



ScPoEconometrics

Intro To Causality

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SciencesPo Paris
2021-02-24

Quick "Quiz" on Last Week's Material

1. From your *computer* ↗ connect to www.wooclap.com/SCPOSLR

OR

2. From your *phone* ↗ flash QR code below



Today - Introduction to Causal Inference

- **Causality** versus **correlation**
- The **Potential Outcome Framework** a.k.a. Rubin's Causal Model
- **Randomized controlled trials** (RCTs)
- Follow up on the empirical application of *class size* and *student performance*



Why do we care about causality?

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 - *Social sciences*: Why do people behave in the way they do?
 - *Health sciences*: Why do people get sick? Which medicine can cure them?



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 - *Health sciences*: Why do people get sick? Which medicine can cure them?
- Causal understanding is also of first interest to **policymakers**
 - How to lower unemployment?
 - How to improve student learning?
 - Whether governments should care about the level of public debt?



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 - How to lower unemployment?
 - How to improve student learning?
 - Whether governments should care about the level of public debt?
- Note that some questions we might want to answer are not causal
 - Most *Artificial Intelligence* tasks only care about **prediction**
 - *Example*: predicting whether a photo is of a dog or a cat is vital to how Google Images works, but it doesn't care what *caused* the photo to be of a dog or a cat.



Causality and Economics

- Making causal inference from data can be seen as economists' *comparative advantage* among the social sciences!
- Plenty of fields do statistics. But very few make it standard training for their students to understand causality.
- Economists' endeavour to establish causal relationships is also what makes them useful both in the private (e.g. tech companies) and public sector (e.g. policy advisors).



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- Ok, that's enough preaching 😊



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(latin makes things seem more complicated 😐)



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- The key point here is the *without changing anything else*, often referred as the **ceteris paribus (all else equal) assumption.**
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- ⚡ It does **NOT** mean that X is the only factor that causes Y .



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Correlation does not equal causation has become a ubiquitous mantra, but can you tell why it is true?



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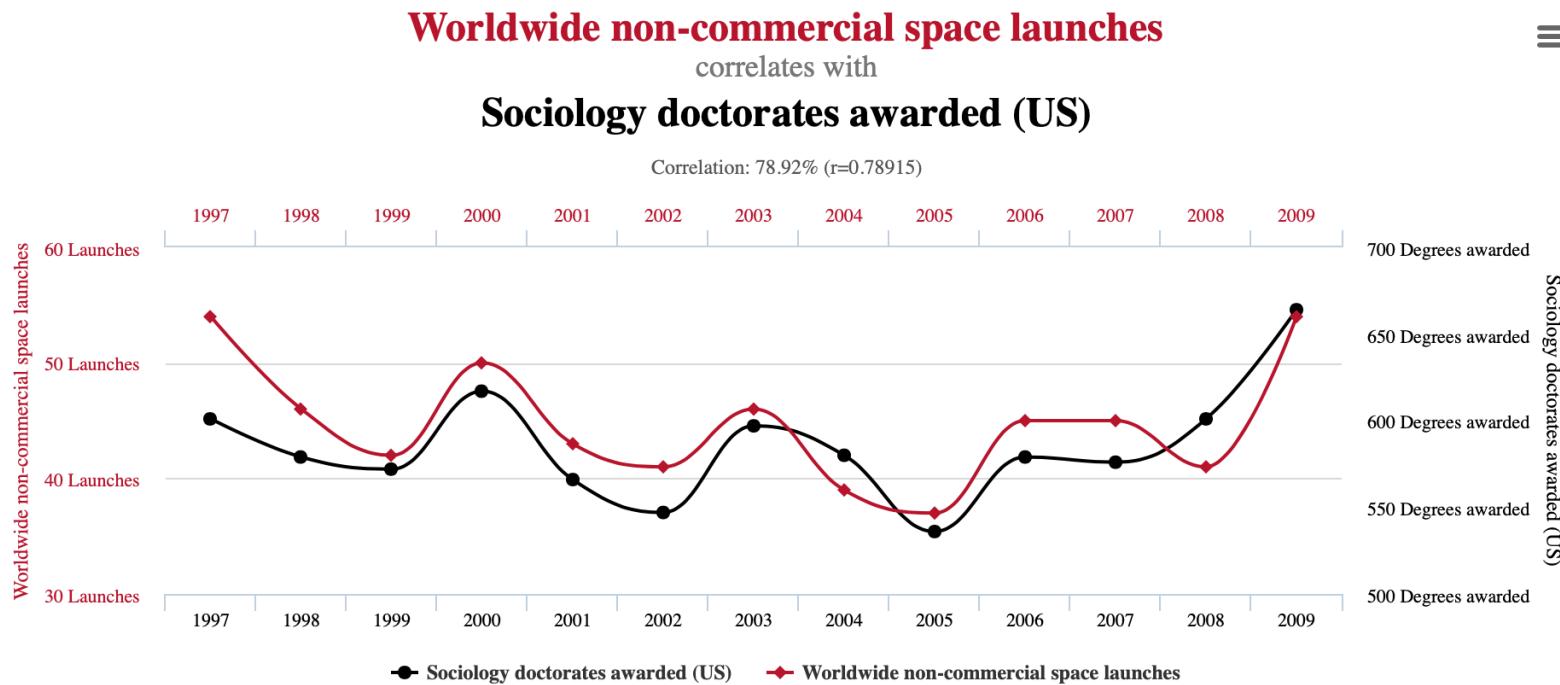
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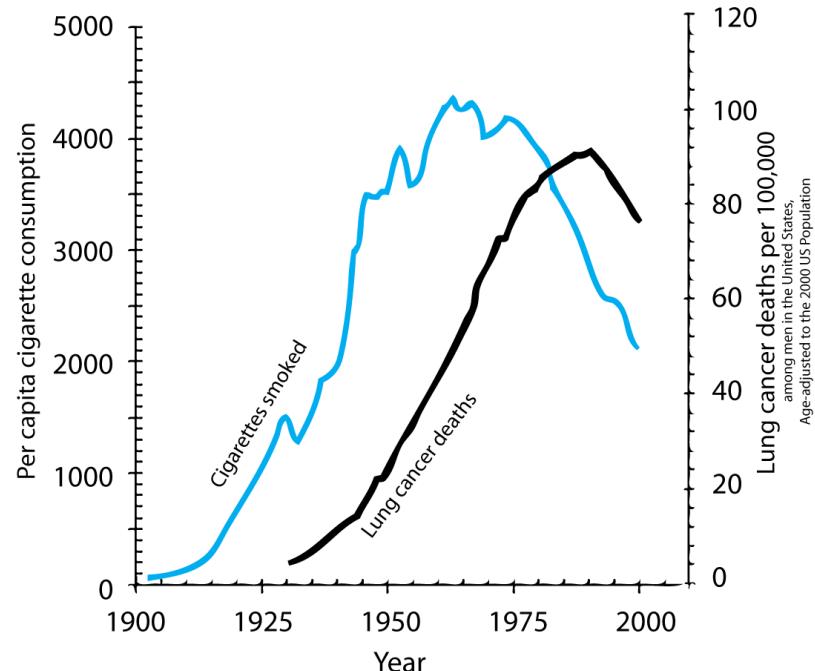


