

# Variable inclusion strategies for adjusting the weights of surveys subject to selection bias

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#### **Population estimation from web-based surveys**

- Web-based surveys, nonprobability and probability-sampled, can be used for more timely and cost-effective data collections
- However, these surveys may be subject to lower coverage and response rates than large nationally representative surveys
- Selection bias has been a concern due to differences in the composition of web panels compared to the total population, which can impact population mean estimation
- To adjust for these differences, weighting methods have been applied to web surveys to align the covariate distribution to a high-quality benchmark

#### **Propensity score-adjustment methods**

- Propensity score (PS) methods were developed by Rosenbaum and Rubin (1983) to control for confounding in treatment estimation in observational studies
- In survey research, PS-based adjustment methods are used as a reweighting method to align the distribution of specified variables between a target (web) survey and a high-quality reference survey
- Estimated propensity scores are incorporated into the weights using various approaches such as PS weighting and PS matching

#### **Covariate inclusion in propensity score models**

- Some literature recommends including all variables collected in both the target and reference data sources in PS-adjustment
- Key question for constructing the pseudo-weights is which variables to include in the PS model to improve population mean estimation
- Study assesses the impact of selected covariates in PS-models on the bias and variance of the estimated population mean

### **Methods**

#### **Covariate types in PS adjustment**

 Directed acyclic graph (DAG) used to examine how different variables in the causal pathways impact the performance of PS-adjustment



 In practice, any pairs or all confounders, outcome predictors, and selection variables may be correlated in the underlying population

# Uncorrelated case: assessing bias and variance of population mean

- Numerically, it can be shown that confounders (X<sub>1</sub>) induce bias in the estimate of the population mean (bias ≠ 0) if they are not balanced between the target sample and population
- In addition, it can be shown that the inclusion of selection variables (X<sub>3</sub>) result in larger variance estimates since they are non-informative of the outcome Y
- Propensity models should include confounders (X<sub>1</sub>) alone or confounders (X<sub>1</sub>) and outcome predictors (X<sub>2</sub>) to produce unbiased and efficient mean estimates
- The inclusion of selection variables (X<sub>3</sub>) in the propensity model does not add bias, but inflates the variance of the estimates

# **Correlated case: assessing bias and variance of population mean**

 Backdoor criteria (Pearl 2009) removes confounding via conditioning on a set of covariates that block the backdoor paths between A and Y



- When (X<sub>1</sub> and X<sub>3</sub>) or (X<sub>1</sub> and X<sub>2</sub>) are correlated, X<sub>1</sub> should be included in the propensity model to produce an unbiased estimate of the mean
- When (X<sub>2</sub> and X<sub>3</sub>) are correlated, (X<sub>1</sub> and X<sub>2</sub>) or (X<sub>1</sub> and X<sub>3</sub>) should be included in the propensity score model to produce unbiased estimates

### Simulation

#### Set up

#### Finite population (N=20,000)

- Three covariates (X<sub>1</sub>, X<sub>2</sub>, and X<sub>3</sub>) simulated using trivariate normal distributions with specified pairwise correlations
- Binary outcome Y ~ Bernoulli distribution as a function of X<sub>1</sub> and X<sub>2</sub>

#### Target Sample (N=1,000)

- Sample (A=1) selected from population using probability proportional to size (PPS) sampling with measure of size as a function of X<sub>1</sub> and X<sub>3</sub>
- Inclusion probabilities (sample weights) are treated as unknown
  Probability Sample (N=500)
- Sample (A=0) is selected using the same sampling design as the target sample selection with known selection probabilities

#### Conditions

Conducted over 500 iterations:

- Simulation 1: independent covariates in the finite population ( $\rho_{x_1x_2} = \rho_{x_1x_3} = \rho_{x_2x_3} = 0$ ), weights adjusted using the PS matching method kernel weighting (KW, Wang et al. 2020)
- Simulation 2: varies covariate correlation in the finite population  $((\rho_{x_1x_2}, \rho_{x_1x_3}, \rho_{x_2x_3}) = (.6,0,0), (0, .6,0), (0,0, .6), (.6, .6,0), (.6,0, .6), (0, .6, .6),$ or (.6, .6, .6)), weights adjusted using KW
- Simulation 3: varies covariate correlation and includes interaction effects between covariates on the outcome and target sample inclusion ( $\alpha_{12} = \beta_{13} = 0.5$ ), weights adjusted using KW and the PS weighting method adjusted logistic propensity (ALP)

