

Randomized Controlled Trial and Difference-in-Differences

randomized controlled
Trial Difference in Differences

Causal Inference

- Focus on **research design**
 - Methods are important but secondary
- Good design → credible results
- Assumptions are your enemies
 - They undermine credibility of results
 - How can they be minimized?
 - Carefully defend the ones you can't avoid
- Emphasis on intuition
 - Much of the math will be easy
 - the intuition sometimes less so

Notation

- “Dependent” or “outcome” variable Y
- Main “Independent” or “predictive” variable X_1
- (Maybe) some “control” variables or “covariates”
 $\mathbf{X}_{-1} = (X_2, X_3, \dots, X_K)$
- **boldface** = vector or matrix
- Sample size N , observations indexed by i

Notation, Cont'd

- **Major** simplification:

Replace X_1 with binary W

- Some units are “treated” ($w_i = 1$)
 - Others are “control” ($w_i = 0$)
 - We will call W the treatment indicator (or dummy)
- What about multivalued and “continuous” treatments?
 - Multi-valued = straightforward extension, just clunky
 - Continuous = at research frontier

Major conceptual move: Potential outcomes

- Define: Every unit i has two “potential outcomes”
 - $y_i(w = 1) :=$ outcome if treated [shorthand y_{i1}]
 - $y_i(w = 0) :=$ outcome if control [shorthand y_{i0}]
- One of these is observed; one is not
 - Missing outcome is often called “counterfactual”
- But more useful to think of it as “real”, just not observed
 - Much as in ordinary regression, we observe the **sample**
 - But the superpopulation from which we take the sample is not observed (and may not exist)

Observed y_i is a mix of y_{i1} , y_{i0}

- Define: $y_i^{obs} := w_i y_i(1) + (1 - w_i) y_i(0)$
- And: $y_i^{mis} := w_i y_i(0) + (1 - w_i) y_i(1)$
- Part of why regression is often misleading:
 - Tempts you to treat y_i^{obs} as a real quantity
 - It's not; it's only the mixture of y_{i0} and y_{i1} that you happen to observe
- Regression is really:
$$Y^{obs} = \alpha + \beta w + \boldsymbol{\gamma} \mathbf{X}_{-1} + \epsilon$$
- Mixture in; mess out
 - Except in special cases

With no missing data, this is easy

- Want to know: will treatment affect outcome?
 - Will ΔW cause ΔY ? That is: is $y_{i1} \neq y_{i0}$?
 - **Define:** Treatment effect: $\tau_i = (y_{1i} - y_{0i})$
- Rubin's central insight: Causal inference is a missing data problem:
 - Need to credibly estimate the missing potential outcomes
 - The “fundamental problem of causal inference” [Holland, 1986]
 - Do that and you're done
- OK, so maybe not that easy . . .
 - But we have a clear goal
 - And a centrally nonparametric core research design

Second **major** conceptual move, and complication

- Heterogeneous treatment effects
 - Treatment effect: $\tau_i = (y_{1i} - y_{0i})$ depends on characteristics of unit i
 - Some characteristics are observed: \mathbf{x}_i
 - Some are not observed (omitted): \mathbf{u}_i

The (partly missing) design matrix is. . .

Outcome if treated	Outcome if control	Treatment effect	Treatment dummy	First covariate		Last Covariate	Unobserved covariates
y_{11}	y_{10}	τ_1	w_1	x_{12}	...	x_{1K}	u_K
y_{21}	y_{20}	τ_2	w_2	x_{22}	...	x_{1K}	u_{1K}
y_{31}	y_{30}	τ_3	w_3	x_{32}	...	x_{3K}	u_{3K}
y_{41}	y_{40}	τ_4	w_4	x_{42}	...	x_{4K}	u_{4K}
...
y_{N1}	y_{N0}	τ_{N0}	w_N	x_{N2}	...	x_{NK}	u_{NK}

red = not observed

Want to know: are the τ_i 's $\neq 0$?

This is a hard problem

- Regression, applied to the partial data we observe, won't get us there
 - Except in special cases
- We need research designs that let us:
 - credibly estimate the missing potential outcomes
 - not worry about the omitted covariates

Core assumption 1: manipulation

- w_i is manipulable
- Counterexample: Effect of gender on income
 - Observe y_{i1} = income if male
 - Want to impute y_{i0} = income if female
 - All else about you is the same (*ceteris paribus*)
- Not achievable
 - “no causation without manipulation” [Holland, 1986]
 - If you were dictator, with infinite resources [and no morals], could you design an experiment to answer the question you have in mind? [Dorn, 1953]

Core Assumption 2 (& 3): SUTVA

- “Stable Unit Treatment Value Assumption” (SUTVA)
- Really two separate assumptions:
 - Only one kind of treatment ($w = 0$ or 1)
 - Can be relaxed (multivalued treatments)
 - responses of different units are **independent**:

$$\tau_i \perp (\tau_j, w_j) \forall j \neq i$$

This is SUTVA

- If not satisfied, no easy answers
 - Can sometimes aggregate to higher level
 - E.g., study classrooms, not students
 - Or model spillovers

Some common estimands and estimates

Estimand	Estimator (if know τ_i)
$ATE = E[\tau]$	$\widehat{ATE} = \frac{1}{N} \sum_{i=1}^N \tau_i$
$ATT = E[\tau w = 1]$	$\widehat{ATT} = \frac{1}{N_t} \sum_{i:w_i=1} \tau_i$
$ATC = E[\tau w = 0]$	$\widehat{ATC} = \frac{1}{N_c} \sum_{i:w_i=0} \tau_i$
$\tau_{0.5}$ = median treatment effect	$\widehat{\tau}_{0.5} = \alpha: 50\% < \alpha$ $50\% \geq \alpha$
$\tau_{0.25}$ = 25 th percentile (0.25 quantile)	$\widehat{\tau}_{0.25} = \alpha: 25\% < \alpha$ $75\% \geq \alpha$
Conditional: $ATT_X(x) = E[\tau w = 1, X = x]$	$\widehat{ATT}_X(x) = \frac{1}{N_{tx}} \sum_{i:w_i=1, X_i=x} \tau_i$

Toy example (N = 4, no covariates)

Unit i	y_i^{obs}	w_i	y_{i1}	y_{i0}	τ_i
1	3	1	3	?	?
2	1	1	1	?	?
3	0	0	?	0	?
4	1	0	?	1	?

What are:

$$\widehat{ATE} = \frac{1}{N} \sum_{i=1}^N \tau_i = \frac{1}{N} \sum_{i=1}^N y_i(1) - y_i(0)$$

$$\widehat{ATT} = \frac{1}{N_t} \sum_{i:w_i=1} \tau_i = \frac{1}{N_t} \sum_{i:w_i=1} y_i(1) - y_i(0)$$

$$\widehat{ATC} = \frac{1}{N_c} \sum_{i:w_i=0} \tau_i = \frac{1}{N_c} \sum_{i:w_i=0} y_i(1) - y_i(0)$$

Without more information, we don't know.

Apply magic (insert missing potential outcomes)

Unit i	y_i^{obs}	w_i	y_{i1}	y_{i0}	τ_i
1	3	1	3	0	3
2	1	1	1	0	1
3	0	0	0	0	0
4	1	0	1	1	0

Can now compute:

$$\widehat{ATE} = (3 + 1 + 0 + 0)/4 = 1$$

$$\widehat{ATT} = (3 + 1)/2 = 2$$

$$\widehat{ATC} = (0 + 0)/2 = 0$$

Not the same (and in general, won't be)

treatment
group

control
group

samples are biased

Next major concept: “Assignment mechanism”

- Process (perhaps unknown) for determining which units are treated
- For our example, is assignment *random*?
- Doesn't look that way! Units are:
 - treated if treatment “helps”
 - control if treatment is ineffective
- Still, assignment in superpopulation could be random
 - Our toy sample could be non-representative

Compare naïve estimator using observed values

Unit i	y_i^{obs}	w_i	y_{i1}	y_{i0}	τ_i
1	3	1	3	?	?
2	1	1	1	?	?
3	0	0	?	0	?
4	1	0	?	1	?

$$\overline{y_1^{obs}} = (3 + 1)/2 = 2$$

$$\overline{y_0^{obs}} = (0 + 1)/2 = 0.5$$

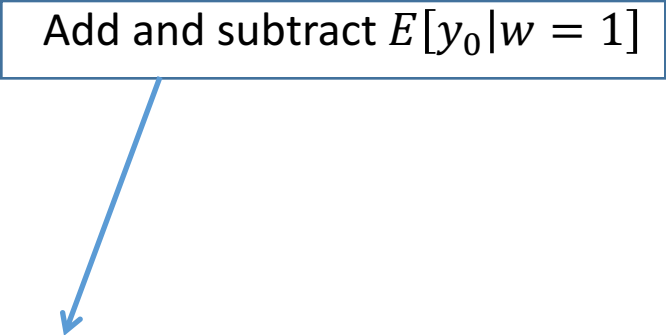
Estimator: $\hat{\tau}_{naive} := \overline{y_1^{obs}} - \overline{y_0^{obs}}$

Estimate: $\hat{\tau}_{naive} = 2 - 0.5 = 1.5$

But what's the **estimand**? Not ATT, ATC, or ATE

What went wrong? Selection bias

- Units not randomly chosen for treatment.
- Let's see what $\hat{\tau}^{naive}$ converges to:

$$\begin{aligned}\hat{\tau}_{naive} &:= \overline{y_1^{obs}} - \overline{y_0^{obs}} \xrightarrow{p} \\ &E[y_1|w = 1] - E[y_0|w = 0] \\ &= E[y_1 - y_0|w = 1] + \{E[y_0|w = 1] - E[y_0|w = 0]\} \\ &= ATT \quad + \quad \text{Baseline bias}\end{aligned}$$


Baseline bias := diff. between treated and controls if neither were treated

Often called “**selection bias**” (when units self-select into treatment)

In our example: $\widehat{ATT} = 2$

Baseline Bias = -0.5

$$\hat{\tau}_{naive} = 2 - 0.5 = 1.5$$

Would regression help? No.