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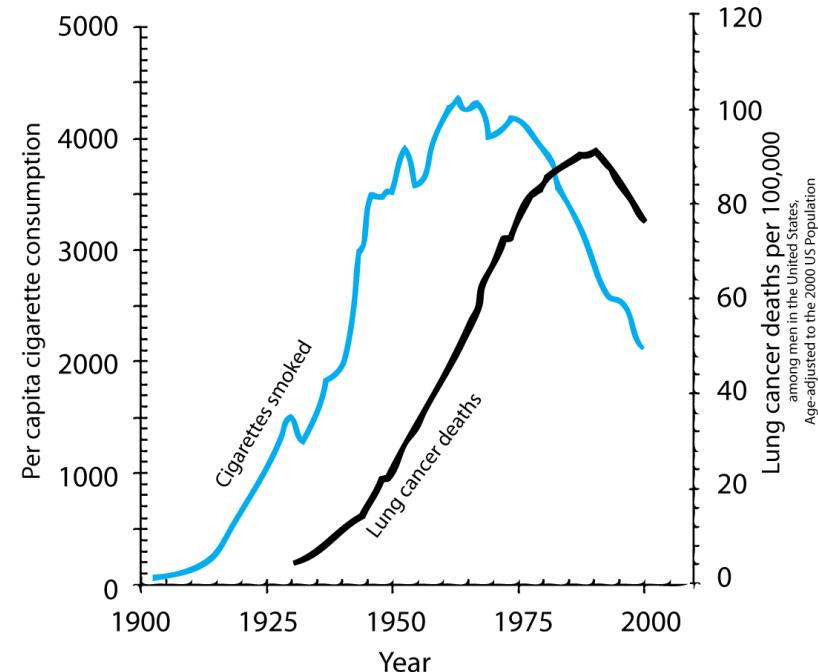


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- It's very tempting to claim that smoking causes lung cancer based on this graph.



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- Inhalation of motor exhausts (leaded gasoline fumes),
- General greater air pollution.



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Self selection:

Smokers and non-smokers may be different in the first place:

- **Selection on observable characteristics:** age, education, income, etc.
- **Selection on unobservable characteristics:** genes (the hypothetical confounding genome theory of Fisher).



How Can We Tell?

- Sometimes correlations are just pure *artefacts*: there is no causal relationship between the variables of interest.
- In some other cases, there are both correlation and causality but not of the same **magnitude**, or even the same **direction**.



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- Sometimes correlations are just pure *artefacts*: there is no causal relationship between the variables of interest.
- In some other cases, there are both correlation and causality but not of the same **magnitude**, or even the same **direction**.
- So how can we make causal inference then?
- The ***Potential Outcomes Framework*** will be our guide.



Causal Inference

The Potential Outcomes Framework

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Key idea: Each individual can be exposed to **multiple alternative treatment states**.

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For practicality, let this treatment variable D_i be a binary variable:

$$D_i = \begin{cases} 1 & \text{if individual } i \text{ is treated} \\ 0 & \text{if individual } i \text{ is not treated} \end{cases}$$



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$$D_i = \begin{cases} 1 & \text{if individual } i \text{ is treated} \\ 0 & \text{if individual } i \text{ is not treated} \end{cases}$$

Treatment group

all the individuals such that $D_i = 1$.

Control group

all the individuals such that $D_i = 0$.



The Potential Outcomes Framework

- In this framework, each individual has two *p*otential outcomes, but only one *o*bserved outcome Y_i :
 - Y_i^1 : potential outcome if individual i receives the treatment ($D_i = 1$),
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 - Y_i^1 : potential outcome if individual i receives the treatment ($D_i = 1$),
 - Y_i^0 : potential outcome if individual i does not receive the treatment ($D_i = 0$).
- From these we can define the *individual treatment effect* δ_i :

$$\delta_i = Y_i^1 - Y_i^0$$

- δ_i measures the **causal effect of the treatment (D_i)** on outcome Y for individual i .



The Potential Outcomes Framework

- In real life we only observe Y_i which can be written as:

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Group	Y_i^1	Y_i^0
Treatment group ($D_i = 1$)	Observable as Y_i	Counterfactual
Control group ($D_i = 0$)	Counterfactual	Observable as Y_i



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- Since the treatment effect *cannot* be observed at the individual level, we estimate population averages.



