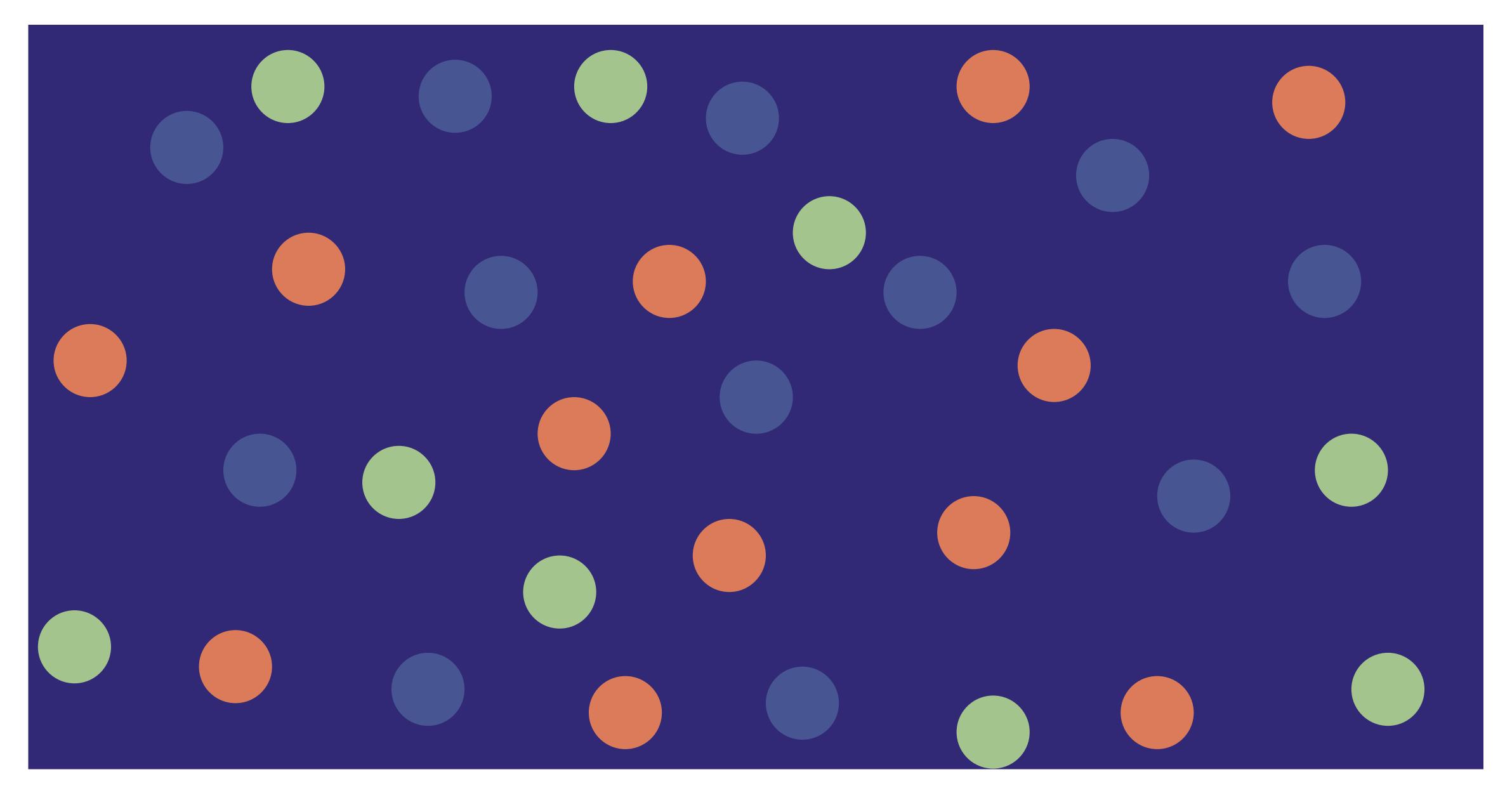


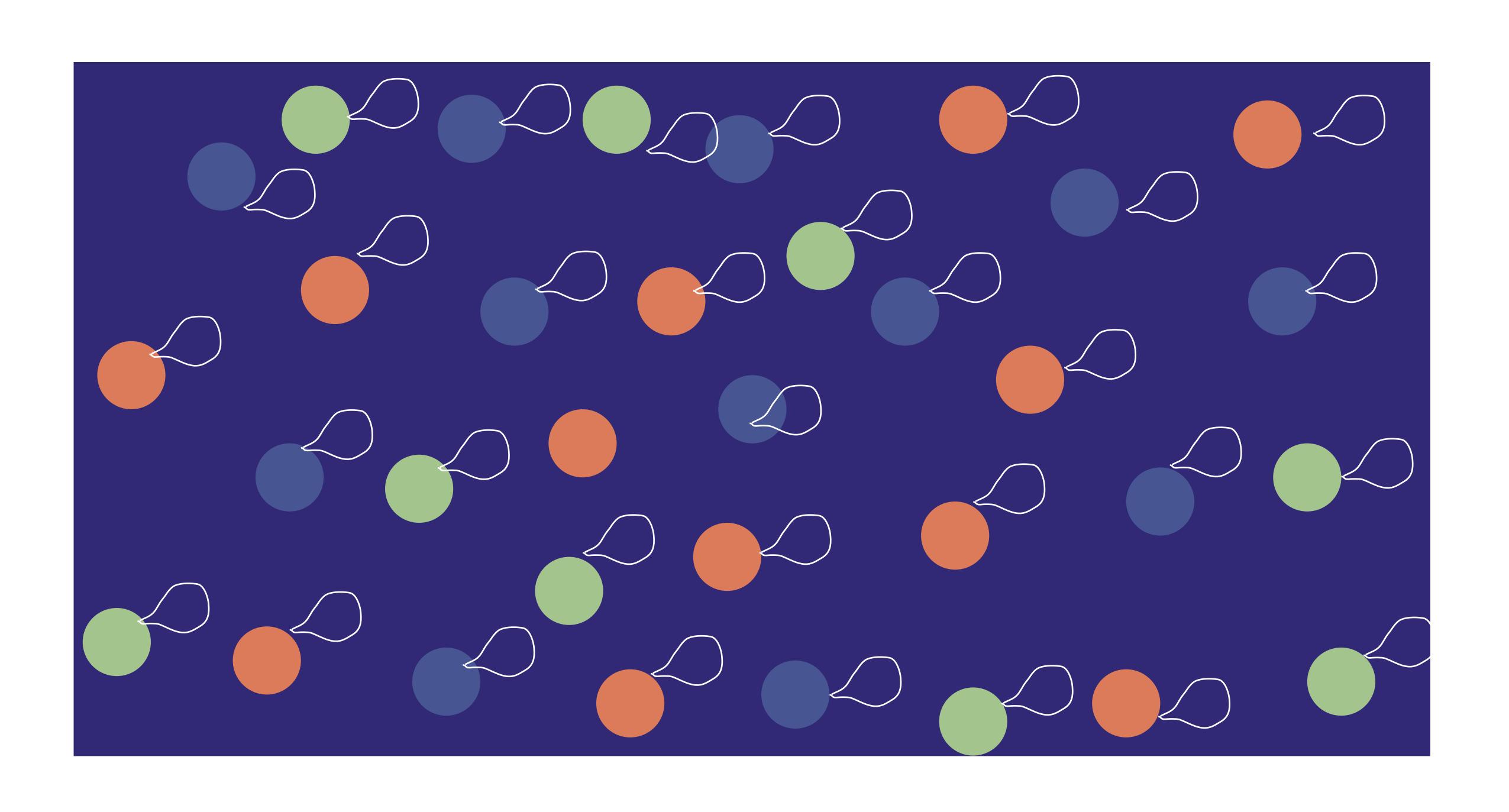
Statistical Weighting and Equity

E WE ALL COUNT

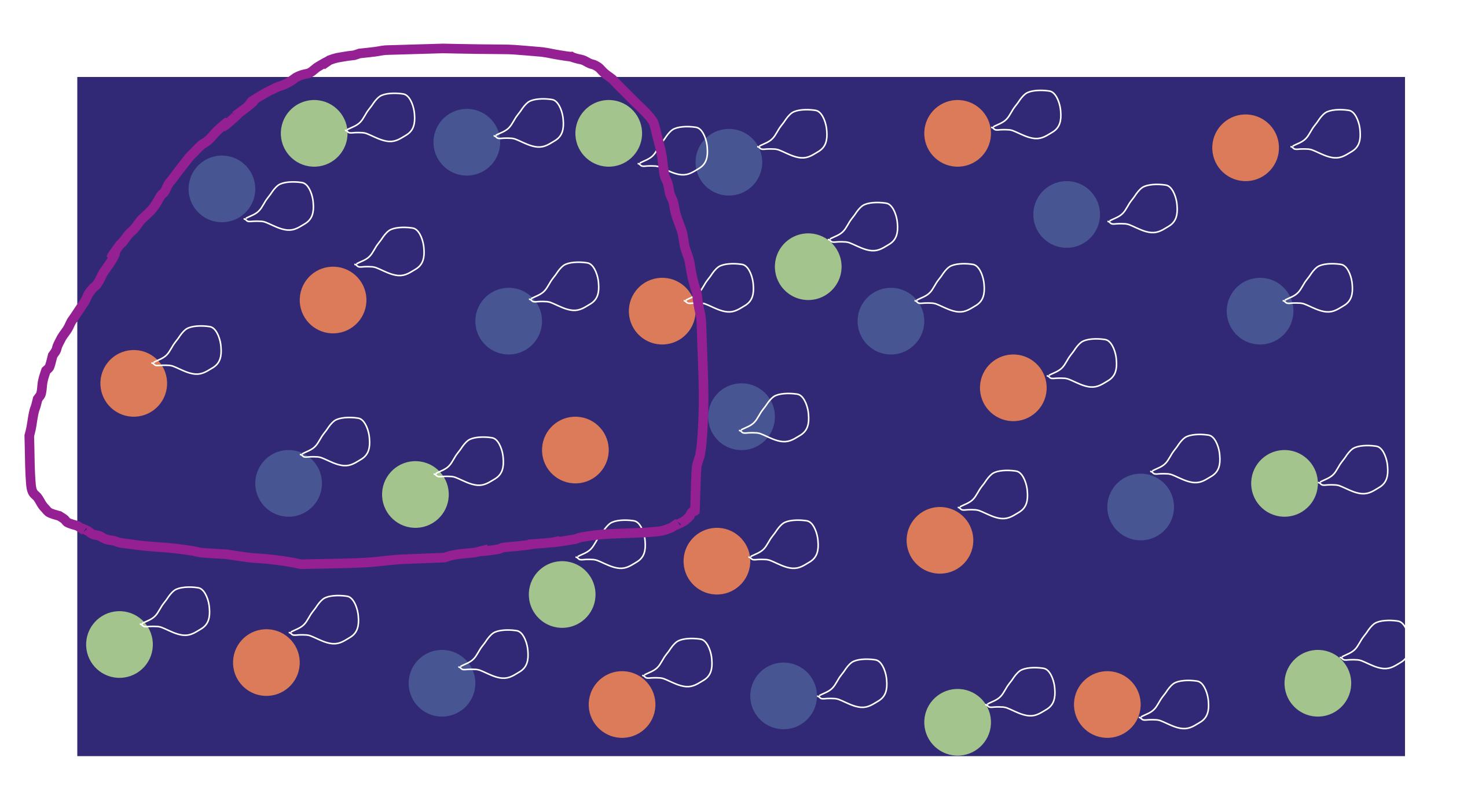
project for equity in data science

