In-person session 8

October 10, 2022

PMAP 8521: Program evaluation Andrew Young School of Policy Studies

Plan for today

Models vs. designs

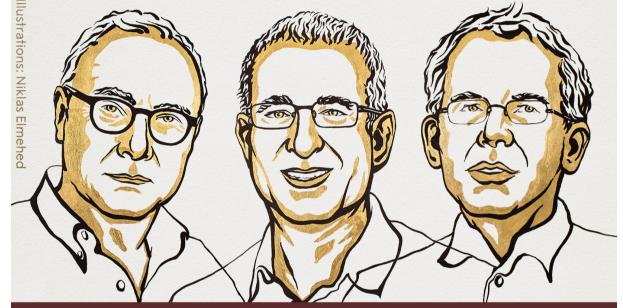
Interactions and regression

Simple diff-in-diff

Two-way fixed effects

Models vs. designs

THE SVERIGES RIKSBANK PRIZE IN ECONOMIC SCIENCES IN MEMORY OF ALFRED NOBEL 2021



David Card

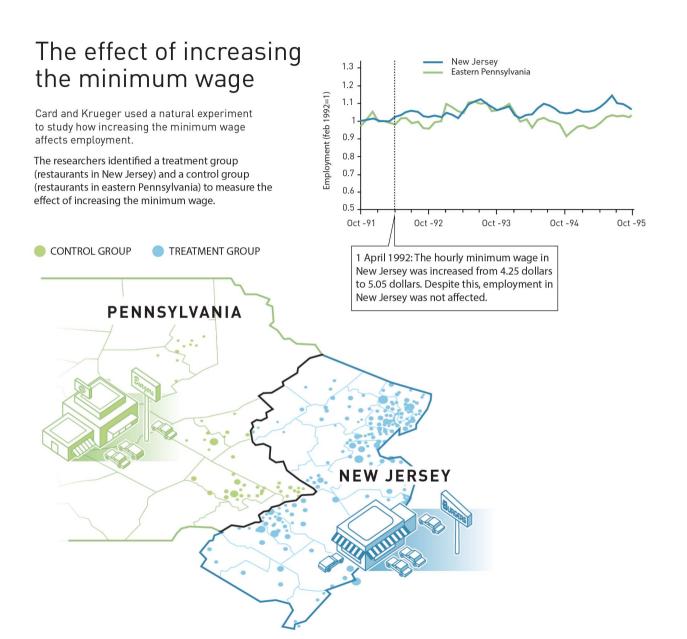
Joshua D. Angrist Guido W. Imbens

"for his empirical contributions to labour economics"

"for their methodological contributions to the analysis of causal relationships"

THE ROYAL SWEDISH ACADEMY OF SCIENCES







NPR reporter just said Card, Angrist, and Imbens won the Nobel for their analysis of "casual" relationships

7:04 AM · Oct 11, 2021 · Twitter for iPhone

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Design-based vs. model-based inference

Special situations vs. controlling for stuff

How would you know when it is appropriate to use a quasi-experiment over an RCT?

Identification strategies

The goal of all these methods is to isolate (or **identify**) the arrow between treatment → outcome

Model-based identification

DAGs

Matching Inverse probability weighting

Design-based identification

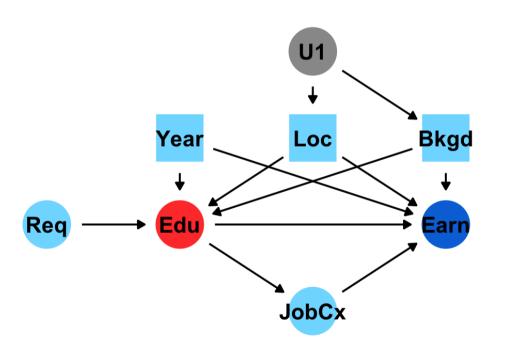
Randomized controlled trials

Difference-in-differences

Regression discontinuity | Instrumental variables

Model-based identification

Use a DAG and do-calculus to isolate arrow



Core assumption: selection on observables

Everything that needs to be adjusted is measurable; no unobserved confounding

Big assumption!