Average Treatment Effect (ATE)

Broadest possible average effect: Average Treatment Effect (*ATE*)

$$\begin{aligned} ATE &= \mathbb{E}(\delta_i) \\ &= \mathbb{E}(Y_i^1 - Y_i^0) \\ &= \mathbb{E}(Y_i^1) - \mathbb{E}(Y_i^0) \end{aligned}$$

- The ATE simply measures the *average of individual treatment effects over the whole population.*
 - The $\mathbb{E}(\cdot)$ operator stands for **expectation** or *population mean*.
 - The $\mathbb{E}(\cdot)$ operator is linear, in other words, $\mathbb{E}(X + Y) = \mathbb{E}(X) + \mathbb{E}(Y)$ with X and Y being two random variables.



Average Treatment on the Treated (ATT)

Other **conditional** average treatment effects may be of interest:

- The **Average Treatment Effect on the Treated (ATT)**

$$\begin{aligned} ATT &= \mathbb{E}(\delta_i | D_i = 1) \\ &= \mathbb{E}(Y_i^1 - Y_i^0 | D_i = 1) \\ &= \mathbb{E}(Y_i^1 | D_i = 1) - \mathbb{E}(Y_i^0 | D_i = 1) \end{aligned}$$

- The ATT measures the ***average treatment effect conditional on being in the treatment group.***

- The $\mathbb{E}(\cdot | D = x)$ operator stands for **conditional expectation**. It refers to the expectation over a subcategory of the entire population, namely people who satisfy the condition $D = x$.
- The $\mathbb{E}(\cdot | D = x)$ operator is also linear.



Average Treatment on the Untreated (ATU)

Other *conditional* average treatment effects may be of interest:

- The Average Treatment Effect on the Untreated (*ATU*)

$$\begin{aligned} ATU &= \mathbb{E}(\delta_i | D_i = 0) \\ &= \mathbb{E}(Y_i^1 - Y_i^0 | D_i = 0) \\ &= \mathbb{E}(Y_i^1 | D_i = 0) - \mathbb{E}(Y_i^0 | D_i = 0) \end{aligned}$$

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- The ATU measures the *average treatment effect conditional on being in the control group*.
- In the majority of cases, ATE \neq ATT \neq ATU!



Example

Example: Potential outcomes for 10 students of being in a class of 7 students (Y^1) or 15 students (Y^0) on GPA (0-10)

Student	Y^1	Y^0	δ
1	5	2	3
2	6	4	2
3	3	6	-3
4	5	4	1
5	10	8	2
6	2	4	-2
7	5	2	3
8	6	4	2
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$$\begin{aligned}\text{ATE} &= \mathbb{E}(Y^1) - \mathbb{E}(Y^0) \\ &= 5.2 - 4.5 \\ &= 0.7\end{aligned}$$

→ the *average* causal effect of being in small relative to large class on GPA is 0.7 points.

⚠ not all students benefited equally from the treatment!



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$$\text{ATT} = \mathbb{E}(\delta|D = 1) \\ \approx 2.71$$

$$\text{ATU} = \mathbb{E}(\delta|D = 0) \\ = -4$$

$$\text{ATE} = 7/10 \times \text{ATT} + 3/10 \times \text{ATU} \\ = 7/10 \times 2.71 + 3/10 \times (-4) \\ = 0.7$$



The Problem of Causal Inference

- In practice, we have the same **missing data problem** for computing the ATE, ATT or ATU as we did for δ_i . Either Y_i^1 or Y_i^0 is missing for each i .



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- From the data, we can compute the **Simple Difference in mean Outcomes (SDO)** for both groups:

$$\begin{aligned} SDO &= \mathbb{E}(Y_i^1 | D_i = 1) - \mathbb{E}(Y_i^0 | D_i = 0) \\ &= \frac{1}{N_T} \sum_{i=1}^{N_T} (Y_i | D_i = 1) - \frac{1}{N_C} \sum_{i=1}^{N_C} (Y_i | D_i = 0) \end{aligned}$$



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- Almost always, such a difference **will fail to capture the causal treatment effect**.
- Notice that this kind "naive" comparison is often done by journalists, politicians, badly trained scientists (but not you now! 😊).



Problems with Naive Comparisons

Let's rewrite the SDO to make the individual treatment effect (δ_i) appear in the equation.

$$\begin{aligned} SDO &= \mathbb{E}(Y_i^1 | D_i = 1) - \mathbb{E}(Y_i^0 | D_i = 0) \\ &= \mathbb{E}(Y_i^0 + \delta_i | D_i = 1) - \mathbb{E}(Y_i^0 | D_i = 0) \end{aligned}$$



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For now, suppose **treatment effect is constant** across people: for all i , $\delta_i = \delta$.

Then,

$$SDO = \delta + \mathbb{E}(Y_i^0 | D_i = 1) - \mathbb{E}(Y_i^0 | D_i = 0)$$

And because $ATE = \mathbb{E}(\delta_i) = \mathbb{E}(\delta) = \delta$ (by assumption), we get:

$$SDO = ATE + \underbrace{\mathbb{E}(Y_i^0 | D_i = 1) - \mathbb{E}(Y_i^0 | D_i = 0)}_{\text{Selection bias}}$$



Problems with Naive Comparisons

Let's now relax the assumption that the treatment effect is constant among all individuals.

After some tedious calculations that we skip, the SDO can now be decomposed as:

$$SDO = ATE + \underbrace{\mathbb{E}(Y_i^0 | D_i = 1) - \mathbb{E}(Y_i^0 | D_i = 0)}_{\text{Selection bias}} \\ + \underbrace{(1 - \pi)(ATT - ATU)}_{\text{Heterogenous treatment effect bias}}$$

where $1 - \pi$ denotes the share of people in the control group.



