

# **Causal inference**

## **Difference-in-differences, Synthetic controls**

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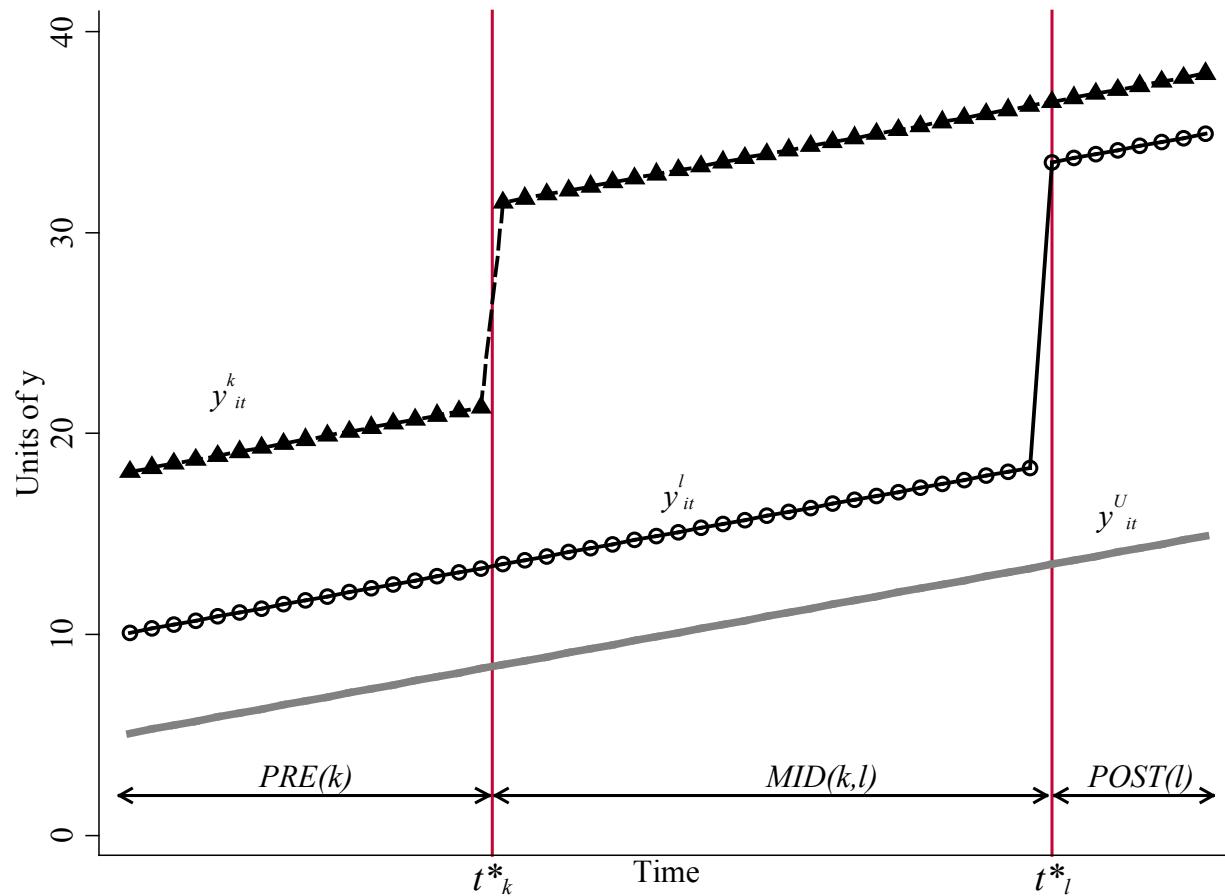
Duke University

## **Difference-in-differences II**

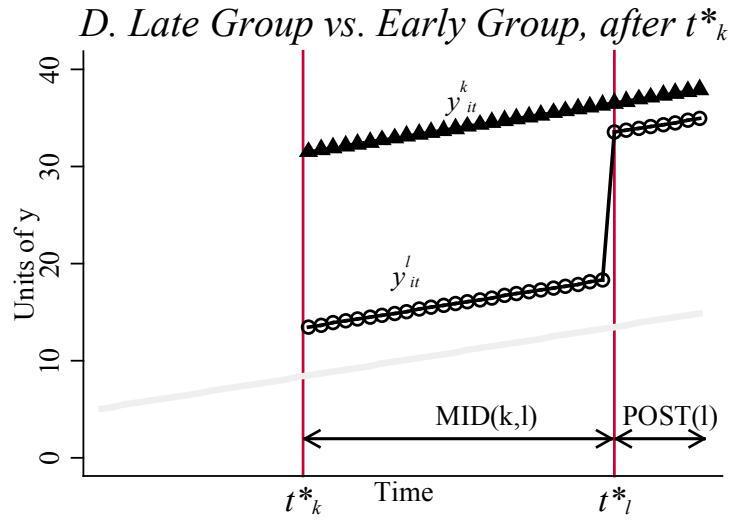
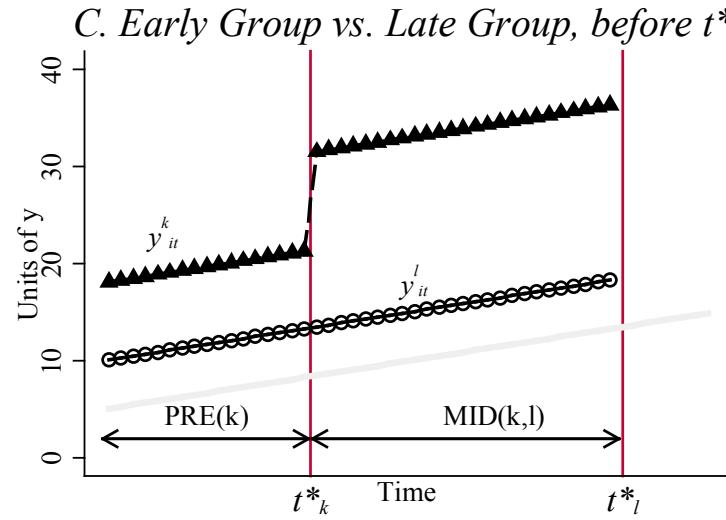
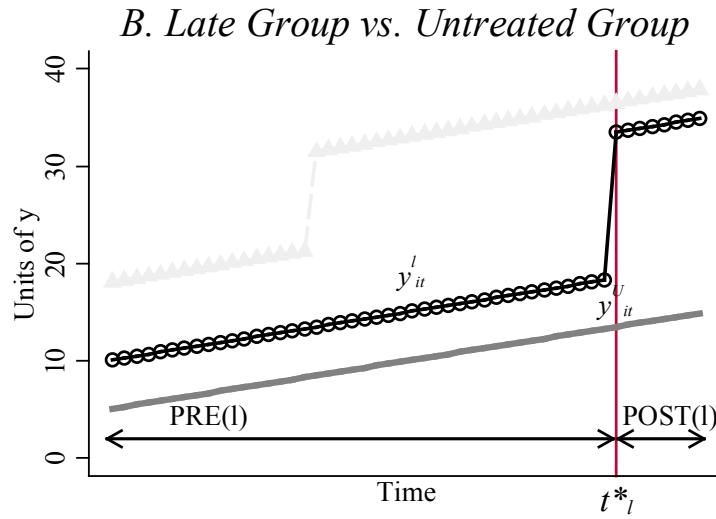
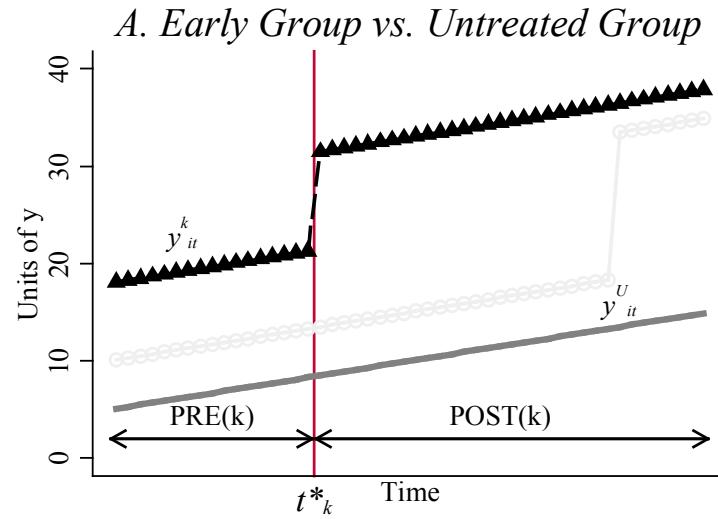
## Staggered treatments