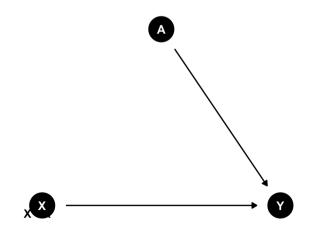
This is why lots of people don't like DAG-based adjustment

Design-based identification

Use a special situation to isolate arrow

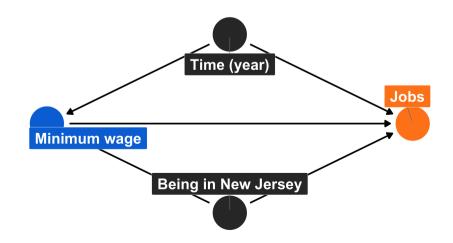
RCTs

Use randomization to remove confounding



Difference-in-differences

Use before/after & treatment/control differences to remove confounding



Which is better or more credible? RCTs, quasi experiments, or DAG-based models?

THE CAUSALITY CONTINUUM

Differences

Pre-post

Multiple regression

Matching

Diff-in-diff

Natural experiments

Regression discontinuity

RCTs

Correlation

Causation

There's no hierarchy!

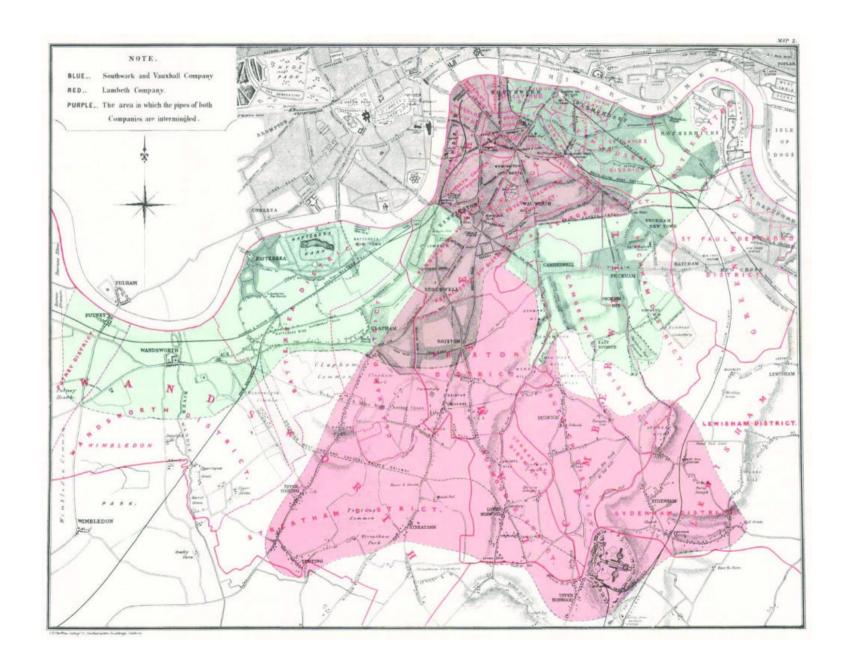
Interactions and regression

Can we talk more about interaction terms and how to interpret them?

Are interaction effects in regression always more accurate of a difference than running a "regular" regression without them?

Regression is just fancy averages!

