

# Interrupted Time-Series Designs for Policy and Intervention Analysis

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Tim Bruckner, PhD, MPH  
Associate Professor, Public Health  
University of California, Irvine  
tim.bruckner@uci.edu  
<https://faculty.sites.uci.edu/bruckner/>



# Overview

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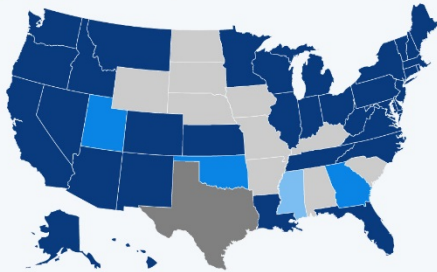
- why ITS?
- when to use
- logic of test
- practical considerations
- one example
- extensions
- resources

# Why ITS?

## COVID-19: Which States Have Ordered People To Stay Home?

Status of "stay at home orders" issued by U.S. states due to COVID-19 (as of Apr 02, 2020)

- Certain counties
- High-risk groups
- Statewide order
- Other
- No action/not available



Sources: New York Times, Kaiser Family Foundation



statista



# ACOG

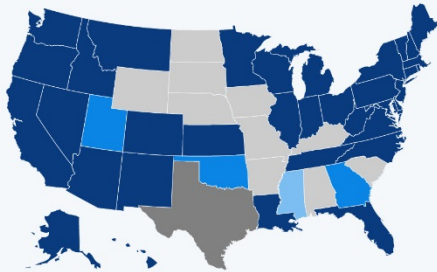
The American College of  
Obstetricians and Gynecologists

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# Why ITS

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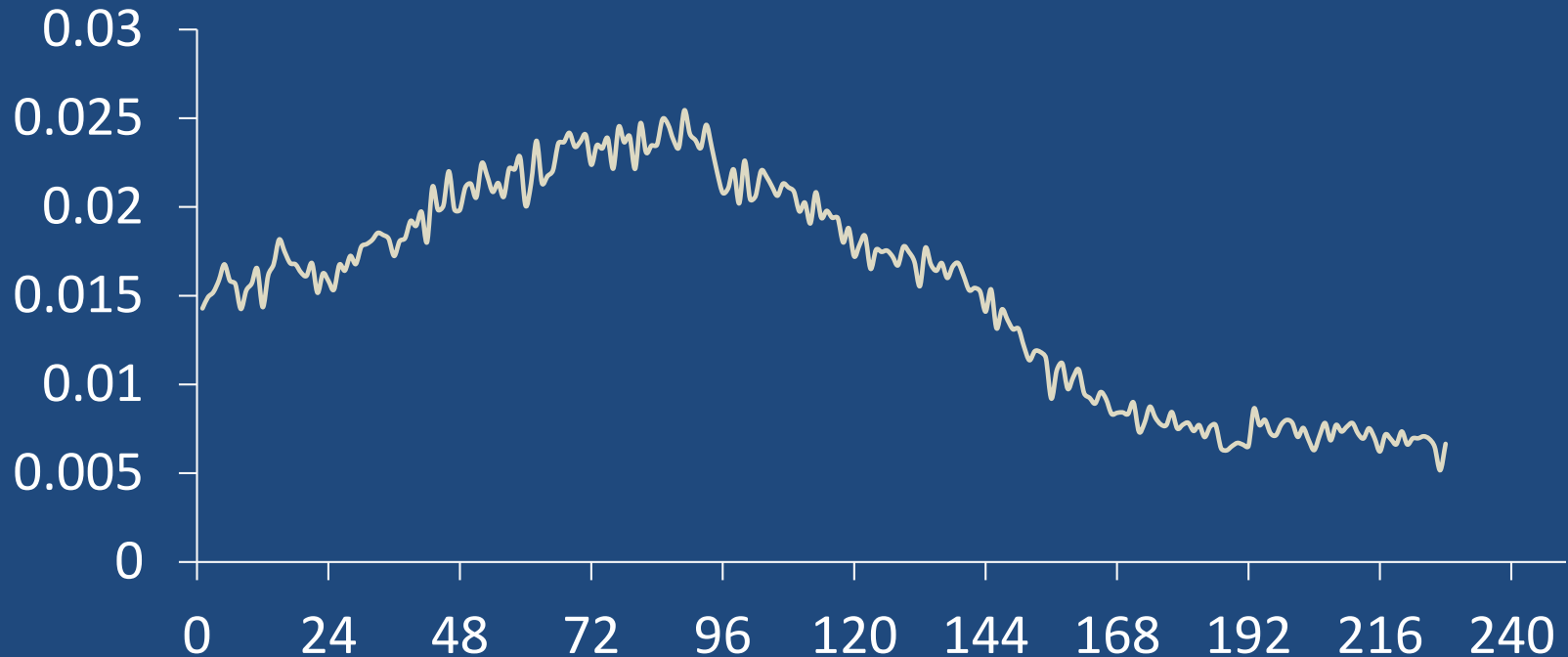
- Population is unit of interest
- Interruption has well-defined time of onset
- Exchangeability principle

