# Making Causal Critiques Day 3 - Assessing Causal Evidence

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January 30, 2019

## Solving the Problem of Causal Inference

- ► We cannot!
- But we can try and minimize the risks
- Selecting units that provide appropriate counterfactuals, avoiding:
  - Omitted variable bias
  - Selection Bias
  - Reverse Causation

## Solving the Problem of Causal Inference

## Experiments

- Field Experiments
- Lab Experiments
- Survey Experiments
- Quasi-Experiments
  - Instrumental Variables
  - Regresssion Discontinuity
  - Difference-in-Dlfferences

### **Causal Inference**

#### Types of Research Design:

	Researcher con- trols the treat- ment assignment	Treatment assign- ment mechanism likely to create comparable po- tential outcomes ('Conditional Independence')
Controlled Experi- ments	Yes	Yes
Natural Experi- ments	No	Yes
Observable Stud- ies	No	No

- Field experiments provide confidence because treatment assignment is controlled by the researcher
- But still take place in real-world environments, so they identify (hopefully) meaningful treatment effects

## Why does randomization help us achieve causal inference?

- Why does randomization help us achieve causal inference?
  - A treatment assignment mechanism that balances potential outcomes
  - Every unit has exactly the same probability of treatment
  - If treatment is randomly distributed, so are potential outcomes
- Potential outcomes are on average the same for treated and control units
  - No omitted variable bias
  - No self-selection
  - No reverse causation

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• With randomization,  $Y_1, Y_0 \perp D$ :

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  - **On average**, potential outcomes will be balanced
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  - We cannot measure potential outcomes
  - But we can assess balance in *observable* covariates
  - What if some covariates are imbalanced?

- Analysing field experiments
  - Comparison of means: t-test to test significance
  - Regression achieves the same thing
  - $Y_i \sim \alpha + \beta D_i + \epsilon_i$

- Assumptions
  - Compliance with randomization Treatment was truly random and accepted
  - No Spillovers (SUTVA) Treatment of one unit doesn't affect potential outcomes of other units

Limitations of Field Experiments:

- Limitations of Field Experiments:
  - Small sample sizes still prevent inference
  - Ethics
  - Logistics/Finance
  - Some treatments can't be manipulated (history)
  - Lack of control over treatment content and context is it informative?
  - Long-term/scale effects/adaptation?

## Limitations of Field Experiments: Internal Validity

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- No guarantee of actual balance
- Unbiased but imprecise; variation still high if lots of other variables also affect Y
- Hawthorne effect: participants adapt behaviour in experiments
- Biased measurement if not double-blind
- Average Treatment Effect can be skewed by Outliers
- Complications of non-compliance, attrition

- All these complications mean we need lots of assumptions and background knowledge
- Just as with other methodologies

## Why lab and survey experiments?

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- Treatments we cannot administer in reality
- Outcome measurements that are hard to take in reality
- Random treatment assignment not permitted in reality

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- Treatment: Not a manipulation of real world political or economic processes, but establishing controlled 'lab' conditions
  - The advantage: Control over context helps isolate mechanisms
  - The disadvantage: Can we generalize to the real world from this artificial context?

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- What can we do when the treatment assignment mechanism is not random, and *cannot* be randomized?
- An 'instrument' is a variable which assigns part of treatment in an 'as-if' random way
  - Or at least in a way which is 'exogenous' not related to omitted variables
  - Even if other variables **also** affect treatment

 We can use the instrument to isolate 'as-if' random variation in treatment, and use that to estimate the effect of treatment on the outcome

- We can use the instrument to isolate 'as-if' random variation in treatment, and use that to estimate the effect of treatment on the outcome
- NOT the effect of the instrument on the outcome

- ► Example Instruments:
  - Rainfall for conflict
  - Sex-composition for effect of third child
  - Distance from the coast for exposure to slave trade

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  - We can test this with a simple regression: Treatment ~ Instrument
  - The instrument should be a significant predictor of treatment
  - ► Rule-of-thumb: *F statistic* > 10

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    - We cannot test or prove this assumption!
- Theory and qualitative evidence needed to argue that the instrument is not correlated with any other factors affecting the outcome

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    - Interpret the coefficient on  $\hat{D}$

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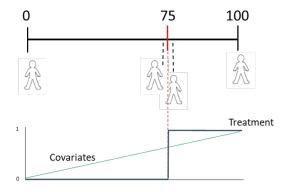
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- ► IV Interpretation:
  - Your coefficient is a causal estimate ONLY for units that were actually treated because of the instrument
  - They don't tell us about the causal effect for other units that never responded to the instrument
  - We call our causal effect estimate a 'Local Average Treatment Effect' (LATE)
  - 'Local' to the units whose treatment status actually changed