Regression uses only observed values, regress y on w:

y	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
-----+-----						
w	1.5	1.118034	1.34	0.312	-3.3105	6.3105
_cons	.5	.7905694	0.63	0.592	-2.901546	3.901546

Regression coefficient $\hat{\beta}$ estimates τ_{naive} !

Regression:

Separate concepts of ATE, ATT, ATC have no meaning:

We (silently) assume **homogeneous treatment effects**:

same τ for all units (ATE = ATT = ATC)

Also (silently) assume: no baseline bias

Can also measure bias of τ_{naive} relative to ATC

$$\begin{aligned}\hat{\tau}_{naive} &= \overline{y_1^{obs}} - \overline{y_0^{obs}} \xrightarrow{p} \\ &E[y_1|w = 1] - E[y_0|w = 0] \\ &= \{E[y_1|w = 1] - E[y_1|w = 0]\} + E[y_1 - y_0|w = 0] \\ &= \text{Outcome bias} \qquad \qquad \qquad + \text{ATC}\end{aligned}$$

Add and subtract $E[y_1|w = 0]$

Outcome bias = difference between treated and controls if both were treated. In our example:

$$\widehat{ATC} = 0$$

$$\text{Outcome bias} = 1.5$$

$$\hat{\tau}_{naive} = 1.5 + 0 = 1.5$$

Can also decompose outcome bias

Intuition:

Outcome bias = Baseline bias + “Treatment heterogeneity”

Some algebra:

$$\begin{aligned}\text{Outcome bias} - \text{Baseline bias} &= \\ &= \{E[y_1|w = 1] - E[y_1|w = 0]\} - \{E[y_0|w = 1] \\ &\quad - E[y_0|w = 0]\} \\ &= \{E[y_1|w = 1] - E[y_0|w = 1]\} + \{E[y_0|w = 0] \\ &\quad - E[y_1|w = 0]\} \\ &= E[y_1 - y_0|w = 1] - E[y_1 - y_0|w = 0] = \\ &= \text{ATT} - \text{ATC} := \mathbf{\text{Treatment heterogeneity}}\end{aligned}$$

In our example: Treatment heterogeneity = 2.0

$$\tau_{naive} = 0.0 + (-0.5) + 2.0 = 1.5$$

Summary: causal inference as missing data problem

- We have a partly observed “design matrix”
 - And treatment heterogeneity ($ATT \neq ATC \neq ATE$)
- Running a simple regression won't work
 - In expectation: gives τ_{naive}
 - $= ATT + \text{baseline bias}$
 - $= ATC + \text{baseline bias} + \text{treatment heterogeneity}$
 - $\neq ATE$ either

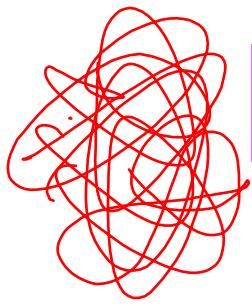
Randomized Controlled Trial as Gold Standard

- Suppose we have **random** assignment across whole sample:

$$w_i \perp (j, y_{j1}, y_{j0}, \mathbf{x}_j, \mathbf{u}_j) \forall j \Leftrightarrow P[w_i = 1] = p \forall i$$

[If truly random, $w \perp$ (everything incl. \mathbf{u})]

- Often choose $p = 0.5$ (but don't need to)
 - Need probabilistic assignment: $0 < p < 1$
 - Higher variance if p near 0 (few treated units) or 1 (few control units)



Why Does Randomization Help?

$$\begin{aligned}\text{Baseline bias} &= E[y_0|w = 1] - E[y_0|w = 0] \\ &= E[y_0] - E[y_0] = \mathbf{0, \text{by randomization}}\end{aligned}$$

$$\begin{aligned}\text{Outcome bias} &= E[y_1|w = 1] - E[y_1|w = 0] \\ &= E[y_1] - E[y_1] = \mathbf{0, \text{by randomization}}\end{aligned}$$

$$E[\text{Treatment heterogeneity}] = 0 \text{ (by randomization)}$$

- treated and controls are similar in expectation

$$\text{ATE} = \text{ATT} = \text{ATC} \text{ (by randomization)}$$

- treated and controls are similar in expectation

Regression now works: $\widehat{\tau_{naive}}$ is unbiased for ATE!

Estimator given randomization

- Estimator for ATE, ATT, ATC using analogy principle:
 - Unbiased (see prior slide) and consistent

$$\begin{aligned}\hat{\tau}_{naive} &= \overline{y_1^{obs}} - \overline{y_0^{obs}} \\ &= \left[\frac{1}{N_t} \sum_{i:w_i=1}^N y_i^{obs} \right] - \left[\frac{1}{N_c} \sum_{i:w_i=0}^N y_i^{obs} \right]\end{aligned}$$

Intuition: Why does randomization work?

- Random assignment \rightarrow treated and controls are similar on average.
 - So in estimating $ATE = E[y_1 - y_0]$, we introduce no bias by estimating y_1 using only treated units and y_0 using only control units
- Randomization $\rightarrow ATE = ATT = ATC$
 - Treatment effects can still be heterogenous
 - Without covariates, poor estimate of τ_i for particular unit i :
 - For treated units, crude estimate
$$\hat{\tau}_i = y_{i1} - \bar{y}_0$$
 - Similarly for control units
$$\hat{\tau}_i = \bar{y}_1 - y_{i0}$$

Heterogeneous treatment effects

- For better estimates, estimate “**response surfaces**”:
 - $\widehat{y}_1(\mathbf{x})$ using treated units
 - $\widehat{y}_0(\mathbf{x})$ using controls.
- Then estimate “**effect surface**”: $\widehat{\tau(\mathbf{x})} = \widehat{y}_1(\mathbf{x}) - \widehat{y}_0(\mathbf{x})$
- In practice, harder than it sounds:
 - For some binary covariates (e.g., men vs. women), can use block randomization
 - Estimate ATE_{men} and ATE_{women}
 - Otherwise, quickly run into “curse of dimensionality”

So you have a randomized experiment:

- No: You **think** you have one
- **Always:** check for “covariate balance”
- For each control variable, can check:
 - Normalized difference in means
 - t -statistic for difference in means
 - Difference in (normalized) standard deviations
 - Kolmogorov-Smirnov statistic
 - Kernel density plots

Covariate balance tests

- Are fairly standard (and should be) for:
 - Randomized experiments
 - Regression discontinuity (RD)
 - Pure observational studies
- Are not (**but should be**) for:
 - Difference-in-differences
 - Binary instrumental variables
 - Can “dichotomize” non-binary instruments
- These other methods all seek to approach randomized experiments
 - covariate balance: one test for how well they succeed

“Combined” designs

- If covariate balance is imperfect, **fix it!**
 - Or, more realistically, improve it
 - Often feasible, if balance is not too bad.
 - Variety of “balancing methods”
 - Trimming
 - Matching
 - Inverse propensity weighting

Estimands and statistical significance for randomized experiments

Fisher's sharp null: $H_0: \tau_i = 0$ for each unit i

- Implication if true: we know **both** potential outcomes!
 - We can complete the “design matrix” under the null
 - And test for every difference between treated and controls you can think of
 - Using randomization methods
 - Not just differences in means or medians (for which we can compute standard errors)

Under Fisher's H_0 : (imputed) data look like . . .

