{indep.}}{\sim} \mathcal{N}(\theta_j, \sigma^2)$$

- $\theta_j \stackrel{\text{indep.}}{\sim} \mathcal{N}(\theta, \omega^2)$
- Vary intracluster correlation coefficient $\rho = \omega^2 / (\sigma^2 + \omega^2)$
- Vary cluster size n and number of clusters J

Results: Both Spillover Effects Present



Results: Indian Health Insurance Experiment

- A household is more likely to enroll in RSBY if a large number of households are given the opportunity

Average Spillover Effects	Treatment	Control
Individual-weighted	0.086 (s.e. = 0.053)	0.045 (s.e. = 0.028)
Block-weighted	0.044 (s.e. = 0.018)	0.031 (s.e. = 0.021)

- Households will have greater hospitalization expenditure if few households are given the opportunity

Complier Average Direct Effects	High	Low
Individual-weighted	-1649 (s.e. = 1061)	1984 (s.e. = 1215)
Block-weighted	-485 (s.e. = 1258)	3752 (s.e. = 1652)

Concluding Remarks

- In social science research,
 - ① people interact with each other \rightsquigarrow interference
 - ② people don't follow instructions \rightsquigarrow noncompliance
- Two-stage randomized controlled trials:
 - ① randomize assignment mechanisms across clusters
 - ② randomize treatment assignment within each cluster
- Our contributions:
 - ① Identification condition for complier average direct effects
 - ② Consistent estimator for CADE and its variance
 - ③ Connections to regression and instrumental variables
 - ④ Application to the India health insurance experiment
 - ⑤ Implementation as part of R package **experiment**

Send comments and suggestions to
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