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Example 6a — Ordered probit regression with endogenous treatment

Description Remarks and examples Also see

Description

In this example, we show how to estimate and interpret the results of an extended regression model with an ordinal outcome and endogenous treatment.

Remarks and examples

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We are studying the effect of having health insurance on women's health status, which we measure with a health score from 1 (poor) to 5 (excellent). We want to estimate the average treatment effect (ATE) of insurance on the probability of having each of the five statuses. We suspect that our model needs to account for the health insurance being an endogenous treatment.

In our fictional study, we collect data on a sample of 6,000 women between the ages of 25 and 30. In addition to the insurance indicator, we include an indicator for whether the woman exercises regularly and the number of years of schooling she completed (grade) as exogenous covariates. For our treatment model, we use grade and an indicator for whether the woman is currently working or attending school (workschool), which is excluded from the outcome model.

. use https://www.stata-press.com/data/r18/womenhlth (Women's health status)

- . eoprobit health i.exercise grade, entreat(insured = grade i.workschool)
- > vce(robust)

(iteration log omitted)

Extended ordered probit regression

Number of obs = 6,000

Log pseudolikelihood = -9105.4376

Wald chi2(4) = 516.93Prob > chi2 = 0.0000

	Coefficient	Robust std. err.	z	P> z	[95% conf.	interval]
health exercise#						
Yes#No Yes#Yes	.5296149 .5190249	.0619049 .033872	8.56 15.32	0.000	.4082835 .4526371	.6509463 .5854127
insured# c.grade						
No Yes	.1079014	.0250326	4.31 12.07	0.000	.0588383	.1569645
insured grade	.3060024	.0100506	30.45	0.000	.2863036	.3257012
	.3000024	.0100506	30.45	0.000	. 2003030	.3257012
workschool Yes	.5387767	.0446794	12.06	0.000	.4512067	.6263466
_cons	-3.592452	.1348431	-26.64	0.000	-3.85674	-3.328165
/health insured# c.cut1						
No	.6282326	.2393499			.1591154	1.09735
Yes insured# c.cut2	7255086	.2470598			-1.209737	2412803
No	1.594089	.2300159			1.143266	2.044912
Yes insured# c.cut3	. 4404531	.1986825			.0510426	.8298636
No	2.526424	.2241048			2.087186	2.965661
Yes insured# c.cut4	1.332514	.1845713			.9707608	1.694267
No	3.41748	.2356708			2.955574	3.879386
Yes	2.292828	.1760594			1.947758	2.637899
corr(e.ins~d, e.health)	.3414241	.0940374	3.63	0.000	. 1460223	.5111858

The estimated correlation between the errors from the health status equation and the errors from the health insurance equation is 0.34. This is significantly different from zero, so the treatment choice of being insured is endogenous. Because it is positive, we conclude that unobserved factors that increase the chance of having health insurance tend to also increase the chance of being in a high health status.

We see estimates of both the coefficients and the cutpoints for two equations, one for insured women (yes) and one for uninsured (no). For both insured and uninsured, exercise and education have positive effects on health status.

We could use estat teffects to estimate the ATE of insurance on the probabilities of each health category.

. estat teffects

Feel free to run that command and see the results. We estimate and interpret other estimates of these ATEs in [ERM] Example 6b after adjusting for endogenous sample selection that is introduced in that example. The ATE estimates there are slightly different, but they estimate the same thing. Given a sufficiently large sample, the two sets of estimates would converge to the same values.

Also see

[ERM] **eoprobit** — Extended ordered probit regression

[ERM] eoprobit postestimation — Postestimation tools for eoprobit and xteoprobit

[ERM] estat teffects — Average treatment effects for extended regression models

[ERM] Intro 5 — Treatment assignment features

[ERM] Intro 9 — Conceptual introduction via worked example

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