# When to use

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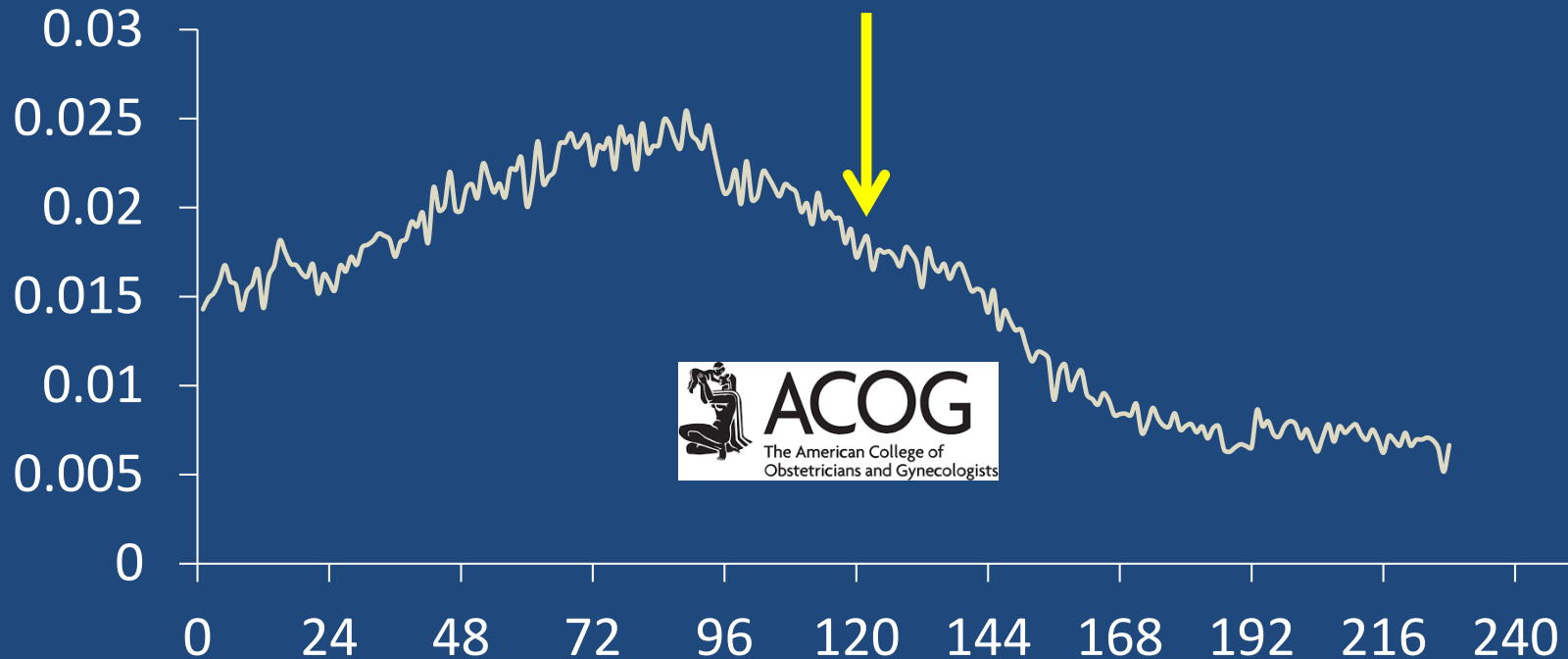
# When to use: phenomenon is complex

Incidence of vaginal births after C-section, 1989 to 2007



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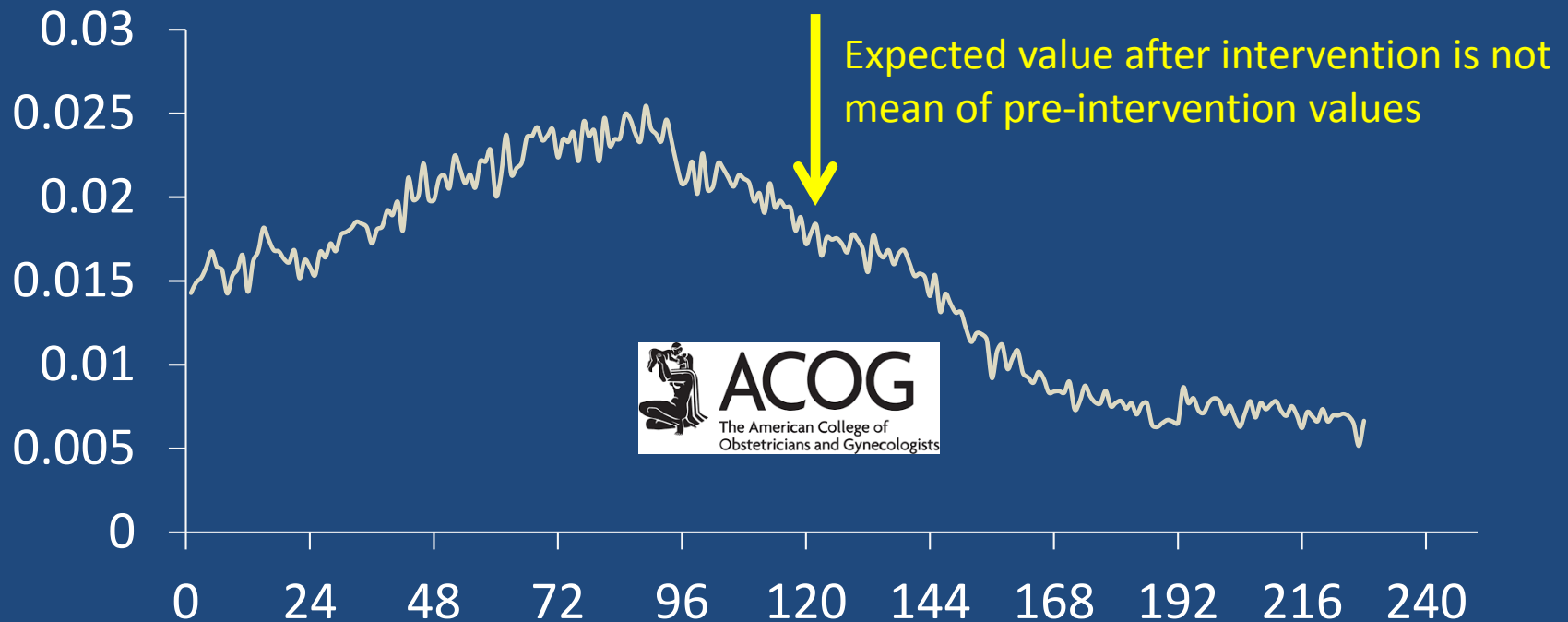
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# When to use: phenomenon is complex\*

Incidence of vaginal births after C-section, 1989 to 2007

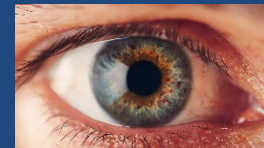


\* Most population health outcomes are complex

# When to use

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- Patterns in outcome variable may include trend, seasonality and other autocorrelation “signatures”
- Failure to identify and control for autocorrelation in the pre-intervention often leads to falsely attributing an “effect” to the intervention itself
  - or, leads to artificially precise standard errors
- “But . . . my outcome has no patterns”
  - did you check?



