

# Experimentation

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1 What is an experiment?

2 Treatment Effects

3 Statistical Inference

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2 Treatment Effects

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# Experiments

Oxford English Dictionary defines “experiment” as:

- 1 A scientific procedure undertaken to make a discovery, test a hypothesis, or demonstrate a known fact
- 2 A course of action tentatively adopted without being sure of the outcome

# Experiments

“Experiments” have a very long history

Major advances in design and analysis of experiments based on agricultural and later biostatistical research in the 19th century

R.A. Fisher

Jerzy Neyman

Karl Pearson

Oscar Kempthorne

# In Social Sciences

“Experiments” emerged in psychology 19th century

Not randomized – more like “What if?” studies

Heavily laboratory-based or clinical

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# In Social Sciences

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First randomized, controlled trial (RCT) by Peirce and Jastrow in 1884

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And have been a major part of the “credibility revolution” in economics

See, especially, LaLonde (1986)

# Principles of causality

- 1 Correlation/Relationship
- 2 Nonconfounding
- 3 Direction (“temporal precedence”)
- 4 Mechanism
- 5 Appropriate level of analysis

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- 3 **Direction (“temporal precedence”)**
- 4 **Mechanism**
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- 1 Draw causal inferences through *design*
- 2 Randomization breaks selection bias and fixes temporal precedence
- 3 We don't need to "control" for anything
- 4 We see "causal effects" in the comparison of experimental groups



**What kinds of questions can we answer with experiments?**

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Forward causal questions

Can X cause Y?

What effects does X have?

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## Forward causal questions

Can X cause Y?

What effects does X have?

## Backward causal questions

What causes Y?

How much of Y is attributable to X?

# Definitions I

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If we manipulate the thing we want to know the effect of ( $X$ ), and control (i.e., hold constant) everything we do not want to know the effect of ( $Z$ ), the only thing that can affect the outcome ( $Y$ ) is  $X$ .

# Definitions II

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**Unit:** A physical object at a particular point in time



# Definitions II

**Treatment:** An intervention, whose effect(s) we wish to assess relative to some other (non-)intervention

# Definitions II

**Outcome:** The variable we are trying to explain

# Definitions II

**Potential outcomes:** The outcome value for each unit that we *would observe* if that unit received each treatment

Multiple potential outcomes for each unit, but we only observe one of them

# Definitions II

**Causal effect:** The comparisons between the unit-level potential outcomes under each intervention

*This is what we want to know!*

# Example

# Example

**Unit:** British Citizens Residing in England

# Example

**Outcome:** Favorability toward EU Immigration

# Example

**Treatment:** A stimulus showing the work of Spanish nurses working in the NHS



# Example

## Potential outcomes:

- 1 Favorability without thinking about Spanish nurses
- 2 Favorability while thinking about Spanish nurses

# Example

**Causal effect:** Difference in favorability between the two conditions

# Units

Units can be almost anything

Common units in experimental designs:

- Individual people

- Sites (schools, classes, surgeries)

- Areas (districts, states)

Units are period-specific

- Randomization can occur over time

# Outcomes

Experiments can have many outcome concepts/measures

Quite common to think about just one at a time

Outcomes can be anything that:

- Is observable/measurable

- Can be measured at the level of randomization or lower

# Treatments

Synonyms: manipulation, intervention, factor, condition, cell

Treatments are operationalizations of independent variables in a causal theory

A set of treatments generates observable variation in  $X$

# Developing Treatments

From theory, we derive testable hypotheses

Hypotheses are expectations about differences in outcomes across levels of a putatively causal variable

In an experiment, an hypothesis must be testable by an ATE

The experimental manipulations induce variation in the causal variable that enable tests of the hypotheses

## Example: Framing and Attention<sup>1</sup>

Theory: Presentation of information affects politicians' attention

Hypothesis:

Information framed as a conflict draws more attention from political elites than information not framed as a conflict.