- ▶ So far we have discussed simple settings where some groups are treated at a point in time and the onset of the treatment is identical for all treated units
- ▶ However, in many settings treatment roll-out can be staggered (i.e., successive policy implementation in states)
- ▶ When treatment timing varies, the model above can be used ( $Y_{ist} = \alpha + \delta D_{st} + \lambda_t + \xi_i + \epsilon_{ist}$ ), but
  - $\delta$  estimates a weighted average of all possible 2x2 DiD effects (weights are a function of group sizes and variance in treatment)
  - That estimate matches the ATT only under somewhat restrictive assumptions Goodman-Bacon, Andrew. 2021. Difference-in-Differences with Variation in Treatment Timing.
  - If there are time-varying treatment effects, applying the two-way FE model can lead to quite biased inferences Chaisemartin, C. de, and Xavier D'Haultfoeuille. 2020. "Two-Way Fixed Effects Estimators with Heterogeneous Treatment Effects."
  - This is an active area of research e.g., Callaway, B, and P. H. C. Sant'Anna. 2021. "Difference-in-Differences with Multiple Time Periods" J Econometrics

## Staggered treatments, 3 groups



## Staggered treatments, 4 DiD estimates



## Simulated data example

- ▶ Data with 4 time periods, N=2000
- ▶ Units in treated group are randomly (equal probability) assigned to first participate in the treatment (per group) in each time period
- ▶ 2000 units never receive tretment
- ▶ After dropping units treated in the first period we have

0	2	3	4
1656	1592	1532	1660

► DGP for untreated potential outcomes

$$Y_{it}(0) = \theta_t + \eta_i + X'_i \beta_t + \nu_{it}$$

NOTE:

- If  $\eta_i$  is distributed differently across groups, comparisons of outcomes (in levels) between treated and untreated will not yield ATT
- Because

$$\Delta Y_{it}(0) = (\theta_t - \theta_{t-1}) + X'_i (\beta_t - \beta_{t-1}) + \Delta \nu_{it}$$

the time path of the outcomes depends on covariates

- Thus, (Unconditional) parallel trends assumption not valid (unless mean of covariates identical across groups or  $\beta_t = \beta_{t-1} = \dots = \beta_1$ )

- DGP for treated potential outcomes

$$Y_{it}(g) = Y_{it}(0) + \mathbf{1}\{t \geq g\}(e + 1) + (u_{it} - v_{it})$$

Here,  $e := t - g$  is simply a variable in “event-time” metric (i.e., difference between current time and time when unit becomes treated)

- We have the following time-varying

$$ATT(g, t) = e + 1$$

in the post-treatment periods  $t \geq g$

Other simulation parameters:  $\theta_t = \beta_t = t$  for  $t = 1, \dots, 4$ ;  $\eta_i \sim N(G_i, 1)$  with  $G_i$  the group an individual belongs to;  $X_i \sim N(\mu_{D_i}, 1)$  with  $\mu_{D_i} = 1$  for units that are never treated and 0 otherwise;  $v_{it} \sim N(0, 1)$ , and  $u_{it} \sim N(0, 1)$

## Heterogenous DiD estimates

*Note: active area of research; (many) different proposals exist*

- ▶ Estimate  $ATT$  for each combination of cohort and time
- ▶ Individuals / cases in sample are denoted by  $i, i = 1, \dots, N$
- ▶ Denote time by  $t, t = 1, \dots, T$ .
- ▶ Let  $d_{it}$  the treatment status of  $i$  at time  $t$
- ▶ Cohorts  $g$  are defined by time group is treated. Let  $G_{ig}$  be an indicator equal to one if unit  $i$  is first treated at time  $g$ . Units in cohort  $g$  are denoted by  $G_{ig} = 1$ .
- ▶ For never treated units denote  $G_{i0} = 1$ ; thus, cohort 0 indicates never treated units
- ▶ Note: once a unit is treated, it remains treated

## Group-time treatment effects

- Denote by  $\theta(g, t)$  the ATT for cohort  $g$  at time  $t$
- It is defined as

$$\theta(g, t) = E(y_t(g) - y_t(0) \mid G_g = 1)$$

- Here,  $y_t(g)$  is the potential outcome at time  $t$  for those treated at time  $g$
- $y_t(0)$  is the potential outcome for the never treated
- $G_g$  equals 1 if a unit belongs to cohort  $g$

## Preliminaries

- ▶ Approach: transform problem into calssical 2x2 DID problem
- ▶ Restrict the data to an estimation sample with only two groups and only two periods based on  $g$  and  $t$
- ▶ One group : all observations in cohort  $g$ ; other group: control, i.e, untreated observations not in cohort  $g$
- ▶ One time group: data in time  $t$ ; other time group: period when cohort  $g$  is not treated (“base time”)
- ▶ Defining the control group ( $C_{g,t}^*$ )
  - Never-treated: Let  $C^{\text{NEV}}$  be an indicator equal to one if a unit belongs to the never-treated group ( $C^{\text{NEV}} = G_0$ )
  - Use units not in cohort  $g$  and not yet treated at time  $t$ . Let  $C_{g,t}^{\text{NY}}$  be an indicator equals to one if a unit belongs to the not-yet-treated group by time  $t$ .