#### **Simulation 1 results**

	Sample	w(x1)	w(x2)	w(x3)	w(x12)	w(x13)	w(x23)
Bias (×10 <sup>2</sup> )	4.61	0.26	4.50	4.83	0.26	0.41	4.77
Empirical Variance (×10 <sup>4</sup> )	2.20	2.68	2.62	2.96	2.92	3.43	3.32
Mean Squared Error (×10 <sup>4</sup> )	23.48	2.75	22.85	26.31	2.99	3.60	26.04

- Propensity models including the confounder (X<sub>1</sub>) produce approximately unbiased estimates of the finite population mean of Y
- Propensity models containing the selection variable (X<sub>3</sub>) result in inflated variance estimates
- Among the unbiased estimators, w(x1) yields the most efficient estimates

#### **Simulation 2 results**

	Sample	w(x1)	w(x2)	w(x3)	w(x12)	w(x13)	w(x23)
$\left(\rho_{x_1x_2}, \rho_{x_1x_3}, \rho_{x_2x_3}\right) = (.6, 0, 0)$							
Bias (×10 <sup>2</sup> )	7.35	0.37	2.98	7.60	0.37	0.59	3.25
Empirical Variance (×10 <sup>4</sup> )	2.15	2.59	2.64	2.77	2.66	2.88	2.84
Mean Squared Error (×10 <sup>4</sup> )	56.14	2.72	11.52	60.57	2.79	3.23	13.42
$(\rho_{x_1x_2}, \rho_{x_1x_3}, \rho_{x_2x_3}) = (0, .6, 0)$							
Bias (×10 <sup>2</sup> )	7.27	0.32	7.16	3.21	0.30	0.41	3.12
Empirical Variance (×10 <sup>4</sup> )	2.17	3.60	2.39	3.68	3.53	4.05	3.66
Mean Squared Error (×10 <sup>4</sup> )	54.98	3.70	53.67	13.97	3.62	4.22	13.39

 When (X<sub>1</sub> and X<sub>3</sub>) or (X<sub>1</sub> and X<sub>2</sub>) are correlated, PS-adjusted weights that balance the distributions of the confounders (X<sub>1</sub>) produce approximately unbiased estimates

#### **Simulation 2 results**

	Sample	w(x1)	w(x2)	w(x3)	w(x12)	w(x13)	w(x23)
$(\rho_{x_1x_2}, \rho_{x_1x_3}, \rho_{x_2x_3}) = (0, 0, .6)$							
Bias (×10 <sup>2</sup> )	7.55	2.98	4.65	4.87	0.26	0.37	4.83
Empirical Variance (×10 <sup>4</sup> )	2.01	2.52	2.38	2.57	2.66	2.75	2.66
Mean Squared Error (×10 <sup>4</sup> )	59.00	11.38	24.00	26.30	2.73	2.89	26.03

- When correlation exists between X<sub>2</sub> and X<sub>3</sub>, inclusion of only the confounder (X<sub>1</sub>) in the PS model induces bias
- For all correlation conditions, PS-adjusted weights that balance the distributions in the outcome predictors (X<sub>2</sub>) or selection variables (X<sub>3</sub>) along with the confounders (X<sub>1</sub>) produce approximately unbiased estimates
- Empirical variance estimates and MSEs for models including X<sub>1</sub> and X<sub>2</sub> (w(x12)) tend to be smaller than models including X<sub>1</sub> and X<sub>3</sub> (w(x13))

#### **Simulation 3 results**

- ALP approach (PS weighting) yields unbiased estimates only under the true propensity model (model containing X<sub>1</sub>, X<sub>3</sub>, and interaction term X<sub>1</sub>\* X<sub>3</sub>)
- KW method (PS matching) yields unbiased estimates across propensity models containing (1) X<sub>1</sub> and X<sub>2</sub> or (2) X<sub>1</sub> and X<sub>3</sub>, with or without interaction terms
- Under the true model, the biases of ALP estimates are consistently closer to zero