Manipulation:

Control group: Presentation of headline information

Treatment group: Same information presented as conflict

Outcome:

How likely are legislators to read full article

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<sup>1</sup>Walgrave, Sevenans, Van Camp, Loewen (2017) – “What Draws Politicians' Attention? An Experimental Study of Issue Framing and its Effect on Individual Political Elites”

## Ex.: Presence/Absence

Theory: Legislators vote in line with constituents' preferences

Hypothesis: Exposure to a poll of constituent views shifts legislative votes.

Manipulation:

Control group receives no polling information.  
Treatment group receives a letter containing polling information.

Outcome:

How legislators vote on relevant piece of legislation



## Ex.: Levels/doses

Theory: Legislators vote in line with constituents' preferences

Hypothesis: Exposure to a poll of constituent views shifts legislative votes.

Manipulation:

- Control group receives no polling information.

- Treatment group 1 receives a letter containing polling information.

- Treatment group 2 receives two letters containing polling information.

- etc.

Outcome:

- How legislators vote on relevant piece of legislation

## Ex.: Qualitative variation

Theory: Legislators vote in line with constituents' preferences

Hypothesis: Exposure to a poll of constituent views shifts legislative votes.

Manipulation:

- Control group receives no polling information.

- Treatment group 1 receives a letter containing polling information suggesting public support.

- Treatment group 2 receives a letter containing polling information suggesting public opposition.

Outcome:

- How legislators vote on relevant piece of legislation

# Treatments Test Hypotheses!

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Derive experimental design from hypotheses

Experimental “factors” are expressions of hypotheses as randomized groups

What intervention each group receives depends on hypotheses

- presence/absence

- levels/doses

- qualitative variations

# Questions?

# Complexities

Experiments can have additional “moving parts”

- Control groups and placebo groups

- Pre-treatment outcome measurement

- Within-subjects design features

- Repeated measures of outcomes

- Cluster randomization

- Sampling from a population

- ...

None of these are *necessary* for causal inference



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# The Fundamental Problem of Causal Inference!

Units have multiple potential outcomes

We can only observe one of them!

Thus we never know the individual-level causal effect of a treatment for a given unit

# Two Solutions!

- 1 Assume units are all “homogeneous” (i.e., identical)
- 2 Randomly assign units to treatments and compare *average* outcomes

# “The Perfect Doctor”

Unit	$Y_0$	$Y_1$
1	?	?
2	?	?
3	?	?
4	?	?
5	?	?
6	?	?
7	?	?
8	?	?
<b>Mean</b>	<b>?</b>	<b>?</b>

# “The Perfect Doctor”

Unit	$Y_0$	$Y_1$
1	?	14
2	6	?
3	4	?
4	5	?
5	6	?
6	6	?
7	?	10
8	?	9
<b>Mean</b>	<b>5.4</b>	<b>11</b>

# “The Perfect Doctor”

Unit	$Y_0$	$Y_1$
1	13	14
2	6	0
3	4	1
4	5	2
5	6	3
6	6	1
7	8	10
8	8	9
<b>Mean</b>	<b>7</b>	<b>5</b>

# Experimental Inference I

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We can see *average causal effects*

Ex.: Average difference in cancer between those who do and do not smoke



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We want to know:  $TE_i = Y_{1i} - Y_{0i}$

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$$ATE = E[Y_{1i} - Y_{0i}] = E[Y_{1i}] - E[Y_{0i}]$$

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But we still only see one potential outcome for each unit:

$$ATE_{naive} = E[Y_{1i}|X = 1] - E[Y_{0i}|X = 0]$$

# Experimental Inference II

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But we still only see one potential outcome for each unit:

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Is this what we want to know?