$$C_{g,t}^{\text{NY}} = (1 - G_g)(1 - d_t).$$

- ▶ Note: also two ways to define base time  $t_0$ 
  - Common base time Common base time  $g - 1$  for both pretreatment and posttreatment periods
  - Adaptive base time Choose the base time for the pretreatment periods; for pretreatment periods, base time is  $t - 1$ ; for posttreatment periods it is  $g - 1$
- ▶ For each unit, we observe  $\{\tau_i, y_{i,\tau_i}, \mathbf{x}_{i,\tau_i}, d_{i,\tau_i}, \mathbf{z}_{i,\tau_i}, G_{i,\tau_i}\}$ 
  - $y_i$  is the outcome
  - $d_i$  is the treatment indicator
  - $\mathbf{x}_i$  are pretreatment covariates in outcome model
  - $\mathbf{z}_i$  are covariates in treatment assignment model
  - $\tau_i \in \{1, \dots, T\}$  is a categorical variable indicating the time when unit  $i$  is observed (let  $T_t$  equal one if unit is observed at time  $t$ , zero otherwise)

## Estimators

- Define the following notation, where the superscript denotes the group we condition on

$$m_{g,s}^{\text{treat}}(\mathbf{x}) = E(y \mid \mathbf{x}, G_g = 1, \tau = s)$$

$$m_{g,s,t}^{\text{comp}}(\mathbf{x}) = E(y \mid \mathbf{x}, C_{g,t}^* = 1, \tau = s)$$

and

$$w_{g,s}^{\text{treat}} = \frac{T_s G_g}{E(T_s G_g)}$$

$$w_{g,s,t}^{\text{comp}}(\mathbf{z}) = \frac{\frac{T_s p_{g,t}(\mathbf{z}) C_{g,t}^*}{1 - p_{g,t}(\mathbf{z})}}{E \left\{ \frac{T_s p_{g,t}(\mathbf{z}) C_{g,t}^*}{1 - p_{g,t}(\mathbf{z})} \right\}}$$

- $p_{g,t}(\mathbf{z})$  is defined by

$$p_{g,t}(\mathbf{z}) = \Pr(G_g = 1 \mid \mathbf{z}, G_g + C_{g,t}^* = 1)$$

## Estimators

- Estimating the ATT via regression adjustment

$$\theta(g, t) = E \left( \frac{G_g}{E(G_g)} \left[ \{m_{g,t}^{\text{treat}}(\mathbf{x}) - m_{g,g-1}^{\text{treat}}(\mathbf{x})\} - \{m_{g,t,t}^{\text{comp}}(\mathbf{x}) - m_{g,g-1,t}^{\text{comp}}(\mathbf{x})\} \right] \right)$$

- Estimating the ATT via inverse probability weighting

$$\theta(g, t) = E \left\{ \left( w_{g,t}^{\text{treat}} - w_{g,g-1}^{\text{treat}} \right) y \right\} - E \left[ \left\{ w_{g,t,t}^{\text{comp}}(\mathbf{z}) - w_{g,g-1,t}^{\text{comp}}(\mathbf{z}) \right\} y \right]$$

- Extension: estimation via AIPW / DR

$$\begin{aligned} \theta(g, t) &= E \left( \frac{G_g}{E(G_g)} \left[ \{m_{g,t}^{\text{treat}}(\mathbf{x}) - m_{g,g-1}^{\text{treat}}(\mathbf{x})\} - \{m_{g,t,t}^{\text{comp}}(\mathbf{x}) - m_{g,g-1,t}^{\text{comp}}(\mathbf{x})\} \right] \right) \\ &\quad + E \left[ w_{g,t}^{\text{treat}} \{y - m_{g,t}^{\text{treat}}(\mathbf{x})\} - w_{g,g-1}^{\text{treat}} \{y - m_{g,g-1}^{\text{treat}}(\mathbf{x})\} \right] \\ &\quad - E \left[ w_{g,t,t}^{\text{comp}}(\mathbf{z}) \{y - m_{g,t,t}^{\text{comp}}(\mathbf{x})\} - w_{g,g-1,t}^{\text{comp}}(\mathbf{z}) \{y - m_{g,g-1,t}^{\text{comp}}(\mathbf{x})\} \right] \end{aligned}$$

## Estimation steps

1. Restrict sample to time  $t$  and  $t_0$ . Keep only units either in cohort  $g$  or in control group  $C_{g,t}^*$
2. Use a (parametric) model to estimate the “nuisance functions”
  - (a) Outcomes: use linear regression to estimate  $m_{g,t}^{\text{treat}}(\mathbf{x})$ ,  $m_{g,t_0}^{\text{treat}}(\mathbf{x})$ ,  $m_{g,s,t}^{\text{comp}}(\mathbf{x})$ , and  $m_{g,s,t_0}^{\text{comp}}(\mathbf{x})$
  - (b) Propensity score: use logit to estimate  $p_{g,t}(\mathbf{z})$ .
  - (c) Probability weights:  $w_{g,t}^{\text{treat}}$ ,  $w_{g,t_0}^{\text{treat}}$ ,  $w_{g,s,t}^{\text{comp}}(\mathbf{z})$ , and  $w_{g,s,t_0}^{\text{comp}}(\mathbf{z})$  using propensity scores  $T_t$  and  $G_g$ .
3. Plug in estimates into equation on the previous slide

$E(\cdot)$  is replaced by the sample average

Read: Callaway, B, and P.H.C. Sant'Anna. 2021. “Difference-in-Differences with Multiple Time Periods” J Econometrics

## **Synthetic controls**

## Creating counterfactuals for a single unit

- ▶ Single unit experiences event (treatment) at point in time
- ▶ Qualitative case studies (Mills methods)
- ▶ Quantitative case studies
- ▶ Difficulty of obtaining comparable case for counterfactual
- ▶ Idea: create artificial case for comparising by weighting a set of cases
- ▶ Captures what would have happened had treatment not occurred
- ▶ Generalization of DiD strategies

## Advantages

- ▶ Precludes extrapolation (uses convex hull of control; does not extrapolate beyond support like regression does (in extreme cases, e.g., King and Zeng 2006),)
- ▶ Processing: construction of counterfactual only requires pre-treatment data
- ▶ Explicit weights (remember: regression weights are implicit!)

