Identification: Difference-in-Difference estimator

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Today's Class

- Non-experimental Methods: Difference-indifferences
 - Understanding how it works
 - How to test the assumptions
 - Some problems and pitfalls

Why are experiments good?

- Treatment is random so it's independent of other characteristics
- This independence allows us to develop an implied counterfactual
- Thus even though we don't observe E[Y₀ /T=1] we can use E[Y₀ | T=0] as the counterfactual for the treatment group

What if we don't have an experiment

- Would like to find a group that is exactly like the treatment group but didn't get the treatment
- Hard to do because
 - Lots of unobservables
 - Data is limited
 - Selection into treatment

John Snow



Background Information

- Water supplied to households by competing private companies
- Sometimes different companies supplied households in same street
- In south London two main companies:
 - Lambeth Company (water supply from Thames Ditton, 22 miles upstream)
 - Southwark and Vauxhall Company (water supply from Thames)

In 1853/54 cholera outbreak

Death Rates per 10000 people by water company

Lambeth 10
 Southwark and Vauxhall 150

Might be water but perhaps other factors

Snow compared death rates in 1849 epidemic

- Lambeth 150
- Southwark and Vauxhall 125

In 1852 Lambeth Company had changed supply from Hungerford Bridge

The effect of clean water on cholera death rates

	1849	1853/ 54	Difference
Lambeth	150	10	-140
Vauxhall and Southwark	125	150	25
Difference	-25	140	-165

Counterfactual 2: 'Control' group time difference. Assume this would have been / true for 'treatment' group

Counterfactual 1: Pre-Experiment difference between treatment and control—assume this difference is *fixed* over time

This is basic idea of Differences-in-Differences

- Have already seen idea of using differences to estimate causal effects
 - Treatment/control groups in experimental data
- We need a counterfactual because we don't observe the outcome of the treatment group when they weren't treated (i.e. $(Y_0 | T=1)$)
- Often would like to find 'treatment' and 'control' group who can be assumed to be similar in every way except receipt of treatment

A Weaker Assumption is..

- Assume that, in absence of treatment, difference between 'treatment' and 'control' group is constant over time
- With this assumption can use observations on treatment and control group pre- and posttreatment to estimate causal effect
- Idea
 - Difference pre-treatment is 'normal' difference
 - Difference pre-treatment is 'normal' difference + causal effect
 - Difference-in-difference is causal effect

A Graphical Representation



- A B = Standard differences estimator
- C B = Counterfactual 'normal' difference
- A C = Difference-in-Difference Estimate



Assumption of the D-in-D estimate

- D-in-D estimate assumes trends in outcome variables the same for treatment and control groups
 - Fixed difference over time
 - This is not testable because we never observe the counterfactual
- Is this reasonable?
 - With two periods can't do anything
 - With more periods can see if control and treatment groups 'trend together'

Some Notation

Define:

$$\mu_{it} = \mathsf{E}(y_{it})$$

Where i=0 is control group, i=1 is treatment Where t=0 is pre-period, t=1 is post-period

Standard 'differences' estimate of causal effect is estimate of:

 $\mu_{11} - \mu_{01}$

 'Differences-in-Differences' estimate of causal effect is estimate of:

$$(\mu_{11} - \mu_{01}) - (\mu_{10} - \mu_{00})$$

How to estimate?

Can write D-in-D estimate as:



This is simply the difference in the change of treatment and control groups so can estimate as:

$$\Delta y_i = \beta(\Delta X_i) + \Delta \varepsilon_i$$



This is simply 'differences' estimator applied to the difference

To implement this need to have repeat observations on the same individuals

May not have this – individuals observed pre- and post-treatment may be different

In this case can estimate....

$y_{it} = \beta_0 + \beta_1 X_i + \beta_2 T_t + \beta_3 X_i * T_t + \varepsilon_{it}$ Main effect of

Main effect of / Treatment group

(in before period because T=0)

Main effect of the After period

(for control group because X=0)

D-in-D estimate

D-in-D estimate is estimate of β₃ why is this?

$$p \lim \hat{\beta}_{0} = \mu_{00}$$

$$p \lim \hat{\beta}_{1} = \mu_{10} - \mu_{00}$$

$$p \lim \hat{\beta}_{2} = \mu_{01} - \mu_{00}$$

$$p \lim \hat{\beta}_{3} = (\mu_{11} - \mu_{01}) - (\mu_{10} - \mu_{00})$$

A Comparison of the Two Methods

- Where have repeated observations could use both methods
- Will give same parameter estimates
- But will give different standard errors
 - 'levels' version will assume residuals are independent unlikely to be a good assumption
 - Can deal with this by clustering by group (imposes a covariance structure within the clustering variable)

Recap: Assumptions for Diff-in-Diff

Additive structure of effects.

We are imposing a linear model where the group or time specific effects only enter additively.

No spillover effects

- The treatment group received the treatment and the control group did not
- Parallel time trends:
 - there are fixed differences over time.
 - If there are differences that vary over time then our second difference will still include a time effect.

Issue 1: Other Regressors

Can put in other regressors just as usual

- think about way in which they enter the estimating equation
- E.g. if level of W affects level of y then should include ΔW in differences version

Conditional comparisons might be useful if you think some groups may be more comparable or have different trends than others Issue 2: Differential Trends in Treatment and Control Groups

- Key assumption underlying validity of Din-D estimate is that differences between treatment and control group would have remained constant in absence of treatment
 - Can never test this
 - With only two periods can get no idea of plausibility
 - But can with more than two periods

Differences-in-Differences: Summary

A very useful and widespread approach

Validity does depend on assumption that trends would have been the same in absence of treatment

Often need more than 2 periods to test:

- Pre-treatment trends for treatment and control to see if "fixed differences" assumption is plausible or not
- See if there's an Ashenfelter Dip