The fundamental problem of causal inference

EC 320, Set 03

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Housekeeping

PS02:

- Posted earlier today
- Due next Tuesday at 11:59p
- Covers remaining topics from the review and from lecture today

LA02:

• Due Friday at 5:00p

Prologue

Statistics Inform Policy

Policy: In 2017, the University of Oregon started requiring first-year students to live on campus.

Rationale: First-year students who live on campus fare better:

- 80 percent more likely to graduate in four years.
- Second-year retention rate **5** percentage points higher.
- GPAs **0.13 points higher**, on average.

Do these comparisons suggest the policy improves student outcomes?

Do they describe the effect of living on campus?

Do they describe something else?

Other Things Equal

The UO's interpretation of those comparisons warrants skepticism.

- The decision to live on campus is probably related to family wealth and interest in school.
- Family wealth and interest in school are related to academic achievement.

Why might I be worried?

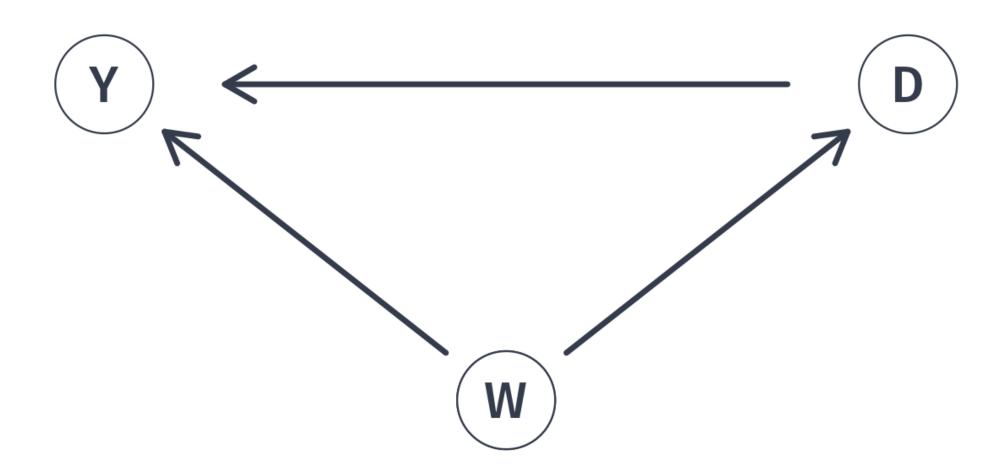
The difference in outcomes between those on and off campus is not an all else equal comparison.

Upshot: Can't attribute the difference in outcomes solely to living on campus.

Living on campus (**D**) increases student welfare (**Y**)



Living on campus (**D**) increases student welfare (**Y**)



But parental income (**W**) impacts both student welfare (**Y**) and living on campus (**D**). Failing to account for parental income will bias comparisons

All else equal

Ceteris paribus, all else held constant, etc.

A high bar

When all else equal, statistical comparisons detect causal relationships.

(Micro)economics has developed a comparative advantage in understanding where all else equal comparisons can and cannot be made.

- Anyone can retort "correlation doesn't necessarily imply causation."
- Understanding why is difficult, but useful for learning from data.

Fundamental problem of causal inference

Causal identification

Goal:

Identify the effect of a treatment, D_i , on individual i's outcome, $Y_{D,i}$.

Ideally, we could calculate the $treatment\ effect\ for\ each\ individual\ i$ as

$$Y_{1,i} - Y_{0,i}$$

- \bullet $Y_{1,i}$: the outcome for person i when she receives the treatment.
- ullet $Y_{0.i}$: the outcome for person i when she doesn't receive the treatment.

Referred to as potential outcomes

Ideal data

The *ideal* data for 10 people

```
i trt y1i y0i
1 1 1 5.01 2.56
2 2 1 8.85 2.53
3 3 1 6.31 2.67
4 4 1 5.97 2.79
5 5 1 7.61 4.34
6 6 0 7.63 4.15
7 7 0 4.75 0.56
8 8 0 5.77 3.52
9 9 0 7.47 4.49
10 10 0 7.79 1.40
```

Causal effect of treatment.

$$\tau_i = y_{1,i} - y_{0,i}$$

for each individual i.