## Details

- ▶ Let  $Y_{jt}$  be outcome for unit  $j$  of  $J+1$  aggregate units, treatment group is  $j = 1$
- ▶ Intervention at time  $T_0$ , effect on treatment group
- ▶ Causal effect in post-treatment period

$$Y_{1t} - \sum_{j=2}^{J+1} w_j^* Y_{jt}$$

here  $w_j^*$  is a vector of optimal weights

- ▶ Matching variables  $X_0$  and  $X_1$  are predictors of post-treatment outcomes, must be unaffected by intervention.
- ▶ Weights are chosen to minimize  $\|X_1 - X_0 W\|$  under two constraints
  1.  $W = (w_2, \dots, w_{J+1})'$  with  $w_j \geq 0$  for  $j = 2, \dots, J+1$
  2.  $w_2 + \dots + w_{J+1} = 1$

## Details

- One possibility (as in Abadie et al 2010 JASA)

$$\|X_1 - X_0 W\| = \sqrt{(X_1 - X_0 W)' V (X_1 - X_0 W)}$$

with  $V$  a  $k \times k$  matrix (pos. semidef.), typically diagonal with main diagonal  $\nu_1, \dots, \nu_k$

- Define  $X_{jm}$  as the value of the  $m$ th covariate.
- The synthetic control weights minimize

$$\sum_{m=1}^k \nu_m \left( X_{1m} - \sum_{j=2}^{J+1} w_j X_{jm} \right)^2$$

- Think of  $\nu_m$  as the importance given to  $m$ th variable when assessing imbalance between treated and synthetic control units

## Details

- ▶ Choice of  $V$  matters ( $W^*$  depends on it!)
- ▶ Synthetic control  $W^*(V)$  is supposed to reproduce counterfactual outcome absent of treatment
- ▶ Weights  $v_1, \dots, v_k$  should reflect predictive value of covariates
- ▶ Different options for choice of  $V$ , in practice mostly

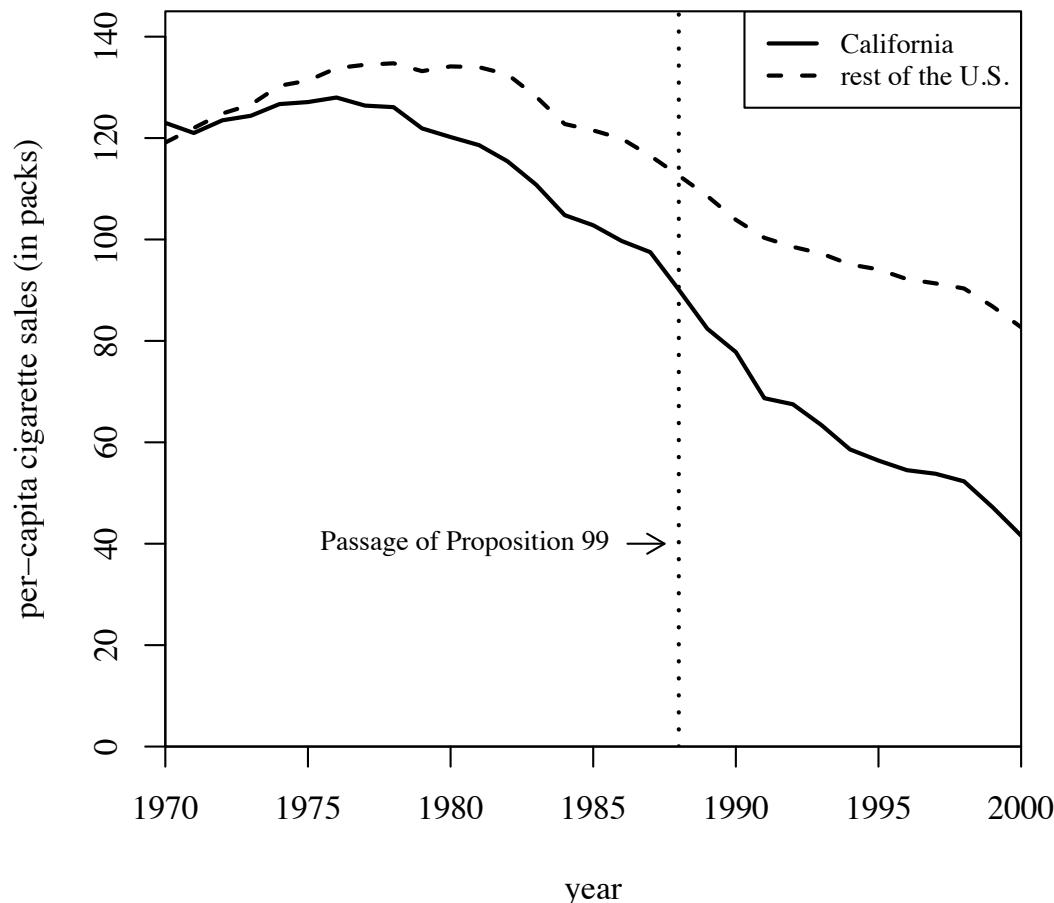
$$\sum_{t=1}^{T_0} \left( Y_{1t} - \sum_{j=1}^{J+1} w_j^*(V) Y_{jt} \right)^2$$

(minimized mean squared prediction error)

- ▶ What about unobservables? Abadie et al 2010 reason that length of pre-intervention period matters

