


Office of Research

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Statistical Analysis of Underwriting Outcomes in Exam

Overview

- Some of the difficulties with underwriting analyses
- My general approach
 - Plain language
 - Not-so-plain language (but still not too technical)
- Different measures of interest, and their pros and cons
- Examples from an actual exam

Some of the problems with underwriting analyses

- We are implicitly concerned with counterfactuals that we can never observe
 - What would have happened if applicants of type A had been type B?
 - What about if applicants of type B had been type A?
- We observe only a binary outcome (denied/approved), but must estimate the probability of denial/approval (think: proxy issues)
- Even with estimates of the disparity, evaluating harm is difficult
 - Can (theoretically) be disparity without harm (e.g. no “marginal” candidates)
 - Can even be harm without disparity (e.g. marginal candidates treated differently, but on average, treated the same)

My (limited) understanding of the “old way”

- Use logit to estimate odds ratios
 - Odds ratios make identifying the *existence* of a disparity very easy
 - But the *magnitude* of disparity is very hard to interpret with odds ratios (and easy to misinterpret); e.g. what does odds ratio of 3 mean?
 - ~~• Denial rate for test group is 3 times higher than for control group?~~
 - 25% denial rate for test vs. 10% denial rate for control?
 - 75% denial rate for test vs. 50% denial rate for control?
 - 99% denial rate for test vs. 97% denial rate for control?

- Also, difficult to show how many people harmed, by how much, etc.
 - (sadly, my approach still struggles with this one)

What I did in this case (plain language)

- Ran a slightly different statistical model, then estimated two counterfactuals:
 - Conditional on all the other characteristics, what would the denial rate have been if all the applicants were treated like the “control” group?
 - With the same conditions, what would the denial rates have been if all the applicants were treated like the “test” group?
- For the disparity estimate, took the average of the differences between these estimates across all applicants (avg. treatment effect, or ATE)
- For the harm estimate, took the average we estimate for members of the test group only (avg. treatment effect on the treated, or ATT)

What I did in this case (less plain language)

- Applied a probit regression
 - Similar to linear regression, but no longer fitting a line
 - Formally, a probit regression is based on the normal (“Gaussian”) distribution
 - Think of it as a “best fit curve” rather than a best fit line

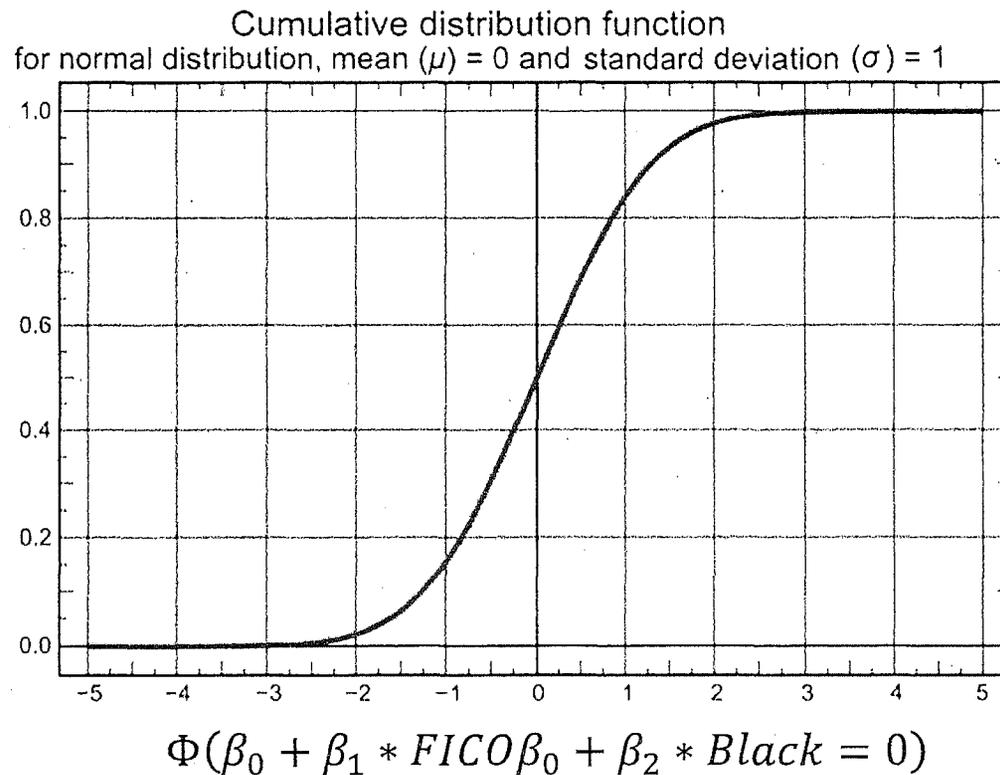
- Calculated “Average Marginal Effects” from the resulting coefficients to approximate the ATE and ATT

- Employed a number of robustness checks and bias corrections to ensure estimates are conservative
 - Note that I did not present these as the “findings,” as they are likely too opaque to be of practical relevance