Simple diff-in-diff



1849

Cholera deaths per 100,000

Southwark & Vauxhall: 1,349

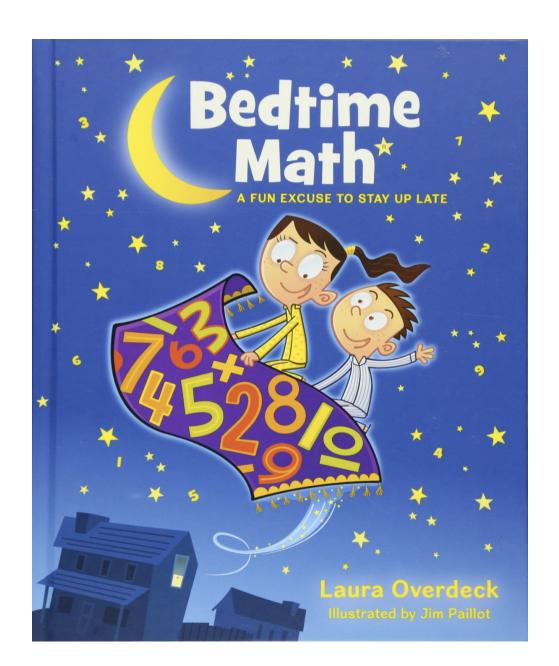
Lambeth: 847

1854

Cholera deaths per 100,000

Southwark & Vauxhall: 1,466

Lambeth: 193



When doing your subtracting to get your differences in the matrix, is it better to do the vertical or horizontal subtractions?

Are there situations where one is preferable to the other?

Why are we learning two ways to do diff-in-diff? (2x2 matrix vs. lm())

What happened to confounding??

Now we're only looking at just two "confounders"?

What group level is best for comparison? For example, if we are looking at policy change in NJ, is it best to compare with just one or two similar states? How similar do the populations need to be?

Wouldn't matching be better?

Do we have to think about balance when dealing with observational data in diff in diff?

Two-way fixed effects (TWFE)

Minimum legal drinking age

FIGURE 5.4 An MLDA effect in states with parallel trends

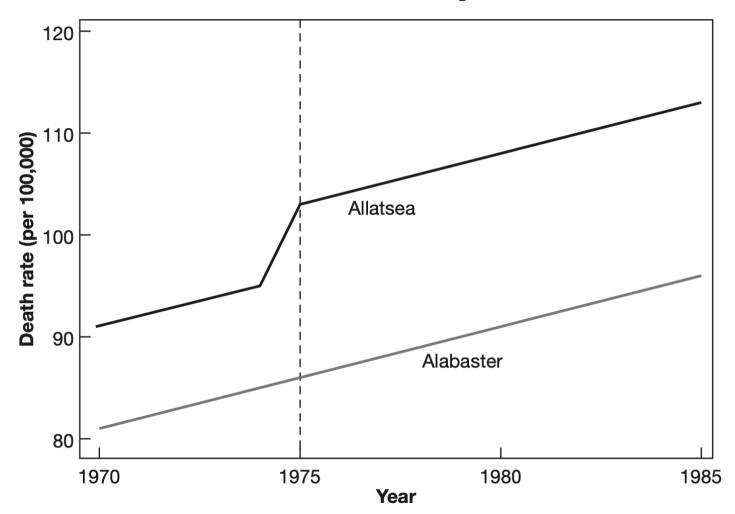


FIGURE 5.5
A spurious MLDA effect in states where trends are not parallel

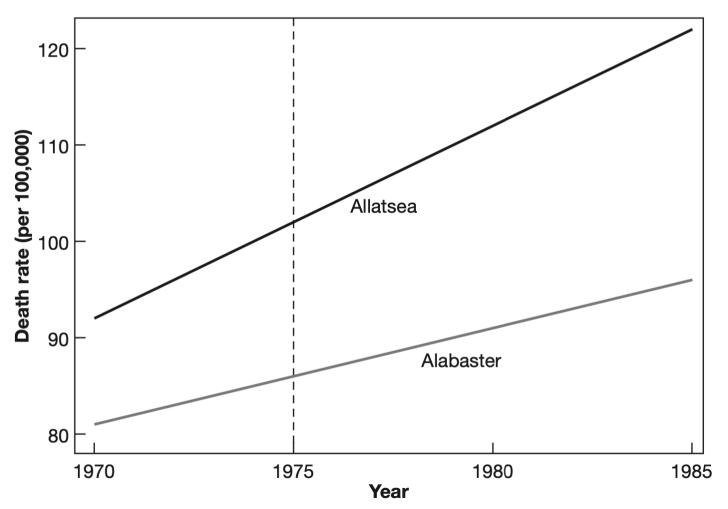
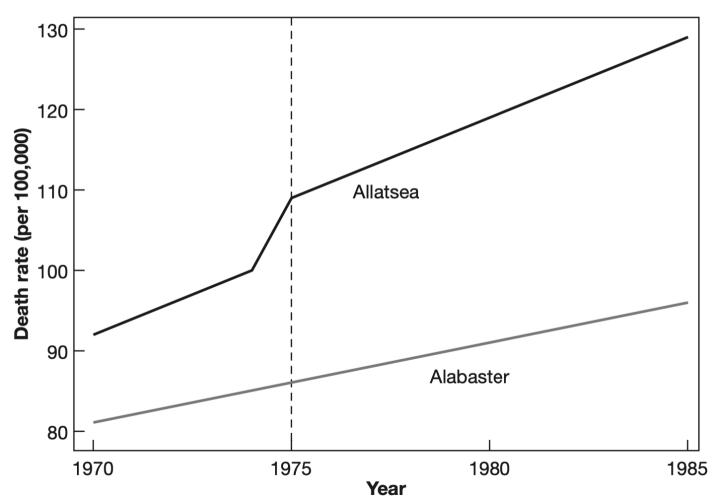


