Greed is Good: Estimating Forward Difference-in-Differences in Stata

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Difference-in-differences designs build counterfactuals by invoking a parallel trend assumption, but this may be violated in the presence of invalid control units. Thus, selecting a control group is vital to ensure proper identification. We introduce fdid based on (Li, Kathleen T. "A Simple Forward Difference-in-Differences Method." Marketing Science 43, no. 2 (2024): 267-279). We discuss estimation and inference, document fdid's syntax, and apply it empirically.

Keywords: difference-in-differences, synthetic control methods, causal inference

1 Introduction

For identification, Difference-in-Differences designs (DiD) make some form of a parallel trends assumption (PTA), assuming a constant difference between the average of the control group and treated outcome trajectories absent treatment. Unfortunately, DiD's PTA is invalid in many realistic scenarios, such as retail Costa et al. (2023), where the control group average may differ substantially from the treatment group due to inappropriate controls. Control group selection has become of interest recently to researchers. Shi and Huang (2023) extend Hsiao et al. (2012) by developing a forward selected panel data approach. Synthetic control methods (SCMs, Abadie [2021]) typically rely on a (usually) convex average of some controls to impute the counterfactual.

To better justify DiD's PTA, Li (2024) develops the forward DiD method (FDID), advocating for forward-selection to select the control group. We introduce the fdid method for Stata. fdid fits in with Stata's pantheon of program evaluation tools. Like rcm and synth2 by Yan and Chen (2022, 2023), scul by Greathouse (2022), and sdid by Clarke et al. (n.d.), fdid uses a subset of controls to estimate the causal impact. Also, fdid returns the list of selected controls, graphics, and fit statistics. However, fdid is more user-friendly. rcm, synth2, and allsynth by Wiltshire (2021) all require users to specify the panel id for the treatment unit and treatment date, whereas fdid simply requires a dummy variable. fdid has more flexible data requirements, only requiring outcome data. This is in contrast to SCMs, for example, which frequently depends on covariates for acceptable pre-treatment fit (Yan and Chen 2022; Amjad et al. 2018). fdid is also fast, relying on bivariate OLS for estimation. In contrast, methods such as fect by Liu et al. (2024) or scul by Greathouse (2022) employ cross validation or LASSO penalization.

2 Forward Difference-in-Differences

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Algorithm 1: Forward Difference-in-Differences (FDID)

The Model We follow Li (2024)'s exposition, observing $\mathcal{N} = \{1, 2, ..., N\}$ units where \mathcal{N} has cardinality $N = |\mathcal{N}|$. j = 1 is treated and controls are $\mathcal{N}_0 = \mathcal{N} \setminus \{1\}$. Time is indexed by t. Denote pre-post-policy periods as $\mathcal{T}_1 = \{1, 2, ..., T_0\}$ and $\mathcal{T}_2 = \{T_0 + 1, ..., T\}$, where $\mathcal{T} = \mathcal{T}_1 \cup \mathcal{T}_2$. We use Algorithm 1 to select $\hat{U} \subset \mathcal{N}_0$, or the subset of controls. Example 1 offers a stylized explanation of Algorithm 1, but we also summarize it below by quoting almost verbatim from fdid's help file.

We first estimate N_0 one-unit DiD models using each control, calculating the the pretreatment R-squared statistic for each. The submodel with the highest pre-treatment R-squared is the first selected control, \widehat{U}_1 . This is also the first "candidate" DiD model. Next, we estimate N_0-1 DiD submodels, where we use the first selected control along with each one of the remaining N_0-1 controls in N_0-1 two-unit DiD submodels. Whichever of these N_0-1 two-unit DiD submodels has the highest pre-intervention R-squared statistic is the second candidate DiD model. We then add the maximizing control unit to the list of selected controls. Now there are two selected controls, \widehat{U}_2 . We continue until there are N_0 candidate DiD models/ R^2 statistics. The final control group is the k-th candidate model that has the highest pre-intervention R-squared statistic. Post-selection, Li (2024) estimates FDID like

$$y_{1t} = \hat{\alpha}_{\widehat{U}} + \bar{y}_{\widehat{U}t} \quad t \in \mathcal{T}_1 \tag{1}$$

where $\bar{y}_{\widehat{U}t} \coloneqq \frac{1}{|\widehat{U}|} \sum_{j \in \widehat{U}} y_{jt}$. The estimated least-squares intercept is computed like $\hat{\alpha}_{\widehat{U}} \coloneqq T_1^{-1} \sum_{t \in \mathcal{T}_1} \left(y_{1t} - \bar{y}_{\widehat{U}t}\right)$. Denote the FDID predictions as $\hat{y}_{1t}^0 = \hat{\alpha}_{\widehat{U}} + \bar{y}_{\widehat{U}t}$, where the pre-treatment periods corresponds to the in-sample fit and the opposite denotes the out-of-sample counterfactual. Our causal estimand is: $\widehat{ATT}_{\widehat{U}} = \frac{1}{T_2} \sum_{t \in \mathcal{T}_2} \left(y_{1t} - \hat{y}_{1t}^0\right)$, or the average treatment effect on the treated. From Assumption 2.1 of Li (2024) and Arkhangelsky et al. (2021, 4094), FDID assumes parallel trends, $\hat{y}_{1t}^0 - \bar{y}_{\widehat{U}t} = \hat{\alpha}_{\widehat{U}} + \epsilon$.