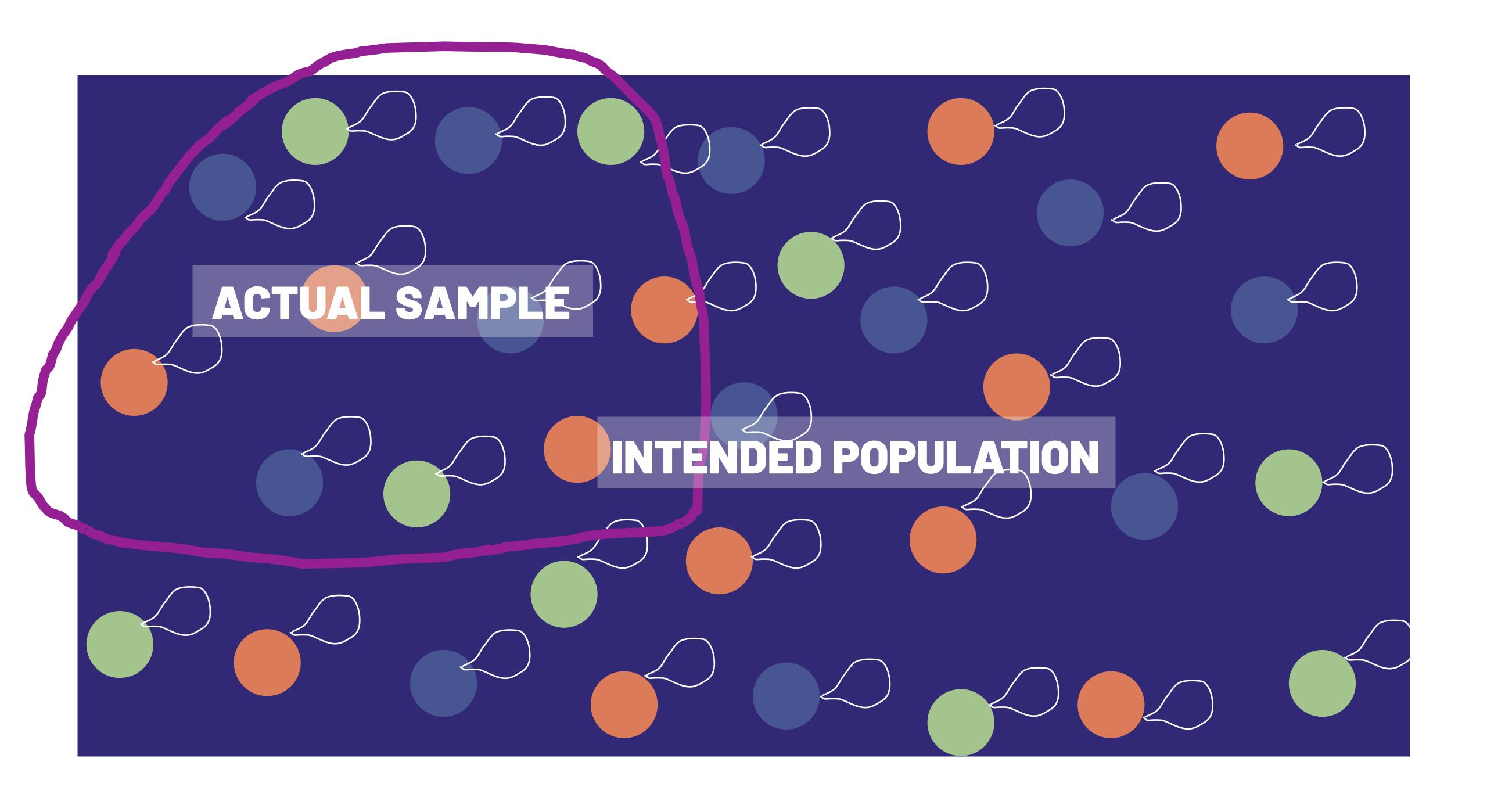


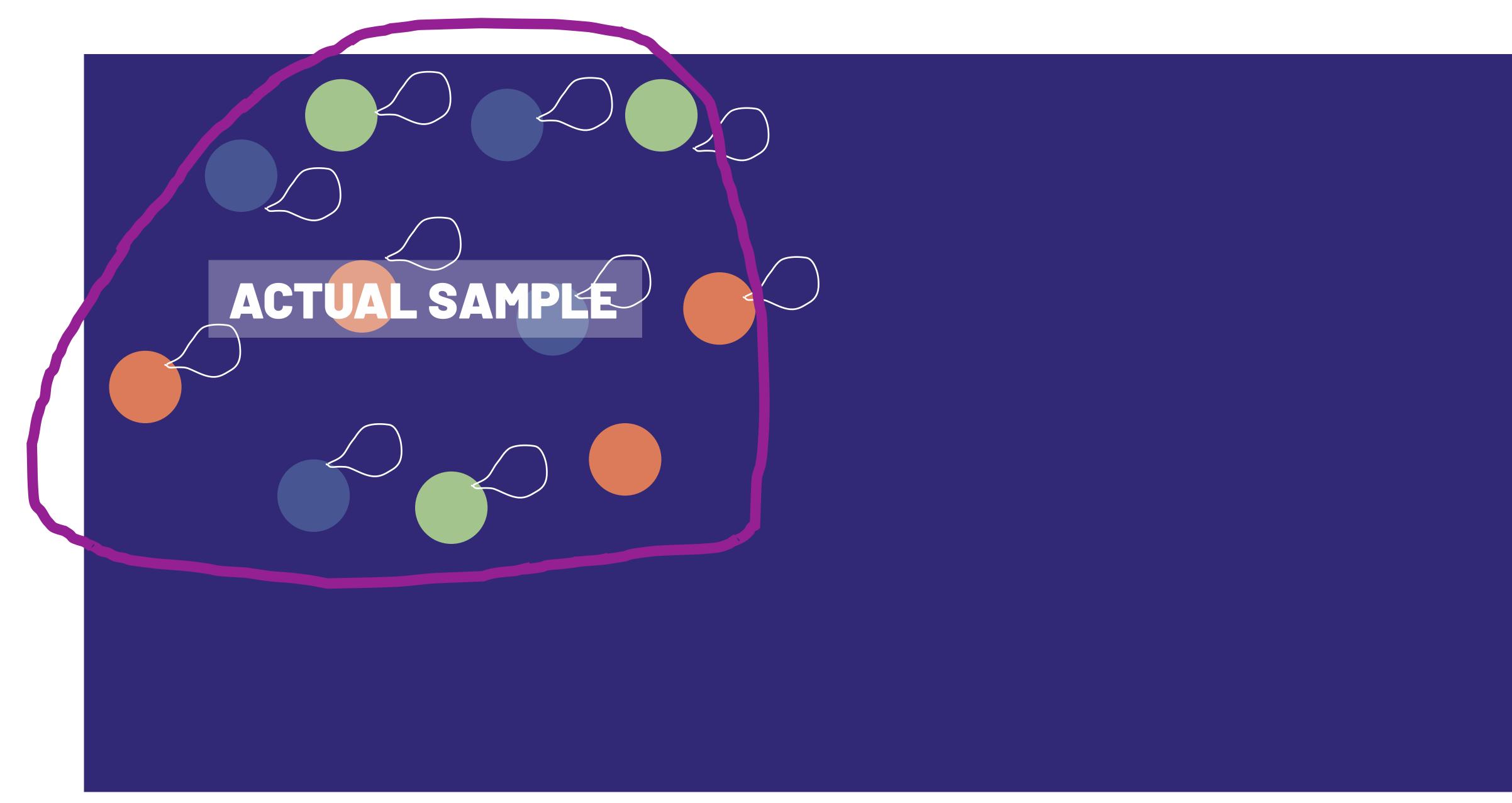




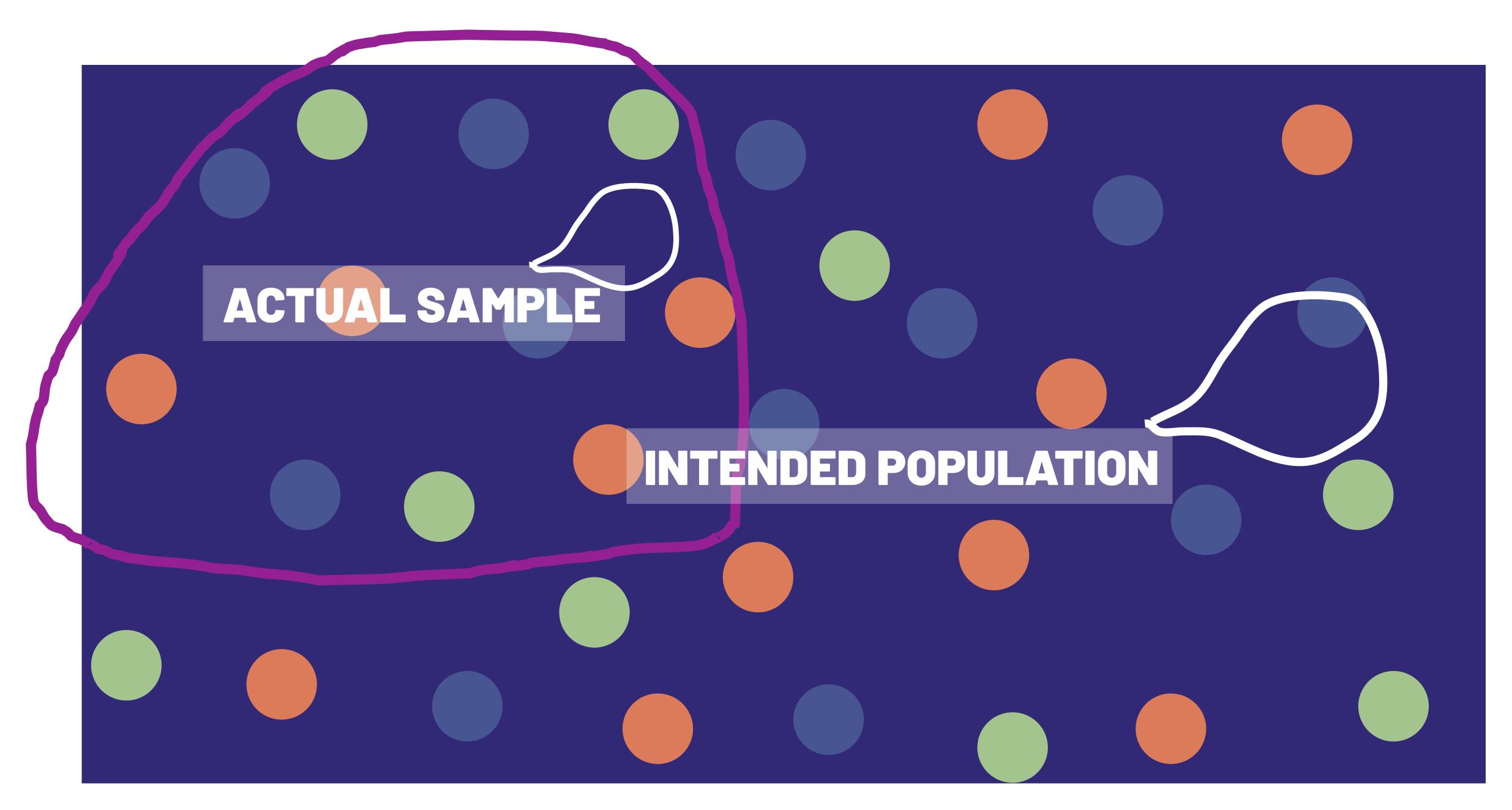




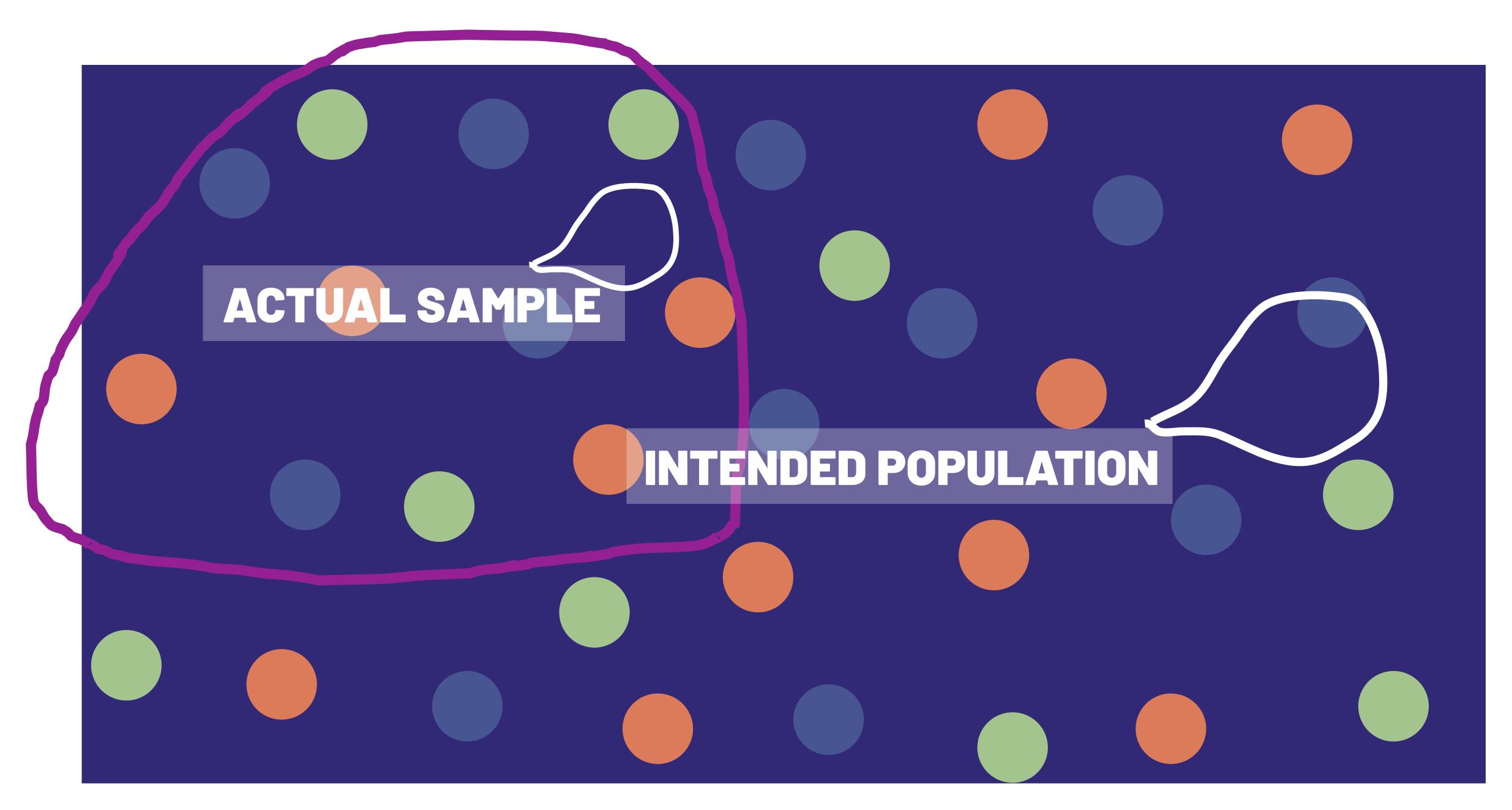








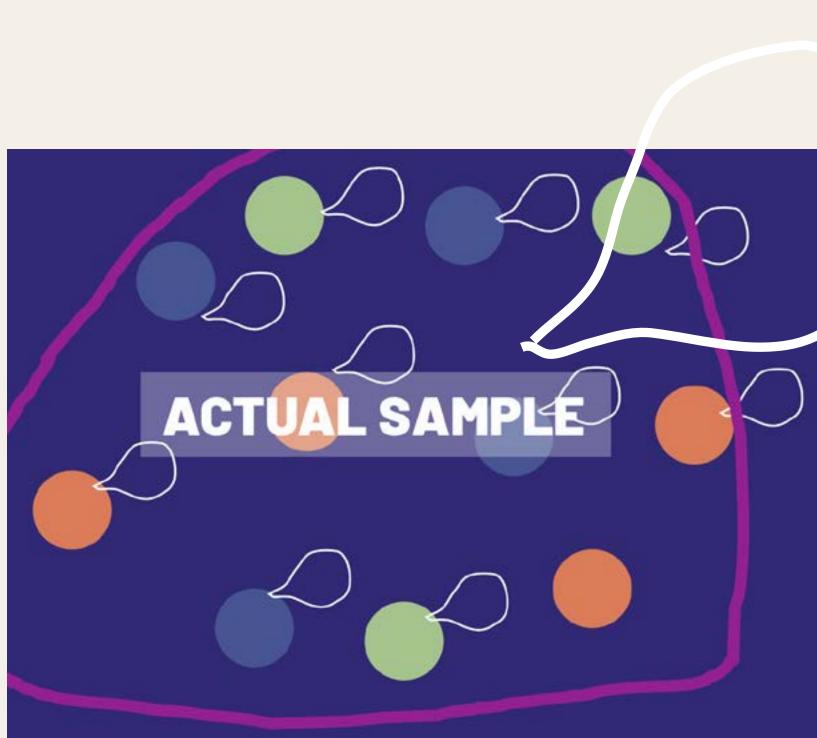