Outcome if treated	Outcome if control	Treatment dummy	Treatment effect	Control var. 1		Control var. k-1
Y_{11}	Y_{11}	w_1	$\tau_1 = 0$	x_{21}	...	x_{k1}
Y_{12}	Y_{12}	w_2	$\tau_2 = 0$	x_{22}	...	x_{k2}
Y_{03}	Y_{03}	w_3	$\tau_3 = 0$	x_{23}	...	x_{k3}
Y_{04}	Y_{04}	w_4	$\tau_4 = 0$	x_{24}	...	x_{k4}
...
Y_{0n}	Y_{0n}	w_n	$\tau_n = 0$	x_{2n}	...	x_{kn}

Purple = not observed, but imputed under H_0

Assume: **unobserved** potential outcome = observed outcome

Statistical significance: $ATE \neq 0$

- Fisher's sharp null is extreme
- We could ask instead: is **average** effect $\neq 0$
 - Neyman's null
 - Intuition: Weaker null \rightarrow higher standard errors (lower t -stats)
- By how much?
 - Empirical answer, not much.
- Construct a t -test (Jerzy Neyman's approach)

Neyman's t -test for $ATE \neq 0$

- Upper bound



$$V_{Neyman} = \frac{s_t^2}{N_t} + \frac{s_c^2}{N_c}$$

- Leads to standard two-sample t -test

$$t_{Neyman} = \frac{ATE}{\sqrt{\frac{s_t^2}{N_t} + \frac{s_c^2}{N_c}}}$$

- In practice, only slightly conservative

Major themes for randomized trials

- Key nature of “assignment mechanism”
 $\text{prob}(w=1 | y_0, y_1, \mathbf{x})$
- Random assignment:
 $w \perp (y_0, y_1, \mathbf{x}, \mathbf{u})$
- Regression: model for the (**observed**) data
- Causal inference: model for assignment mechanism
 - Model for the data not needed!
 - Can help if unsure about assignment mechanism

“Block” or “Stratified” Randomized Trials

- Simple core idea.
- Imagine drug trial:
 - Drug might work for men but not women (or vice versa)
 - Might have stronger side effects for old than for young
- Can use “important” covariates to create blocks:
 - male vs. female [2 blocks]
 - male vs. female and old vs. young [4 blocks]
- Randomize within each block

you need more data

Overall and within-block effects

- Assume two blocks (male = m; female = f)
- Estimate ATE_m , ATE_f within each block

$$\widehat{ATE} = \frac{(N_m \times \widehat{ATE}_m) + (N_f \times \widehat{ATE}_f)}{N}$$

$$N = N_m + N_f$$

average treatment effect

- More generally, create J blocks B_j ($j = 1, J$):

$$\widehat{ATE} = \sum_{j=1}^J \frac{N_j}{N} \times \widehat{ATE}_j$$

systematic

Does block randomization create bias?

- No. Unbiased estimate *within each group j*:

$$[E[y_1|w = 1, \text{group} = j] = [E[y_1|w = 0, \text{group} = j]$$

$$[E[y_0|w = 1, \text{group} = j] = [E[y_0|w = 0, \text{group} = j]$$

So $ATE_j =: E[y_1 - y_0 | \text{group} = j]$

$$= E[y_1 | \text{group} = j] - E[y_0 | \text{group} = j]$$

$$= [E[y_1|w = 1, \text{group} = j] - E[y_0|w = 0, \text{group} = j]$$

Covariates, omitted variables

- Should have covariate balance *within each group j*:

$$[E[\mathbf{x}|w = 1, \text{group} = j] = E[\mathbf{x}|w = 0, \text{group} = j]$$

Measure covariate balance within groups → test for within-group randomization

- Again no worries about omitted variables:

$$[E[\mathbf{u}|w = 1, \text{group} = j] = E[\mathbf{u}|w = 0, \text{group} = j]$$

Sum across groups using LIE

- Across groups j , apply Law of Iterated Expectations (LIE):

Estimand: $E[y_1 - y_0] = E_j[E[y_1 - y_0 | \text{group} = j]]$
 $= E_j[E[y_1 | w = 1, \text{group} = j] - E[y_0 | w = 0, \text{group} = j]]$

Estimate:

$$\widehat{ATE} = \sum_{j=1}^J \frac{N_j}{N} \widehat{ATE}_j = \sum_{j=1}^J \frac{N_j}{N} \left(\sum_{i \in j: w_i=1} \frac{y_{i1}}{N_{tj}} - \sum_{i \in j: w_i=0} \frac{y_{i0}}{N_{tj}} \right)$$

Not same as average over sample

- If treatment effects **and** proportion of treated N_{tj}/N_j both vary across blocks, the “global estimate” below is biased:

$$\widehat{ATE} \neq \sum_{i:w_i=1} \frac{y_{1i}}{N_t} - \sum_{i:w_i=0} \frac{y_{0i}}{N_c}$$

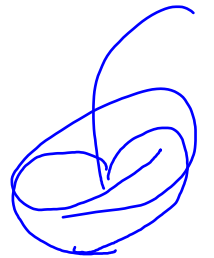
- If you use a block design, you have to use it consistently!
 - Estimate ATE within blocks first, then sum across blocks

Block randomized trial example

- Tennessee STAR experiment
- Study of value of smaller class sizes (for K)
 - STAR = Student/teacher achievement ratio
 - first convincing evidence that smaller classes → higher test performance
 - Chetty et al, (2011): later-life performance too!
- Eligible schools: 3+ kindergarten classes
- Three groups of classes:
 - Small = small class (13-17 students)
 - Regular = regular class (22-25 students)
 - Reg + Aide = regular class w teacher's aide

What are the blocks?

- Randomly assign:
 - class types within schools (at least 1 of each type)
 - students and teachers to classes
- What are the “blocks”?



STAR experiment and SUTVA independence

- Is SUTVA “independence” satisfied for **students**?
 - Yes, under Fisher’s sharp null (no effect on anyone)
 - No, if $\tau \neq 0$ [students could influence each other]
- We’ll study results at class level
 - Is SUTVA independence satisfied for **classes**?
- Will regression still work
 - Tables below are from Angrist & Pischke (2009), who adapt them from Kreuger (1999)

Multivariate results

(n = 5,681, s.e., clustered on class in parentheses)

Dependent variable	Avg. percentile score			
Explanatory Variable	(1)	(2)	(3)	(4)
Small class	4.82** (2.19)	5.37*** (1.26)	5.36*** (1.21)	5.37*** (1.19)
Regular/aide class	.12 (2.23)	.29 (1.13)	.53 (1.09)	.31 (1.07)
White/Asian	-	-	8.35*** (1.35)	8.44*** (1.36)
Girl	-	-	4.48*** (.63)	4.39*** (.63)
Free Lunch	-	-	-13.15*** (.77)	-13.07*** (.77)
White teacher	-	-	-	-.57 (2.10)
Teacher experience	-	-	-	.26 (.10)
Teacher Master's degree	-	-	-	-0.51 (1.06)
School fixed effects	No	Yes	Yes	Yes
R ²	.01	.25	.31	.31

control
unobserved
data



Value of rich covariates

- Estimated value of small class is stable as add covariates
 - As it should be, for randomized trial
- Not (too) worried about omitted variables
 - They should matter only by accident
- But suppose this was a pure observational study
- Then we worry a lot about omitted variables
- What can we do about OVB risk?
 - If a variable is included as a covariate, it isn't omitted 😊
 - If many included covariates, we worry less
 - If many included covariates, and estimate **insensitive** as we add them, we worry still less
 - Logic: If the covariates we **can** measure do not affect estimate then more likely that the omitted covariates won't either

Regression as weighted average causal effect

- So, is the school FE estimate unbiased (or close enough)?
- OLS *assumes* constant treatment effect
 - seeks most precise estimate given this assumption
 - the “B[est]” in BLUE
 - implicitly weights block j by conditional variance:
 - $wgt_j = s_j = p_{tj} \cdot (1 - p_{tj})$
- So (with r_j = fraction of sample in school j):

$$\hat{\tau}_{OLS} \xrightarrow{p} \tau_{wgt} = \sum_{j=1}^J r_j \cdot p_{tj} \cdot (1 - p_{tj}) \tau_j / \sum_{j=1}^J p_{tj} \cdot (1 - p_{tj})$$

Regression and conditional variance weighting

- Example: HRS dataset (Black et al., Does Health Insurance Affect Mortality, WP 2015)
 - treat *as if* block randomized experiment; four blocks:
 - Hispanic
 - non-Hispanic black
 - non-Hispanic white
 - non-Hispanic other
 - estimate treatment effect: effect of insurance at wave 1 (1992) on mortality in 10 years (wave 6, 2002)

True treatment (uninsurance) effect estimates

Group	Sample size	p_{insured}	block ATE
Hispanic	880	0.613	-0.0539
non-Hispanic Black	1,619	0.794	-0.0037
non-Hispanic White	6,583	0.869	0.0575
non-Hispanic Other	197	0.746	0.0376
For full sample			
ATE			0.0358
ATC (for insured)	7,691		0.0391
ATT (for uninsured)	1,588		0.0201

So a situation where conditional variance weights can matter:

- Heterogeneous treatment effects

- Differing probabilities of treatment across blocks

By how much?