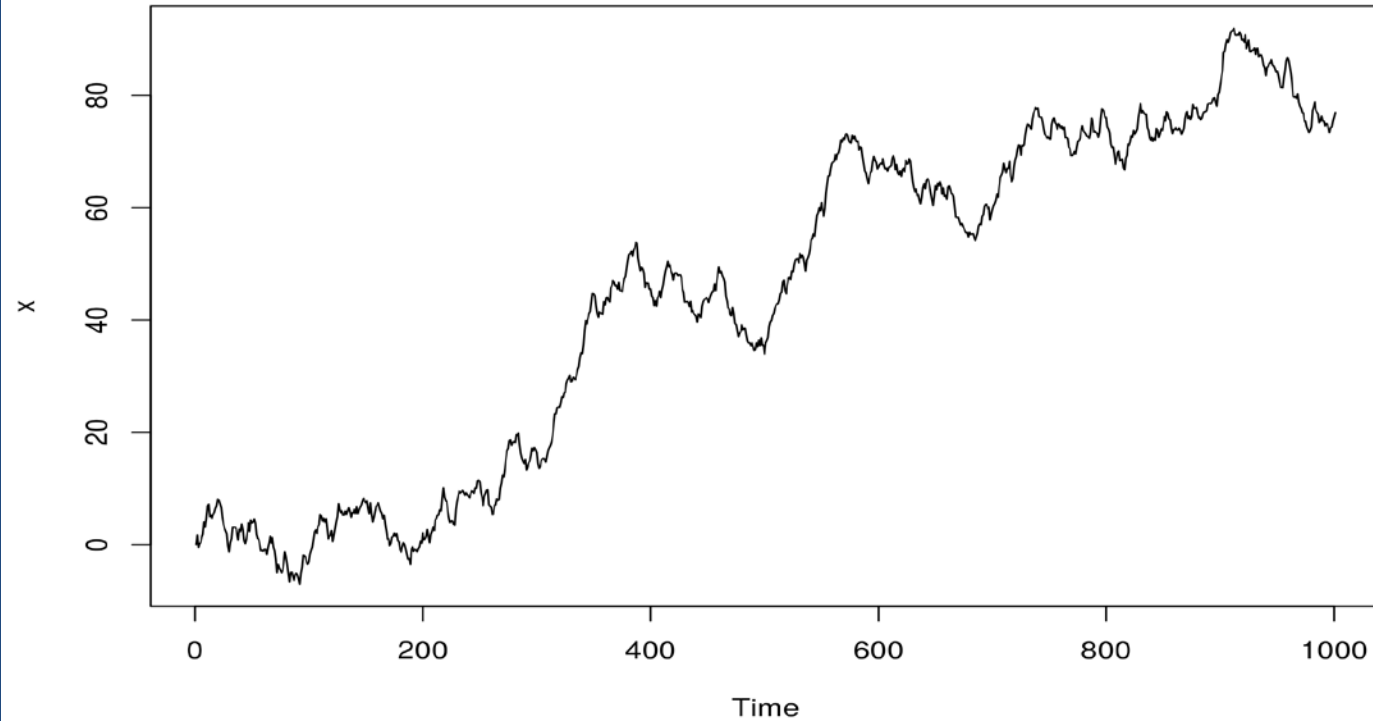
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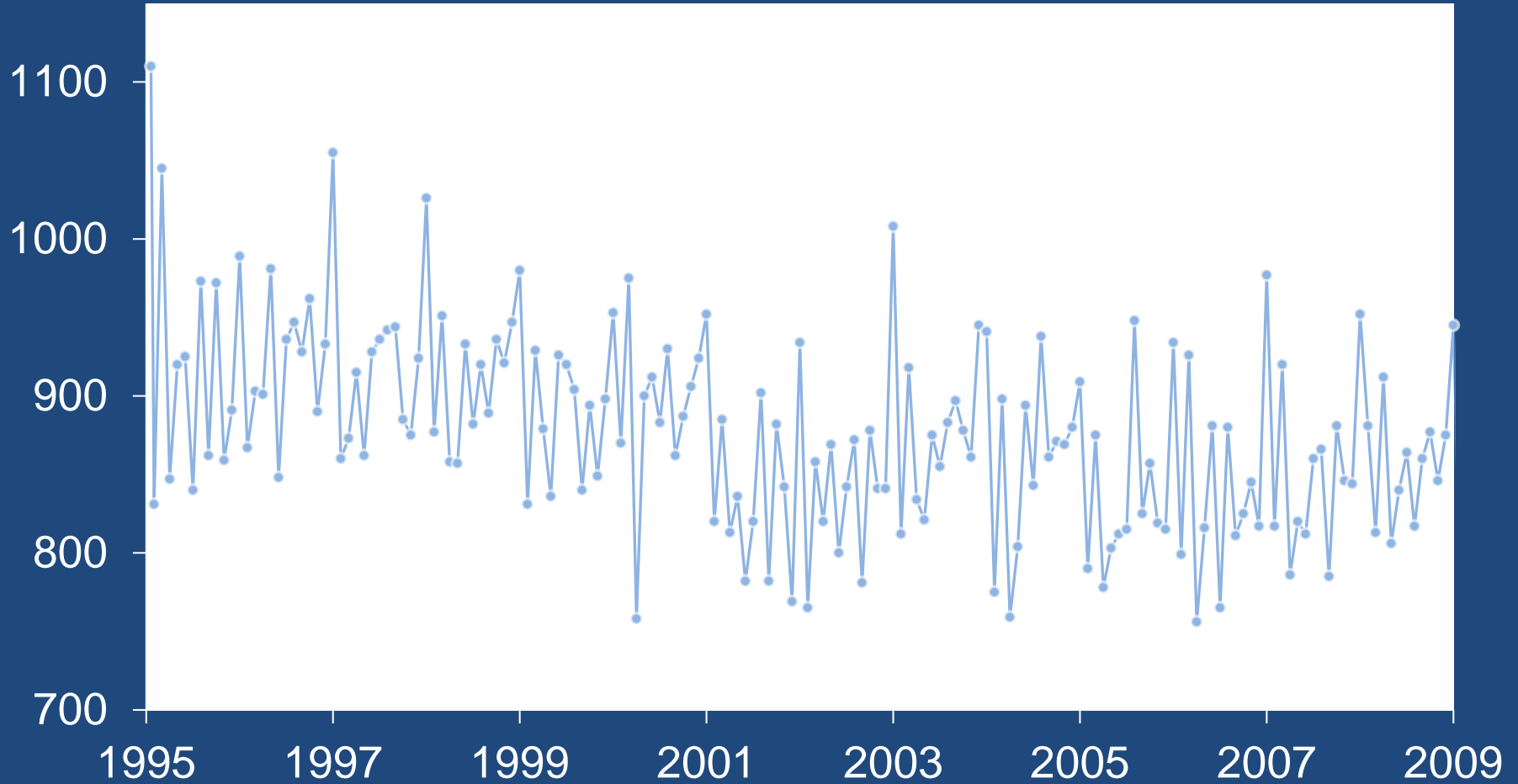