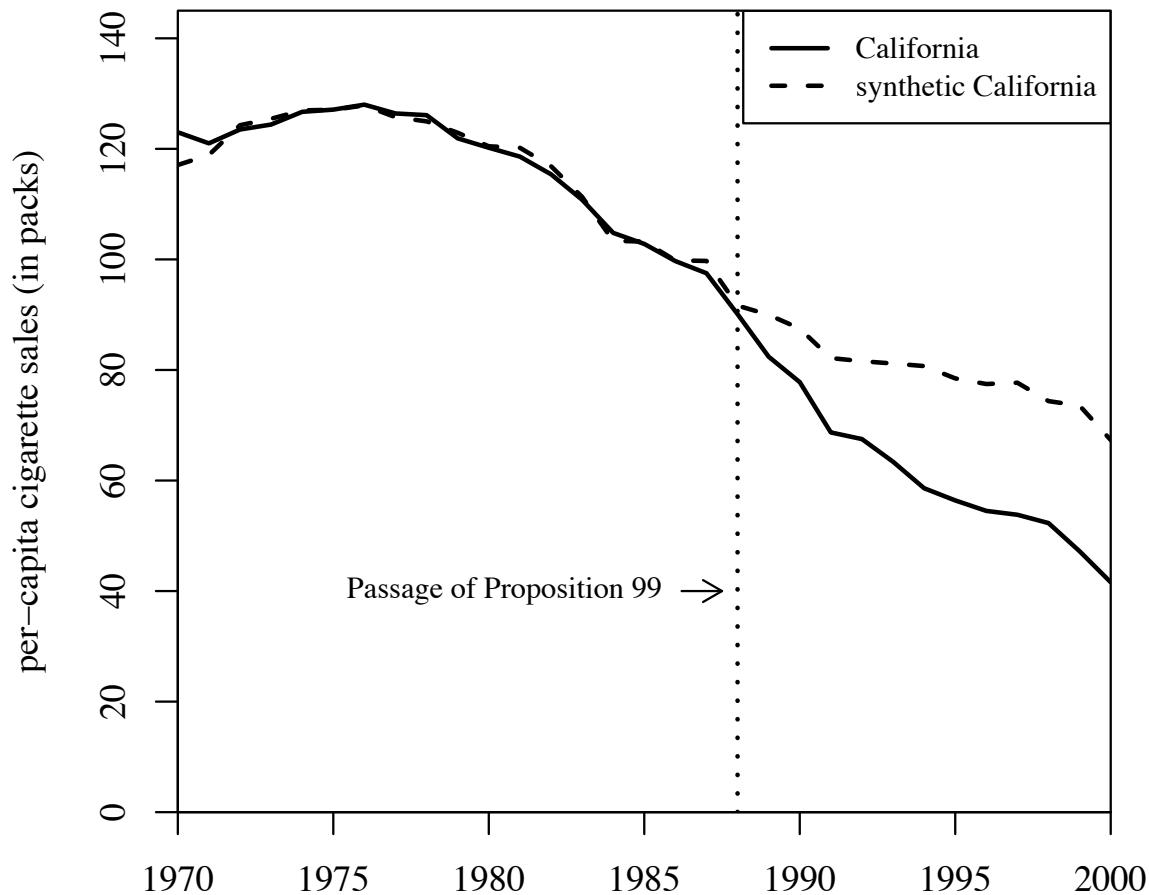
## Example: tobacco control legislation

- ▶ Prop 99 in CA (cigarette taxes + 25 cent, ordinances, media campaigns...)



## ‘Synthetic’ California

- Comparison with synthetic control



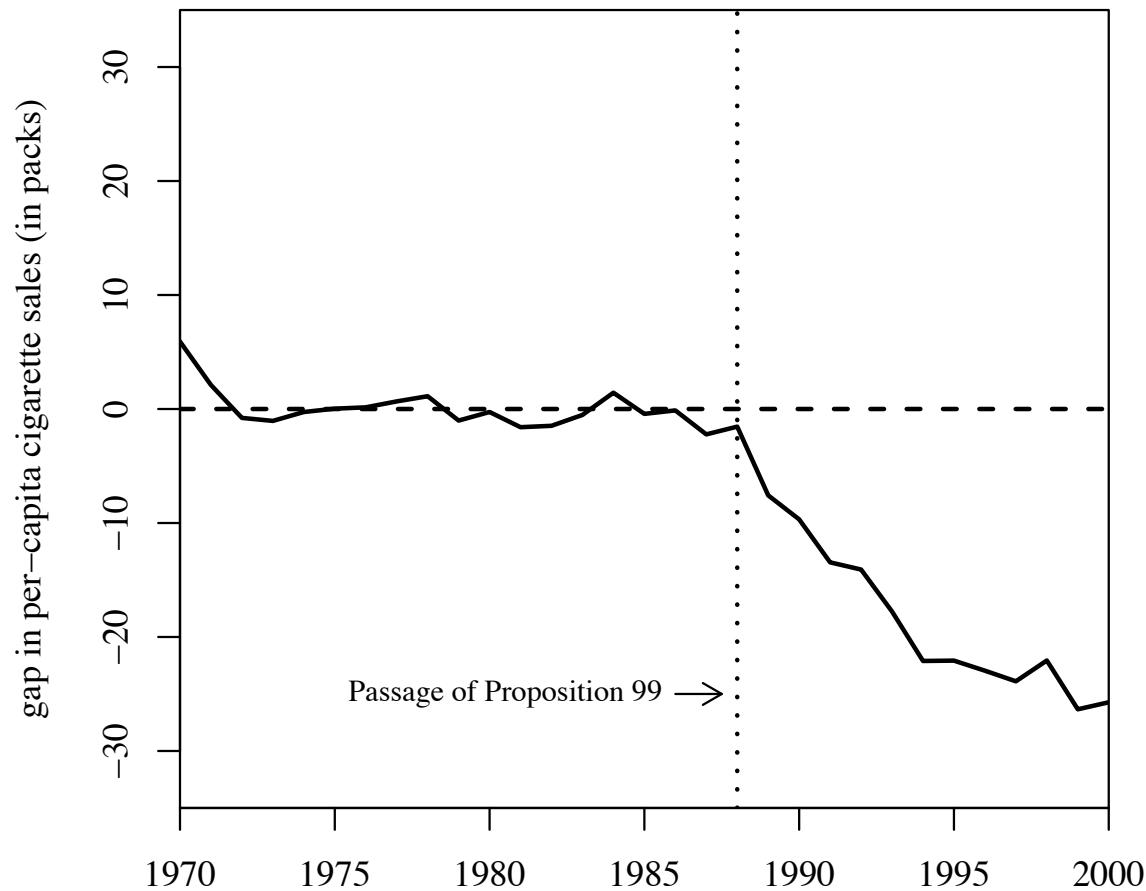
## ‘Synthetic’ California balance

Variables	California		Average of
	Real	Synthetic	38 control states
Ln(GDP per capita)	10.08	9.86	9.86
Percent aged 15-24	17.40	17.40	17.29
Retail price	89.42	89.41	87.27
Beer consumption per capita	24.28	24.20	23.75
Cigarette sales per capita 1988	90.10	91.62	114.20
Cigarette sales per capita 1980	120.20	120.43	136.58
Cigarette sales per capita 1975	127.10	126.99	132.81

*Note:* All variables except lagged cigarette sales are averaged for the 1980-1988 period (beer consumption is averaged 1984-1988).

## Prop 99 'effect estimate'

Difference between both series (actual and counterfactual)



Is the difference significant?