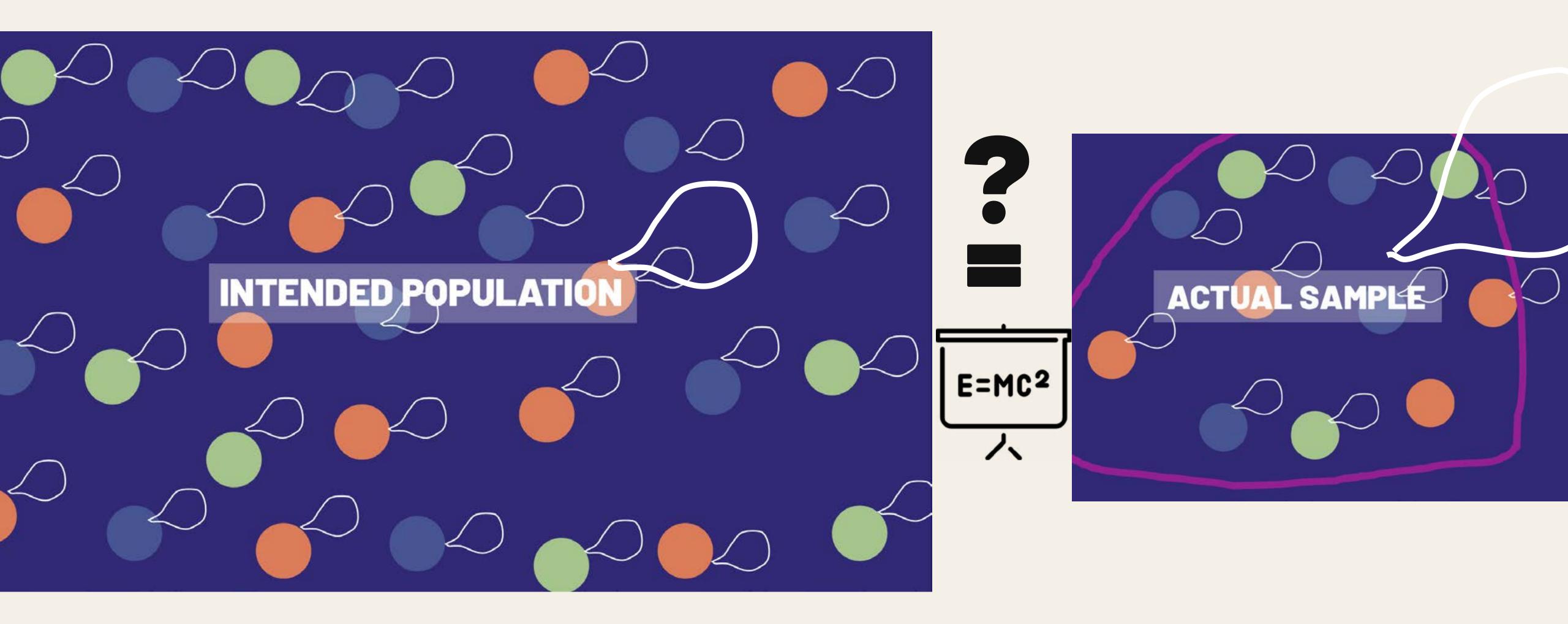








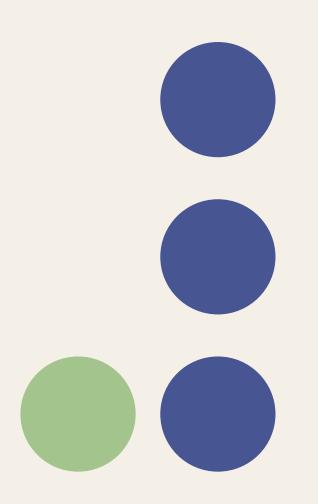




INTENDED POPULATION

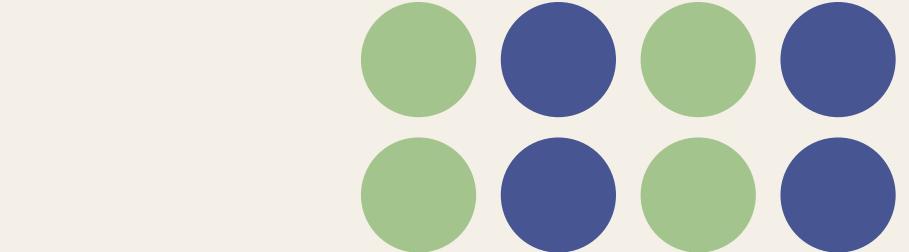


ACTUAL SAMPLE

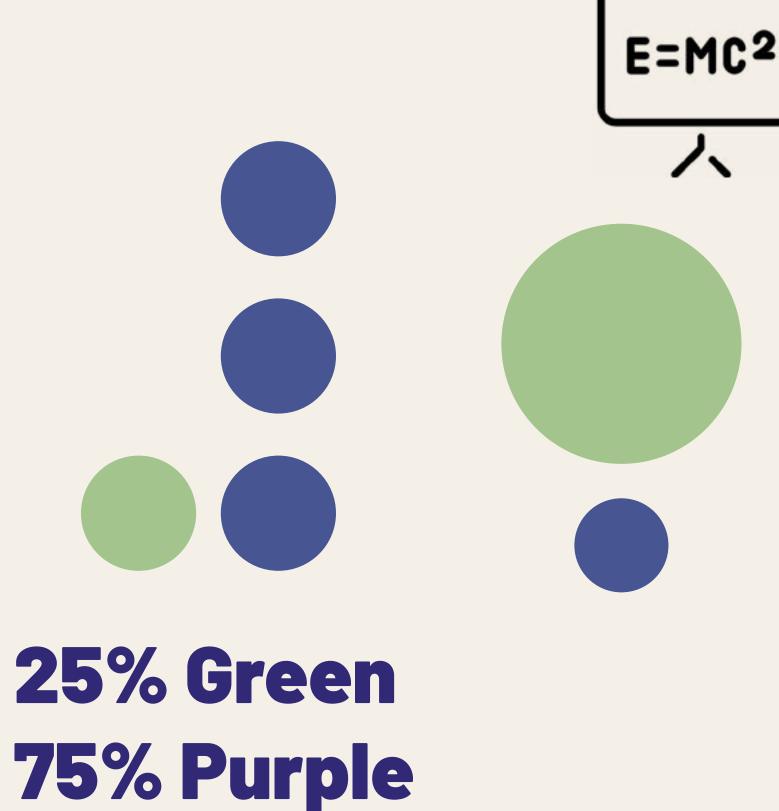


E=MC²