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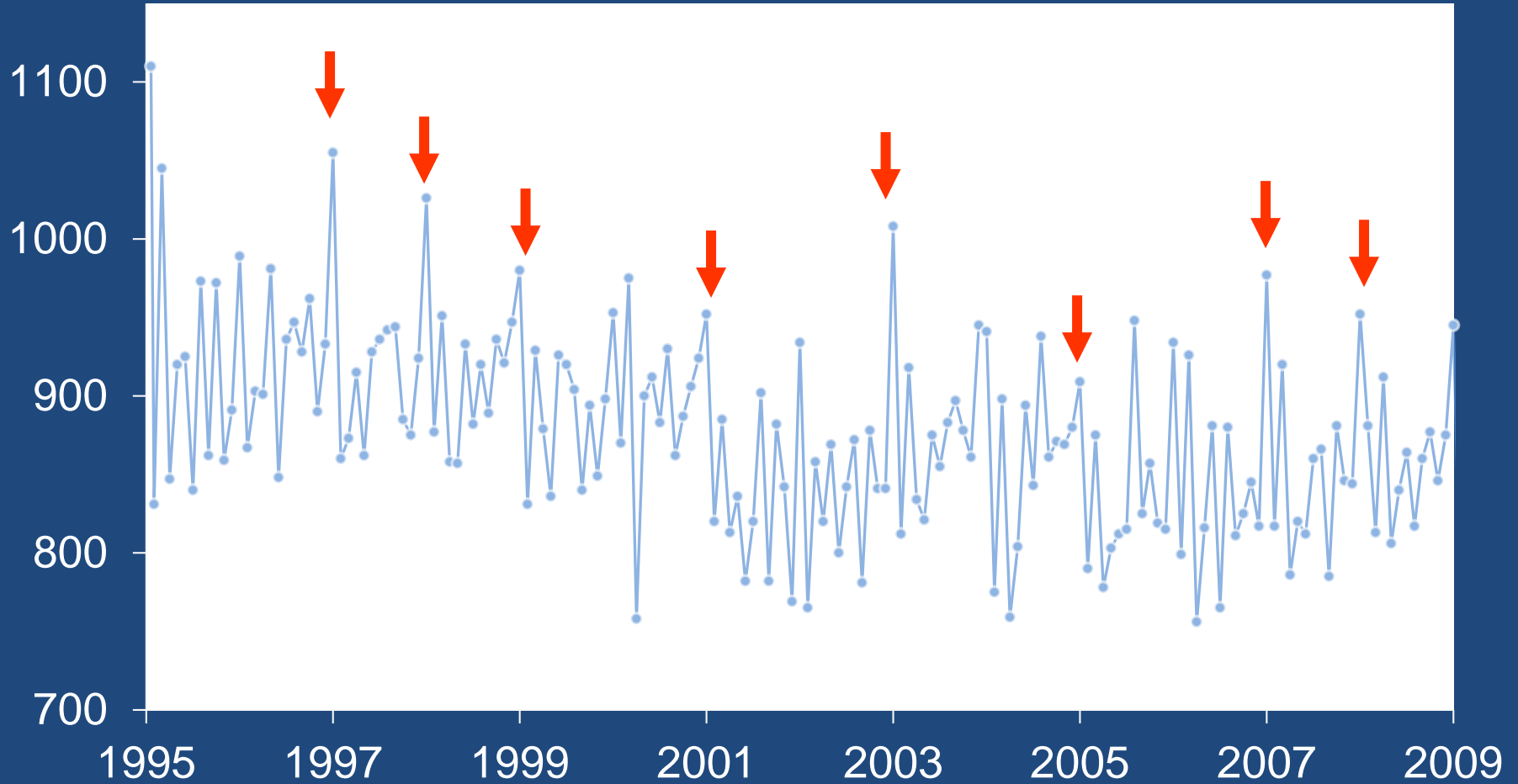
# Trend