## Randomization inference in synth. control analyses

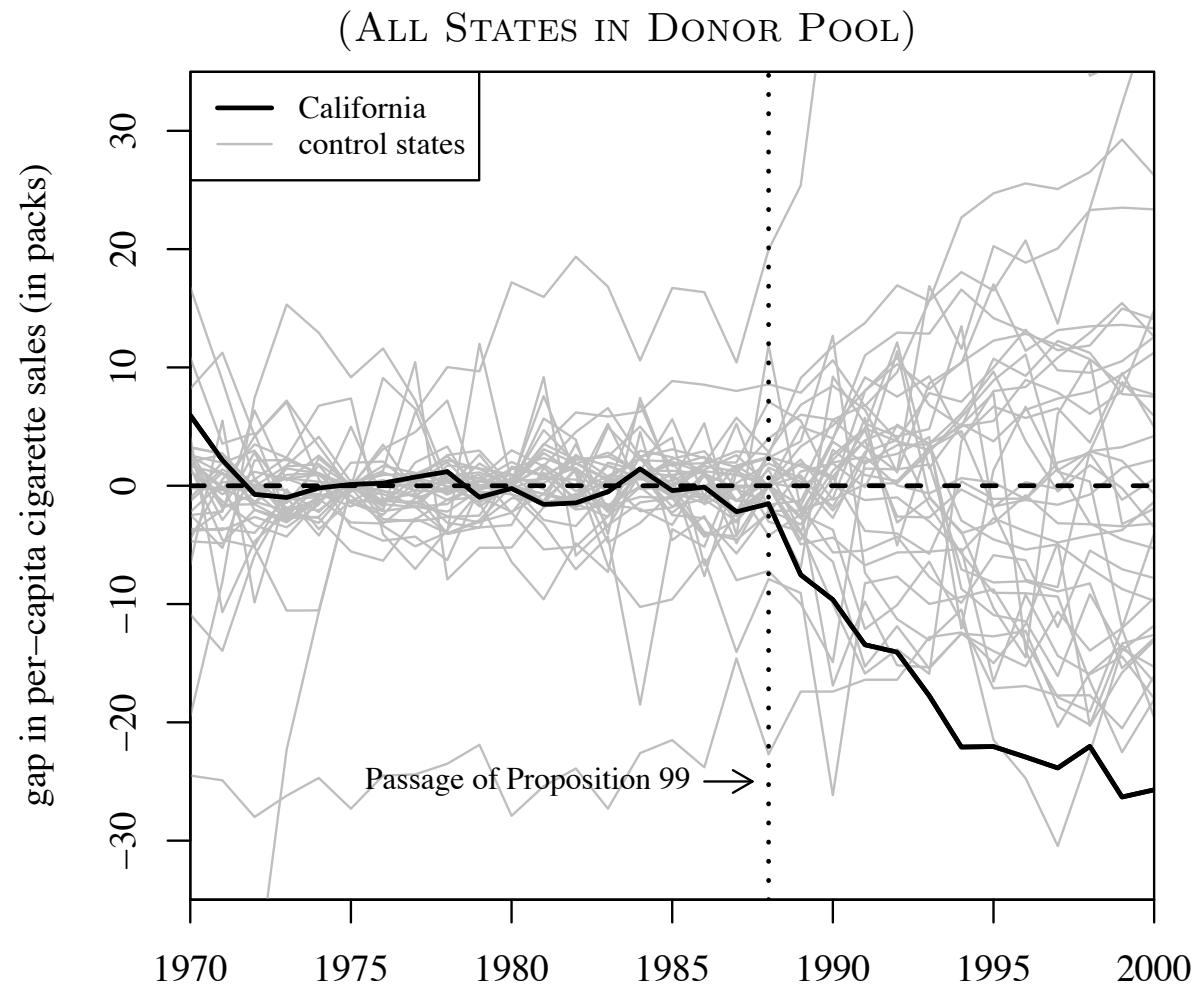
RI logic: randomize treatment to each unit, re-estimate model, check ‘tail position’ of estimate

- ▶ Iteratively apply SC to each unit in donor pool. Obtain distribution of placebo effects
- ▶ Calculate RMSPE for each placebo in **pre-treatment** period

$$RMSPE = \left( \frac{1}{T - T_0} \sum_{t=T_0+1}^T \left( Y_{1t} - \sum_{j=2}^{J+1} w_j^* Y_{jt} \right)^2 \right)^{1/2}$$

- ▶ Calculate RMSPE for each placebo for **post-treatment** period (mutatis mutandis)
- ▶ Compute ratio of post- to pre-treatment RMSPE
- ▶ Sort ratio in descending order
- ▶ Calculate treated unit’s ratio in the distribution:  $p = rank / total$

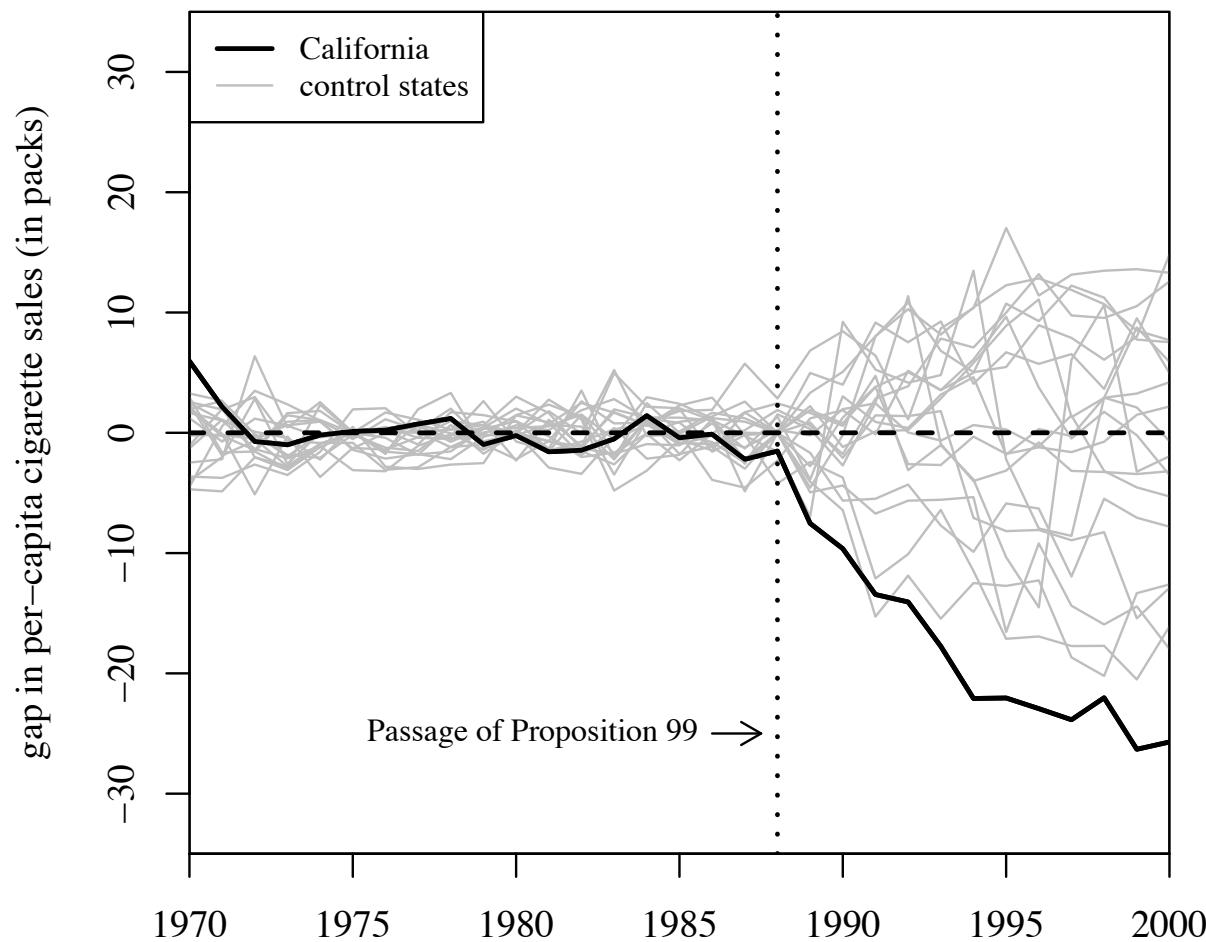
## Randomization inference in synth. control analyses