50% Green **50% Purple**



50% Green **50% Purple**





AGE GROUP	INTENDED POPULATION		ACTUAL SAMPLE		WEIGHT
18-34	24%	/	28%	=	0.857
35-44	36%	/	38%	=	0.947
45-54	28%	/	25%	=	1.120
55+	12%	/	9%	=	1.333

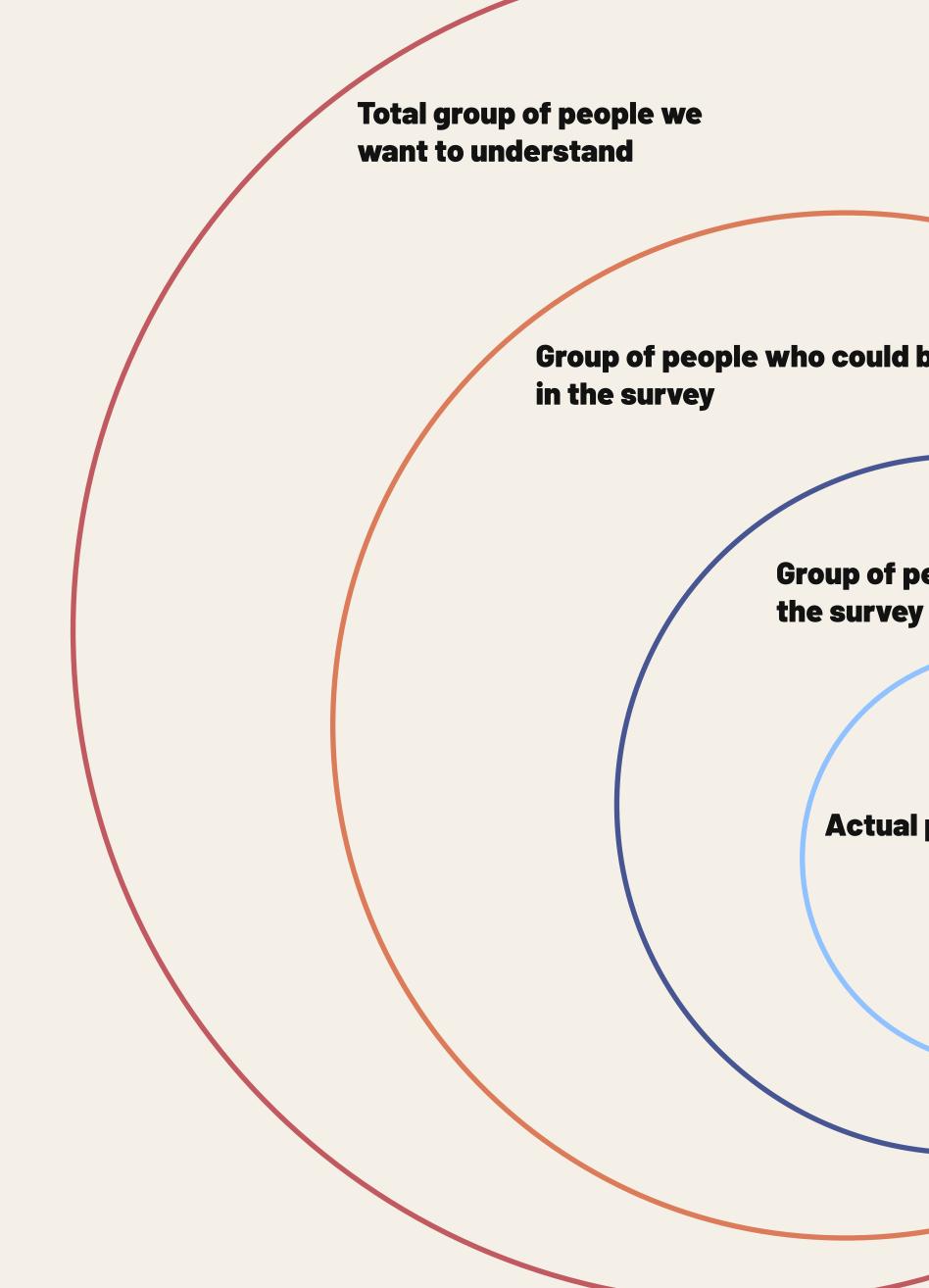
Person ID	Hispanic	Gender	Age	Pool or Dog Park	Weight
1	Hispanic	F	25	Pool	3
2	Not Hispanic	F	58	Dog Park	0.5
3	Not Hispanic	Μ	19	Dog Park	4
4	Hispanic	NB	45	Dog Park	1
5	Hispanic	F	51	Pool	0.5



