

A decorative background featuring a network diagram with nodes and connecting lines. Some nodes are highlighted with blue circles or dots. The diagram is composed of various sized circles connected by thin lines, creating a complex web-like structure.

Propensity Score [weighting] within complex survey



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A background network diagram consisting of various nodes (circles) connected by lines. Some nodes are solid grey, some are dashed grey, and some are solid blue. The nodes are scattered across the slide, with a higher density on the left and right sides. A large, empty dashed circle is positioned to the right of the main text.

Propensity score Weighting (ATE + ATT)

IPW (inverse probability weighting)

How to conduct propensity score weighting?

Step 1: Specify PS & fit model  Exposure model (RA)

Step 2: ~~Match subjects by PS~~ Convert PS to IPW

Step 3: Covariate balance in ~~matched~~ weighted sample

Step 4: Estimate treatment effect  Outcome model (MI)

For the purposes of illustration, we will first assume that our data was collected via SRS.

IPW

Step 1: Fit PS model

$$A \sim L$$

Step 2: Convert PS = IPW(ATE)

$$IPW = 1/ps, \quad \text{if } A = 1$$

$$IPW = 1/(1-ps), \quad \text{if } A = 0$$

Step 3: Check balance

SMD in IPW-weighted data

Step 4: Outcome model with

$$\text{Weight} = IPW$$

IPW in complex survey

Step 1: Fit PS model

$A \sim L$ (survey-weights as design variable / covariate)

Step 2: Convert PS = IPW(ATE)

$IPW = 1/ps$, if $A = 1$

$IPW = 1/(1-ps)$, if $A = 0$

Step 3: Check balance

SMD (data weighted by $w = IPW * \text{survey-weights}$)

Step 4: Outcome model with

Weight = $IPW * \text{survey-weights}$

Generalizing observational study results: applying propensity score methods to complex surveys

[EH DuGoff](#), [M Schuler](#), [EA Stuart](#) - Health services research, 2014 - Wiley Online Library
Objective To provide a tutorial for using propensity score methods with complex survey data. Data Sources Simulated data and the 2008 Medical Expenditure Panel Survey. Study Design Using simulation, we compared the following methods for estimating the treatment effect: a naïve estimate (ignoring both survey weights and propensity scores), survey weighting, propensity score methods (nearest neighbor matching, weighting, and subclassification), and propensity score methods in combination with survey weighting ...
☆ Cited by 219 Related articles All 11 versions

Propensity score analysis with survey weighted data
[G Ridgeway](#), [SA Kovalchik](#), [BA Griffin](#)... - Journal of Causal ..., 2015 - degruyter.com

"sampling weights in the propensity score estimation stage (as weights, not as a covariate)"

IPW

Step 1: Fit PS model

$$A \sim L$$

Step 2: Convert PS = IPW(ATT)

$$IPW = 1, \quad \text{if } A = 1$$

$$IPW = ps / (1 - ps), \quad \text{if } A = 0$$

Step 3: Check balance

SMD in IPW-weighted data

Step 4: Outcome model with

$$\text{Weight} = IPW$$

IPW in complex survey (ATT)

Step 1: Fit PS model

$A \sim L$ (survey-weights as design variable / covariate)

Step 2: Convert PS = IPW(ATT)

$IPW = 1,$ if $A = 1$

$IPW = ps/(1-ps),$ if $A = 0$

Step 3: Check balance

SMD (data weighted by $w = IPW * \text{survey-weights}$)

Step 4: Outcome model with

$Weight = IPW * \text{survey-weights}$

Reasonable approach (my summary)

- **PS model**: (population-level)
 - use design variables (cluster + strata + weight) to estimate ps (not as covariate)
 - Combined weight = ipw * survey weight
- **Outcome model**: (population-level)
 - use design features (strata+psu as well as combined weight) to get population level estimates

Estimates and conclusion

Adult patients with RA are at increased risk for MI in US (based on 2007-08 data)?