Regression vs. block treatment effect estimates

Stata:

```
. regress rdead6 noins rahispan nhispblack nhispwhite nhispother, robust  
note: rahispan omitted because of collinearity
```

Linear regression

```
Number of obs =    9279  
F(   4,   9274) =    17.44  
Prob > F       =    0.0000  
R-squared      =    0.0097  
Root MSE      =    .32897
```

		Robust				
rdead6		Coef.	Std. Err.	t	P> t	[95% Conf. Interval]
-----+-----						
noins		.0256571	.0100564	2.55	0.011	.0059443 .0453699
rahispan		0	(omitted)			
nhispblack		.0933497	.0144385	6.47	0.000	.065047 .1216524
nhispwhite		.0140573	.0115748	1.21	0.225	-.0086319 .0367465
nhispother		.0320008	.0263053	1.22	0.224	-.0195634 .0835649
_cons		.093467	.0112984	8.27	0.000	.0713196 .1156143

In this example, regression → mess

- Regression estimate is not close to ATE
 - 0.0257 (regression) vs. 0.0358 (true estimate)
- Why?
 - Large positive treatment effect for whites
 - Close to zero for Blacks
 - Large **negative** effect for Hispanics
 - Whites are more likely to be insured
 - Regression downweights whites (wt. = 0.114)
 - Versus Hispanics (wt. = 0.237); Blacks (wt. = 0.163)

Internal vs. external validity

- Internal validity = valid results ***for this sample***
 - Or larger population from which sample was drawn at random
- External validity = valid for larger population, not directly studied
 - Much harder, rarely achievable from single study

External validity of STAR experiment

- Let's explore our confidence in extrapolating from Tennessee STAR experiment, to:
 - smaller schools, not eligible for study
 - eligible schools, which decided not to participate
 - public schools in other states
 - private schools (secular, religious)
 - smaller class sizes than “small” STAR classes
 - larger class sizes than “regular” STAR classes
 - intermediate class sizes (17-22)
 - public schools in other countries

Randomized experiments: When to block?

- Always, if you can
 - “block what you can and randomize what you cannot” [Box, Hunter, and Hunter (1978, p.103)]
 - Intuition: Get exact balance on important covariate instead of balance only in expectation
 - Still get benefits of randomization for other variables
- What to block on:
 - “science”, not statistics
- The (minor) cost of blocking
 - Higher variance for the estimate of the variance

Experiments with one-sided noncompliance

- People often don't agree to be randomized
- Can have one-sided or two-sided noncompliance
 - treatment is *offered* at random
 - Some offerees accept = **compliers**
 - Some offerees decline = **noncompliers**
 - If non-offerees can't get the treatment, we have one-sided noncompliance
 - If some non-offerees figure out how to be treated, we have two-sided noncompliance
- Start with easier, one-sided case

Example: Sommer-Zeger (1991) Vit. A experiment

- Vitamin A shots offered for kids age 2-3m, again 6m later
 - Indonesian villages chosen at random
 - people in 225 villages received offer; 225 didn't
 - $z = \text{offered}$ treatment
 - $w = \text{received}$ treatment
- Treated villages: 12,094 kids ($z=1$)
 - 9,675 compliers (80.0%) ($w=1$)
 - 2,419 noncompliers (20.0%) ($w=0$)
- Control villages: 11,588 kids ($z=0$)
 - ?? compliers ($w=0$)
 - ?? noncompliers ($w=0$)

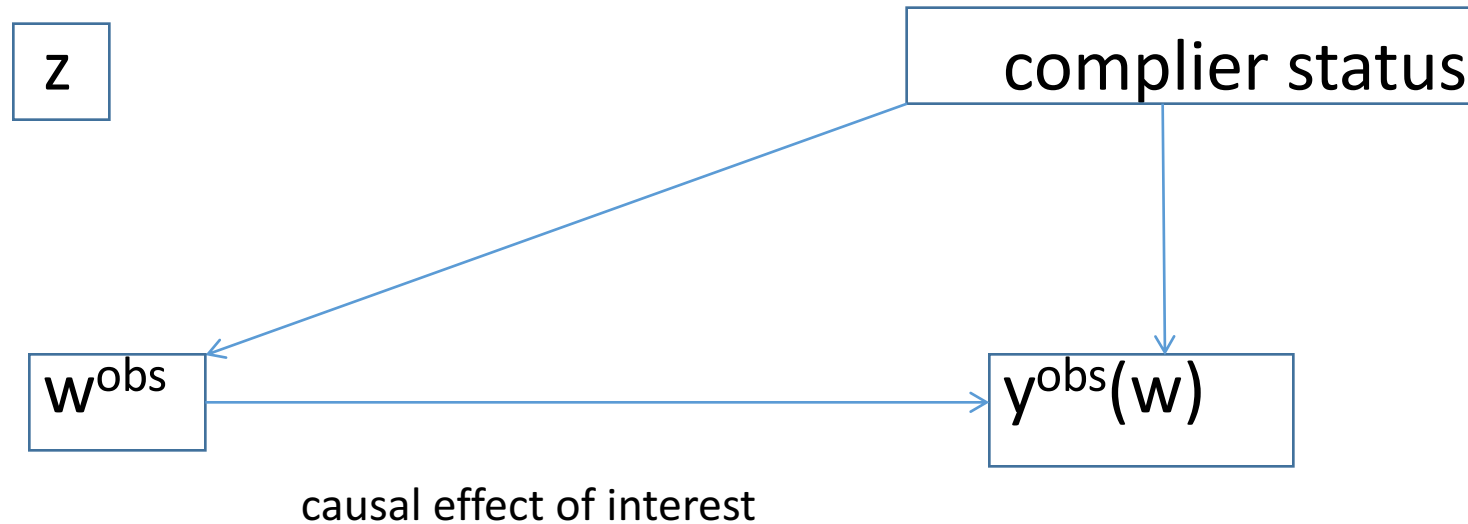
Can analyze as “Intent-to-Treat (ITT)”

- **Estimand:** child death ($d_i = 1$)
- Treated kids: 12,094
 - 46 deaths (0.380%)
 - 12 among compliers; 34 among noncompliers
- Control kids: 11,588
 - 74 deaths (0.638%)
- Treated vs. controls
 - $\hat{t}_{ITT} = 0.00380 - .00638 = -.00258$
ratio: $0.0038/0.00638 = 0.595$ (40% drop in mortality)

Link to (classic and causal) IV

- One-sided non-compliance: first example of “causal IV”
- z is an instrument for w
 - satisfies usual IV assumptions
 - unlike traditional IV, causal IV allows for heterogeneous (“local”) treatment effects
- z addresses endogeneity of w
 - w depends on (unobserved) complier status
 - So do $(y_i(w_i = 0), y_i(w_i = 1))$
 - Noncompliers have higher mortality rates when not treated $y_i(w_i=0)$
 - Could have different treatment effects, if (forcibly) treated?

Graphical depiction of role of z (as causal IV)

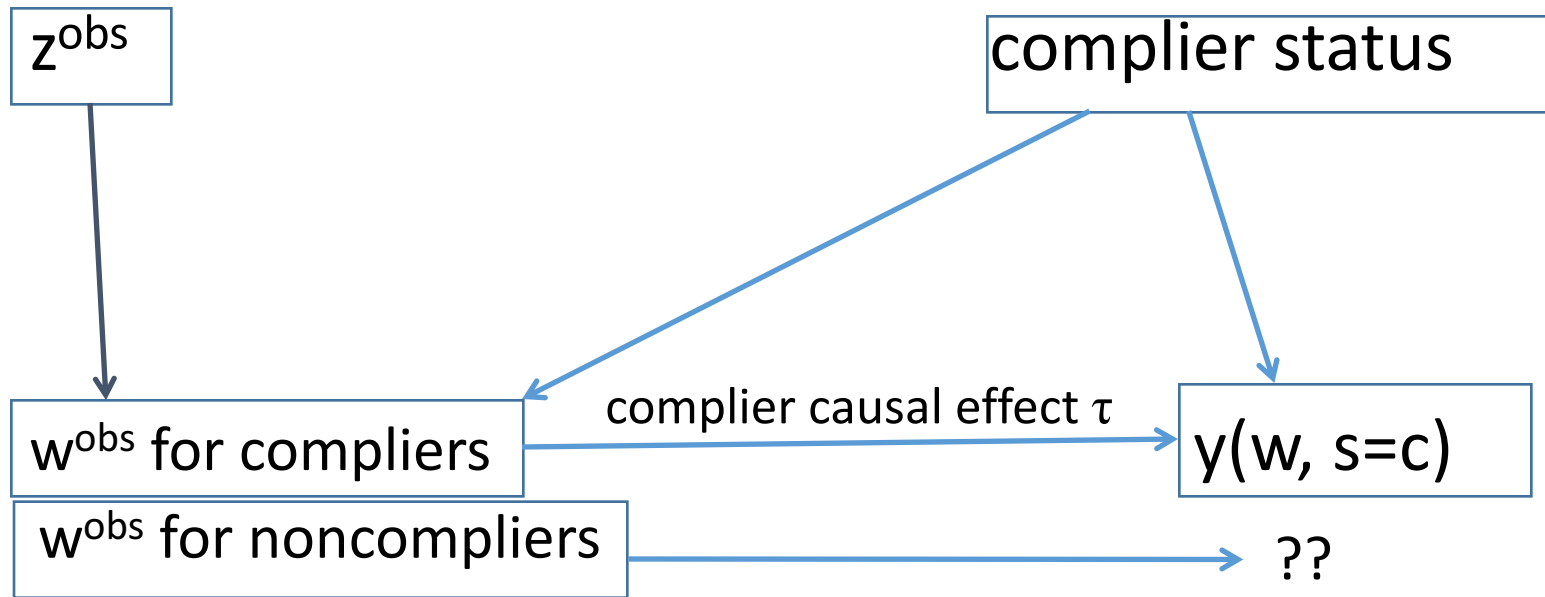


If z not used, w^{obs} is endogenous

Omitted variable, complier status, predicts both w^{obs} and y^{obs}

Note: An example of a Judea Pearl “directed acyclic graph (DAG)”