 $^{1.\ \}mathrm{SCMs}$ generally attempt to match the counterfactual to the pre-treatment trajectory.

Example 1. Let $\mathcal{N}_0 = \{i_1 \ (Chicago), i_2 \ (Miami), i_3 \ (Phoenix)\}$ be the controls for a generic treated unit. For (k=1), we estimate DiD for each control unit in \mathcal{N}_0 individually, yielding pre-treatment R^2 values: $R_{1,1}^2 = 0.60$, $R_{2,1}^2 = 0.50$, and $R_{3,1}^2 = 0.23$. Since $R_{1,1}^2 = 0.60$ is the highest, we update the control set to $\widehat{U}_1 = \{i_1\}$ and $R_k^2 = 0.60$. For (k=2), we estimate two DiD models using i_1 with the remaining controls from $\{i_2, i_3\}$, yielding $R_{2,2}^2 = 0.88$ and $R_{3,2}^2 = 0.68$. We select $i_2 \ (Miami)$ and update the control set to $\widehat{U}_2 = \{i_1, i_2\}$ since $R_{2,2}^2 = 0.88$ is the highest. For (k=3), using all controls, we get $R_{3,3}^2 = 0.55$. The final control set is $\widehat{U}_2 = \{i_1, i_2\}$, as $\max_k R_k^2 = 0.88$.

Inference Per Li (2024), our default standard error for the ATT is:

$$\hat{\Omega} = \left[\left(\frac{T_2}{T_1} \right) \cdot T_1^{-1} \sum_{t \in \mathcal{T}_1} \hat{v}_{1t}^2 \right]^{0.5}, \quad \hat{v} = y_{1t} - \bar{y}_{\widehat{U}} - \hat{\alpha}_{\widehat{U}}$$
 (2)

Li (2024) establishes the normal inference theory of the FDID method (see appendices B and D for theoretical derivations). In particular, Li (2024) shows that the selection algorithm chooses the correct control set as the number of pre-intervention periods tends to infinity. Li (2024) also allows the number of control units to be very large, allowing the number of controls to increase with T_1 . The finite sample properties are also demonstrated in Appendix E of Li (2024).

3 The fdid command

Users need strongly balanced panel data (see [XT] **xtset**). **sdid_event** must be installed. Users also need Stata 16 or later.

3.1 Syntax

fdid depvar [if] [in] \underline{tr} eated(varname) [unitnames(string) gr1opts(<math>string) gr2opts(<math>string) placebo]

where depvar is our dependent variable and treated is our dummy for treatment.

3.2 Options

gr1opts: Edits the display options of the observed versus predicted plot.

gr2opts: See the above, except for the plotted pointwise-treatment effect.

unitnames: The string variable that serves as the value labels (required if the panel id is not already labeled). Note each string value pair must be uniquely identified.

placebo: Uses the placebo standard error of the ATT from Arkhangelsky et al. (2021) (500 replications).

3.3 Estimation Results

Matrices e(results) e(V) e(series)	DID/FDID results variance-covariance matrix means/counterfactuals	e(b) e(dyneff) e(setting)	Coefficients dynamic effects pre-treatment periods, treat- ment date, post-treatment peri- ods, number of time periods	
Macros e(U) e(properties)	selected controls list of properties	e(depvar)	dependent variable	

4 Empirical Application

We replicate Abadie et al. (2010) for two reasons: firstly, the basic results of DiD are not in dispute, being quite popular in the econometrics literature for introducing the SCM or shortcomings of DiD. More importantly, Abadie et al. (2010) explicitly say DiD's PTA is invalid. Since the point of FDID is to choose controls such that standard PTA is more credible, Abadie et al. (2010) presents a good avenue to demonstrate how fdid is useful for Stata users. We begin with loading in the dataset, obtained from the syntax from section 6.

```
use state year treated cigsale id using smoking, clear
```

The following output from xtdescribe displays the panel setup for smoking.dta.

```
id: 1, 2, ..., 39
                                                       39
       1970, 1971, ..., 2000
                                                       31
  vear:
        Delta(year) = 1 year
        Span(year) = 31 periods
        (id*year uniquely identifies each observation)
Distribution of T_i:
                 min
                        5%
                             25%
                                     50%
                                             75%
                                                   95%
                                                         max
                  31
                        31
                              31
                                      31
                                             31
                                                   31
                                                         31
                 Cum. | Pattern
   Freq. Percent
     39
```

California is treated in 1989, compared to $N_0 = 38$ states that remain untreated. Time extends from 1970 to 2000, so $T_1 = 19$ and $T_2 = 12$. Our outcome is the rate of tobacco consumption per capita. We estimate fdid like

```
fdid cigsale, tr(treated) unitnames(state)
```

Forward Difference-in-Differences			TO R2:	0.988	TO RMSE:	1.282
cigsale	ATT	Std. Err.	t	P> t	[95% Conf. In	terval]
	-13.64671	0.46016	29.66	0.000	-14.54861 -1	2.74481

Treated Unit: California

 ${\tt FDID} \ \ {\tt selects} \ \ {\tt Montana}, \ \ {\tt Colorado}, \ \ {\tt Nevada}, \ \ {\tt Connecticut}, \ \ {\tt as} \ \ {\tt the} \ \ {\tt optimal} \ \ {\tt donors}.$

See Li (2024) for technical details.