Risk of cardiovascular mortality in patients with rheumatoid arthritis: a meta-analysis of observational studies

JA Aviña-Zubieta, HK Choi... - Arthritis Care & ..., 2008 - Wiley Online Library

Objective To determine the magnitude of risk of cardiovascular mortality in patients with rheumatoid arthritis (RA) compared with the general population through a meta-analysis of observational studies. Methods We searched Medline, EMBase, and Lilacs databases from

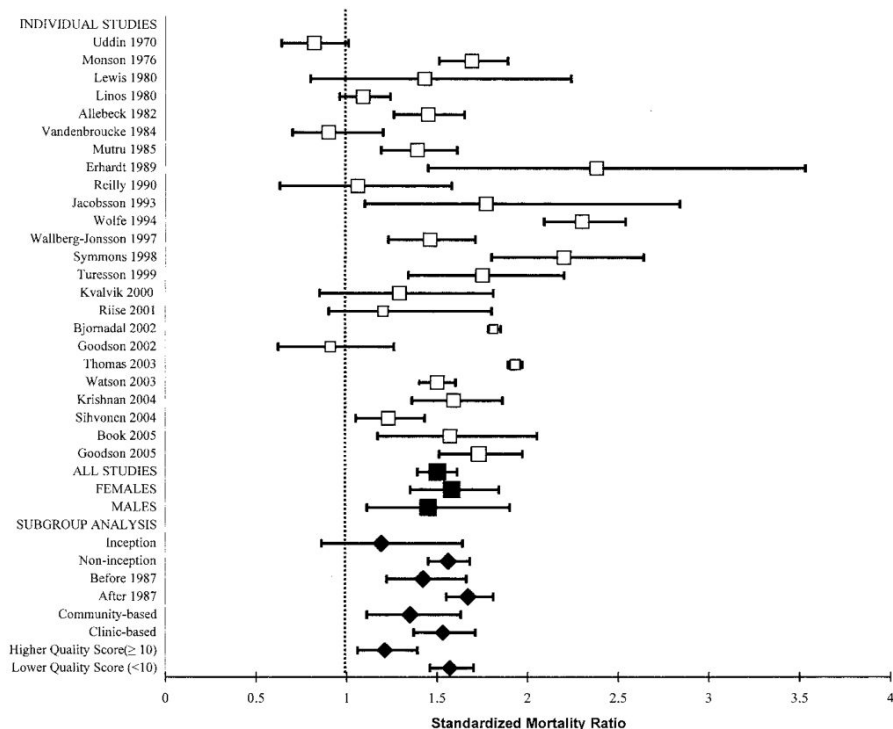


Figure 1. Meta-analysis of 24 studies on cardiovascular disease mortality in patients with rheumatoid arthritis.

50% increased risk of CVD death in patients with RA 9

Estimates from NHANES (2007-08) and conclusion

OR: population-based estimates, sample-based not shown

	Adjusted Regression	Matching (Zanutto)	Matching (DuGoff)	Matching (design in both stages)	Weighting (Ridgeway)	Weighting (DuGoff)
PATT		1.87 (0.86, 4.07)	1.26 (0.55, 2.88)	1.66 (0.65, 4.28)	1.38 (0.71, 2.71)	1.37 (0.71, 2.67)
PATE	1.66* (0.71, 3.89)				1.51 (0.68, 3.35)	1.43 (0.62, 3.28)

* Also conditional estimates if further adjustment made;
SE / CI width is a function of n.

NHANES vs. CCHS

- In the public release data, NHANES provides
 - masked variance pseudo-PSUs, and
 - masked variance pseudo-stratum

to account for the complex survey design.

- CCHS public use microdata file (PUMF) does not contain PSU / Stratum information. Any SE calculation assumes SRS even if weights are used. RDC provides access to master data with these necessary information.

Short Reference and Textbook List

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Thanks!



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