Ideal data

The *ideal* data for 10 people

```
i trt yli y0i effect i
       1 5.01 2.56
                      2.45
   2 1 8.85 2.53
                      6.32
                      3.64
   3 1 6.31 2.67
  4 1 5.97 2.79
                      3.18
                      3.27
  5 1 7.61 4.34
  6 0 7.63 4.15
                      3.48
  7 0 4.75 0.56
                      4.19
  8 0 5.77 3.52
                      2.25
                      2.98
   9 0 7.47 4.49
       0 7.79 1.40
                      6.39
10 10
```

Causal effect of treatment.

$$\tau_i = y_{1,i} - y_{0,i}$$

for each individual i.

Ideal data

The *ideal* data for 10 people

	i	trt	y1i	y0i	effect_i
1	1	1	5.01	2.56	2.45
2	2	1	8.85	2.53	6.32
3	3	1	6.31	2.67	3.64
4	4	1	5.97	2.79	3.18
5	5	1	7.61	4.34	3.27
6	6	0	7.63	4.15	3.48
7	7	0	4.75	0.56	4.19
8	8	0	5.77	3.52	2.25
9	9	0	7.47	4.49	2.98
10	10	0	7.79	1.40	6.39

Causal effect of treatment.

$$\tau_i = y_{1,i} - y_{0,i}$$

for each individual i.

Define the mean of τ_i as the average treatment effect (ATE)

$$\overline{\tau} = 3.82$$

Notice the assignment of treatment is irrelevant in this setting.

Ideal comparison

$$\tau_i = y_{1,i} - y_{0,i}$$

Highlights the fundamental problem of econometrics, much like when a traveler assesses options down two separate roads.

The problem

- If we observe $y_{1,i}$, then we cannot observe $y_{0,i}$.
- If we observe $y_{0,i}$, then we cannot observe $y_{1,i}$.
- We do not observe the counterfactual.

Counterfactual

Hypothetical scenario representing the unobserved outcome for an individual or unit if they had experienced the alternative treatment or condition

The traveler's alternative outcome is forever unknown to them.

Fundamental problem of causal inference

A dataset that we can observe for 10 people looks something like

```
i trt y1i
               y0i
        1 5.01
       1 8.85
                 NA
       1 6.31
                 NA
   4 1 5.97
                 NA
   5 1 7.61
            NA 4.15
           NA 0.56
            NA 3.52
            NA 4.49
10 10
            NA 1.40
```

We can't observe $y_{1,i}$ and $y_{0,i}$. But, we do observe

- $y_{1,i}$ for i in 1, 2, 3, 4, 5
- $y_{0,i}$ for i in 6, 7, 8, 9, 10

Q: How do we "fill in" the NAs and estimate $\overline{\tau}$? Or.

Q: What is a good counterfactual for the missing data?

Notation: D_i is a binary indicator variable such that

- $D_i = 1$ if individual i is treated.
- $D_i = 0$ if individual i is not treated (control group).

Then, rephrasing the previous slide,

- We only observe $y_{1,i}$ when $D_i = 1$.
- We only observe $y_{0,i}$ when $D_i = 0$.

Q: How can we estimate $\overline{\tau}$ using only $(y_{1,i}|D_i=1)$ and $(y_{0,i}|D_i=0)$?

Q: How can we estimate $\overline{\tau}$ using only $(y_{1,i}|D_i=1)$ and $(y_{0,i}|D_i=0)$?

Idea: What if we compare the group of $\bf n$ peoples' means? I.e.,

$$= Avg_n(y_i | D_i = 1) - Avg_n(y_i | D_i = 0)$$

$$= Avg_n(y_{1i} | D_i = 1) - Avg_n(y_{0i} | D_i = 0)$$

Q: When does a simple difference-in-means provide information on the **causal effect** of the treatment?

Q: Is $Avg(y_i \mid D_i = 1) - Avg(y_i \mid D_i = 0)$ a good estimator for $\overline{\tau}$?

Assumption: Let $\tau_i = \tau$ for all i.

ullet The treatment effect is equal (constant) across all individuals i.

Note: We defined

$$\tau_i = \tau = y_{1,i} - y_{0,i}$$

which implies

$$y_{1,i} = y_{0,i} + \tau$$

Q: Is $Avg(y_i \mid D_i = 1) - Avg(y_i \mid D_i = 0)$ a good estimator for τ ?

$$= Avg(y_i \mid D_i = 1) - Avg(y_i \mid D_i = 0)$$

$$= Avg(y_{1,i} | D_i = 1) - Avg(y_{0,i} | D_i = 0)$$

=
$$Avg(\tau + y_{0,i} | D_i = 1) - Avg(y_{0,i} | D_i = 0)$$

$$= \tau + Avg(y_{0,i} \mid D_i = 1) - Avg(y_{0,i} \mid D_i = 0)$$

\quad \color{#fffff}{\Bigg|}= \color{#434C5E}\text{Average causal effect} + \color{#B

Our proposed difference-in-means estimator

\color{#434C5E}\text{Average causal effect} + \color{#B48EAD}{\text{Selection bias}}

gives us the sum of

- 1. τ , the causal, average treatment effect that we want.
- 2. **Selection bias:** How much treatment and control groups differ, on average.

