

QTM 101 Midterm 1 Cheat Sheet

Section 1, 10am-11:15am, Wed, Oct 4th, 2023

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Types of Questions

- Descriptive: Something we can **see** in the data.
- Predictive: What the **future** might look like
- Causal: If X changes, will Y change?

Strength vs. Magnitude

- Covariance: retain units
- Correlation (r): standardized covariance $\Rightarrow r \in [-1, 1]$
 - Sign: direction
 - Absolute Value: strength
- Regression coefficient (β): magnitude $\rightarrow y = \beta x + \alpha$.

All of them should have the same sign: all positive if y increases when x increases; all negative if y decreases when x increases.

- Covariance isn't actually telling us anything because they retain units - they cannot be used in comparison!
- Determine which is the most **predictive**? (*strength*, so we should use correlation coefficient)
- Determine which is the most effective **chance**? (*magnitude*, so we should consider the regression coefficient)

Counterfactual Dependence

- We need to prove both: (1) when X happens, Y happens; and (2) when X does not happen, Y does not happen.
- Some notations:
 - $T = 0$: control, untreated
 - $T = 1$: treatment, treated
 - Y_1 : outcome if treated
 - Y_0 : outcome if untreated
- Fundamental problem of casual inference: We cannot observe ATT (Average Treatment Effect of Treated) anyhow!

$$ATT = E[Y_1 | T = 1] - E[Y_0 | T = 1],$$

where $E[Y_0 | T = 1]$ is not observable because we cannot have the same group be both treated and untreated.

- Resolution: Estimate the ATT:

$$\widehat{ATT} = E[Y_1 | T = 1] - E[Y_0 | T = 0],$$

where both $E[Y_1 | T = 1]$ and $E[Y_0 | T = 0]$ are observable.

- An important equation

$$\underbrace{\text{Estimate}}_{\text{what we see in data}} = \underbrace{\text{Estimand}}_{\text{what we want to know}} + \text{Bias} + \text{Noise},$$

where possible Estimand's are (remember that Estimand's are unobservable true values in our experiment)

- $ATE = E[Y_1] - E[Y_0]$
- $ATT = E[Y_1 | T = 1] - E[Y_0 | T = 1]$
- $ATU = E[Y_1 | T = 1] - E[Y_0 | T = 0]$

The only observable effect (Estimate) is

$$\widehat{ATE} = \widehat{ATT} = \widehat{ATU} = E[Y_1 | T = 1] - E[Y_0 | T = 0]$$

- Following up, we use ATT to represent our general Estimand and \widehat{ATT} as our Estimate.

Identifying Inferential Errors

- Selecting on the DV: Only one **outcome** in data
- Confounder/Common Cause: **omitted variable** (We are not comparing apples to apples)

Bias and Noise

- Bias: Systematic error; Not apples-to-apples; Inaccuracy

$$\text{Bias} = E[Y_0 | T = 1] - E[Y_0 | T = 0]$$

- To measure Bias, we give the two groups Placebo (however, bias is still unobservable).
- Eliminating bias: **randomization**.
- Law of Large Numbers (LLN): the sample average can be arbitrarily close to the true population average by making the sample large enough.
- Noise: Random error; $E[\text{Noise} = 0]$; Imprecision

- Everything is noisy.
- Measured by standard error

$$SE = \sqrt{\frac{p(1-p)}{N}}, \quad p = \text{porportion of outcome}$$

- If we repeat our experiment for enough times, our Noise should be 0.
- We are not super stressful with Noise since the solution is to increase sample size.

Confidence Interval and p -values

- Point Estimate ($=\widehat{ATT}$) $\xrightarrow[\pm 2 \times SE]{\text{MATH}}$ 95% CI
 - If we run the experiment identically 100 times, 95 of them should contain the true value of the estimand.
 - When we have 99% CI, then we should find larger intervals.
- Interpreting a CI: Sign and Magnitude (every important if the interval contains 0).
 - $\widehat{ATT} = 10$; 95% CI = $[6, 14]$: If we run the experiment identically 100 times and calculate the confidence interval in each repetition, out of 95 times, we are confident that $[6, 14]$ captures the ATT. Furthermore, ATT is likely **positive** and has a **large magnitude**.
 - $\widehat{ATT} = 3$; 95% CI = $[-2, 8]$: If we run the experiment identically 100 times, and we calculate the confidence interval in each repetition, out of 95 times, we are confident that the interval $[-2, 8]$ captures the ATT. However, ATT **sign is unclear** and has a **small magnitude**.
- Central Limit Theorem: If we repeat a study/analysis/experiment a zillion times, the value of many of the statistics we get will follow a normal distribution.
- Null Hypothesis: $ATT = 0$. (\Rightarrow Any nonzero \widehat{ATT} is due to noise)
 - **Fail to reject the null**: \widehat{ATT} could be due to noise
 - **Reject the null**: \widehat{ATT} is probably not due to noise
- p -values:
 - High p -value \rightarrow **High** chance of observing if $ATT = 0 \rightarrow$ **fail to reject** the null \rightarrow ATT could **reasonably** be 0.
 - Low p -value \rightarrow **Low** chance of observing if $ATT = 0 \rightarrow$ **reject** the null \rightarrow ATT is **unlikely** be 0.
- Threshold of p -values: 0.05
- Connecting p -values and CI's
 - $\widehat{ATT} = 5$; 95% CI = $[-1, 11]$; p -value = 0.13: **fail to reject** the null, ATT could **reasonably** be 0 (the result could be due to noise).
 - $\widehat{ATT} = 5$; 95% CI = $[2, 8]$; p -value = 0.03: **reject** the null, ATT is **unlikely** be 0 (the result is not due to noise).

Experiments

- Random Assignment
 - Observational studies: non-random assignment; based on observed treatments in the world

- Randomization: a computer selecting random number to allocate treatment
- Stratified Randomization: split subjects by one or few factors then randomize within those strata
- Types of experiment:
 - Lab: classical model of experiment
 - Field: experimenter manipulate a treatment in the real world. - *Randomized Control Trial (RCT)*
 - Lab in the Field
 - Quasi or Natural Experiments
- Fundamental Principle of Controlled Experiment: Actual outcomes among the control group should give the same counterfactual outcomes of the treated groups
- Internal Validity: how close $E[Y_0 \mid T = 1]$ is to $E[Y_0 \mid T = 0]$.
 - Chance imbalance: check the balance in observables.
 - * throw out broken experiment
 - * proceed as normal
 - * compare the experimental effects within groups sharing the same level of unbalanced observable
 - Lack of statistical power: larger sample size \rightarrow less noise \rightarrow more statistical power (=ability to detect a true effect if one exists)
 - Non-compliance: subjects fail to take the treatment
 - * Intent-to-treat effect (ITT)
 - Placebo effects: individuals know they are part of the experiment and will be recorded.
 - * Double blinded experiments
 - * Three groups: treatment, control, placebo; compare measure $(T - C)$ and $(P - C)$, then true effect is $(T - C) - (P - C)$. Or simply compare T to C.
 - Attrition: some subjects drop out of the analysis after randomization, and we cannot observe their outcomes.
 - * confident that attrition is random: still estimate the average effect.
 - * attrition is non-random but unrelated to treatment: estimate the average effect for those stayed in sample
 - * attrition is non-random and related to treatment
 - Interference: control and treatment are in contact
 - * Contamination
 - * Spillovers