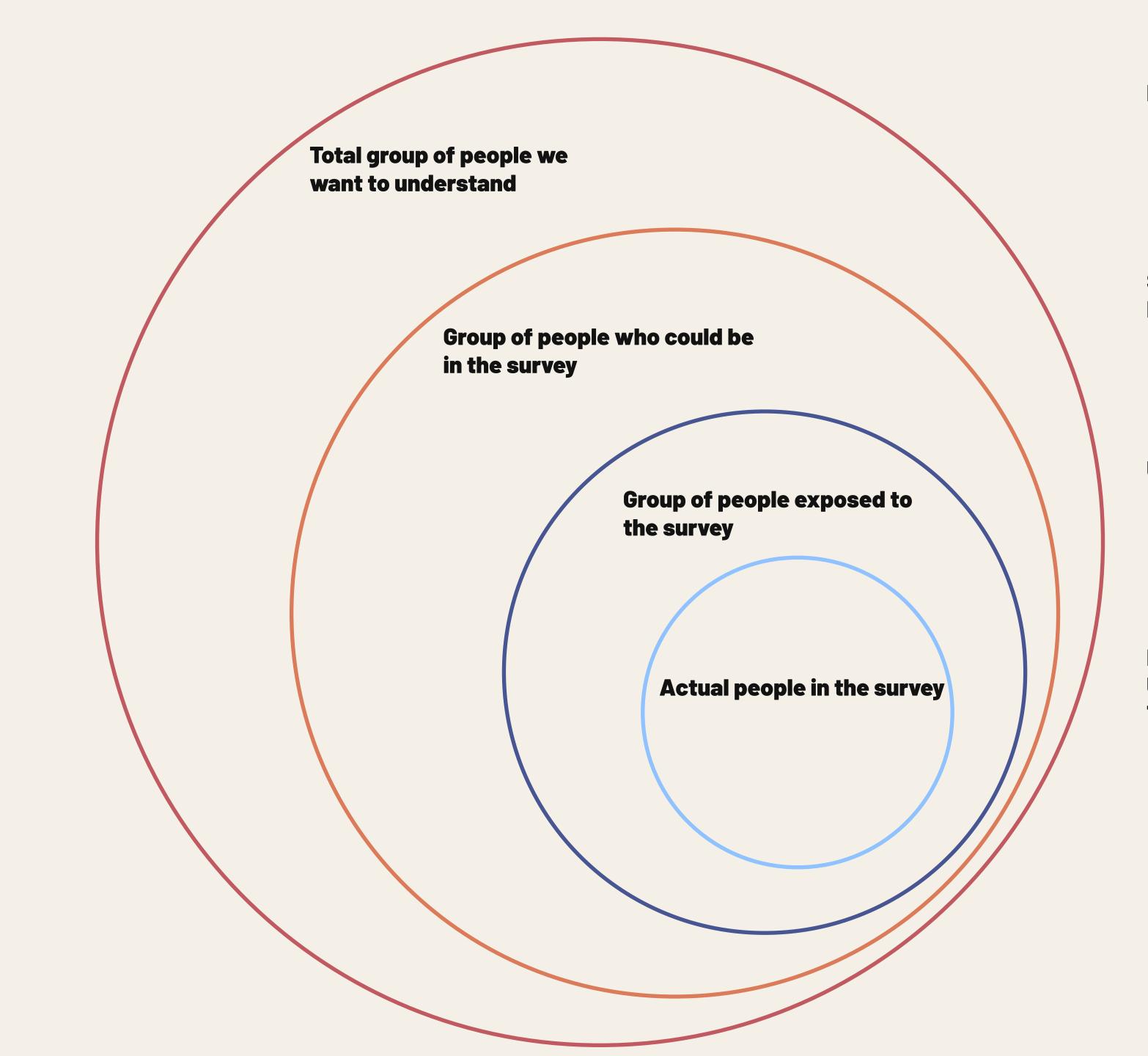
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1	Hispanic	F	25	Pool	2
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4	Hispanic	NB	45	Dog Park	1
5	Hispanic	-	5	Pool	0.5