Mastering metrics video on selection bias

Randomized controlled trials

Selection Bias

Problem: Selection bias precludes all else equal comparisons.

• To make causal statements, we need to shut down the bias term.

Potential solution: Conduct an experiment.

- How? Random assignment of treatment
- Hence the name, randomized control trial (RCT).

Groups will need to be large enough

• Following the LLN, as we increase **n** of both groups, our randomly assigned treatment estimate is *more likely* to be representative of the population mean.

Randomized control trials

Ex. Effect of de-worming on attendance

Motivation: Intestinal worms are common among children in less-developed countries. The parasitic symptoms disrupt human capital acquisition by keeping children home.

Policy Question: Do school-based de-worming interventions provide a cost-effective way to increase school attendance?

Randomized control trials

Ex. Effect of de-worming on attendance

Research Question: How much do de-worming interventions increase school attendance?

Q: Could we simply compare average attendance among children with and without access to de-worming medication?

A: If we're after the causal effect, probably not.

Randomized control trials

Ex. Effect of de-worming on attendance

Research Question: How much do de-worming interventions increase school attendance?

Q: Why not?

A: Selection bias – Families with access to de-worming medication probably have healthier children for other reasons (e.g. wealth, access to clean drinking water).¹

Randomized Control Trials

Ex. Effect of de-worming on attendance

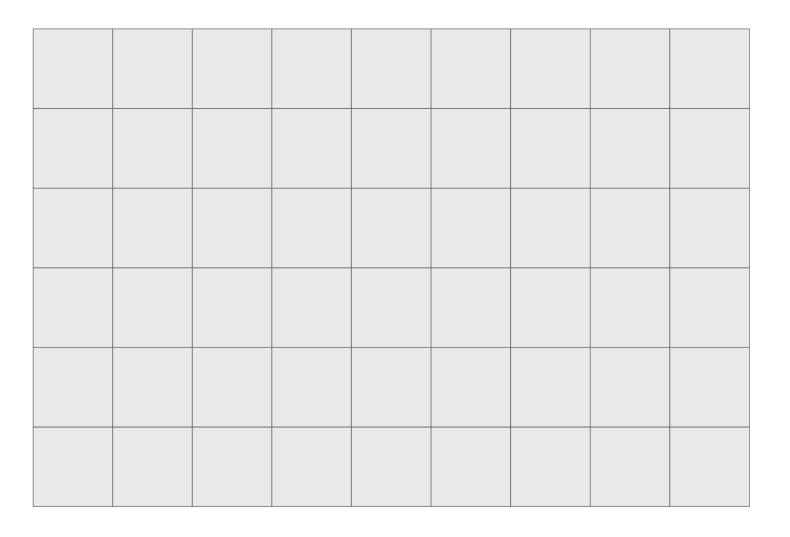
Imagine an RCT where we have **two** groups of villages:

- Treatment: Where children get de-worming medication in school.
- **Control:** Where children don't get de-worming medication in school (status quo).

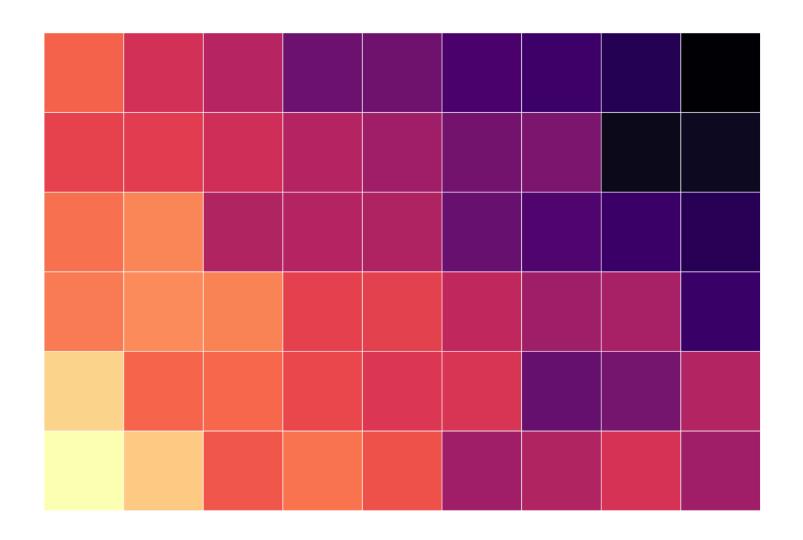
By randomizing, we will, on average, include all kinds of villages in both groups