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- Regression discontinuities take advantage of social rules that treat similar people differently
- Specifically, similar people with slightly different 'scores' are assigned to treatment/control



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- For units just above and below the threshold:
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- So we can compare them directly

- Example thresholds:
  - Exam cutoffs
  - Age cutoffs
  - Policy eligibility rules
  - Close elections
  - Adminsitrative boundaries

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  - ► Treatment, D<sub>i</sub>: Binary 0/1 depending on whether the running variable is above or below the threshold (x<sub>i</sub> >= x̄)
  - **Outcome**, *Y<sub>i</sub>*: Any subsequent outcome you have measured

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- 5. No compound treatments

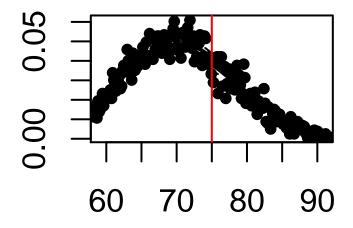
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- We need qualitative evidence to support these assumptions

- We can check for sorting with a density test
- If units are bunched just above the threshold, this suggests manipulation



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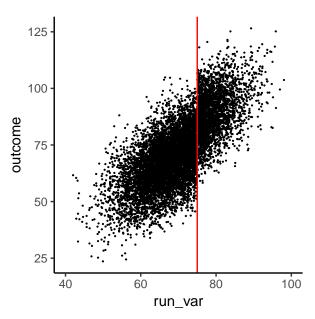
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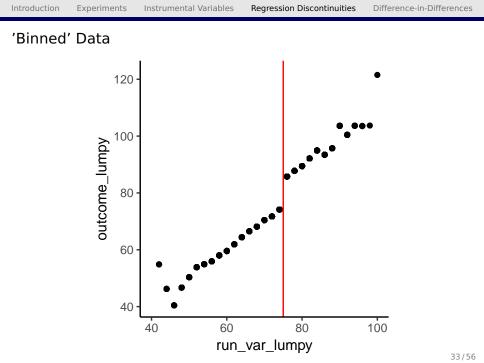
 We just control for the 'smooth' variation in the running variable and estimate the 'jump' impact of treatment with a binary variable (dummy) 'Parametric' regression discontinuity: Uses all the data and estimates:

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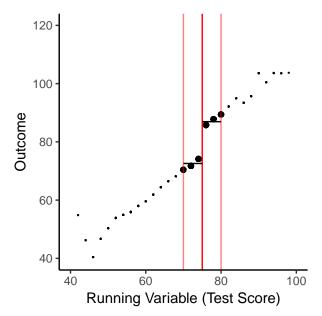
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- We may need to make the running variable non-linear

#### Raw Data



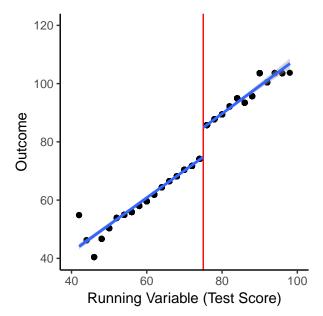


#### Difference-in-Means

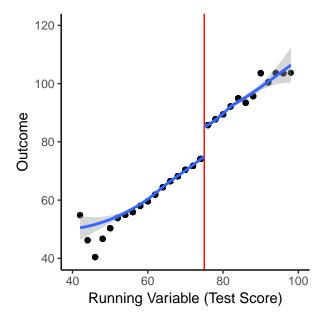


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#### Parametric Regression - Linear



#### Parametric Regression - Non-linear



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- Units far from the threshold are very different for a reason, and causal effects are likely to be different

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- Particularly useful for understanding the effects of political power
  - Running Variable: Margin of victory
  - Treatment: Winning a close election
  - Control: Losing a close election
  - Outcome: Anything that happens later...