d be	
people exposed to ey	
al people in the survey	

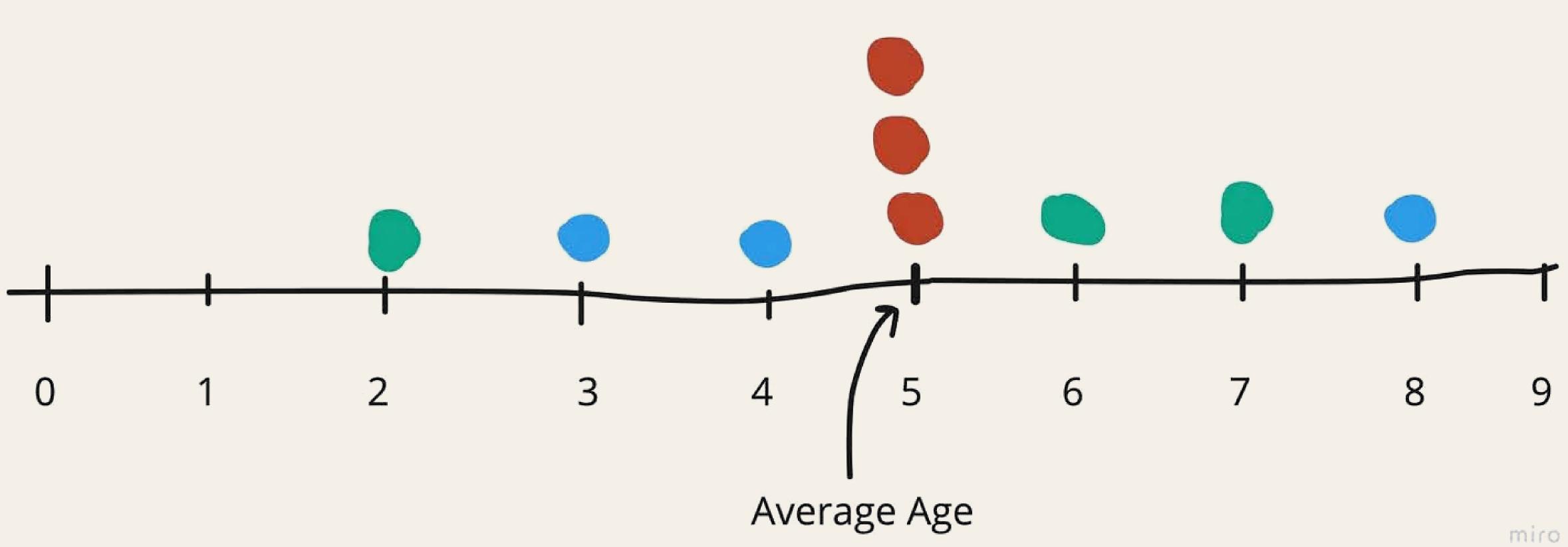


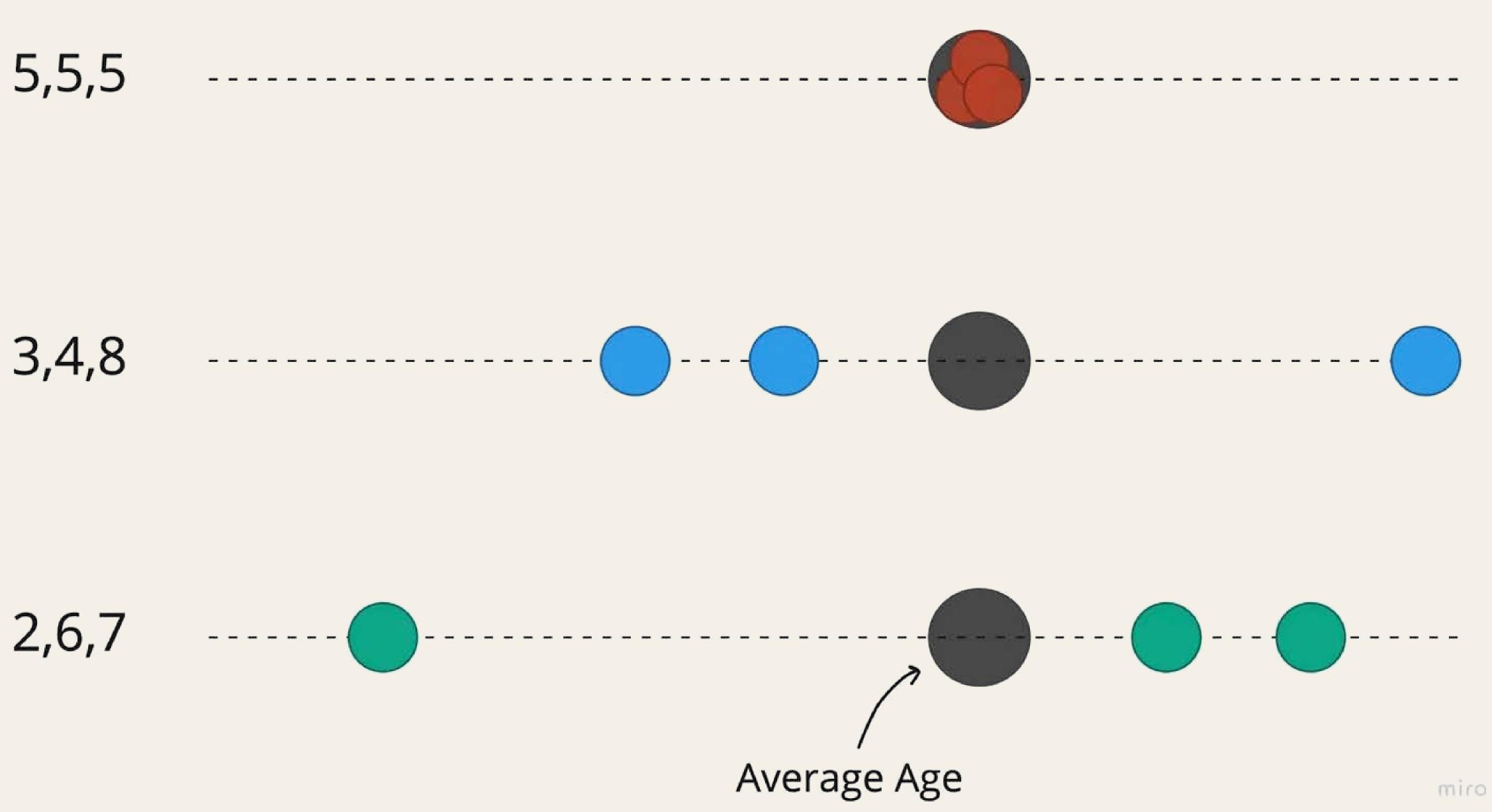
Non-coverage error

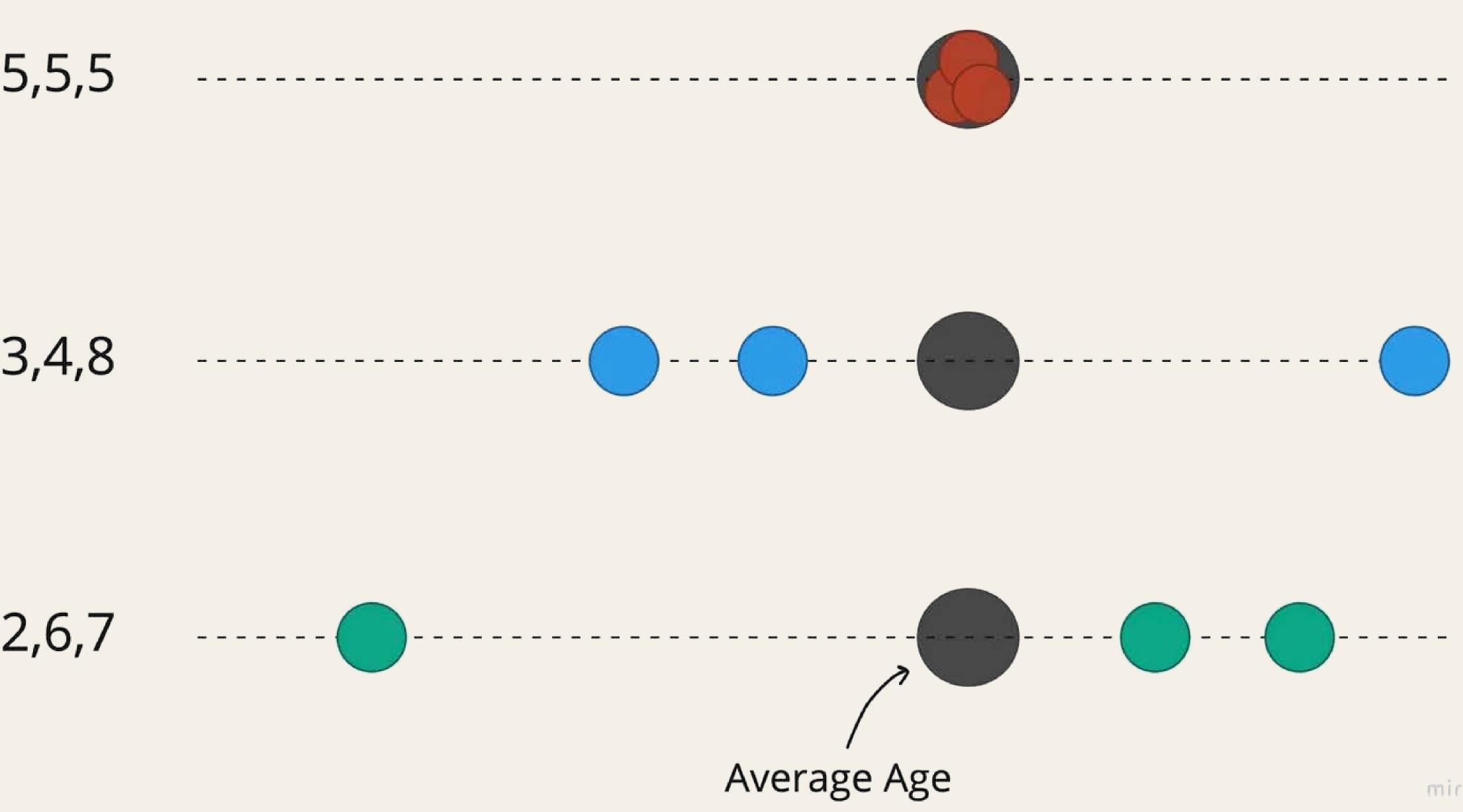
Sampling error Hard to reach pops

Unit non-response

Item non-response Under-reporting Top-coding









Comparative Study > Am Indian Alsk Native Ment Health Res. 2009;16(3):1-15. doi: 10.5820/aian.1603.2009.1.