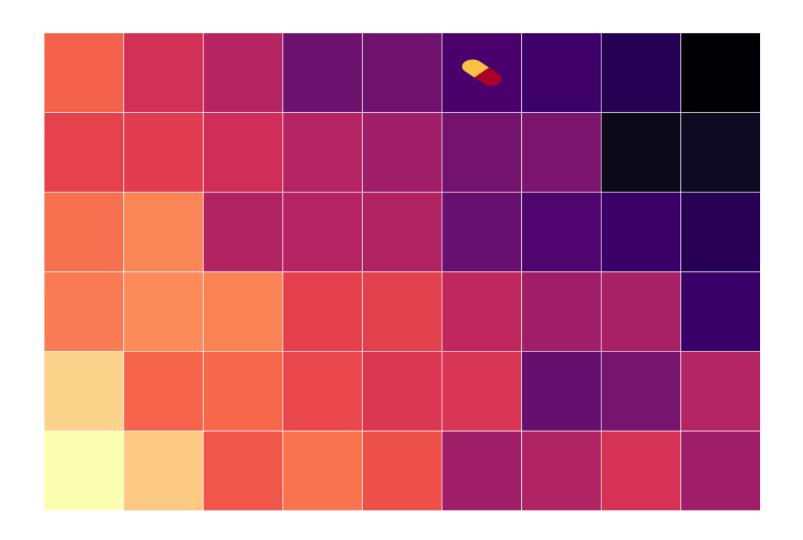
- poor vs. less poor
- access to clean water vs. contaminated water
- hospital vs. no hospital