What does this actually mean? (depicting a probit)

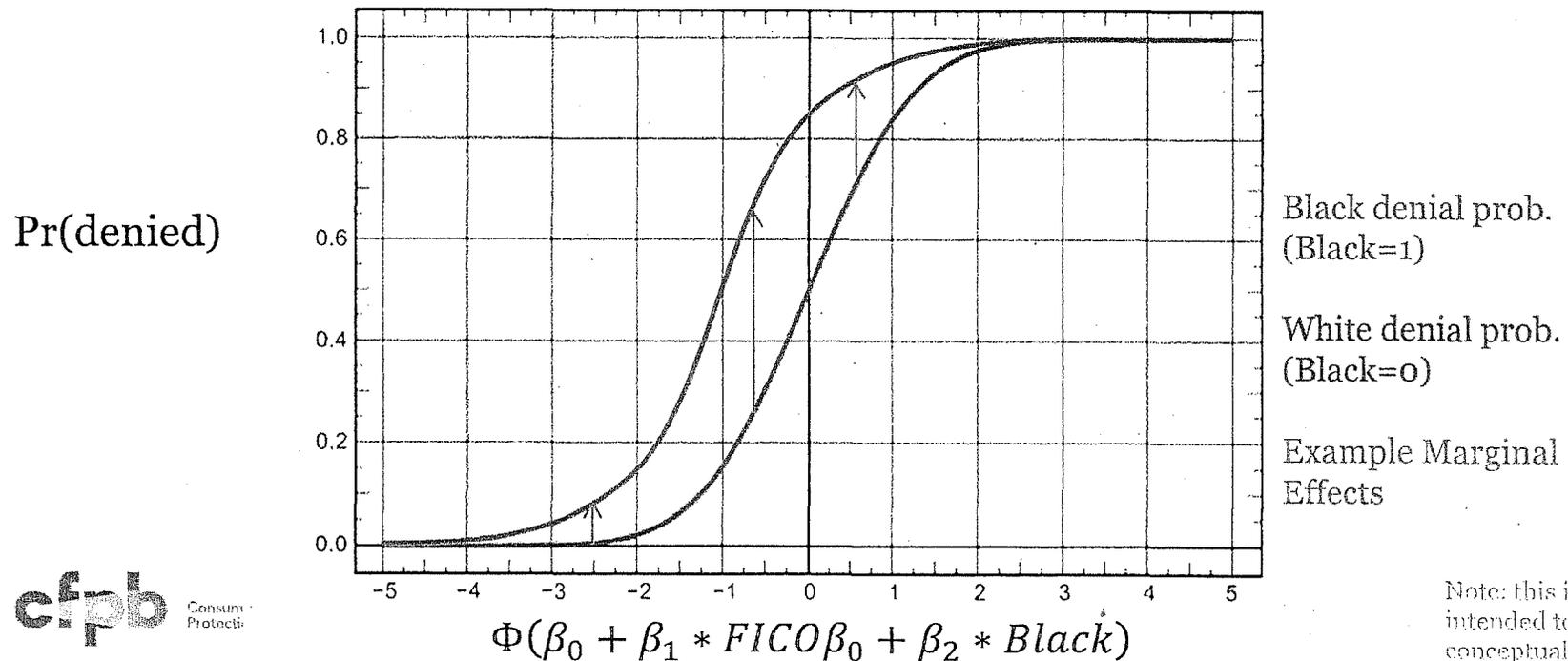
- So let's say we run a probit regression on race and price and we get some model $Decline = \Phi(\beta_0 + \beta_1 * FICO + \beta_2 * Black)$. What does this mean?
- Perhaps best described visually:

Pr(denied)



What does this actually mean? (depicting dummy coefficients and marginal effects)

- Being Black here shifts the curve to the left, meaning these applicants are more likely to be denied at any FICO level
- But, *how much* more likely depends on the FICO (which moves us along the curve)
 - Note: this gets more complicated when additional variables are added



So, what can we make of this?

- While the coefficients from the probit may be difficult to interpret, we can use them to calculate some useful information, e.g.:
 - Would the (expected) denial rate have been if everyone was Black?
 - Would the (expected) denial rate have been if everyone was White?

- Taking the difference between these gives the marginal effect, from which we can calculate some measures of interest
 - The “Average Treatment Effect” (ATE), a measure of the disparity in the full sample (taking average marginal effect from the whole sample)
 - The “Average Treatment Effect on the Treated” (ATT), a measure of the harm faced by the observed protected applicants (taking the average marginal effect of the protected group)

Two measure of disparity: ATE vs. ATT

- ATE is the average change to the expected probability of denial given the respondents other characteristics
 - Calculated for the entire distribution
 - Uses all the same information used in calculating the coefficient (ensures “unbiasedness”)
 - Looks at both sides of disparity (e.g. positive benefit for control group, negative penalty for test group)

- ATT is the average change to the expected probability of denial for “treated” applicants, given these applicants’ characteristics
 - Calculated for only the “test” group, not the entire distribution
 - Only captures negative penalty facing test group
 - Not always a reliable measure when calculated this way