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So there is a novel source of bias that comes from the potential *heterogeneity in the individual treatment effect* δ_i .

- **Selection bias**: those who attend university are likely to have higher baseline cognitive skills (regardless of whether they actually attend college).
- **Heterogeneous treatment effect bias**: those who attend university may improve their cognitive skills more at university because they are more motivated.



Task 1: SDO, ATE and Randomization

10 : 00

Let's compute these various quantities and biases with some toy data (i.e. data we generated ourselves).

1. Load the data [here](#). The `group` variable corresponds to whether the individual has been treated or not, the `Y0` variable corresponds to the potential outcome if the individual does not receive the treatment (Y_i^0) while `Y1` corresponds to the potential outcome if the individual receives the treatment (Y_i^1). Create a new variable containing the observed outcome (Y_i) and the individual treatment effect (δ_i). (Recall that $Y_i = D_i * Y_i^1 + (1 - D_i)Y_i^0$ and $\delta_i = Y_i^1 - Y_i^0$.)
2. Compute the **ATE** and the **SDO**. Is there is any *bias*? Is it large in magnitude?
3. In this new **dataset** we've randomly assigned the same individuals to the treatment and control groups. Compute the **SDO under randomization**. Remember that you need to recompute Y_i because the assignment is not the same anymore. If you got it right, the bias should be very close to 0. Why is it not exactly 0?
4. *To do at home:* Compute the value of the **selection bias** and the **heterogenous treatment effect bias** and check that we have



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- *Randomized experiments*: you *randomly* assign people to a treatment and a control group.
- In this case, the treatment assignment is **independent** of the potential outcomes.



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 - Therefore the *selection bias is equal to 0*.



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 - Therefore the *selection bias is equal to 0*.
- In the same way, there is no reason for $\mathbb{E}[\delta_i]$ to be different in the treatment and control group.
 - There $ATT = ATU$, implying the *heterogenous treatment effect bias will also be 0*.



Randomization solves the problem of causal inference!

With random assignment we have:

$$SDO = \mathbb{E}(Y_i^1 | D_i = 1) - \mathbb{E}(Y_i^0 | D_i = 0) = ATE$$

☞ We can directly estimate the ATE from the data!



Randomized Experiments

Randomized Experiments

- Often called **Randomized Controlled Trials** (RCT).
- The first RCTs were conducted a long time ago (18th and 19th century), mainly in **Medecine**.
- In the beginning of the 20th century they were popularized by famous statisticians like **J. Neyman** or **R.A. Fisher**.
- Since then they have had a growing influence and have progressively become a reliable **tool for public policy evaluation**.
- As for economics, the **2019 Nobel Price in Economics** was awarded to three exponents of RCTs, **Abhijit Banerjee, Esther Duflo and Michael Kremer**, "for their experimental approach to alleviating global poverty".



Back to class size and students' achievement

Last week we regressed average student math or reading scores on class size.

$$\text{math score}_i = b_0 + b_1 \text{class size}_i + e_i$$

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An RCT would take care of all these biases!



The Project STAR Experiment

Tennessee **S**tudent/**T**eacher **A**chievement **R**atio Experiment (see [Krueger \(1999\)](#))

- Funded by Tennessee legislature for a total cost of approx. \$12 million.
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- Students' math and reading skills were tested around March each year.



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- Randomization occurred within schools.
- Students' math and reading skills were tested around March each year.
- There was a problem of ***non-random attrition*** but we will ignore it.



Task 2: STAR data

10 : 00

1. Load the *STAR* data from [here](#) and assign it to an object called `star_df`.
2. Read the help for `AER::STAR` to understand what the variables correspond to. (Note: the data has been *reshaped* so don't mind the "k", "1", etc. in the variable names in the help.)
3. What's the unit of observation? Which variable contains: (i) the (random) class assignment, (ii) the student's class grade, (iii) the outcomes of interest?
4. How many observations are there? Why so many?
5. Why are there so many `NAs`? What do they correspond to?
6. Keep only cases with no `NAs` with the following code:
`star_df <- star_df[complete.cases(star_df),]`
7. Let's check how well the randomization was done by doing ***balancing checks***. Compute the average percentage of girls, african americans, and free lunch qualifiers by grade *and* treatment class. (*Hint*: The following computes the percentage of girls (without the relevant `dplyr` verbs): `share_female = mean(gender == "female") * 100.`)



The Project STAR Experiment

We just saw that in an RCT the Average Treatment Effect is obtained by computing the differences in outcomes between the treatment and control groups.

Let's only focus on:

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grade	test	mean regular	mean small	ATE
k	math	484.45	493.34	8.9
k	read	435.76	441.13	5.37

What's the interpretation for these ATEs?



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What's the interpretation for these ATEs?

That's nice but can't we put this in regression form?



RCT in Regression Form

$$Y_i = D_i Y_i^1 + (1 - D_i) Y_i^0$$



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Factoring by D_i and replacing $Y_i^1 - Y_i^0$ by δ_i , we get:

$$\begin{aligned} Y_i &= Y_i^0 + D_i(Y_i^1 - Y_i^0) \\ &= Y_i^0 + D_i\delta_i \end{aligned}$$



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Assuming $\delta_i = \delta$, for all i ,

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Assuming $\delta_i = \delta$, for all i ,

$$Y_i = Y_i^0 + D_i\delta$$

Adding $\mathbb{E}[Y_i^0] - \mathbb{E}[Y_i^0] = 0$ to the right-hand side:

$$\begin{aligned} Y_i &= \mathbb{E}[Y_i^0] + D_i\delta + Y_i^0 - \mathbb{E}[Y_i^0] \\ &= b_0 + \delta D_i + e_i \end{aligned}$$

where $b_0 = \mathbb{E}[Y_i^0]$ and $e_i = Y_i^0 - \mathbb{E}[Y_i^0]$



The Project STAR Experiment: Regression

The last equation looks exactly like the simple regression model we saw last week! (with $\delta = b_1$)

Let's therefore estimate the ATE of being assigned to a small class size on math scores.



