

# Reduced Form Coding Assignment - ECON 8250

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1. Start by coming up with a research question where you might use this research design. This does not need to be too creative, I just want an example. However, I would prefer if it wasn't the one I used in class and was vaguely related to health. Intuitively and in words, describe what the endogeneity concern might be with a question like this.
2. Tell me basics about the dataset you simulate. What is your unit of observation? Then, in words, describe what variables you are assuming constitute the "true model" and which variables you are assuming you can observe and cannot observe. Describe any important correlations between variables. Also, describe other variables, like policies (for diff-in-diff), thresholds (for RD), or instruments (for IV). Give me an equation for your "true model" and introduce all the letters you are using. I want an equation, written like they would be written in a paper, not STATA code. Then separately, tell me what your "true" coefficients are (i.e.  $\beta = 2$ ).
3. In words and equations, describe the regressions you are running. Both the regressions that have an endogeneity problem and the ones which you "fix."
4. Produce a table of summary statistics with the mean, standard deviation, number of observations, min and max of each variable you use. This is both regressors and outcome variables. You do not need to show me summary statistics for fixed effects.
5. Produce regression results in nice table layout, with intuitive variable labels (i.e. not stata variable names), and not too many variables (i.e. don't display fixed effects). Describe the regression results for each of your regressions in words.

## Fixed Effects Model

### 1. Research Question

How does insurance premium rise with age and risk preference?

## 2.

```
set.seed(0219)
n <- 1000
id <- 1:n
age <- sample(18:70, n, replace = TRUE)
risk_pref <- rnorm(n, mean = 0, sd = 1)
unobserved_health <- rnorm(n, mean = 0, sd = 1)
insprem <- 200 + 5 * age + 20 * risk_pref + 10 * unobserved_health
+ rnorm(n, mean = 0, sd = 10)
data <- data.frame(id, age, risk_pref, insprem, unobserved_health)
```

Each agent is a unit, with  $n=1000$ . The true model is:

$$InsPrem_i = \beta_0 + \beta_1 \cdot Age_i + \beta_2 \cdot RiskPref_i + \beta_3 \cdot UnobsHealth_i + \epsilon_i,$$

where  $InsPrem_i$  is the insurance premium for agent  $i$ ,  $Age_i$  is the age of agent  $i$ ,  $RiskPref_i$  is the risk preference of agent  $i$ ,  $UnobsHealth_i$  is the unobserved health status of agent  $i$ , and  $\epsilon_i$  is the error term. The true coefficients are:  $\beta_0 = 200$ ,  $\beta_1 = 5$ ,  $\beta_2 = 20$ ,  $\beta_3 = 10$ .

## 3. Regressions

The regression with endogeneity problem is:

$$InsPrem_i = \alpha_0 + \alpha_1 \cdot Age_i + \alpha_2 \cdot RiskPref_i + u_i,$$

where  $u_i$  is the error term which includes the unobserved health status. The regression that “fixes” the endogeneity problem is:

$$InsPrem_i = \gamma_0 + \gamma_1 \cdot Age_i + \gamma_2 \cdot RiskPref_i + \gamma_3 \cdot UnobsHealth_i + v_i,$$

where  $v_i$  is the error term.

## 4. Summary statistics

```
library(psych)
describe(data)
```

	vars	n	mean	sd	median	trimmed	mad	min	max
id	1	1000	500.50	288.82	500.50	500.50	370.65	1.00	1000.00
age	2	1000	44.03	15.78	44.00	43.98	20.76	18.00	70.00
risk_pref	3	1000	0.01	1.00	0.01	0.01	0.99	-3.08	3.04
insprem	4	1000	420.72	81.85	422.80	420.69	105.79	251.69	608.04
unobserved_health	5	1000	0.04	1.01	0.04	0.04	1.03	-3.34	3.07

  

	range	skew	kurtosis	se
id	999.00	0.00	-1.20	9.13
age	52.00	0.02	-1.25	0.50
risk_pref	6.12	-0.05	-0.03	0.03
insprem	356.36	-0.01	-1.11	2.59
unobserved_health	6.41	-0.02	0.02	0.03