FIGURE 5.6 A real MLDA effect, visible even though trends are not parallel



MLDA reduction

Two states: Alabama vs. Arkansas

$$ext{Mortality} = eta_0 + eta_1 ext{ Alabama} + eta_2 ext{ After 1975} + eta_3 ext{ (Alabama} ext{ × After 1975)}$$

Organ donations

Two states: California vs. New Jersey

Donation rate =
$$\beta_0 + \beta_1$$
 California + β_2 After Q22011 + β_3 (California × After Q22011)

Two-way fixed effects (TWFE)

Two states: Alabama vs. Arkansas

$$ext{Mortality} = eta_0 + eta_1 ext{ Alabama} + eta_2 ext{ After 1975} + eta_3 ext{ (Alabama} imes ext{ After 1975)}$$

All states: Treatment == 1 if legal for 18-20-year-olds to drink

Mortality = $\beta_0 + \beta_1$ Treatment + β_2 State + β_3 Year

Mortality =
$$\beta_0 + \beta_1$$
 Alabama + β_2 After 1975 + β_3 (Alabama × After 1975)

VS.

Mortality =
$$\beta_0 + \beta_1$$
 Treatment + β_2 State + β_3 Year

Mortality =
$$\beta_0 + \beta_1$$
 Alabama + β_2 After 1975 + β_3 (Alabama × After 1975)

VS.

Mortality =
$$\beta_0 + \beta_1$$
 Treatment + β_2 State + β_3 Year vs.

Mortality =
$$\beta_0 + \beta_1$$
 Treatment + β_2 State + β_3 Year + β_4 (State × Year)

Table 5.2
Regression DD estimates of MLDA effects on death rates

Dependent variable	(1)	(2)	(3)	(4)
All deaths	10.80	8.47	12.41	9.65
	(4.59)	(5.10)	(4.60)	(4.64)
Motor vehicle accidents	7.59	6.64	7.50	6.46
	(2.50)	(2.66)	(2.27)	(2.24)
Suicide	.59	.47	1.49	1.26
	(.59)	(.79)	(.88)	(.89)
All internal causes	1.33	.08	1.89	1.28
	(1.59)	(1.93)	(1.78)	(1.45)
State trends	No	Yes	No	Yes
Weights	No	No	Yes	Yes

Notes: This table reports regression DD estimates of minimum legal drinking age (MLDA) effects on the death rates (per 100,000) of 18–20-year-olds. The table shows coefficients on the proportion of legal drinkers by state and year from models controlling for state and year effects. The models used to construct the estimates in columns (2) and (4) include state-specific linear time trends. Columns (3) and (4) show weighted least squares estimates, weighting by state population. The sample size is 714. Standard errors are reported in parentheses.

$$ext{Donation rate} = eta_0 + eta_1 ext{ California} + eta_2 ext{ After Q22011} + eta_3 ext{ (California} imes ext{ After Q22011)}$$

VS.

Donation rate =
$$\beta_0 + \beta_1$$
 Treatment + β_2 State + β_3 Quarter

What about this staggered treatment stuff?

See this

Sensitivity analysis

How do we know when we've got the right confounders in our DAG?

How do we solve the fact that we have so many unknowns in our DAG?