Graphical depiction: IV for one-sided compliance



z affects y **only through** w , breaks endogeneity

Only affects compliers: Can only estimate τ for compliers

Only through assumption is crucial: z does not affect y either directly, or indirectly through \mathbf{x} , \mathbf{u}

Vitamin A experiment treated as classic IV

Stata:

```
ivregress 2sls outcome (treatment=instrument), robust
```

```
Instrumental variables (2SLS) regression      Number of obs =   23682
                                             F(   1, 23680) =    7.75
                                             Prob > F      =   0.0054
                                             R-squared     =   0.0015
                                             Root MSE    =   .07095
```

		Robust				
outcome	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
treatment	-.003228	.0011592	-2.78	0.005	-.0055002	-.0009559
_cons	.0063859	.00074	8.63	0.000	.0049355	.0078364

Instrumented: treatment

Instruments: instrument

- *t*-stat is slightly smaller than our lower bound estimate (2.78 vs. 2.80)
- Reflects uncertainty in proportion of compliers
- Should cluster on village, but data not available

Two-sided noncompliance

- Can also have two-sided noncompliance
 - Among those offered the treatment (z-treated):
 - Some offerees accept
 - Some offerees decline
 - Among the controls:
 - Some non-offerees get the treatment anyway
 - Some non-offerees don't
- This can be handled by using IV as well

Recap on randomized experiments

- Gold standard for causal inference
 - Treated and controls: same in expectation *if not treated*.
 - Can (and should) test the randomization
 - Block randomization: important subclasses or controls
 - Naïve regression sometimes works
 - IV can address noncompliance
 - Naïve regression and simple 2sls sometimes work

Two-period Difference-in-Differences (DiD)

- Start simple, then add complexities
- Two time periods, before and after treatment.
 - treated and control groups
 - observe groups both before ($t=b$) and after ($t=a$)
 - no covariates

Near-random assignment (we hope)

- Assignment not random, but “close”
 - Comes from “shock” of some kind
 - often called “natural” or “quasi” experiment
 - Shock should be “exogenous”:
 - units don’t choose whether to be treated
 - division between treated and controls is unrelated to characteristics that affect response to treatment
 - no anticipation
 - shock expected to be permanent
 - **Assume:** Difference between treated and controls *would have been stable **but for the treatment***
 - Core, **untestable** “parallel changes” assumption
 - Can be plausible if assignment is close enough to random

Requirements for a “good shock”

- (1) ***Shock Strength***: Strong enough to significantly change firm behavior.
- (2) ***Exogenous Shock***. Came from “outside” the system. Firms did not choose to be treated, could not anticipate the shock, no reason to think unobservables predict potential outcomes or which firms were treated.
- (3) ***“As If Random” Assignment***: Separates firms into treated and controls in *close to random manner*. Exception for forcing variable which determines which firms are treated.
- (4) ***Covariate balance***. Reasonable covariate balance between treated and control firms, including “common support”. Somewhat imperfect balance can be address with balancing methods.
- (5) ***Only-Through Condition(s)***: The effect of the shock on the outcome must come *only through* the shock. No other shock, at around the same time, could affect treated firms differently than control firms. For IV – the shock must affect the outcome only through the instrumented variable.

“Shock-based” design

- So to repeat (because this is central to good design)
- Common “requirements” for a “good shock” across shock-based designs (DiD, RD, IV, event study (ES))
 1. “strong” shock
 2. Exogenous: firms did not choose to be treated
 - No avoidance or anticipation
 3. “as if random” assignment to treatment
 4. Leading to covariate balance
 - Including reasonably thick “common support”
 - And parallel pre-treatment trends
 5. “only through” condition(s)
Can improve design through “balancing methods”
- Commonalities are not well known
 - methods are studied separately, not together
 - some requirements are “soft” – credibility, not formal assumption

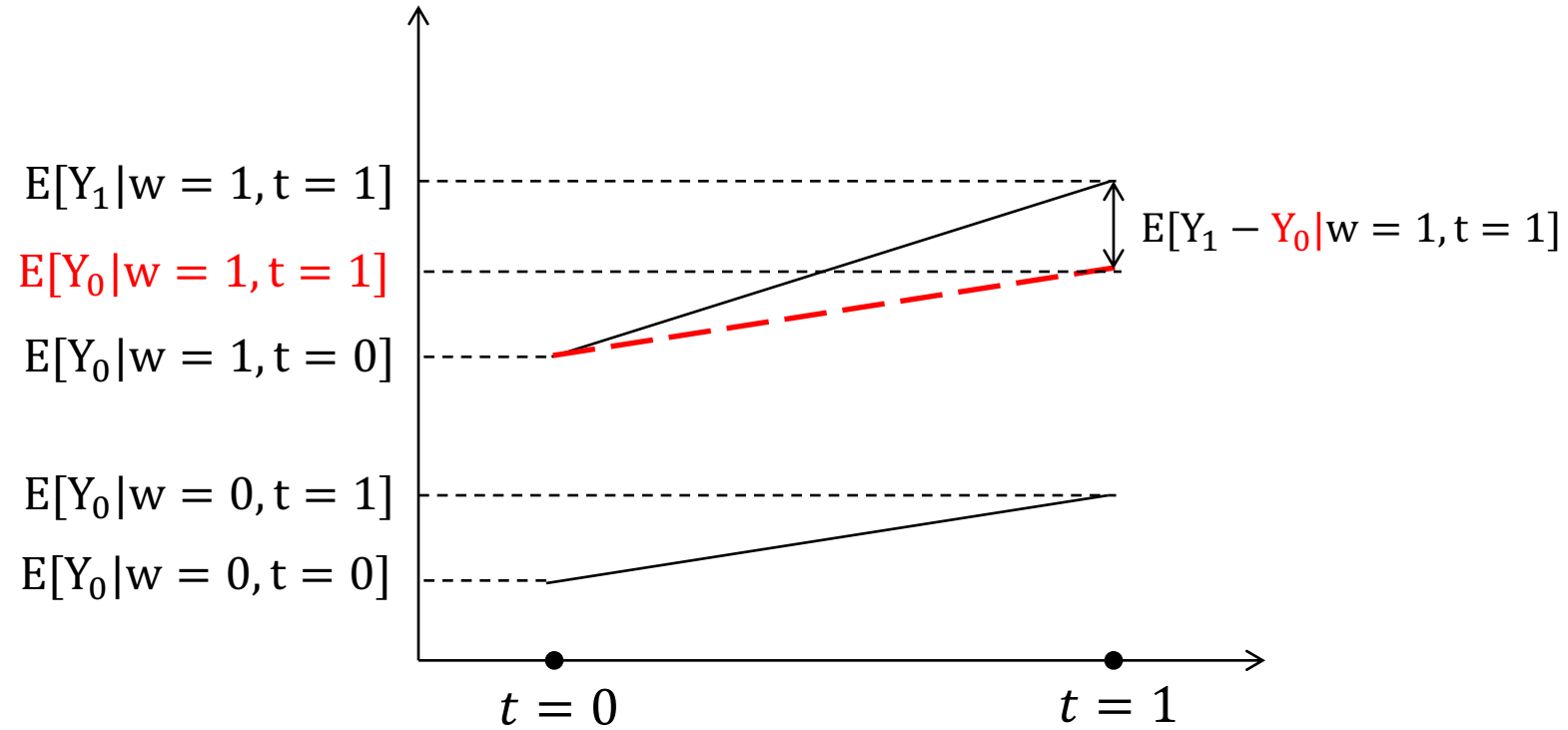
Implication of parallel changes

DiD setup	After	Before
Treated	$Y_{t1,a}$	$Y_{t0,b}$
Controls	$Y_{c0,a}$	$Y_{c0,b}$

