# ECON42720 Causal Inference and Policy Evaluation

7 Difference-in-Differences

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#### Resources

### **Textbook chapters**

- ► Cunningham, Causal Inference: The Mixtape, Ch. 9
- ► Huntington-Klein, The Effect: Ch. 18

#### YouTube Videos

▶ Videos 17-21 of my Causal Inference Playlist

## DiD is a Quasi-Experimental Design

Some units get treated, some don't... we've heard that before

#### What's different about difference-in-differences?

- ▶ Treatment assignment does NOT need to be as good as random
- ► The **TREND** in outcomes of the control group is a good counterfactual for the trend of the treated group

DiD is arguably one of the most popular designs in empirical economics

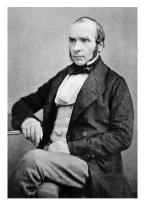
# Historical DiD Example: The Cholera Hypothesis

19th century: Cholera was a major disease in Europe

**Dominant hypothesis**: Cholera is \*\*transmitted through the air\*\*

John Snow in 1854: Cholera is \*\*transmitted through water\*\*

Research design: Difference-in-differences



John Snow (1813-1858) (Source: Wikipedia)

# Broad Street Pump in London (Soho)



(Source: Wikipedia)

## The Cholera Hypothesis

### Snow's theory: Cholera is transmitted through water

- ▶ People drink contaminated water that contains the cholera bacterium
- ► The bacterium enters the digestive system and causes cholera
- Through vomiting and diarrhea, the bacterium is excreted and contaminates the water supply further

#### Some observations:

- Sailors got sick when they went on land but not when staying docked
- ▶ Cholera was more prevalent in poor areas with bad hygiene
- ▶ Some apartment blocks were affected, other neighbouring ones not

# The Cholera Hypothesis

### How could Snow test his theory?

- ▶ Mind you: experiments were only established in 1935 by Fisher as a means to prove causality
- And you couldn't run an experiment (drink from the Thames if heads, from another source if tails)

### Snow's research design

- Some areas in London had their water supply from the Thames
- Others had their water supply from other sources
- Problem: areas were different in many ways

# Snow's Research Design

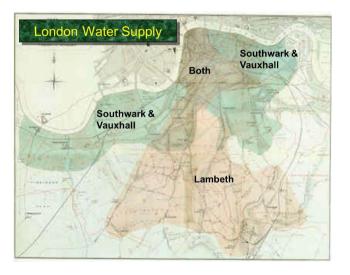
Different boroughs in London had different water supplies, all from the Thames

But: in 1849 the Lambeth Water Company switched to a new water source upstream

- ▶ This turned out to be cleaner and not contaminated cholera
- ► The Southwark and Vauxhall Water Company did not switch

Did cholera cases decline in Lambeth after the switch relative to Southwark and Vauxhall?

# Lambeth vs. Southwark and Vauxhall Water Supply



### John Snow's Data

Much of the data on water suppliers was hand-collected (!) by Snow

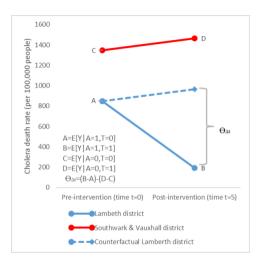
### Cholera deaths per 10,000 households in the mid-1850s

Company Name	1849	1854
	Before Switch	After Switch
Southwark and Vauxhall	135	147
Lambeth	85	19

### Things to note

- ► There were more deaths in both years in Southwark and Vauxhall
- ▶ Death rates in Lambeth dropped dramatically after the switch
- Death rates in Southwark and Vauxhall stayed roughly the same

### John Snow Discovered Difference-in-Differences



Source: Caniglia & Murray (2020)

### John Snow Discovered Difference-in-Differences

#### Difference 1: Lambeth vs. Southwark and Vauxhall

▶ Solid blue vs red line: differences in cholera deaths between the two areas

#### **Difference 2**: Before vs. after the switch

- ▶ Dotted blue line: projects the trend in Lambeth if the switch had not happened
- ► This is just the trend of Southwark and Vauxhall

#### Difference-in-differences: The difference between the solid and dotted blue line

► relative to the counterfactual, the switch reduced cholera deaths by 78 per 10,000 households

### John Snow Discovered Difference-in-Differences

Company Name	1849	1854	Difference 2
	Before Switch	After Switch	
Southwark and Vauxhall	135	147	+12
Lambeth	85	19	-66
Difference 1	-50	-128	-78

The difference-in-differences is 78 cholera deaths per 10,000 households

### References

Caniglia, Ellen C., & Murray, Eleanor J. 2020. Difference-in-Difference in the Time of Cholera: a Gentle Introduction for Epidemiologists. *Current Epidemiology Reports*, **7**, 203–210.



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