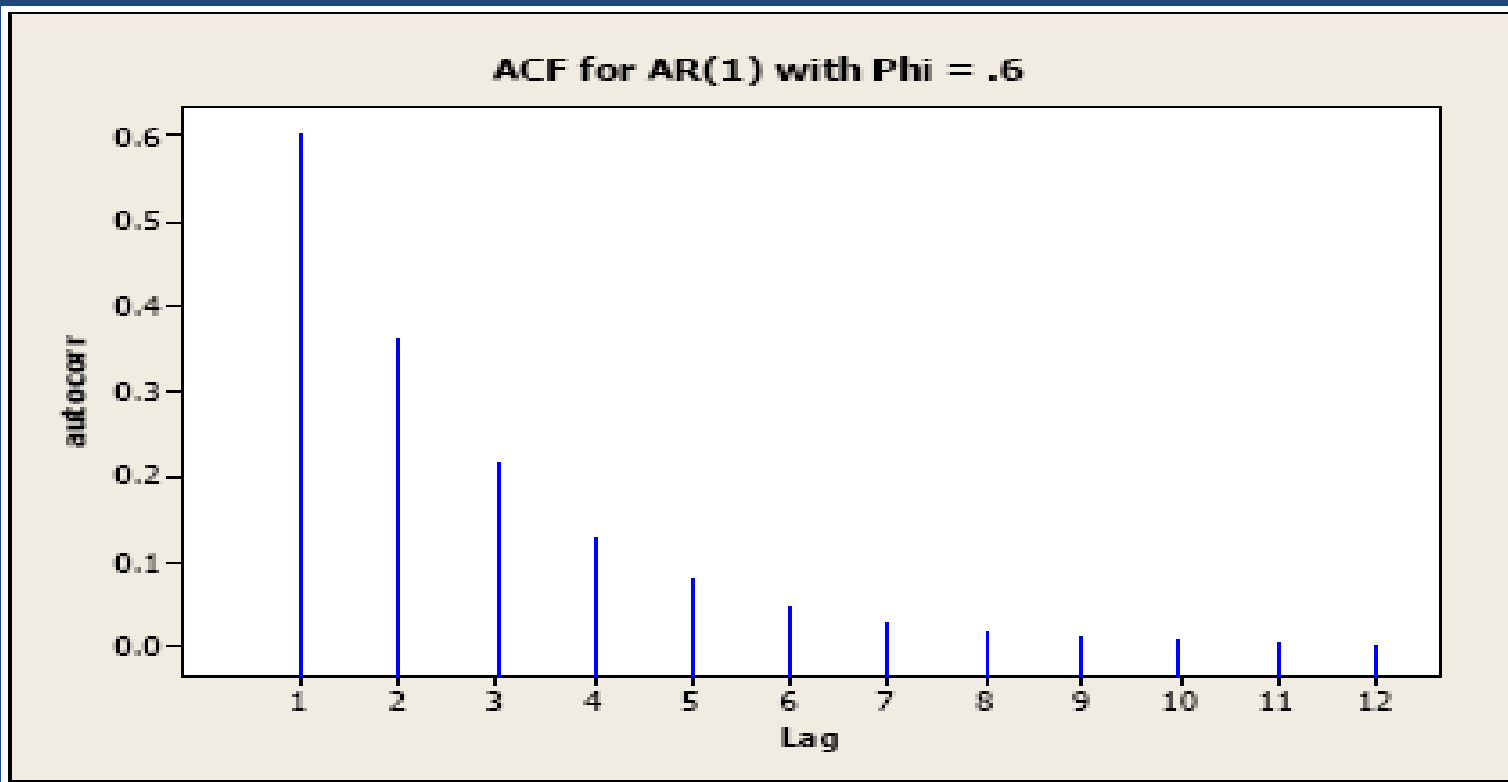
# Seasonality



# Seasonality



# “Memory”



# Logic of ITS

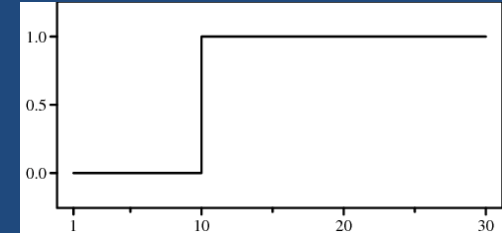
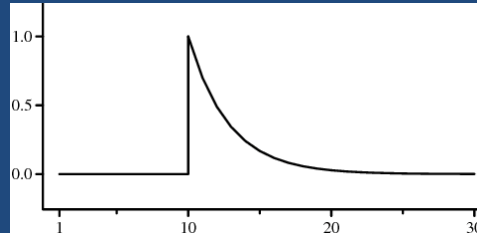
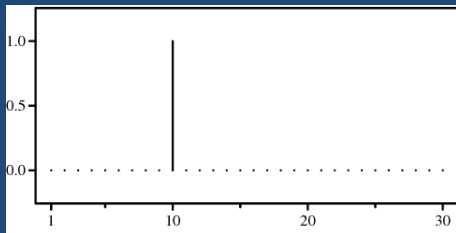
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- Identify autocorrelation of outcome (Y) before intervention to derive statistically expected values of Y after intervention
  - Counterfactual (comparison) is derived from history of Y
- earlier values of Y are used to remove patterns, so that expected value of residuals = 0
- Intervention (X) may cause Y only if it predicts Y better than history of Y itself
  - Granger-cause; conservative



# Practical considerations

- >50 time points pre-intervention provides adequate power
- consistent spacing (e.g., monthly)
- know exact timing of intervention/policy
- theory leads to an *a priori* expectation of induction period
  - Mental health, birth outcomes, health behaviors, stroke (vs. diabetes)
- Bonus: have an expectation about shape of response



# Practical Considerations

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- Time series vs. other approaches
  - One observation per time point
  - Sample size is duration of the series
- Crucial that data quality and collection methods are consistent throughout series
  - also, assumes constant variance of “segments”

# Example

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# Mental Health Services Act, CA