# Experimental Inference III

What we want and what we have:

$$ATE = E[Y_{1i}] - E[Y_{0i}] \quad (1)$$

$$ATE_{naive} = E[Y_{1i}|X = 1] - E[Y_{0i}|X = 0] \quad (2)$$

# Experimental Inference III

What we want and what we have:

$$ATE = E[Y_{1i}] - E[Y_{0i}] \quad (1)$$

$$ATE_{naive} = E[Y_{1i}|X = 1] - E[Y_{0i}|X = 0] \quad (2)$$

Are the following statements true?

$$E[Y_{1i}] = E[Y_{1i}|X = 1]$$

$$E[Y_{0i}] = E[Y_{0i}|X = 0]$$

# Experimental Inference III

What we want and what we have:

$$ATE = E[Y_{1i}] - E[Y_{0i}] \quad (1)$$

$$ATE_{naive} = E[Y_{1i}|X = 1] - E[Y_{0i}|X = 0] \quad (2)$$

Are the following statements true?

$$E[Y_{1i}] = E[Y_{1i}|X = 1]$$

$$E[Y_{0i}] = E[Y_{0i}|X = 0]$$

Not in general!



# Experimental Inference IV

Only true when both of the following hold:

$$E[Y_{1i}] = E[Y_{1i}|X = 1] = E[Y_{1i}|X = 0] \quad (3)$$

$$E[Y_{0i}] = E[Y_{0i}|X = 1] = E[Y_{0i}|X = 0] \quad (4)$$

In that case, potential outcomes are *independent* of treatment assignment

If true, then:

$$\begin{aligned} ATE_{naive} &= E[Y_{1i}|X = 1] - E[Y_{0i}|X = 0] \quad (5) \\ &= E[Y_{1i}] - E[Y_{0i}] \\ &= ATE \end{aligned}$$

# Experimental Inference V

This holds in experiments because of randomization, which is a special, physical process of unpredictable sorting<sup>2</sup>

Units differ only in what side of coin was up  
Experiments randomly reveal potential outcomes  
Randomization balances  $Z$  *in expectation*

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<sup>2</sup>Not “random” in the casual, everyday sense of the word



# Experimental Analysis I

The statistic of interest in an experiment is the (*sample*) *average treatment effect* (SATE)

This boils down to being a mean-difference between two groups:

$$\widehat{SATE} = \left( \frac{1}{n_1} \sum_{i=1}^{n_1} Y_{1i} \right) - \left( \frac{1}{n_0} \sum_{i=1}^{n_0} Y_{0i} \right) \quad (5)$$

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Experiments do not require “controlling for” anything, if randomization occurred successfully

# Experimental Data Structures

An experimental data structure looks like:

unit	treatment	outcome
A	0	5
B	0	7
C	0	9
D	0	4
E	1	9
F	1	4
G	1	13
H	1	12

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# Experimental Analysis I

We don't just care about the size of the SATE. We also want to measure it precisely and know whether it is significantly different from zero (i.e., different from no effect/difference)

To know that, we need to estimate the *variance* of the SATE

The variance is influenced by:

- Total sample size

- Variance of the outcome,  $Y$

- Relative size of each treatment group

- "Advanced" design features

# Experimental Analysis II

Formula for the variance of the SATE is:

$$\widehat{Var}(SATE) = \left( \frac{\widehat{Var}(Y_0)}{n_0} \right) + \left( \frac{\widehat{Var}(Y_1)}{n_1} \right)$$

$\widehat{Var}(Y_0)$  is control group variance

$\widehat{Var}(Y_1)$  is treatment group variance

We often express this as the *standard error* of the estimate:

$$\widehat{SE}_{SATE} = \sqrt{\frac{\widehat{Var}(Y_0)}{n_0} + \frac{\widehat{Var}(Y_1)}{n_1}}$$

# Intuition about Variance

Bigger sample  $\rightarrow$  smaller SEs

Smaller variance  $\rightarrow$  smaller SEs

Efficient use of sample size:

When treatment group variances equal, equal sample sizes are most efficient

When variances differ, sample units are better allocated to the group with higher variance in  $Y$

# Statistical Inference

To assess whether an effect differs from zero, we need to know the sampling distribution of the ATE

Two major ways to do this:

- 1 Assume a parametric distribution (e.g., t-test)
- 2 Randomization inference

In large samples, the latter approaches the former

# Parametric Analysis Stata/R

R:

```
t.test(outcome ~ treatment, data = data)
lm(outcome ~ factor(treatment), data = data)
```

Stata:

```
ttest outcome, by(treatment)
reg outcome i.treatment
```

# Questions?