- a = after; b = before, t=treatment group, c=controls
- 1-> treated (treatment group, **after**)
- 0-> not treated (treatment group **before**, controls **always**)
- *Change in (difference between treated and controls) is due to treatment*
 - ATT = after-minus-before difference in (difference between treated and controls)
- Hence the name: **difference-in-differences**

Graphical representation of DiD

Red = not observed



Those are the ideas behind DiD.
Now the (simple) math

- Not randomized trial → units **not** randomly chosen for treatment. Recall:

$$\begin{aligned}\tau_{naive} &= E[y^{obs}|w = 1] - E[y^{obs}|w = 0] \\ &= E[y_1 - y_0|w = 1] + \{E[y_0|w = 1] - E[y_0|w = 0]\} \\ &= ATT + \text{baseline bias}\end{aligned}$$

Randomized trial: We focused on one time period = **after**

Baseline bias (aka selection bias) = (unobserved) difference between treated and controls if neither was treated

DiD: Dealing with baseline bias

- **Randomization** → baseline bias = 0
 - Treated and controls are same in expectation
- **DiD**: No randomization
 - Can't assume baseline bias = 0 [either before or after]
- But have both before and after
 - Estimate $(\text{baseline bias})_{\text{before}}$.
 - **Assume** $(\text{baseline bias})_{\text{after}} = (\text{baseline bias})_{\text{before}}$

ATT_{DiD} Estimand

- What we **can** estimate:

$$ATT_{DiD} = \tau_{naive,after} - baseline\ bias_{before}$$

Not observed

- What we **want** to estimate:

$$ATT_{DiD} = \tau_{naive,after} - (baseline\ bias_{after})$$

- DiD “solves” this disconnect by **assuming** parallel changes:

$$(baseline\ bias)_{after} = (baseline\ bias)_{before}$$

Understanding parallel changes

- Ok, so we **assume** parallel changes
- What does this assumption mean? What might justify it?
- We're assuming:
 - Levels not randomly assigned → baseline bias $\neq 0$
 - But **changes** are *as good as randomly assigned* →
 - $E[\delta(\text{baseline bias})] = 0$

DiD Assignment Mechanism

- This is an odd assignment mechanism
 - Usual assignment mechanism: Rule(s) determining who is treated
 - Here, there is a “sub-assignment mechanism”
 - applies to **changes** within each group
- Treated and controls must be similar enough to make this plausible
 - In pre-treatment covariates
 - In baseline $\text{bias}_{\text{before}}$

Another view of how DiD works

	After	Before	Unobserved potential outcomes	True treatment effects
Treated group	$Y_{i1,a}$	$Y_{i0,b}$	$Y_{i0,a}$	$ATT = E[y_{1,a}] - E[y_{0,a}]$
Control group	$Y_{i0,a}$	$Y_{i0,b}$	$Y_{i1,a}$	$ATC = E[y_{1,a}] - E[y_{0,a}]$

Data we need for ATT:

Top right cell: “after” outcomes for treated, if had not been treated

We assume:

$$E_{\text{treated}}[Y_{0,a}] = E_{\text{treated}}[Y_{0,b}] + E_{\text{controls}}[Y_{0,a} - Y_{0,b}]$$

Data we need for ATC:

Bottom right cell: “after outcomes for controls, *if treated*”

No good way to estimate $E_{\text{controls}}[Y_{1,a}]$

So DiD let's us estimate ATT, but not ATC or ATE

First differences form of DiD

Alternate form of DiD **estimand**:

$$ATT_{DiD} = E[y_{t1,a} - y_{t0,a}] - E[y_{t0,b} - y_{c0,b}] = \\ E[\Delta(y_t)] - E[\Delta(y_c)]$$

ATT_{DiD} **estimator** relies on analogy principle, sample averages

True panel data: observe same units before and after:

$$\widehat{ATT}_{DiD} = \frac{1}{N_t} \sum_{i \in t} (y_{i,a} - y_{i,b}) - \frac{1}{N_c} \sum_{i \in c} (y_{i,a} - y_{i,b}) \\ = \frac{1}{N_t} \sum_{i \in t} \Delta y_i - \frac{1}{N_c} \sum_{i \in c} \Delta y_i$$

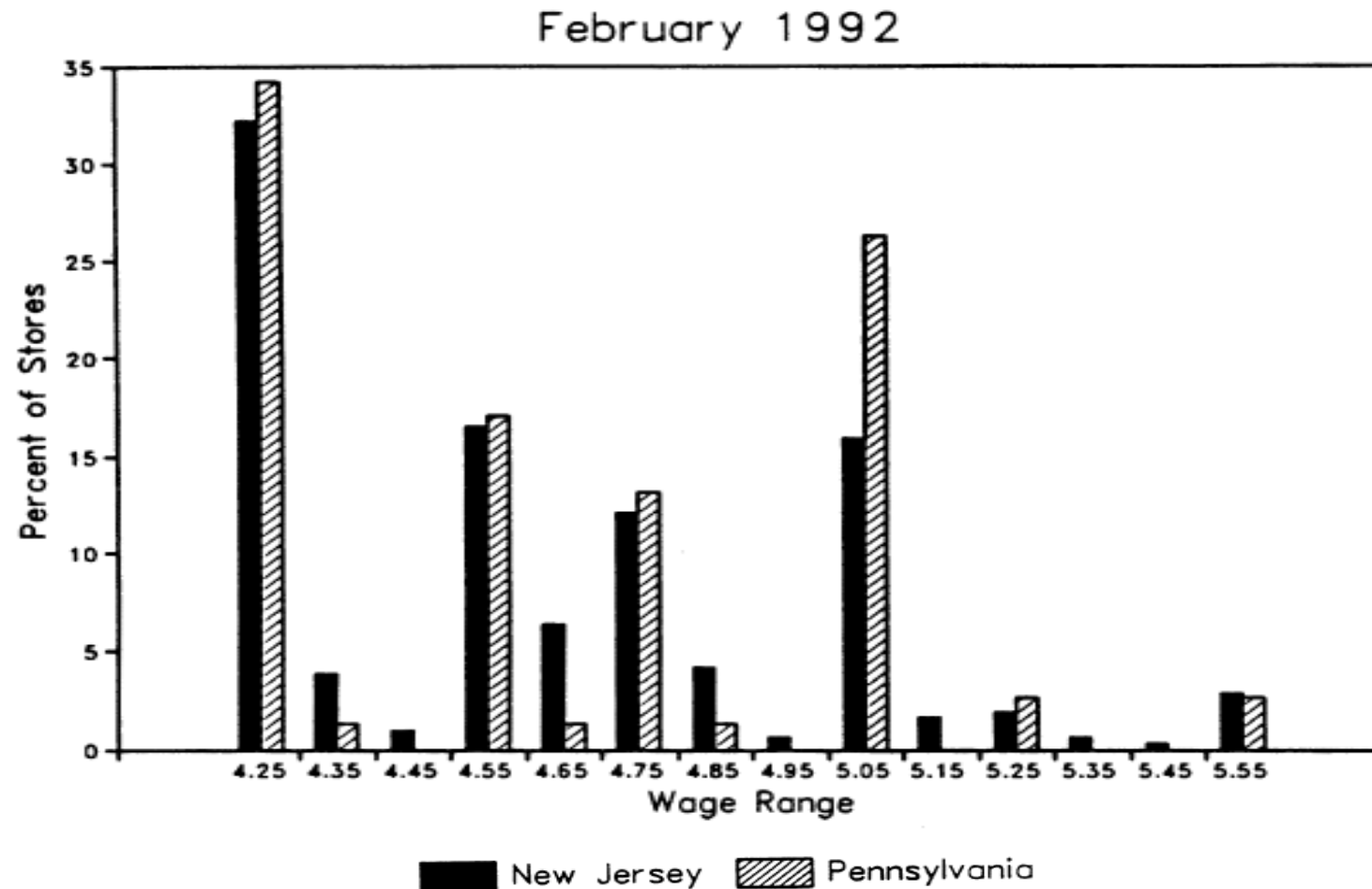
Motivating example: Card & Krueger (1994)

- Research question: Do (modestly) higher minimum wages reduce low-wage employment?
- Card and Krueger consider impact of New Jersey's 1992 minimum wage increase from \$4.25 to \$5.05 per hour
 - In 2013\$: Equivalent to an Increase from \$7.00 to \$8.30
 - Compare US minimum wage [\$7.25]; IL minimum wage: \$8.25
- Compare 410 fast-food restaurants in New Jersey (treated) to eastern Pennsylvania (control) before and after the increase
- Data on wages and employment:
 - March & Dec 1992, one month before; 8 months after increase
- Note the “local” nature of the question:
 - Microeconomic theory: raise minimum **enough** → lower employment
 - Higher prices → lower equilibrium demand
 - Over time, higher labor cost → substitute capital for labor