**Tax on 40,000 millionaires in CA**

**Redistributed \$\$ to county  
mental health dep'ts**

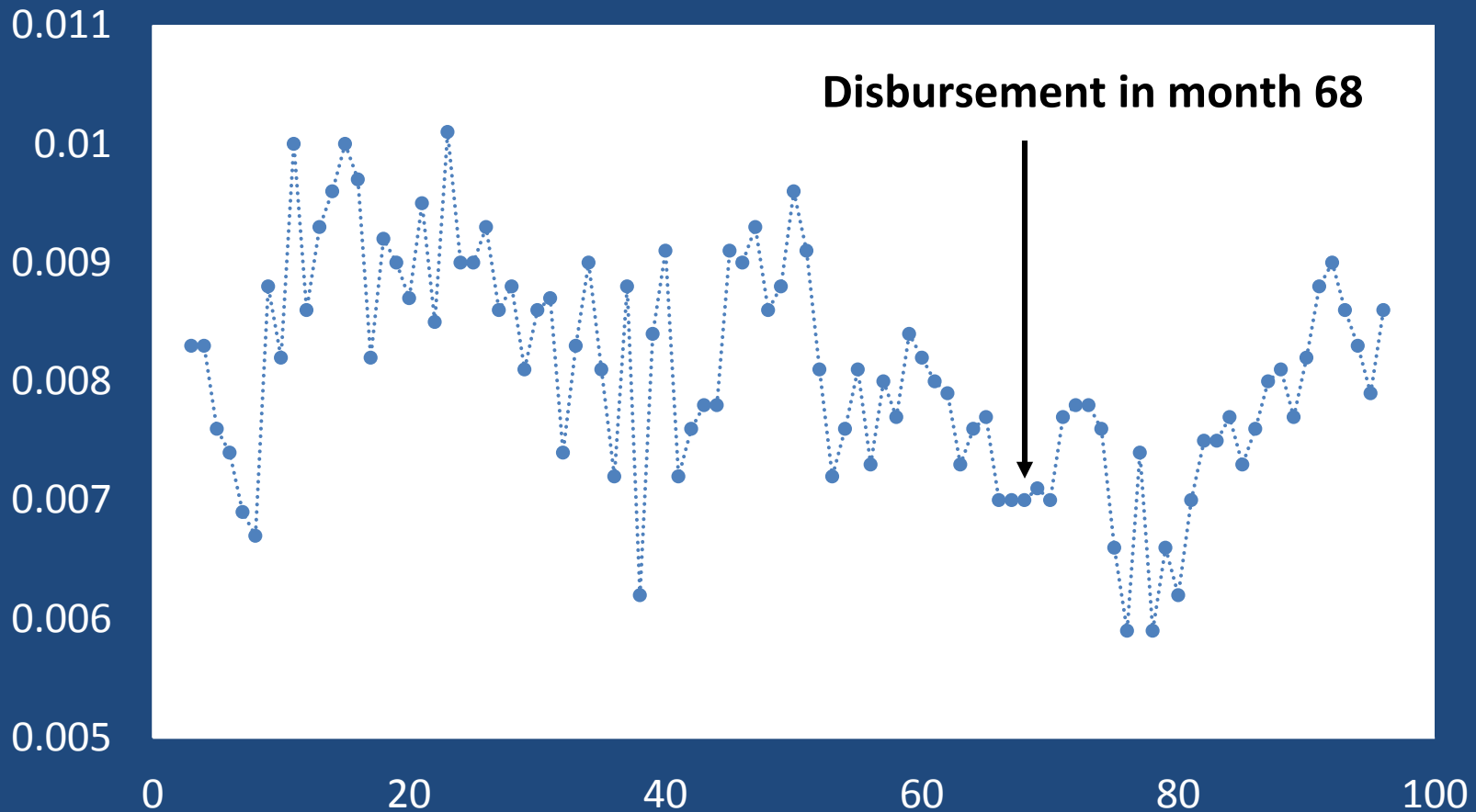
**Targets persons with SMI**

**\$27 Billion since 2005**

**Counties had to apply for funds**

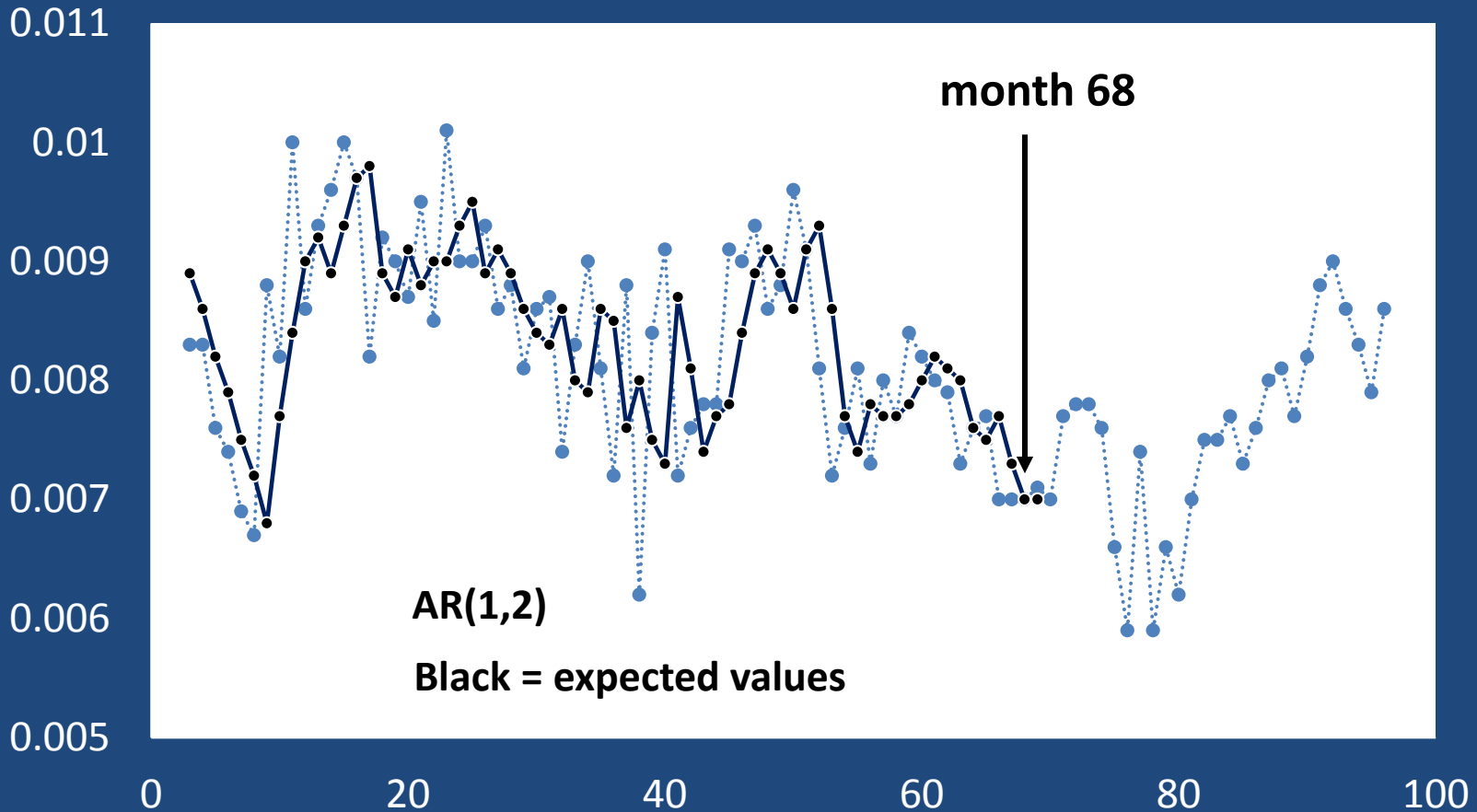
# Did MHSA reduce psychiatric ED visits?