The Project STAR Experiment: Regression

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Let's therefore estimate the ATE of being assigned to a small class size on math scores.

We want to estimate the following model: $\text{math score}_i = b_0 + \delta_{\text{small}} + e_i$, with

$$\text{small}_i = \begin{cases} 1 & \text{if assigned to a small class} \\ 0 & \text{if assigned to a regular class} \end{cases}$$

```
star_df_k_small <- star_df %>%  
  filter(  
    star %in% c("regular", "small") &  
    grade == "k") %>%  
  mutate(small = (star == "small"))  
  
star_df_k_small %>% count(star, grade)  
star_df_k_small %>% count(small)  
  
## # A tibble: 2 x 3  
##   star     grade     n  
##   <chr>    <chr> <int>  
## 1 regular   k      1781  
## 2 small     k      1578  
  
## # A tibble: 2 x 2  
##   small     n  
##   <lgl> <int>  
## 1 FALSE    1781  
## 2 TRUE     1578
```



The Project STAR Experiment: Regression

Regression model we want to estimate: $\text{math score}_i = b_0 + \delta_{\text{small}} + e_i$

```
lm(math ~ small, star_df_k_small)

##
## Call:
## lm(formula = math ~ small, data = star_df_k_small)
##
## Coefficients:
## (Intercept)    smallTRUE
##        484.446      8.895
```



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## Call:
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```

Recall that: $b_0 = \mathbb{E}[Y_i^0]$ and $\delta = \mathbb{E}[Y_i | D_i = 1] - \mathbb{E}[Y_i | D_i = 0]$

```
b_0 = mean(star_df_k_small$math[
  star_df_k_small$small == FALSE])
b_0

## [1] 484.4464
```

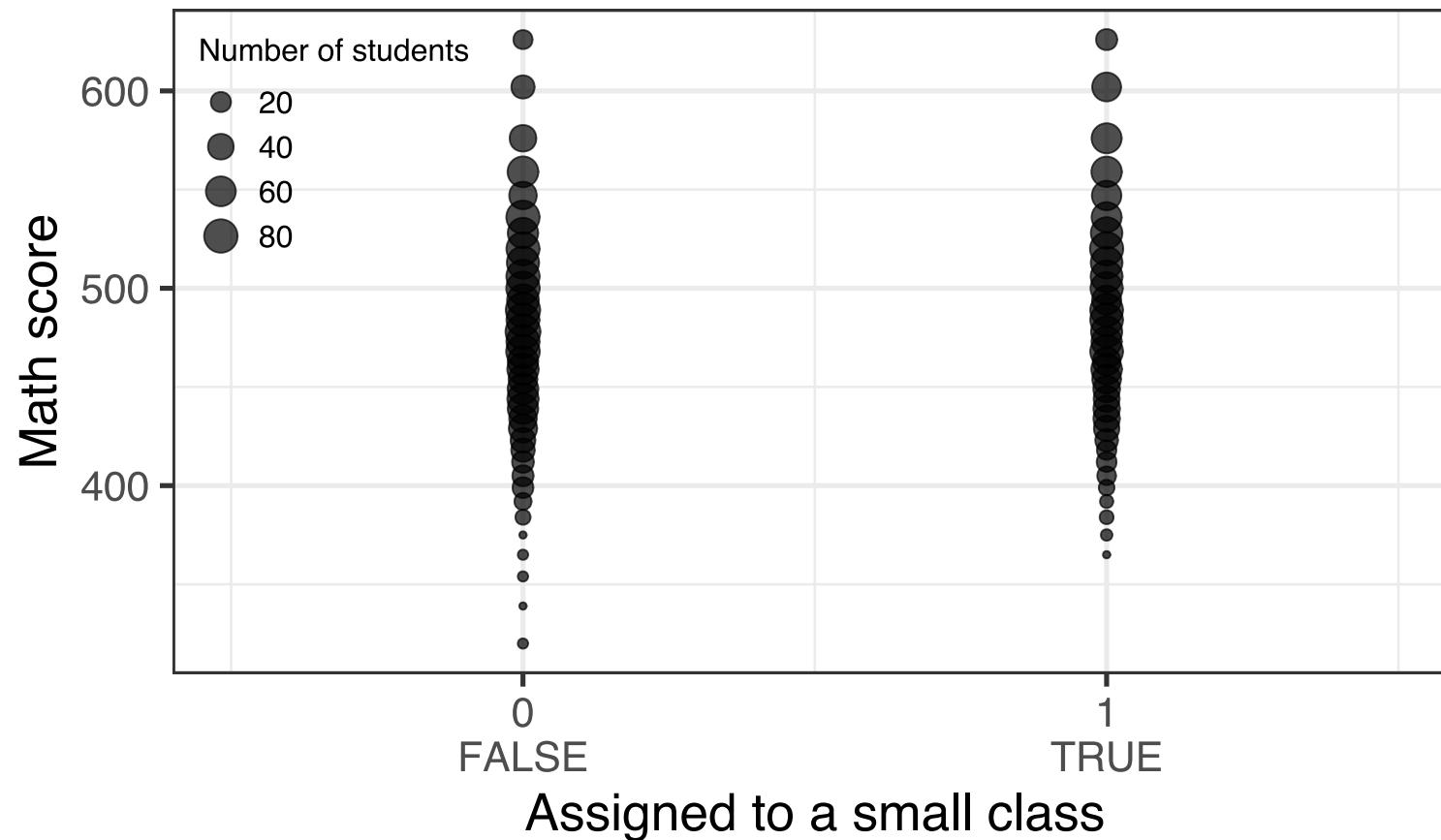
```
delta = mean(star_df_k_small$math[
  star_df_k_small$small == TRUE]) -
  mean(star_df_k_small$math[
  star_df_k_small$small == FALSE])
delta

## [1] 8.895193
```