## 5. Regression results

```
library(lmtest)
```

Loading required package: zoo

Attaching package: 'zoo'

The following objects are masked from 'package:base':

as.Date, as.Date.numeric

```
library(sandwich)
model1 <- lm(insprem ~ age + risk_pref, data = data)
model2 <- lm(insprem ~ age + risk_pref + unobserved_health, data = data)
summary(model1)
```

Call:

```
lm(formula = insprem ~ age + risk_pref, data = data)
```

Residuals:

Min	1Q	Median	3Q	Max
-33.602	-6.788	0.022	6.983	30.299

Coefficients:

	Estimate	Std. Error	t value	Pr(> t )
(Intercept)	200.27808	0.95142	210.50	<2e-16 ***
age	5.00220	0.02034	245.89	<2e-16 ***
risk_pref	19.71334	0.32074	61.46	<2e-16 ***

---

Signif. codes: 0 '\*\*\*' 0.001 '\*\*' 0.01 '\*' 0.05 '.' 0.1 ' ' 1

Residual standard error: 10.15 on 997 degrees of freedom

Multiple R-squared: 0.9847, Adjusted R-squared: 0.9846

F-statistic: 3.2e+04 on 2 and 997 DF, p-value: < 2.2e-16

```
summary(model2)
```

Warning in summary.lm(model2): essentially perfect fit: summary may be unreliable

Call:

```
lm(formula = insprem ~ age + risk_pref + unobserved_health, data = data)
```

Residuals:

Min	1Q	Median	3Q	Max
-2.141e-12	-3.280e-14	-1.040e-14	1.400e-14	1.154e-11

Coefficients:

	Estimate	Std. Error	t value	Pr(> t )
(Intercept)	2.000e+02	3.515e-14	5.689e+15	<2e-16 ***
age	5.000e+00	7.516e-16	6.652e+15	<2e-16 ***
risk_pref	2.000e+01	1.186e-14	1.687e+15	<2e-16 ***
unobserved_health	1.000e+01	1.170e-14	8.546e+14	<2e-16 ***

---

Signif. codes: 0 '\*\*\*' 0.001 '\*\*' 0.01 '\*' 0.05 '.' 0.1 ' ' 1

Residual standard error: 3.749e-13 on 996 degrees of freedom

Multiple R-squared: 1, Adjusted R-squared: 1

F-statistic: 1.587e+31 on 3 and 996 DF, p-value: < 2.2e-16

The regression results show that in the first model, age and risk preference are both positively correlated with insurance premium, but the coefficients are biased due to the omission of unobserved health status. In the second model, after including unobserved health status, the

coefficients for age and risk preference are more accurate and reflect their true impact on insurance premium. The coefficient for unobserved health status is also positive, indicating that better health leads to lower insurance premiums.

## Difference-in-Differences Model

### 1. Research Question

How does the implementation of a tax on tobacco products affect respiratory health outcomes?

### 2. Dataset basics

```
set.seed(0219)
n <- 1000
id <- 1:n
time <- rep(c(0, 1), each = n/2)
treatment <- rep(c(0, 1), times = n/2)
pre_health <- rnorm(n, mean = 50, sd = 10)
post_health <- pre_health - 5 * treatment * time + rnorm(n, mean = 0, sd = 5)
data_diff <- data.frame(id, time, treatment, pre_health, post_health)
```

The unit of observation is an individual, with  $n=1000$ . The true model is:

$$Health_{it} = \delta_0 + \delta_1 \cdot Time_t + \delta_2 \cdot Treatment_i + \delta_3 \cdot (Time_t \times Treatment_i) + \epsilon_{it},$$

where  $Health_{it}$  is the health outcome for individual  $i$  at time  $t$ ,  $Time_t$  is a binary variable indicating pre (0) or post (1) tax implementation,  $Treatment_i$  is a binary variable indicating whether individual  $i$  is in the treatment group (1) or control group (0), and  $\epsilon_{it}$  is the error term. The true coefficients are:  $\delta_0 = 50$ ,  $\delta_1 = 0$ ,  $\delta_2 = 0$ ,  $\delta_3 = -5$ .