Odds of Psychiatric ED Visit in LA County



# 1. ID patterns; derive expected values

Odds of Psychiatric ED Visit in LA County



## 2. Insert controls (confounders)

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- Unemployment Rate
- Precipitation
- Hospitals with emergency stations

# 3. Specify induction period

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- Start with 5 to 12 months post-MHSA funds
  - based on discussions with LA County
  - Ideally, specify before you peek at data
- Then, examine change in mean



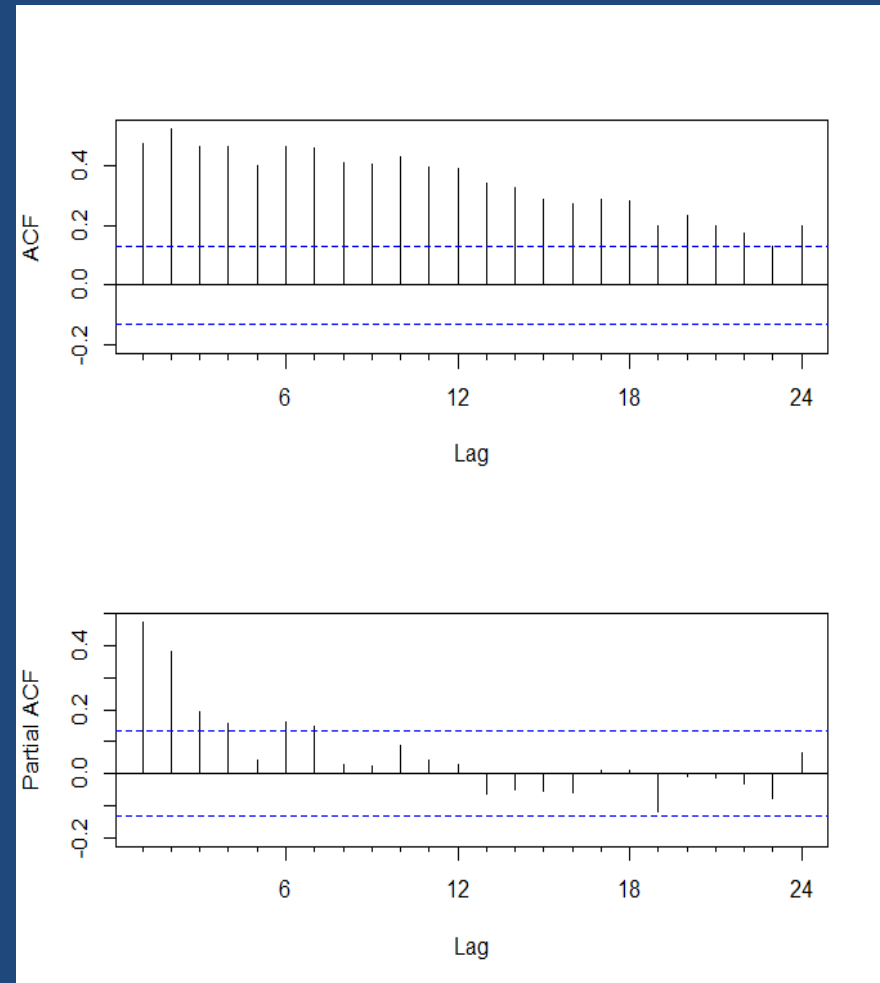
# 4. Insert MHSA variable

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- Binary (1/0) at time 68; lags of 5 through 12 months
- Estimate its association with psychiatric ED visits
  - ARIMA regression framework