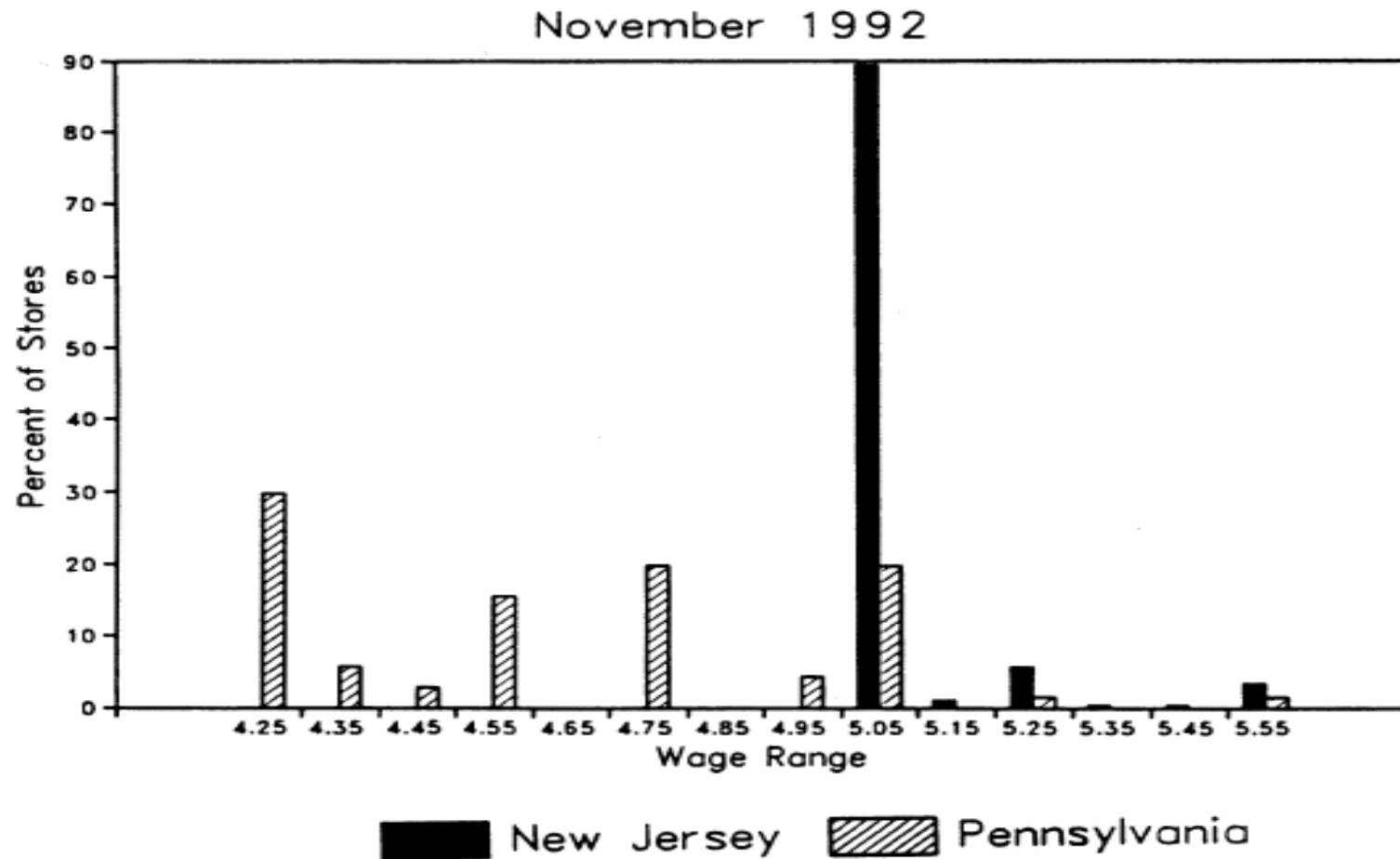
Wages before minimum wage increase

Note: National minimum = \$4.25

New minimum is within range that some already pay.



Wages after minimum wage increase



Selected Card & Krueger results

Full-time equivalent employment, per restaurant.

Drop 6 restaurants which closed from pre to post; 4 which temporarily closed.

Time	PA	NJ	NJ - PA
Before	23.33	20.44	-2.89
	(1.35)	(0.51)	(1.44)
After	21.17	21.03	-0.14
	(0.94)	(0.52)	(1.07)
After - Before	-2.16	0.59	2.76**
	(1.25)	(0.54)	(1.36)

NJ looks better after minimum wage increase

But effect is **entirely** because PA employment declines

Puts great stress on the parallel changes assumption.

Come back to this assumption . . .

Regression implementation of DiD

- Can use unit fixed effects regression
 - $post$ = dummy for “after” (post-treatment) period
 - f_i = unit dummies
 - $t=0$ (before) or 1 (after)

$$y_{it} = \alpha + f_i + \beta \cdot t + \delta \cdot w_i \cdot t + \varepsilon_{it}$$

- Or first difference form:

$$\Delta y_{it} = \beta + \delta \cdot w_i + \varepsilon_i$$

- **Stata:** regress δy w , robust
 - Compare randomized experiment (**regress y w , robust**)

Why does regression work?

And what does it estimate?

- DiD: regress δy w , robust
- Randomized experiment: regress y w , robust

Randomized experiment	Difference-in-Differences
Regression actually estimates	Regression actually estimates:
$y_i^{obs} = y_{i1} * w_i + y_{i0} * (1 - w_i) = \alpha + \beta * w_i + \varepsilon_i$	$\delta y_i^{obs} = \delta y_{i1} * w_i + \delta y_{i0} * (1 - w_i) = \alpha + \beta * w_i + \varepsilon_i$
For $w_i = 1$: $y_{i1} = \alpha + \beta + \varepsilon_i$ For $w_i = 0$: $y_{i0} = \alpha + \varepsilon_i$	For $w_i = 1$: $\delta y_{i1} = \alpha + \beta + \varepsilon_i$ For $w_i = 0$: $\delta y_{i0} = \alpha + \varepsilon_i$
Random assignment of units . For treated:	Random assignment of changes :
$E[y_{i1} w_i=1] = \alpha + \beta$ $E[y_{i0} w_i=1] = E[y_{i0} w_i=0] = \alpha$	$E[\delta y_{i1} w_i=1] = \alpha + \beta$ $E[\delta y_{i0} w_i=1] = E[\delta y_{i0} w_i=0] = \alpha$
Treated = controls in expectation	Treated \neq controls in expectation
$\tau_{ATE/ATT/ATC} = E[y_{i1}] - E[y_{i0}] = [\alpha + \beta] - \alpha = \beta$	$\tau_{ATT} = E[\delta y_{i1}] - E[\delta y_{i0}] = [\alpha + \beta] - \alpha = \beta$

Regression: Minimum wage laws and employment

Method 1, pooled OLS, cluster on firm:

Stata:

```
. gen nj_post = nj*post  
. regress emptot post nj nj_post, cluster(ID)
```

```
Linear regression               Number of obs =      794  
                               F(   3,   409) =      1.80  
                               Prob > F      =    0.1462  
                               R-squared      =    0.0074  
                               Root MSE   =    9.4056  
  
                               (Std. Err. adjusted for 410 clusters in ID)
```

		Robust				
emptot		Coef.	Std. Err.	t	P> t	[95% Conf. Interval]
-----+-----						
post		-2.165584	1.218025	-1.78	0.076	-4.559954 .2287855
nj		-2.891761	1.439546	-2.01	0.045	-5.721593 -.0619281
nj_post		2.753606	1.306607	2.11**	0.036	.1851025 5.322109
_cons		23.33117	1.346536	17.33	0.000	20.68417 25.97816

Interaction term is positive and (barely) significant

Net change in NJ employ: -2.89 [coeff on nj] + 2.75 [coeff on nj*post] = -0.14

Note: if use “robust” instead of “cluster”; $t = 1.53$ instead of 2.11

Method 2: Restaurant FE

Stata:

```
. xtreg emptot post nj nj_post, fe robust
```

```
note: tsset already run; nj dropped due to collinearity
```

```
Fixed-effects (within) regression              Number of obs   =       794
Group variable: ID                            Number of groups =       410
R-sq:  within  = 0.0147                       Obs per group:  min =        1
        between = 0.0043                       avg   =       1.9
        overall = 0.0000                       max   =        2
                                                F(2,409)        =       2.14
corr(u_i, Xb)  = -0.0967                       Prob > F         =     0.1185
```

(Std. Err. adjusted for 410 clusters in ID)

		Coef.	Robust Std. Err.	t	P> t	[95% Conf. Interval]	
-----+-----							
emptot							
post		-2.283333	1.247982	-1.83	0.068	-4.736592	.1699251
nj		0	(omitted)				
nj_post		2.75	1.337555	2.06**	0.040	.1206598	5.37934
_cons		21.06045	.2281007	92.33	0.000	20.61206	21.50885
-----+-----							
sigma_u		8.298003					
sigma_e		6.3411612					
rho		.63132515	(fraction of variance due to u i)				

Note: 410 firms, but only 384 observed twice (794 - 410 = 384)

Fixed effects uses only the twice-observed firms.