## Randomization inference in synth. control analyses

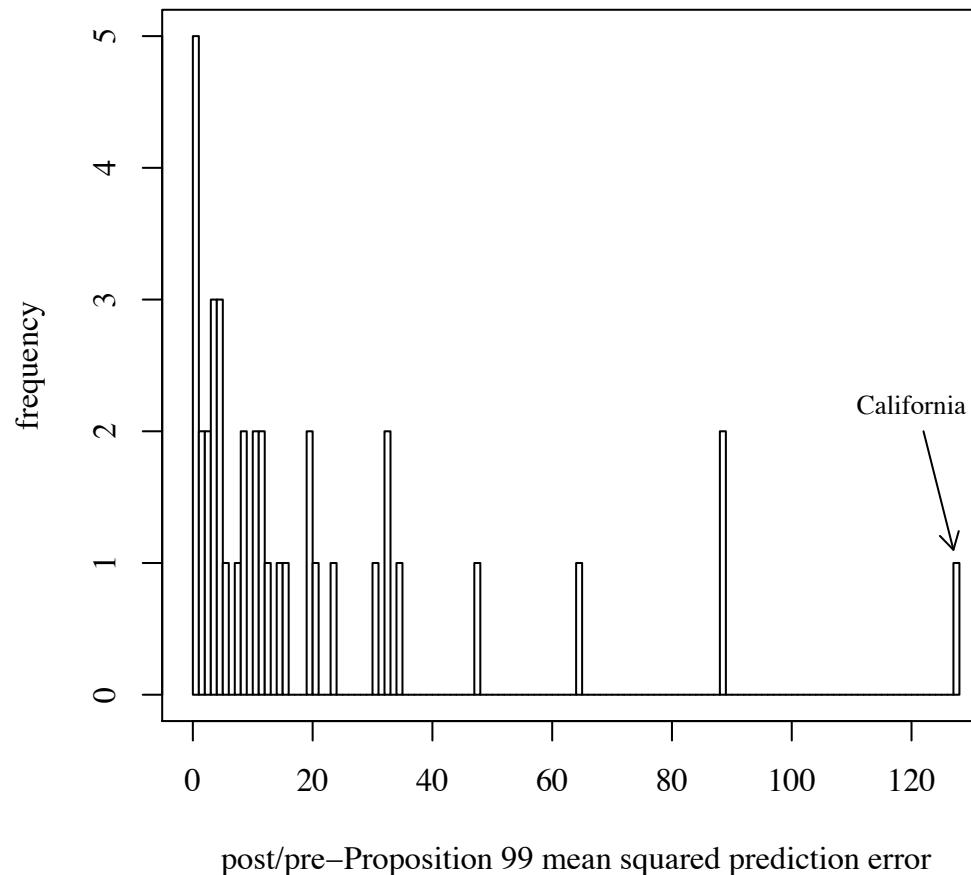
with extreme pre-treatment RMSPE excl.

(PRE-PROP. 99 MSPE  $\leq$  2 TIMES PRE-PROP. 99 MSPE FOR CA)



## Randomization inference in synth. control analyses

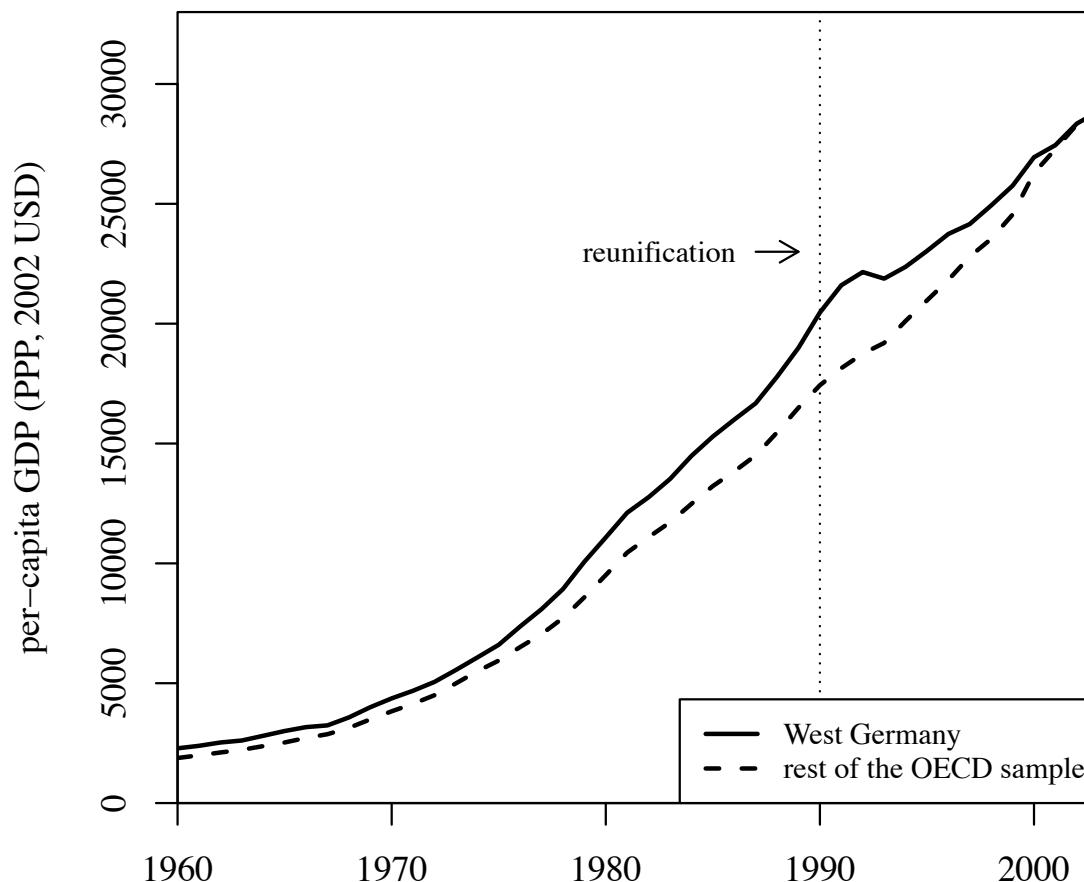
Histogram: post/pre-prop-99 mean squared prediction error ratios