Effect of race and ethnicity classification on survey estimates: Anomaly of the weighted totals of **American Indians and Alaska Natives**

Sunghee Lee¹, Delight E Satter, Ninez A Ponce

	Original Weight			Revised Weight			Proposed Weight		
	Weighted Total	(%)	SE (%)	Weighted Total	(%)	SE (%)	Weighted Total	(%)	SE (%
General health: Fair,	Poor								
AM AI/AN	89,569	21.4	1.1	187,395	22.9	1.4	88,428	22.8	1.5
NL AI/AN	8,952	24.5	2.6	37,918	24.9	2.9	23,402	24.3	2.9
Arthritis									
AM AI/AN	112,468	26.9	1.1	198,327	24.2	1.3	106,974	27.6	1.6
NL AI/AN	10,982	30.1	2.7	46,862	30.7	3.1	28,873	30.0	3.1
Asthma									
AM AI/AN	81,522	19.5	1.2	124,393	15.2	1.0	69,153	17.8	1.4
NL AI/AN	7,708	21.2	2.6	34,728	22.8	3.0	21,243	22.1	3.0

CHIS 2001 Estimates of Health-Related Variables for the AI/AN Population Using Different Weights





Journal of **Experimental Political** Science

Article contents

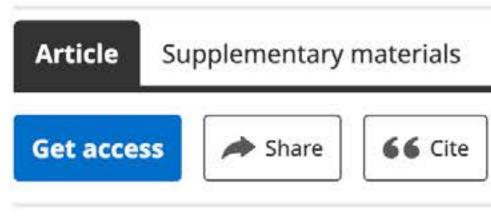
Abstract

References

Developing Standards for Post-Hoc Weighting in Population-Based Survey Experiments

Published online by Cambridge University Press: 12 October 2017

Annie Franco, Neil Malhotra, Gabor Simonovits and L. J. Zigerell



Abstract

Weighting techniques are employed to generalize results from survey experiments to populations of theoretical and substantive interest. Although weighting is often viewed as a second-order methodological issue, these adjustment methods invoke untestable assumptions about the nature of sample selection and potential heterogeneity in the treatment effect. Therefore, although weighting is a useful technique in estimating population quantities, it can introduce bias and also be used as a researcher degree of freedom. We review survey experiments published in three major journals from 2000–2015 and find that there are no standard operating procedures for weighting survey experiments. We argue that all survey experiments should report the sample average treatment effect (SATE). Researchers seeking to generalize to a broader population can weight to estimate the population average treatment effect (PATE), but should discuss the construction and application of weights in a detailed and transparent manner given the possibility that weighting can introduce bias.

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July 28, 2020

Comparison of Weighted and Unweighted Population Data to Assess Inequities in Coronavirus Disease 2019 Deaths by Race/Ethnicity Reported by the US Centers for Disease Control and Prevention

Tori L. Cowger, MPH^{1,2,3}; Brigette A. Davis, MPH^{1,3,4}; Onisha S. Etkins, MS^{1,3,4}; et al

> Author Affiliations | Article Information

JAMA Netw Open. 2020;3(7):e2016933. doi:10.1001/jamanetworkopen.2020.16933

"By adjusting for the geographical distribution of racial groups, the CDC effectively compares inequities that would remain had all racial and ethnic groups lived in the same geographical areas. Controlling for this major pathway understates COVID-19 mortality among Black, Latinx, and Asian individuals and overstates the burden among White individuals." Cowger, et al.

Table. Percentage Distribution by Race/Ethnicity for COVID-19 Deaths, CDC-NCHS-Weighted Population, and US Census Population and Absolute and Relative Differences Using Data as of May 13, 2020

	Distribution, %			Comparison with C weighted population		Comparison with US Census population (unweighted)	
Race/ethnicity ^a	COVID-19 deaths ^b	CDC-NCHS- weighted population	US Census population	Difference, % ^c	Ratio ^d	Difference, % ^e	Ratio ^f
American Indian and Alaska Native ⁹	0.4	0.2	0.7	0.2 ^h	2.00 ^h	-0.3	0.57
Asian American	5.8	11.5	5.7	-5.7	0.50	0.1 ^h	1.02 ^h
Black	22.4	18.2	12.5	4.2 ^h	1.23 ^h	9.9 ^h	1.79 ^h
Latinx	16.6	26.8	18.3	-10.2	0.62	-1.7	0.91
Other race ⁱ	2.5	1.9	2.4	0.6 ^h	1.32 ^h	0.1 ^h	1.04 ^h
White	52.3	41.4	60.4	10.9 ^h	1.26 ^h	-8.1	0.87

"The indirect standardization procedure implemented by the CDC is misleading and obviates a key mechanism by which structural racism operates to produce health inequities: social segregation. The CDC approach heavily weights large, urban counties because of their high proportion of COVID-19 deaths (eg, New York City) and excludes counties without any COVID-19 deaths.

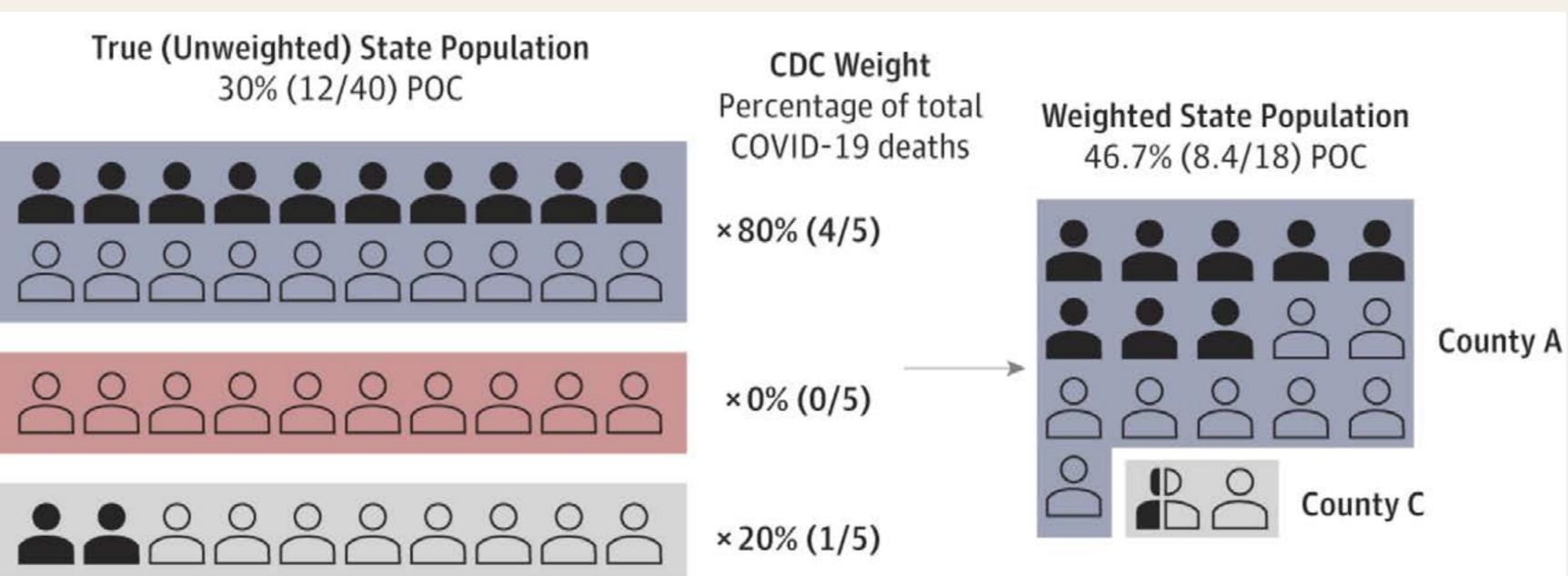
In effect, the CDC treats the geographical clustering of COVID-19 deaths as a nuisance parameter that must be controlled for to accurately compare the distribution of deaths across racial groups in the same geographical areas. However, the same mechanisms that pattern the geographical distribution of COVID-19 mortality also operate to produce racial/ethnic inequities in mortality." Cowger, et al.

30% (12/40) POC

County A: Similar to Bronx 50% (10/20) POC; 4 deaths (80%)

County B: Similar to Saratoga 0% (0/10) POC; 0 deaths (0%)

County C: Similar to Albany 20% (2/10) POC; 1 death (20%)



1. Researchers should exp weights.

2. Researchrs should explicitly state what weighting variables were used, why, and who made the choice.

3. When reporting weighted results, unweighted results should be easily accessible as well.

4. In some situations weighting plans should be documented in advance of data collection and analysis.

1. Researchers should explicitly state why they are using