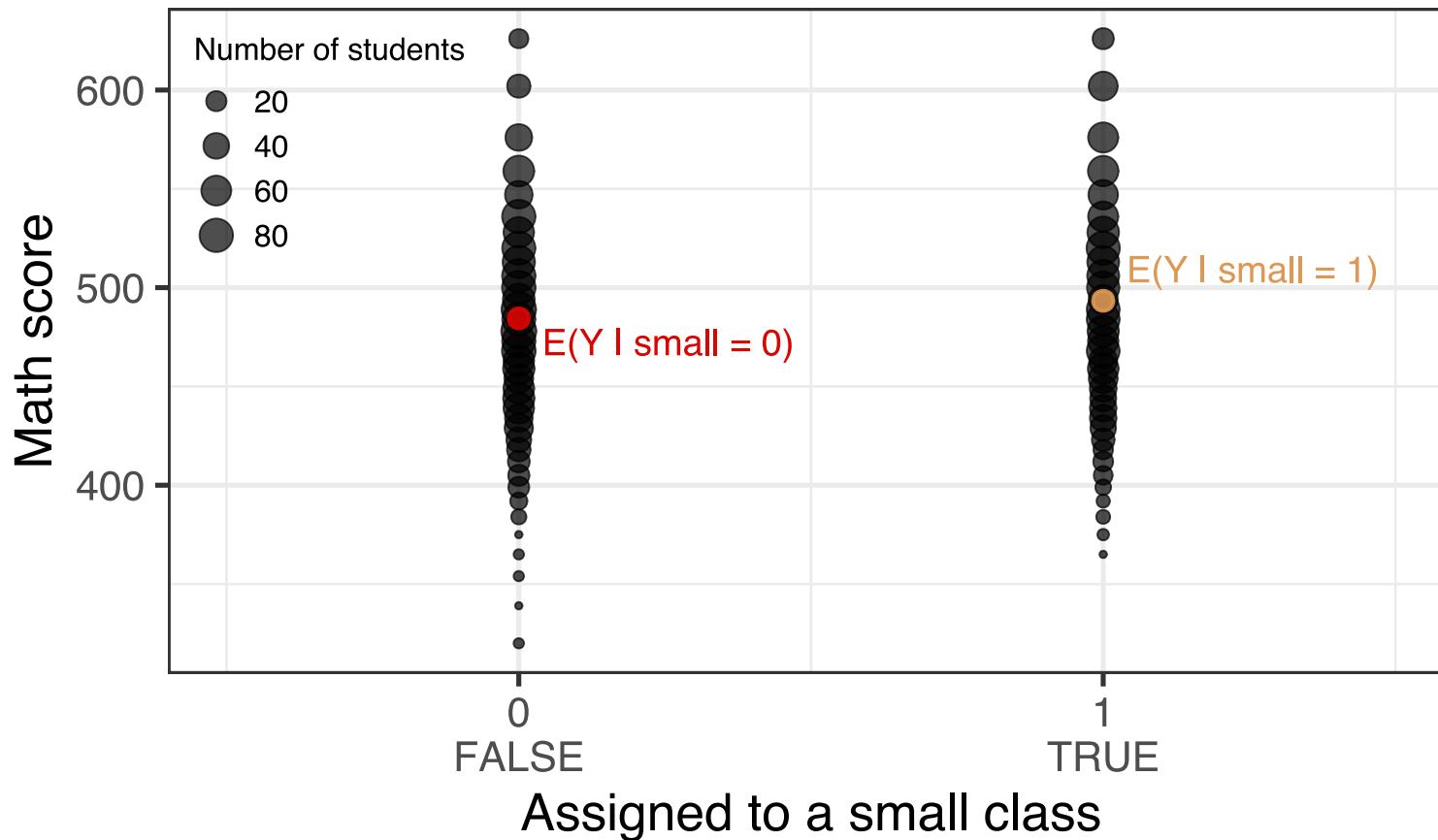
Regression with a Dummy Variable: Graphically

Contrary to last week, the regressor in our regression is a *dummy variable*, i.e. a variable that takes the values TRUE or FALSE (1 or 0).