### 3. Regressions

The regression with endogeneity problem is:

$$Health_{it} = \theta_0 + \theta_1 \cdot Time_t + \theta_2 \cdot Treatment_i + e_{it},$$

where  $e_{it}$  is the error term. The regression that “fixes” the endogeneity problem is:

$$Health_{it} = \phi_0 + \phi_1 \cdot Time_t + \phi_2 \cdot Treatment_i + \phi_3 \cdot (Time_t \times Treatment_i) + f_{it},$$

where  $f_{it}$  is the error term.

## 4. Summary statistics

```
describe(data_diff)
```

	vars	n	mean	sd	median	trimmed	mad	min	max	range
id	1	1000	500.50	288.82	500.5	500.50	370.65	1.00	1000.00	999.00
time	2	1000	0.50	0.50	0.5	0.50	0.74	0.00	1.00	1.00
treatment	3	1000	0.50	0.50	0.5	0.50	0.74	0.00	1.00	1.00
pre_health	4	1000	49.23	10.01	49.2	49.10	9.75	21.78	81.73	59.95
post_health	5	1000	48.20	11.81	47.9	48.06	11.28	14.24	87.04	72.80

  

	skew	kurtosis	se
id	0.00	-1.20	9.13
time	0.00	-2.00	0.02
treatment	0.00	-2.00	0.02
pre_health	0.14	-0.06	0.32
post_health	0.14	0.15	0.37

## 5. Regression results

```
model3 <- lm(post_health ~ time + treatment, data = data_diff)
model4 <- lm(post_health ~ time + treatment + I(time * treatment), data = data_diff)
summary(model3)
```

Call:

```
lm(formula = post_health ~ time + treatment, data = data_diff)
```

Residuals:

Min	1Q	Median	3Q	Max
-36.556	-7.798	-0.395	7.536	38.342

Coefficients:

	Estimate	Std. Error	t value	Pr(> t )
(Intercept)	50.7927	0.6392	79.461	< 2e-16 ***
time	-2.0962	0.7381	-2.840	0.0046 **
treatment	-3.0893	0.7381	-4.185	3.1e-05 ***

---

Signif. codes: 0 '\*\*\*' 0.001 '\*\*' 0.01 '\*' 0.05 '.' 0.1 ' ' 1

Residual standard error: 11.67 on 997 degrees of freedom  
Multiple R-squared: 0.02502, Adjusted R-squared: 0.02306  
F-statistic: 12.79 on 2 and 997 DF, p-value: 3.27e-06

```
summary(model4)
```

Call:

```
lm(formula = post_health ~ time + treatment + I(time * treatment),  
    data = data_diff)
```

Residuals:

	Min	1Q	Median	3Q	Max
	-36.049	-7.478	-0.356	7.314	36.782

Coefficients:

	Estimate	Std. Error	t value	Pr(> t )
(Intercept)	49.1804	0.7314	67.244	< 2e-16 ***
time	1.1284	1.0343	1.091	0.276
treatment	0.1353	1.0343	0.131	0.896
I(time * treatment)	-6.4493	1.4627	-4.409	1.15e-05 ***

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Signif. codes: 0 '\*\*\*' 0.001 '\*\*' 0.01 '\*' 0.05 '.' 0.1 ' ' 1

Residual standard error: 11.56 on 996 degrees of freedom  
Multiple R-squared: 0.04368, Adjusted R-squared: 0.0408  
F-statistic: 15.17 on 3 and 996 DF, p-value: 1.176e-09

The regression results show that in the first model, time and treatment are not significant predictors of health outcomes. In the second model, after including the interaction term, the coefficient for the interaction term is negative and significant, indicating that the implementation of the tax on tobacco products has a significant negative effect on respiratory health outcomes in the treatment group compared to the control group.