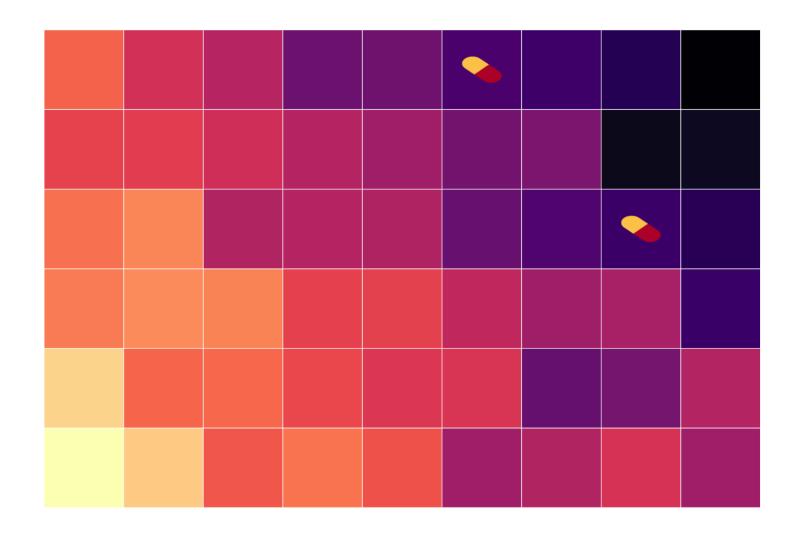
54 villages

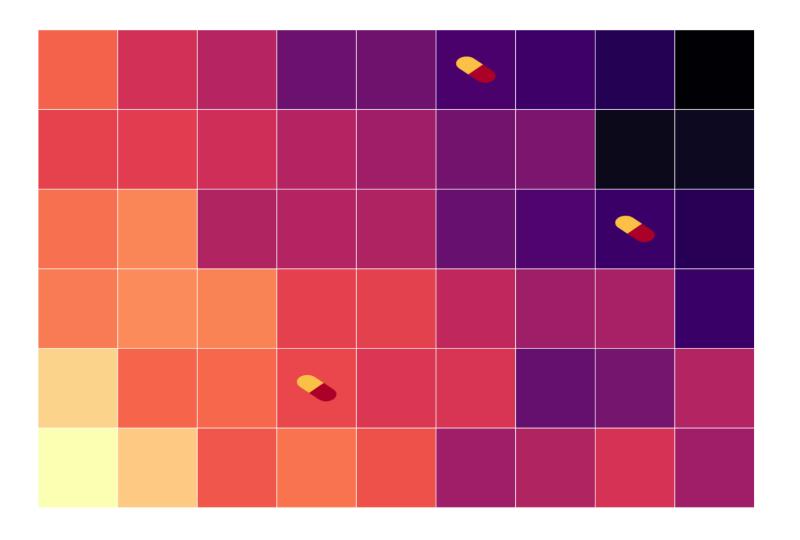


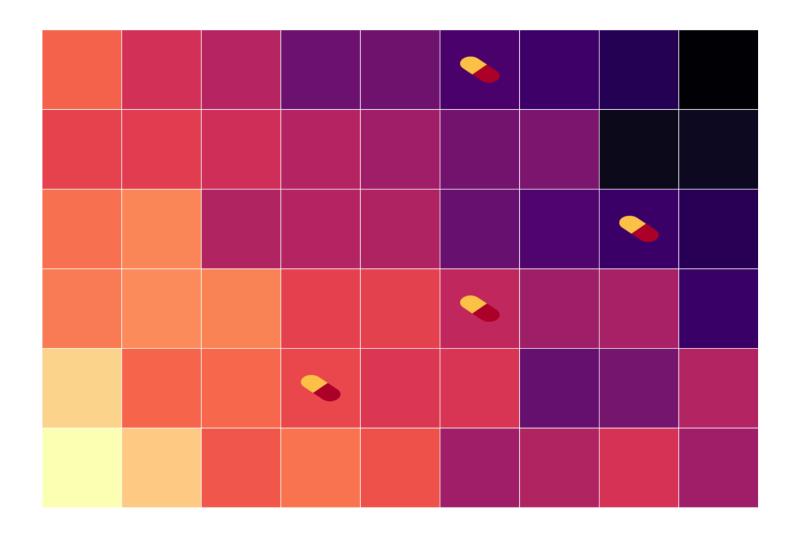
54 villages of varying levels of development