Actual estimates from [REDACTED], with an example interpretation

	Black, 30-yr. conventional	Black, 30-yr. MHP	Hispanic, 30-yr. conventional
Unconditional "control" denial rate	12.1%	13.7%	12.1%
Unconditional "test" denial rate	25.6%	26.1%	26.1%
Unconditional disparity	13.5%	12.4%	11.1%
ATE (conditional disparity)	4.1%	7.1%	5.3%
ATT (conditional disparity, test only)	5.8%	10.5%	7.4%

- On average 30-year conventional applicants would have been denied in an additional 4.1% of the cases if they had been transformed from White to Black
- On average Black 30-year conventional applicants faced denial in 5.8% more cases than they would have had they been White

Some caveats

- An argument can be made that the ATE is as good (perhaps better) measure of harm than the ATT
- In some cases, calculating the ATT in the manner described leads to biased estimates
 - E.g. when characteristics of the groups don't sufficiently overlap
 - Solutions to this problem (e.g. PS weighting/matching) add complexity, and demands more of the data
- Since estimates are of a probability of outcome, very difficult to identify who (if anyone) is actually impacted, let alone the resulting harm

Benefits to this approach

- These marginal effects/ATE/ATT estimates are comparable across products, lenders, etc.
 - An estimated ATT of 5.8% means we expect the test group was denied in 5.8% more cases, regardless of the “odds” of denial
 - *If* we determine a ratio with which we are comfortable, we compare relative denial rate disparities across lenders*

- The estimated “harm” is a little more clear here, so long as we are content to deal in averages
 - 5.8% more denials means harm can be estimated at $.058 \times (\text{number of test applicants}) \times (\text{amount of harm per applicant})$
 - Note that we are estimating this in probability space, so we still don't know *who* (if anyone) was actually harmed (again, think: proxy)

Some potential ratios of interest

Measure	Interpretation	Example- Black, 30-yr. conv.
ATE/unconditional denial rate for all applicants	Increase in denial rate average applicant would have experienced if moved from control group to test group as % of <u>observed denial rate</u>	30.6%
ATE/conditional denial rate for all	Increase in denial rate average applicant would have experienced if moved from control group to test group as % of <u>estimated denial rate</u>	29.8%
ATT/unconditional denial rate for control	% increase in denial rates for test group relative to <u>control group denial rate</u>	47.9%
ATT/unconditional denial rate for test	% of <u>test group denial rate</u> that remains “unexplained” after controlling for underwriting factors	22.7%
ATT/counterfactual denial rate for test if treated like control	% increase in denial rate for test group over the <u>denial rate they would have expected if they were in control group</u>	26.8%
ATC/unconditional denial rate for control	% increase in denial rate for <u>control group if they were moved to test group</u>	32.2%

Each of these measures has merit, but none is a clear “best measure” of relative disparity

Bonus Slides

Disparity (ATE) vs. Damages (ATT): Why are they different here?

- Disparity here (ATE) is the difference in (conditional) probability of denial between the test and control groups
 - Inference is about the *process* leading to denial
- Damages here (ATT) is the difference between the expected and realized outcomes for harmed group
 - Inference is about the *outcomes* that actually resulted from that process
- Imagine underwriting depends (only) on rolling a die: Whites are denied if they roll a 3 or less Blacks and Hispanics are denied if they roll a 4 or less
 - Disparity is 16.7%, i.e. the *chance* that someone rolls a 4 (and getting a different outcome)
 - Damages only accrue when test group *actually rolls* a 4 (resulting in an outcome different than the control group would have achieved)

Die roll underwriting example, continued

- Take the case below showing rolls and outcomes for 6 applicants from 3 different groups
 - Conditional disparity (~ATE) is still a 16.7 percentage point increase in denials for minorities vs. Whites
 - But the harm (*in bold*, ~ATT) would be higher than disparity for Blacks (33.3 percentage points), and lower than disparity for Hispanics (0%), since they happened to roll more 4s

Whites	Blacks	Hispanics
5 (approved)	6 (approved)	6 (approved)
5 (approved)	5 (approved)	6 (approved)
4 (approved)	4 (denied)	3 (denied)
3 (denied)	4 (denied)	3 (denied)
3 (denied)	4 (denied)	2 (denied)
1 (denied)	2 (denied)	1 (denied)

Disparity (ATE) vs. Damages (ATT): Some takeaways

- Disparity (ATE) here is an estimate of the *expected* difference in conditional outcomes
 - Good measure of the risk of harm
 - Might be a better measure of “unobserved” harm, e.g.
 - If we think protected group members are harmed by disparate processes in addition to disparate outcomes
 - If we think institution got “lucky” to have only non-marginal applicants
- Damages (ATT) is an estimate of the *actual* conditional differences realized by the test group
 - Good measure of the impact of the disparity
 - Might not capture the “true” problem
 - Could miss the risk of additional (unrealized) harm
 - Could penalize institution for taking on more “marginal” applicants
- “All potential applicants face the same disparity, but the damages vary with the actual applicants”*