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  - They have extremely detailed information to predict vote results
  - So potential outcomes are not balanced
  - But no other case (9 countries) has this problem

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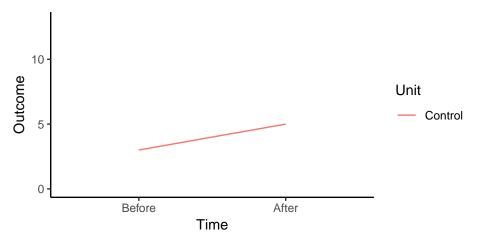
- Some treatments happen at a specific point in time
  - Can't we compare the same unit before and after treatment?
  - Surely this limits the number of omitted variables Chile today is very similar to Chile tomorrow
- But No!
  - Other factors influencing the outcome might also have changed between our measurements (eg. any news event!)
  - ► Eg. a worldwide recession

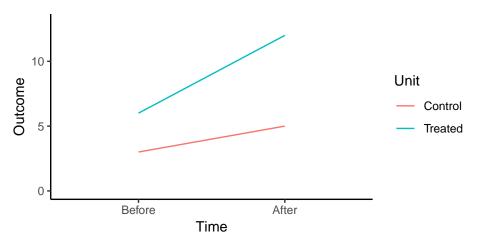
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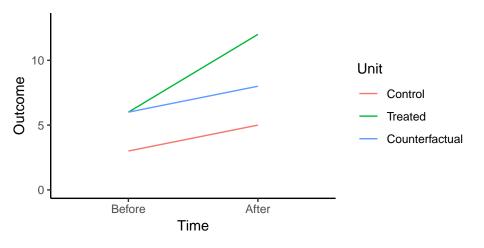
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- We can keep lots of variables fixed if we compare the same unit before and after treatment
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- There is nothing 'random' here, but we are more easily able to limit the risk of omitted variables







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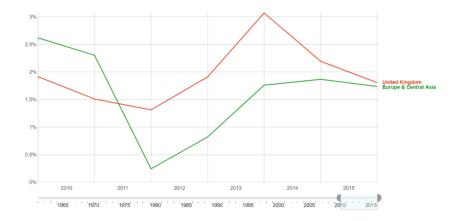
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- We're now comparing *changes* (differences), not *levels* of the outcome
  - Most omitted variables affect 'levels', so this makes our counterfactuals more plausible
    - Eg. different laws affect growth rates, not the change in growth over time
  - And crucially, we can remove omitted variables even for unobserved confounders

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- Factors that affect the **trend** in the outcome *differentially* in treated and control units
- Eg. Even before Brexit, the UK had falling growth while growth in the eurozone was improving

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- Time (Before and after) and treatment status (treated and control) are just variables in our data
- We know how to do a regression for the effect of treatment status on the outcome

$$Y_{it} = \alpha + \gamma D_i$$

 The difference-in-differences estimate is just the interaction of time and treatment status

$$Y_{it} = \alpha + \gamma D_i + \delta T_t + \beta D_i * T_t$$

•  $\beta$  is our causal effect estimate

# Assumptions Required:

- 1. No Spillovers (SUTVA)
- 2. No time-varying confounders (Parallel trends)
- Well-defined treatment (many things changed at the same time!)
  - Eg. The UK also announced new rules to regulate the banking sector on the same day as Brexit
- 4. Groups are stable (eg. no migration due to treatment)

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- Eg. Participants who join a training program usually experience income falls in the previous few months

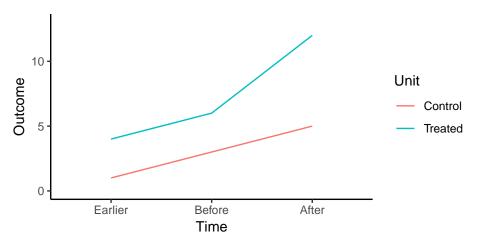
How do we know if there are time-varying confounders?

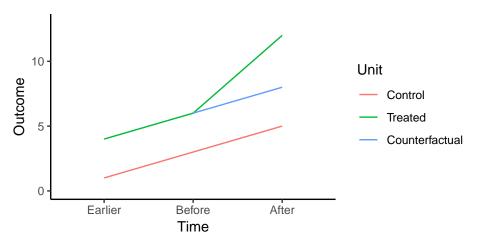
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  - So any difference in trend is only due to treatment
- One test of this is to check if pre-treatment trends are parallel
- Then our counterfactual makes sense





Assumptions

#### Causal Methodology Assumptions

Research Design	Assumptions required for valid causal inference
Field/Lab/Survey Experiments	No spillovers, Randomization im- plemented correctly, Randomization complied with, No Hawthorne Effects
Instrumental Vari- ables	No Spillovers, First stage predicts treatment, Exclusion restriction
Regression Discon- tinuities	No Spillovers, Continuity (balance) of covariates, No precise manipulation, No strategic threshold, No compound- ing discontinuities
Difference-in- Differences	No Spillovers, No time-varying con- founders (parallel trends), Well- defined treatment, Stable groups