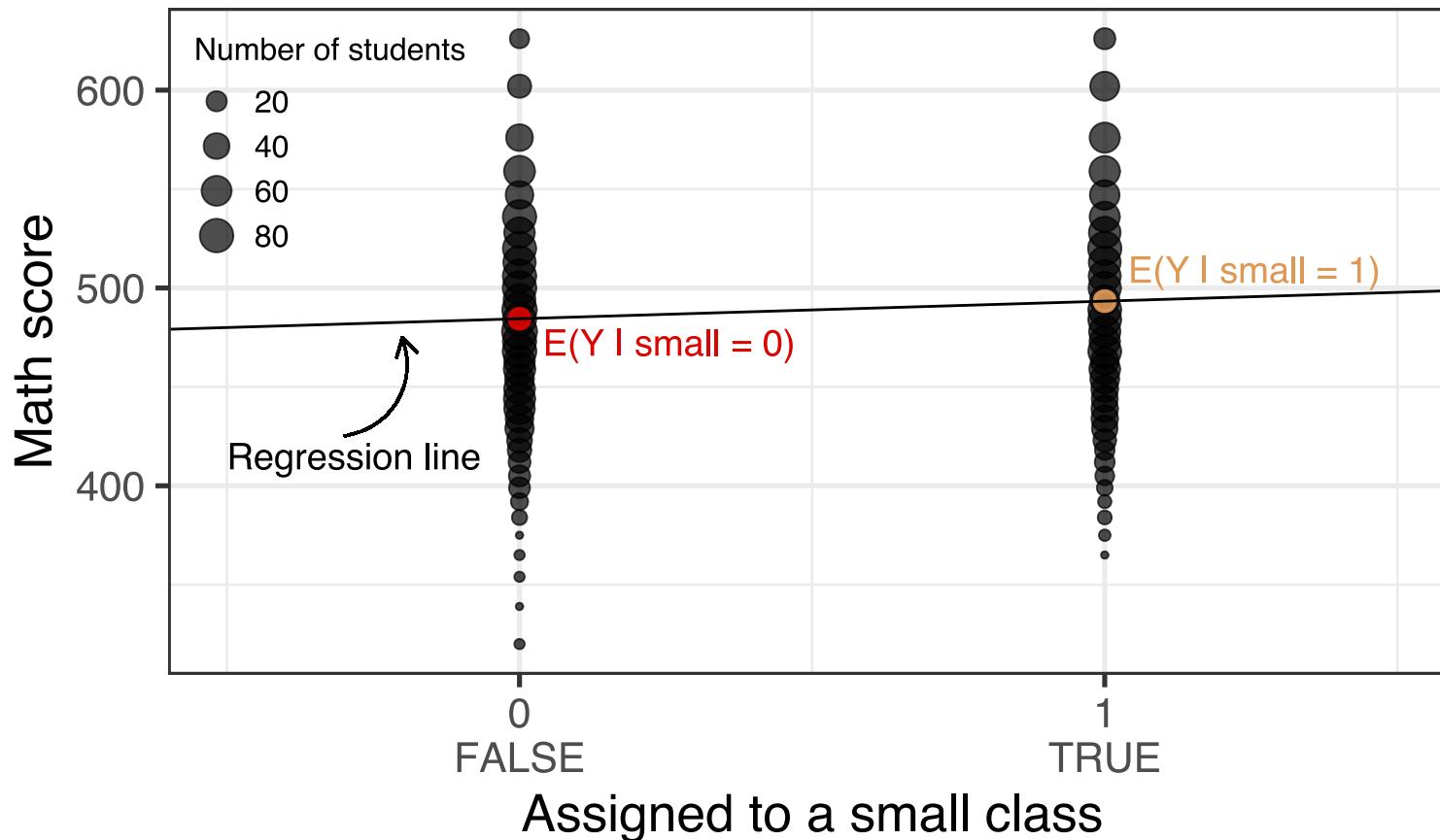
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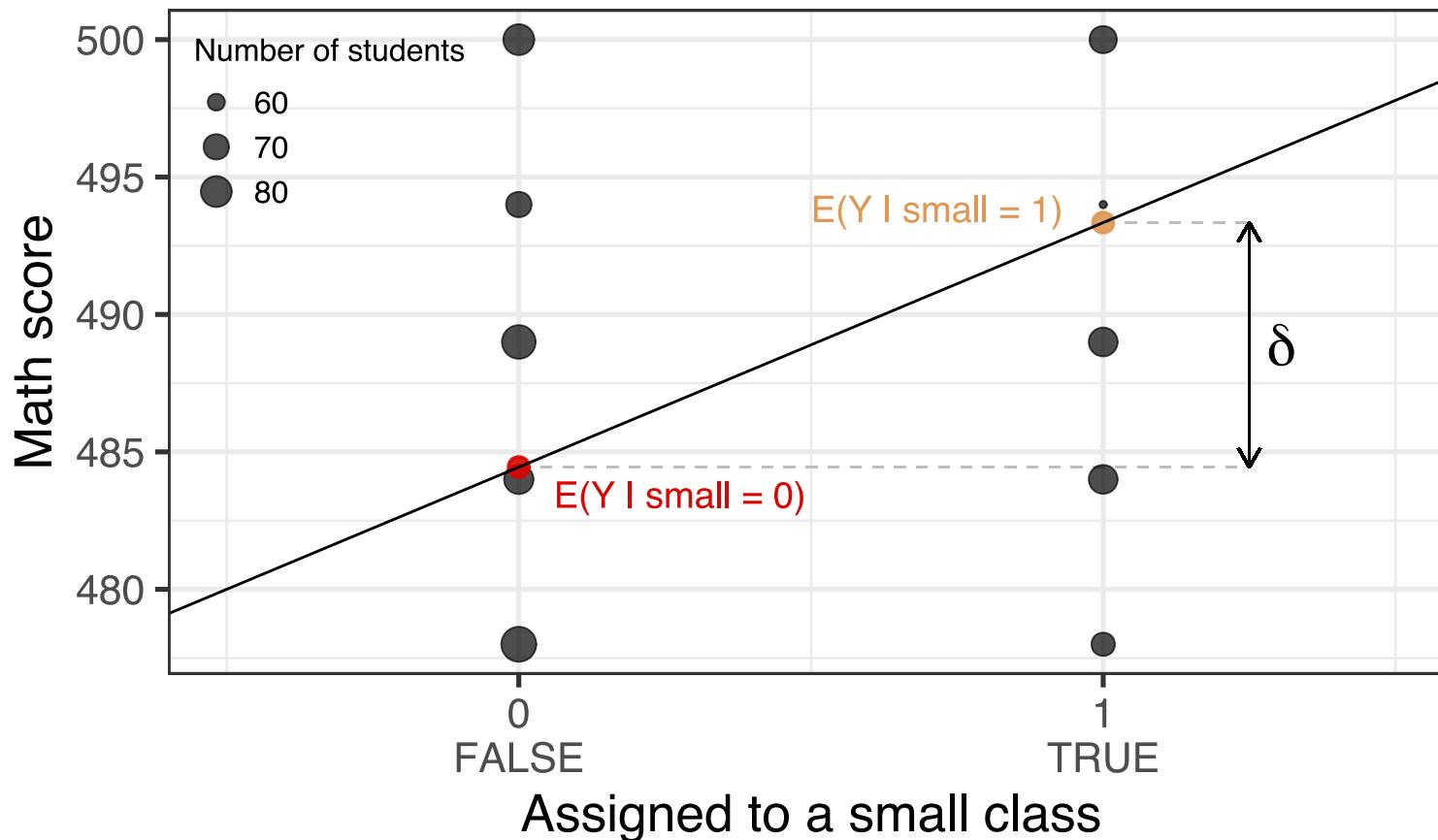
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Regression with a Dummy Variable: Formally