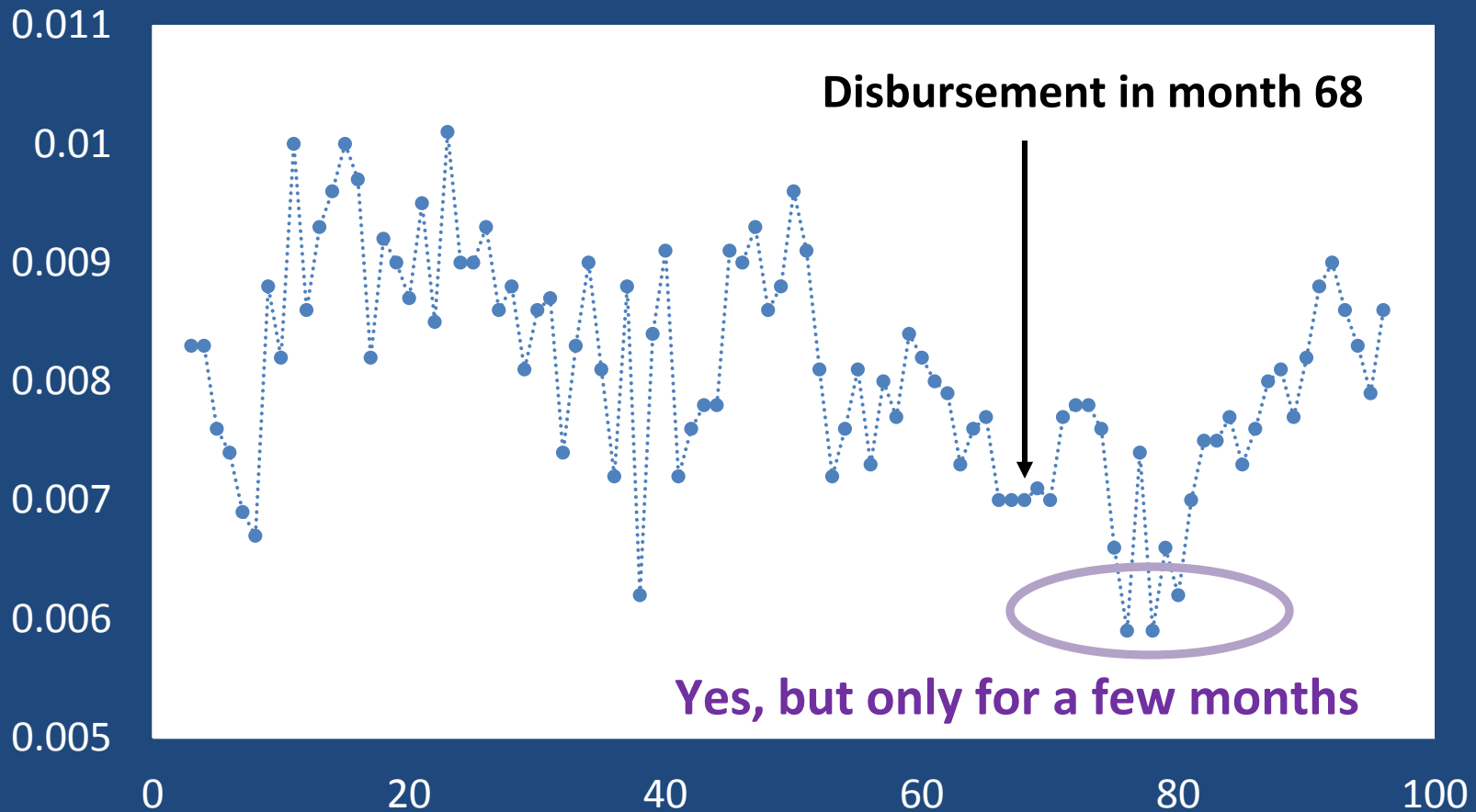
# 5. Inspect residuals for patterns

- Must examine ACF, PACF
- If there is residual autocorrelation, re-specify the error term
- If there is none, interpret coefficient (SE)



# Did receipt of funds reduce ED visits?

Odds of Psychiatric ED Visit in LA County



# Extensions

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# Extensions: Control Series

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- Insert a control series unaffected by intervention
  - Comparison place, or comparison pop'n w/in place
    - analagous to a falsification test
  - Benefit: minimizes « history » rival of broader changes
  - Confounder would have to
    - be specific to your study population
    - be unpatterned
    - occur only after the intervention but not be caused by it
- Important that control is theorized to be unaffected!

# Extensions: Combined Approach

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- If you want individual-level inference
  - augment individual-level data with a time propensity
- Time propensity is derived from a best-fitted value of the outcome, conditional ONLY on time
  - Often much more efficient than year & month indicators
  - Better captures the nuance of patterned Y
- Use time propensity as a covariate in an individual-based approach

# Pitfalls to avoid

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- “My outcome has no temporal patterns”
  - Did you check?
- “Year, month indicators remove all patterns in outcome”
  - Inspection of ACF and PACF is only way to diagnose

# Pitfalls to avoid

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- “I can pre-specify patterns without empirical examination (e.g., cubic spline)”
  - Could work, but double-check ACF and PACF
- “I have an exogenous shock; I can compare means pre- and post- shock”
  - Is it truly exogenous? Most policies not randomly assigned in place & time
  - Patterns, especially preceding shock, are most insidious & require control



# Summary

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- **If interested in**
  - acute ecological exposure

**AND**

- data availability permit

ITS represents an appealing option, consistent with experimental logic, that minimizes bias due to confounding

# Resources

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- **ARIMA**
  - Flexible in terms of applications, and model choice
  - Strong outlier detection routines
  - Is available in R, SAS, **SCA\*** (No ACF/PACF output in STATA)
  - No *a priori* assumptions about autocorrelation
- **Others (e.g., spline, sine wave, linear regression)**
  - Makes assumptions about functional form
    - Must be verified by analyst
  - Can capture autocorrelation for some Y's

\* my preference

# Resources

- References:
  - Box, G. E. P., G. M. Jenkins, and G. C. Reinsel. *Time Series Analysis: Forecasting and Control* 3rd ed. Englewood Cliffs, NJ: Prentice Hall, 1994.
  - Chatfield C. *The Analysis of Time Series: An Introduction*, 6<sup>th</sup> Edn. 2016
  - For time propensity: Catalano R, Ahern J, **Bruckner T**. Estimating the health effects of macrosocial shocks: a collaborative approach. In: Galea, S. (ed.). *Macrosocial Determinants of Health*. Springer; New York, 2008.
  - <https://doi.org/10.1093/oxfordjournals.aje.a114712>
- Software Packages
  - SCA: <http://www.scausa.com/scatsa.php>
  - SAS: Proc ARIMA [https://support.sas.com/rnd/app/ets/procedures/ets\\_arima.html](https://support.sas.com/rnd/app/ets/procedures/ets_arima.html)
  - R: <http://a-little-book-of-r-for-time-series.readthedocs.io/en/latest/src/timeseries.html>
- Practical examples/papers:
  - <http://faculty.sites.uci.edu/bruckner/>
  - search “UCLA Stats ARIMA”
  - Tutorial in Intl J Epid: <https://doi.org/10.1093/ije/dyw098>



# Thank you

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tim.bruckner@uci.edu

<http://faculty.sites.uci.edu/bruckner/>