### Application: Research and Development Survey

#### National Center for Health Statistics' Research and Development Survey (RANDS)

- Ongoing series of surveys conducted by the National Center for Health Statistics (NCHS, <u>https://www.cdc.gov/nchs/rands/</u>)
- Primarily recruited, web-based commercial survey panels
- Designed to expand NCHS' methodological research:
  - To supplement NCHS' survey and questionnaire evaluation efforts, including the detection of measurement error
  - To explore ways to integrate data from high-quality data collections with commercial survey panels to produce timely estimates while maintaining reliability
- Adapted to provide early experimental estimates on the COVID-19 pandemic (<u>https://www.cdc.gov/nchs/covid19/rands.htm</u>)

#### **Estimating national prevalence of asthma from RANDS 3**

- RANDS 3 was conducted in 2019 using NORC's AmeriSpeak Panel
- Panelists were surveyed via web on questions related to general and mental health and medical conditions, including diagnosed asthma
- 2019 National Health Interview Survey, a cross-sectional household interview survey that collects information on a broad range of health topics, is evaluated as the gold standard

		RANDS 3	2019 NHIS
Sample Size		2,646	31,997
Response Rate		18.1%	59.1%
Asthma prevalence	Mean	16.86%	13.46%
	Standard Error	0.98%	0.25%

#### PS model set up and covariate selection

- Common covariates in RANDS 3 and 2019 NHIS considered as potential calibration variables, including sociodemographic and health variables
- Covariate types were identified using backward selection on outcome and propensity score models containing main effects and pairwise interactions
  - Confounders: common terms in the outcome and propensity models
  - Selection variables and predictors: variables in the propensity model or outcome model only
- All bivariate correlations between selected variables were statistically significant
- PS-adjustment implemented to construct RANDS 3 pseudo-weights using KW method with 2019 NHIS as reference dataset

#### **Estimated asthma prevalence**

Propensity Model	Coefficient of Variation	Relative Bias (%)	Standard Error ( $\times 10^2$ )	Mean Squared Error ( $ imes 10^4$ )
RANDS Weights	0.91	25.31	0.98	12.56
All Variables	1.13	17.55	1.21	7.04
w(x12.n)	1.07	11.41	0.93	3.23
w(x12.r)	1.08	12.85	0.97	3.94
w(x13)	1.10	13.35	1.04	4.31

- Estimate using RANDS weights compared to propensity adjusted weights with variables identified as confounders (x1), predictors from either the NHIS (x2.n) or RANDS (x2.r), and selection variables (x3)
- PS-adjusted estimates had smaller relative bias and MSE compared to estimate using unadjusted RANDS panel weights
- Models containing selection variables produced larger estimated variances 20

#### Discussion

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- Study integrates multiple data sources to provide more robust and efficient inference from web surveys
- Findings provide a principled approach for selecting covariates for population mean estimation
  - Confounders, variables related to both the selection indicator and the outcome of interest, are important to include in the PS model
  - When correlation exists between covariates, the PS model should balance the distributions of the confounder and either the outcome predictor or selection variable
  - The inclusion of selection variables in the PS model will inflate the estimated variance of the population mean but not add bias

#### References

- Li Y, Irimata K, He Y, Parker J. Variable inclusion strategies through directed acyclic graphs to adjust health surveys subject to selection bias for producing national estimates. Journal of Official Statistics. Accepted.
- Pearl, J (2009). Causality: Models, Reasoning, and Inference. Cambridge, England: Cambridge University Press, 2nd edn.
- Rosenbaum, P.R. and Rubin, D.B. 1983. "The central role of the propensity score in observational studies for causal effects." Biometrika, 70, 41–55. <u>https://doi.org/10.1093/biomet/70.1.41.</u>
- Wang, L., Graubard, B.I., Hormuzd, A.K. and Li, Y. 2020. "Improving External Validity of Epidemiologic Cohort Analyses: a Kernel Weighting Approach." Journal of the Royal Statistical Society Series A, 183, 1293-1311. <u>https://doi.org/10.1111/rssa.12564</u>.

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