Recall the regression model: $\text{math score}_i = b_0 + \delta_{\text{small}_i} + e_i$

$$\begin{aligned}\mathbb{E}[\text{math score} | \text{small}_i = 0] &= \mathbb{E}[b_0 + \delta_{\text{small}_i} + e_i | \text{small}_i = 0] \\ &= b_0 + \delta \mathbb{E}[\text{small}_i | \text{small}_i = 0] + \mathbb{E}[e_i | \text{small}_i = 0] \\ &= b_0\end{aligned}$$



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Regression with a Dummy Variable: Formally

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$$\begin{aligned}ATE &= \mathbb{E}[\text{math score} | \text{small}_i = 1] - \mathbb{E}[\text{math score} | \text{small}_i = 0] \\ &= b_0 + \delta - b_0 \\ &= \delta\end{aligned}$$



Regression with a Dummy Variable: Formally

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We knew this already but we now understand why this is true 🤓



Task 3: Your Turn!

10 : 00

1. Filter the dataset to only keep first graders and the small class and regular class groups.
2. Compute the average math score for both groups, and the difference between the two.
(Use base R.)
3. Create a dummy variable `treatment` equal to `TRUE` if student is in treatment group (i.e. small class size) and `FALSE` if in control group (i.e. regular class size). See slide 33 for how to create a dummy variable.
4. Regress math score on the treatment dummy variable. Are the results in line with question 2?
5. How do you interpret these coefficients?



Shortcomings of RCTs

RCTs have very strong ***internal validity***, that is they can convincingly establish causal links.

However, they have some shortcomings:

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 - RCTs take time and we may be **time constrained**.
- **Interpretation** of the results:
 - ***External validity***: To what extent can the results from a given RCT be generalized to other contexts (countries, populations,...)?
 - Uncovering the mechanisms that are at stake may be difficult,
 - Imperfect randomization, attrition, ...



What comes next?

- So if we cannot rely on RCTs to make our life easy, it means we have to find a way to make causal inference from *observational data* (as opposed to *experimental data*).



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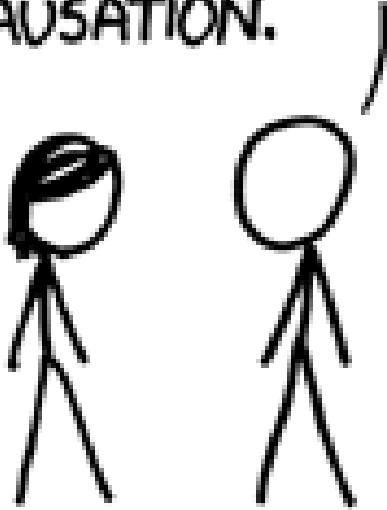
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2 broad cases:

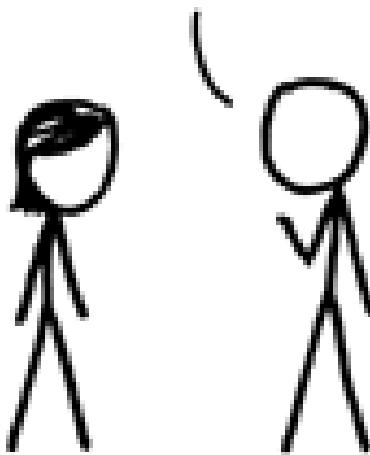
- *selection occurs on observable characteristics*: *multiple regression* (next week!)
- *selection occurs on unobservable characteristics*: *regression discontinuity design* (lecture 10) or *difference-in-differences* (not covered but set of slides online!)



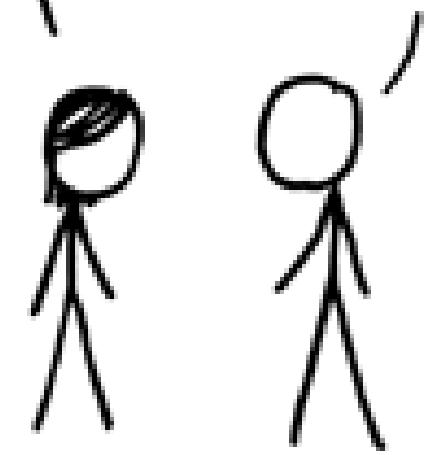
I USED TO THINK
CORRELATION IMPLIED
CAUSATION.



THEN I TOOK A
STATISTICS CLASS.
NOW I DON'T.



SOUNDS LIKE THE
CLASS HELPED.
WELL, MAYBE.



SEE YOU NEXT WEEK!

 florian.oswald@sciencespo.fr

 Slides

 Book

 @ScPoEcon

 @ScPoEcon