We plot the in and out of sample predictions from both DiD and FDID as well as their control group means.² The results appear in Figure 1. DiD's in-sample prediction

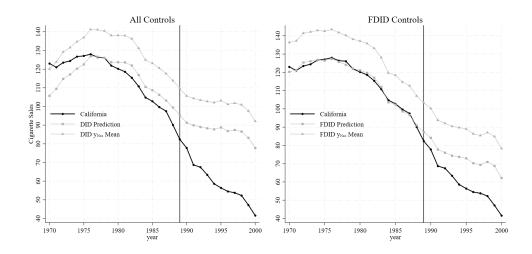


Figure 1: Observed, Predicted, and Average Curves

misses the observed in-sample values of California for the first 5 years of the time series and overestimates them from the mid-1970s until 1989. Abadie et al. (2010) also remark that in 1988, the rest of the United States has a 27% higher consumption rate than California. Given DiD's pre-intervention R^2 is equal to 60%, this comports with Abadie et al. (2010)'s conclusion that that PTA is untenable for all controls. The DiD ATT is $\widehat{ATT}_{\mathcal{N}_0} = -27.349$, a value which is likely overestimated. When we view the results of xtdidregress by doing mat 1 e(results) after running fdid, we get a 95% CI for DiD of [-33.02, -21.68]. Note that xtdidregress uses the robust standard error.

Algorithm 1 chooses 4 control units: Montana, Colorado, Nevada, and Connecticut (all of which were given weight by the original SCM). The pre-intervention average of these units is obviously parallel to the pre-trends of California. This fact is supported by $R_{\widehat{U}}^2$, which says 98.8% of the pre-intervention variance is explained by the $\alpha_{\widehat{U}}$ shifted average of the selected controls. For FDID, $\widehat{ATT}_{\widehat{U}} = -13.647$, a reduction of DiD's ATT

^{2.} We omit the code in order to save space, but see FDID_SJ_Rep.do at the first author's GitHub.

by half. FDID's 95% CI is [-14.55, -12.74]. Another point to note is how FDID's insample PTA seems to hold without any covariates or predictors, suggesting that FDID's data requirements are, in some cases, more relaxed compared to SCM whose methods typically rely on predictors for convergence (Amjad et al. 2018; Vives-i-Bastida 2022), or DiD where analysts sometimes make a conditional PTA.

5 Conclusion

We wish to make clear the central limitation of fdid: its PTA must still be valid. As per usual, researchers should check if the standard DiD PTA is plausible first. Researchers who have found DiD's PTA to be invalid should then check if PTA holds for FDID in the pre-intervention period. Li (2024) notes that if researchers have a treated unit whose trend is much steeper than control units, for example, then use of fdid is invalid. Researchers should consider methods such as factor models or synthetic controls in this case (Li and Shankar 2024). However, even if FDID's PTA is plausible, other methods such as synth2 may also serve as a robustness check.

While fdid is useful, we now highlight FDID's limitations and opportunities for development. For staggered adoption, Li (2024) is silent on whether using the not yet treated controls vs. never treated controls would be preferable, or on how to weight ATTs across multiple units (Wing et al. 2024). fdid uses the never treated controls by default and reports Cohort ATTs. We believe more formal investigation of FDID and how it could be extended to a dynamic staggered adoption is warranted. Also, some newer methods invoke conditional PTAs where covariates are included (Callaway and Sant'Anna 2021), or allow for heterogeneous treatment effects. FDID does not do either at present. FDID also does not account for settings where units may be treated and then untreated, or where units receive non-binary treatments as discussed in de Chaisemartin and D'Haultfœuille (2024) and D'Haultfœuille et al. (2023). Li (2024) notes other control group selection methods may be used such as the recently user-written classifylasso by Huang et al. (2024) (naturally, a comparison is outside the scope of our paper). All of these are potential avenues for extension, practically and theoretically.

We introduced the fdid command whose algorithm selects a control group for DiD. We overviewed fdid's syntax and applied it empirically where the classical PTA would not deliver satisfactory results. Given fdid's practical benefits, we believe fdid is of use to Stata users who are interested in treatment effect estimation.

6 Program Installation

```
net from "https://raw.githubusercontent.com/jgreathouse9/FDIDTutorial/main"
net install fdid
net get fdid, replace
```

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