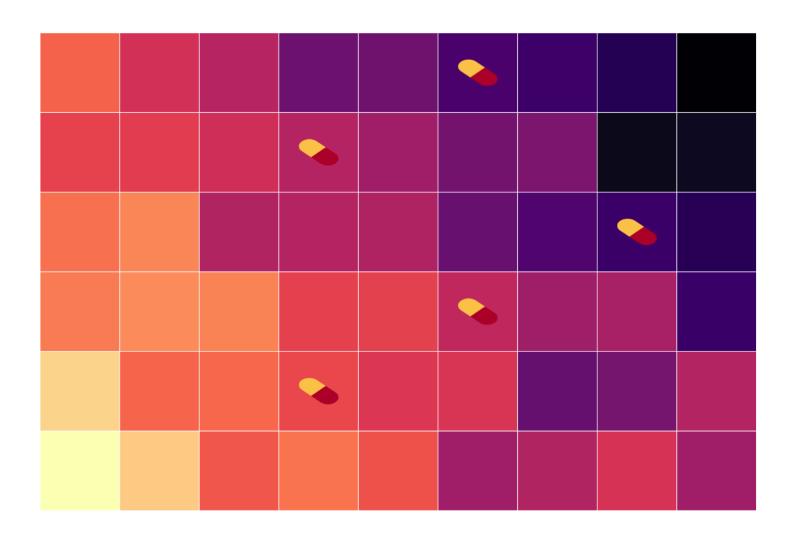


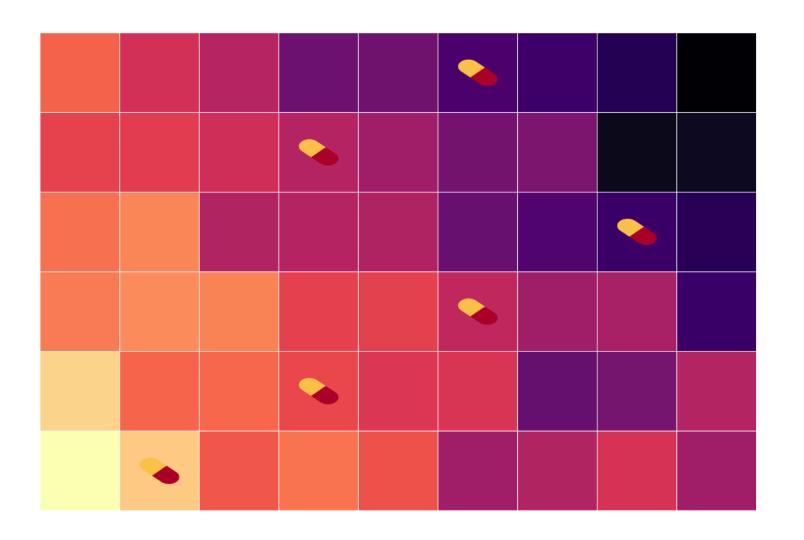


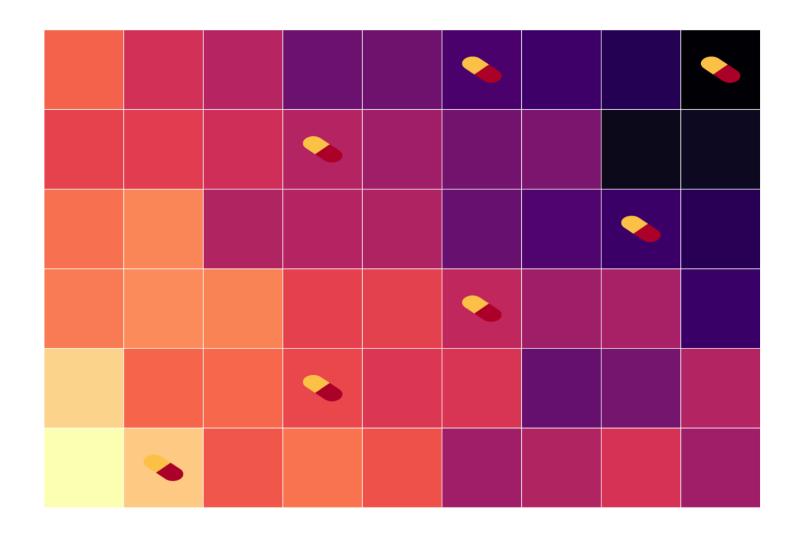


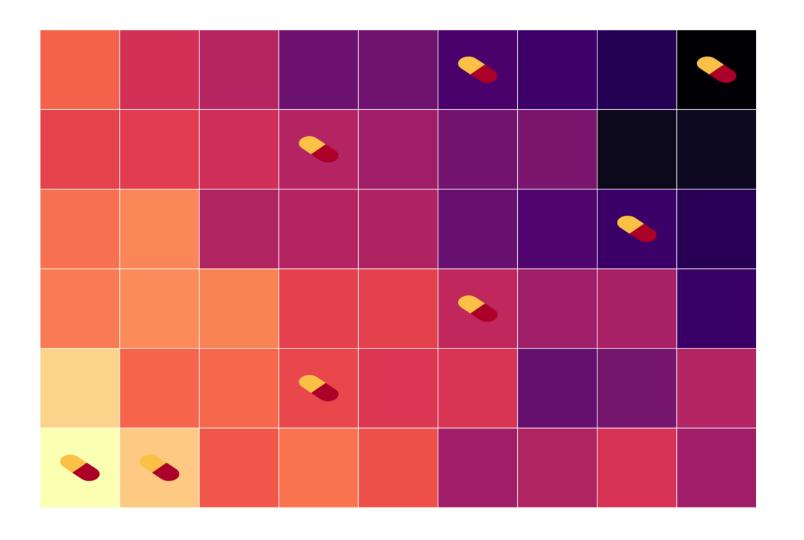


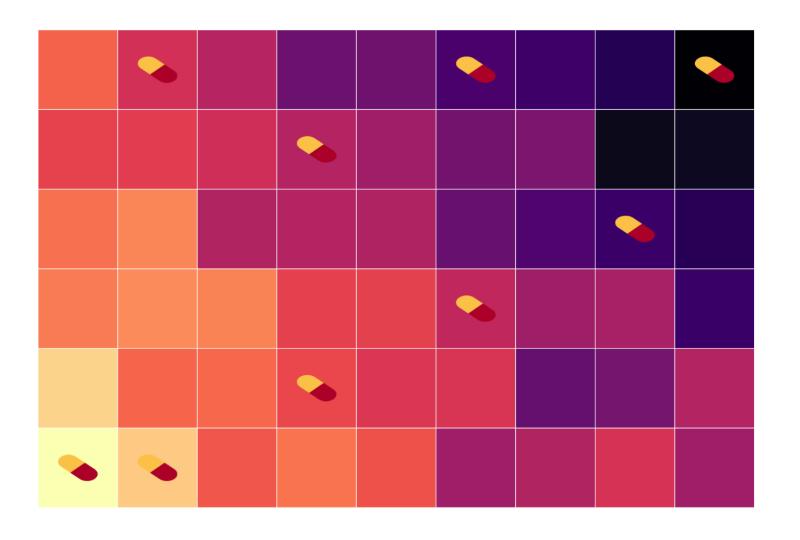


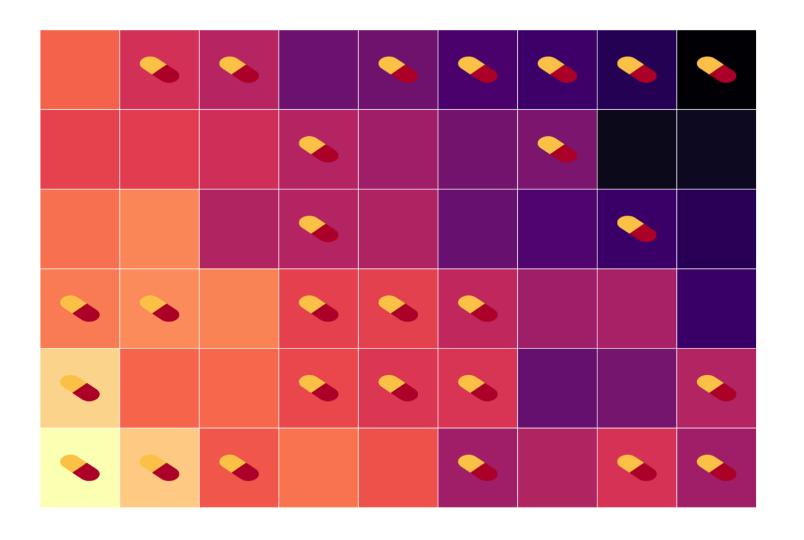


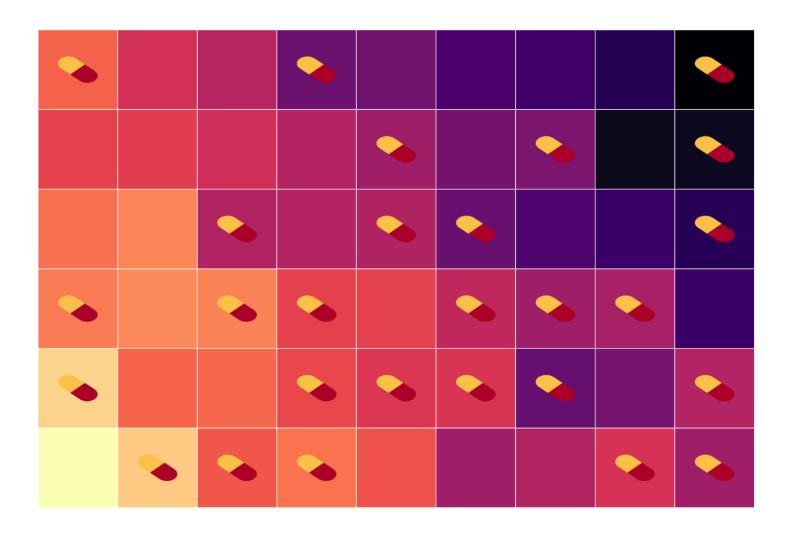