CA rank: 1st out of 38  $\Rightarrow$  Exact p-value = 0.026

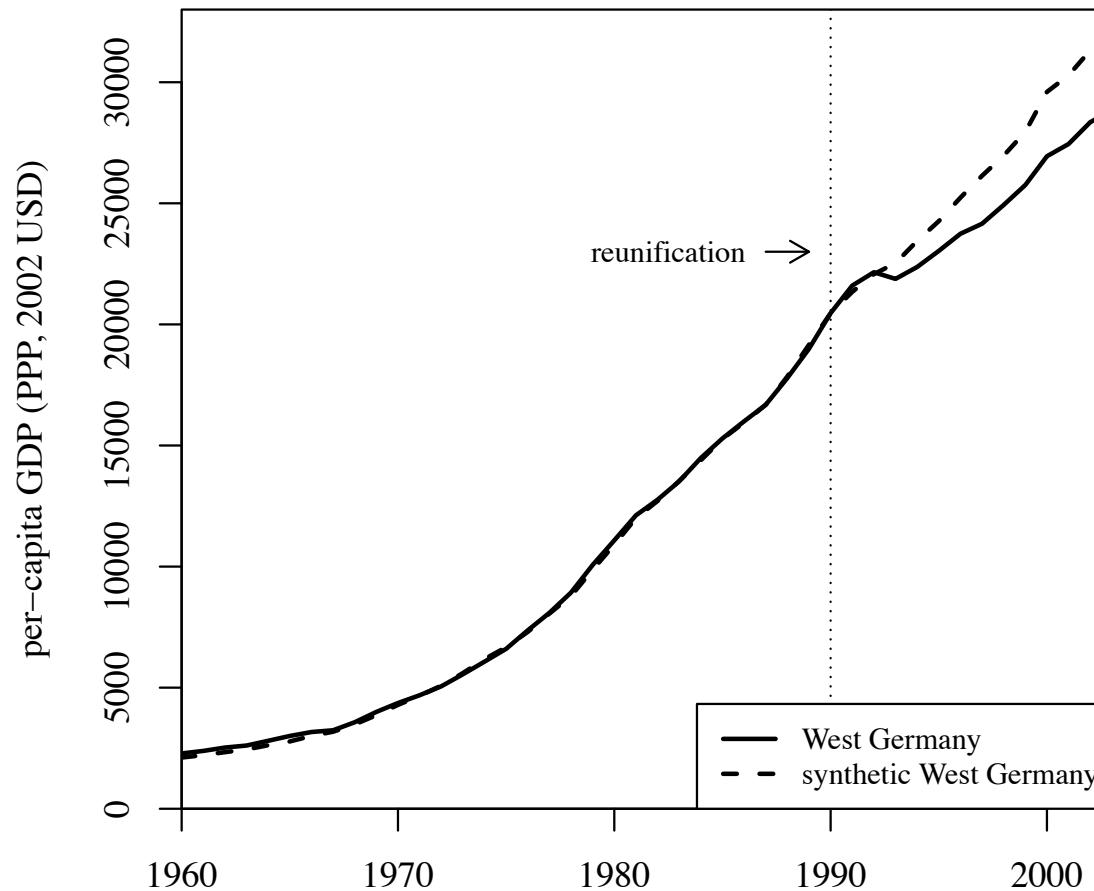
## More placebo tests

- Example: GDP pc of West-Germany after reunification (Abadie et al 2015 AJPS)



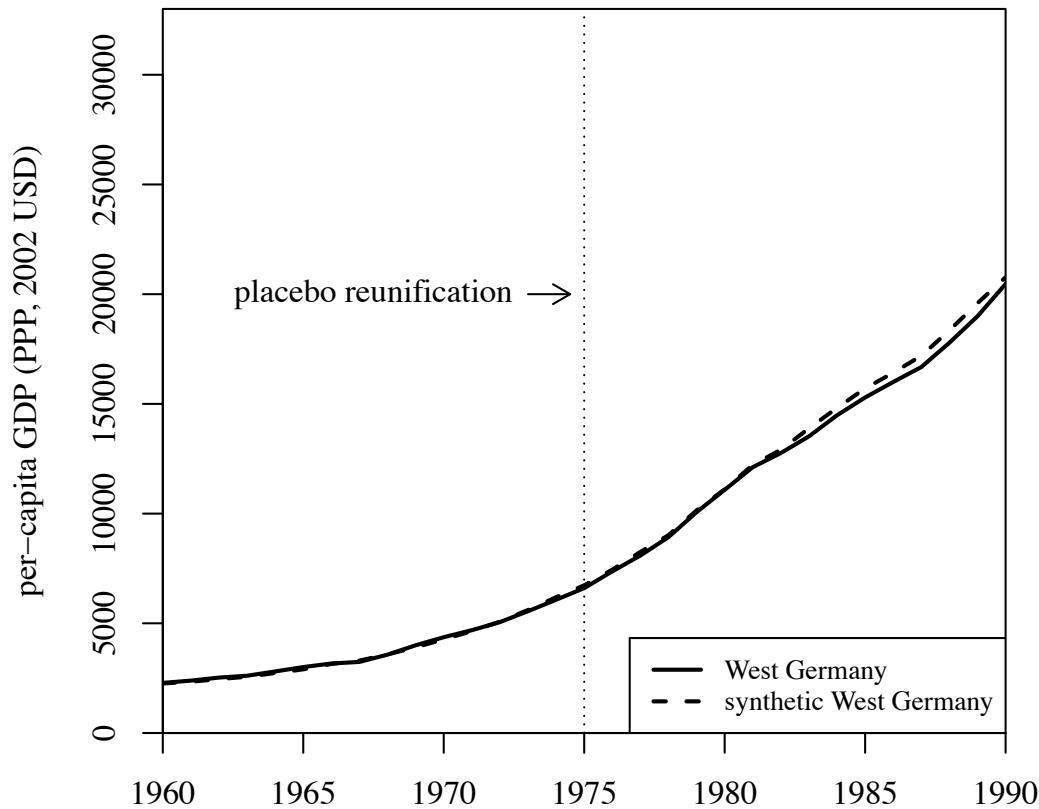
## More placebo tests

### ► Synthetic control estimate



## More placebo tests

### ► Placebo treatment



## Extensions

- ▶ Beyond placebo p-values: confidence intervals
  - Hahn and Shi 2017. Synthetic controls and inference. *Econometrics* 5 (4).
  - Firo and Possebom. 2018.
  - Cattaneo et al. 2021. Prediction Intervals for Synthetic Control Methods. *JASA* 116.
- ▶ Regression-based estimators
  - Doudchenko and Imbens. 2016.
  - Chernozhukov, Wüthrich, and Zhu. 2019.
  - Arkhangelsky et al. 2019.
- ▶ Matrix completion methods, e.g., Athey et al. 2020.