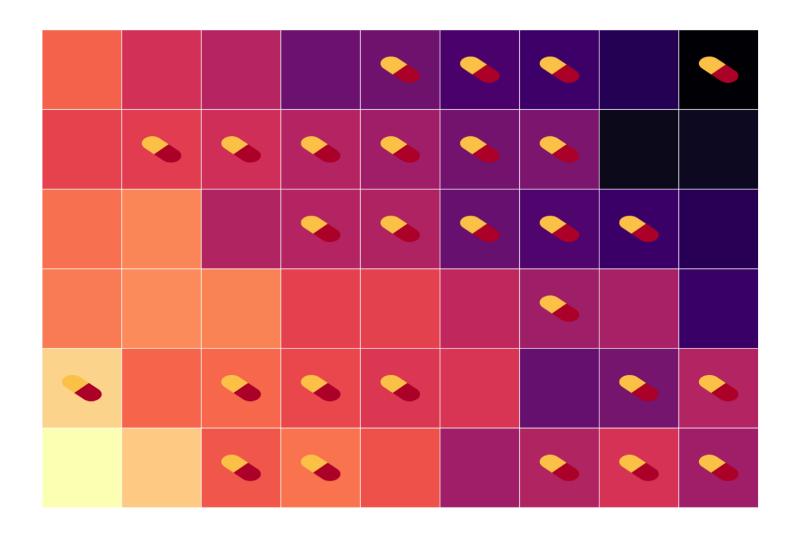












Randomized Control Trials

Ex. Effect of de-worming on attendance

We can estimate the **causal effect** of de-worming on school attendance by comparing the average attendance rates in the treatment group (\lozenge) with those in the control group (no \lozenge).

$$Attendance_{Treatment} - Attendance_{Control}$$

Alternatively, we can use the regression

Attendance_i =
$$\beta_0 + \beta_1 \text{Treatment}_i + u_i$$
 (1)

where $Treatment_i$ is a binary variable (=1 if village i received the deworming treatment).

Randomized Control Trials

Ex. Effect of de-worming on attendance

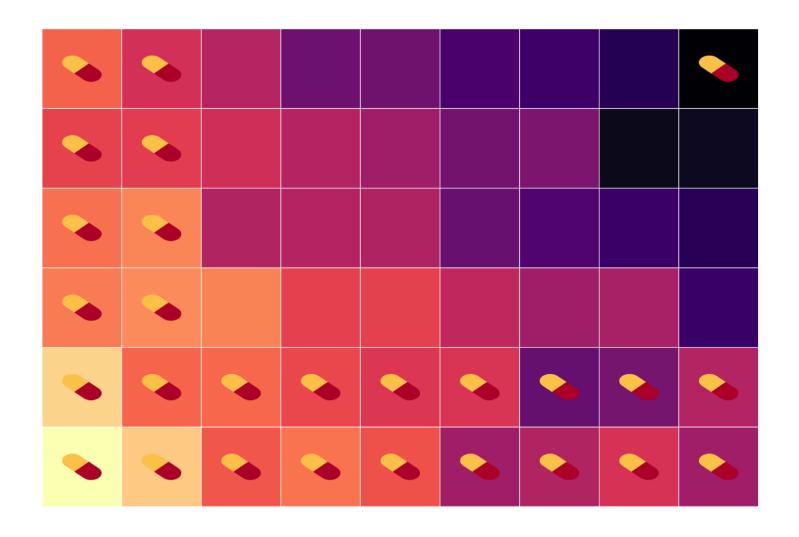
Attendance_i =
$$\beta_0 + \beta_1 \text{Treatment}_i + u_i$$
 (1)

where $Treatment_i$ is a binary variable (=1 if village i received the deworming treatment).

Q: Should trust the results of Eq. (1)? Why?

A: On average, **randomly assigning treatment should balance** treatment and control across the other dimensions that affect school attendance.

Randomization can go wrong!



Causality Example.

Example: Returns to education

The optimal investment in education by students, parents, and legislators depends in part on the monetary return to education.

Thought experiment:

- Randomly select an individual.
- Give her an additional year of education.
- How much do her earnings increase?

The change in her earnings describes the **causal effect** of education on earnings.

Example: Returns to education

Q: Could we simply compare the earnings of those with more education to those with less?

A: If we want to measure the causal effect, probably not.

- 1. People *choose* education based on their ability and other factors.
- 2. High-ability people tend to earn more and stay in school longer.
- 3. Education likely reduces experience (time out of the workforce).

Example: Returns to education

Q: Could we simply compare the earnings of those with more education to those with less?

A: If we want to measure the causal effect, probably not.

Point 3. illustrates the difficulty in learning about the effect of education while holding all else constant.

Many important variables have the same challenge:

gender

income

race

Example: Returns to education

Q: How can we estimate the returns to education?

Option 1: Run an experiment.

- Randomly assign education (might be difficult).
- Randomly encourage education (might work).
- Randomly assign programs that affect education (e.g., mentoring).

Option 2: Look for a *natural experiment* (a policy or accident in society that arbitrarily increased education for one subset of people).

- Admissions cutoffs
- Lottery enrollment and/or capacity constraints

Summary

Takeaway

- The fundamental problem of causal inference is our inability to observe the both outcomes of a particular unit in parallel
- This introduces challenges in finding a way to construct a valid counterfactual using group means
- This quasi-experimental approach is valid if there is no selection bias or if we control for selection bias such that it is eliminated
- RCTs and natural experiments are one way to avoid selection bias.
- Since these events are often rare or infeasible, we will explore many other ways to approach this challenge