Lose information on overall change in NJ employment

Comment on regression with interactions

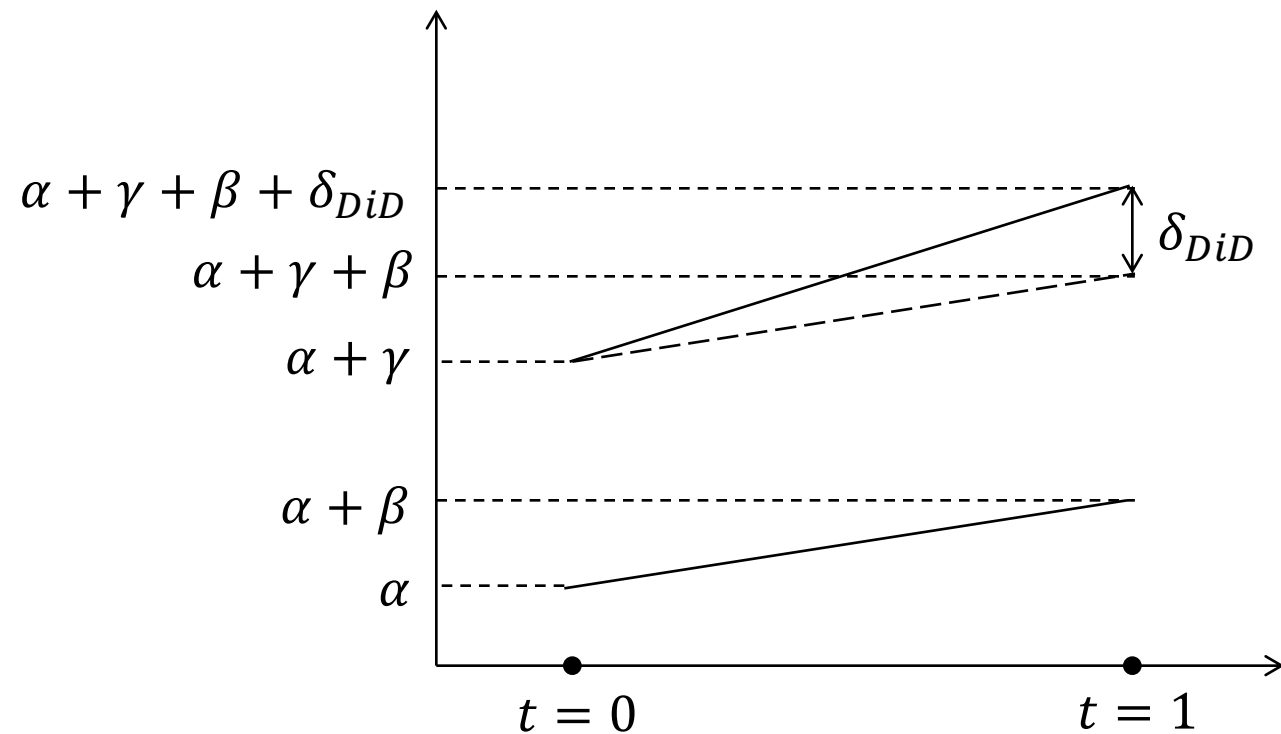
- Regression with interaction term, such as:

$$y_{it} = \alpha + \gamma \cdot w_i + \beta \cdot post + \delta_{DiD} \cdot w_i \cdot post + \varepsilon_i$$

- **Always** include non-interacted terms. Why?
- Suppose drop $\gamma \cdot w_i$, what happens?
 - $\gamma \cdot w_i$ will be absorbed into error term
 - $\text{Corr}(w_i, w_i \cdot t) \neq 0$ (often large)
 - $\Rightarrow \text{Corr}(\varepsilon_i, w_i \cdot t) \neq 0$ (often large) \Rightarrow omitted variable bias
 - δ_{DiD} will capture some of impact of (omitted) w_i
- Unit fixed effects will absorb treatment dummy
 - return to previous slide: n_j dummy is dropped

Meaning of coefficients on interaction terms

$$y = \alpha + \gamma \cdot w + \beta \cdot post + \delta_{DiD} \cdot w \cdot post + \varepsilon$$



Method 3. First-differences regression

Stata:

```
tsset ID post
      panel variable:  ID (strongly balanced)
      time variable:  post, 0 to 1
      delta:  1 unit
```

```
. gen d_emptytot = D1.emptytot
(436 missing values generated)
```

```
. regress d_emptytot nj, robust
```

Linear regression

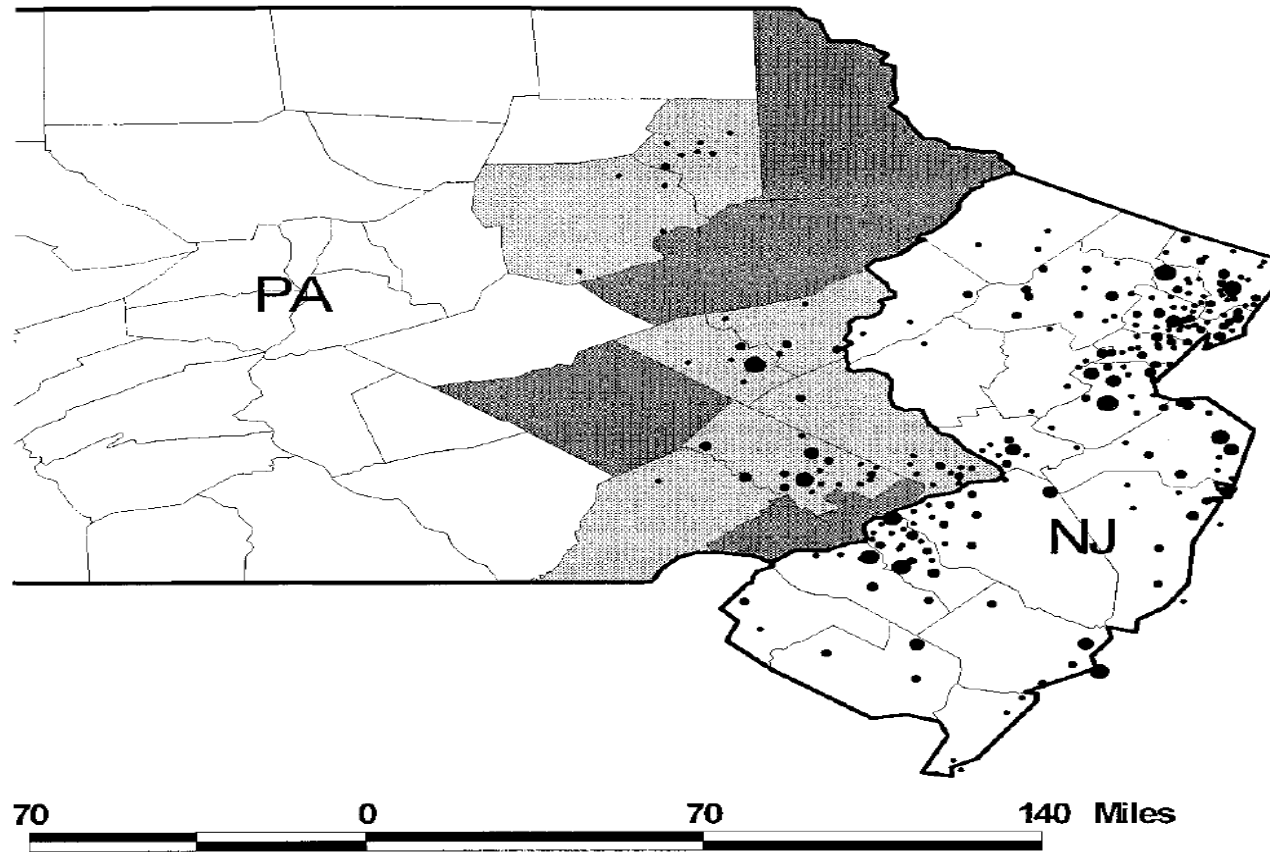
```
Number of obs =      384
F(   1,   382) =      4.23
Prob > F       =    0.0405
R-squared      =    0.0146
Root MSE      =    8.9678
```

```
-----+-----
d_emptytot |          Coef.   Robust Std. Err.      t    P>|t|     [95% Conf. Interval]
-----+-----
      nj |         2.75   1.337725    2.06**  0.040    .1197732    5.380227
    _cons |   -2.283333    1.24814    -1.83   0.068   -4.737419    .1707523
```

Results: Identical to FE [coeff on constant = post – pre difference in overall means]
Almost same coefficient and t -statistic on NJ as in pooled OLS [OLS: on nj*post].
Dropped 26 restaurants with only “pre” or only “post” data

Restaurant Locations (Card and Krueger, 2000)

Are these locations similar enough?

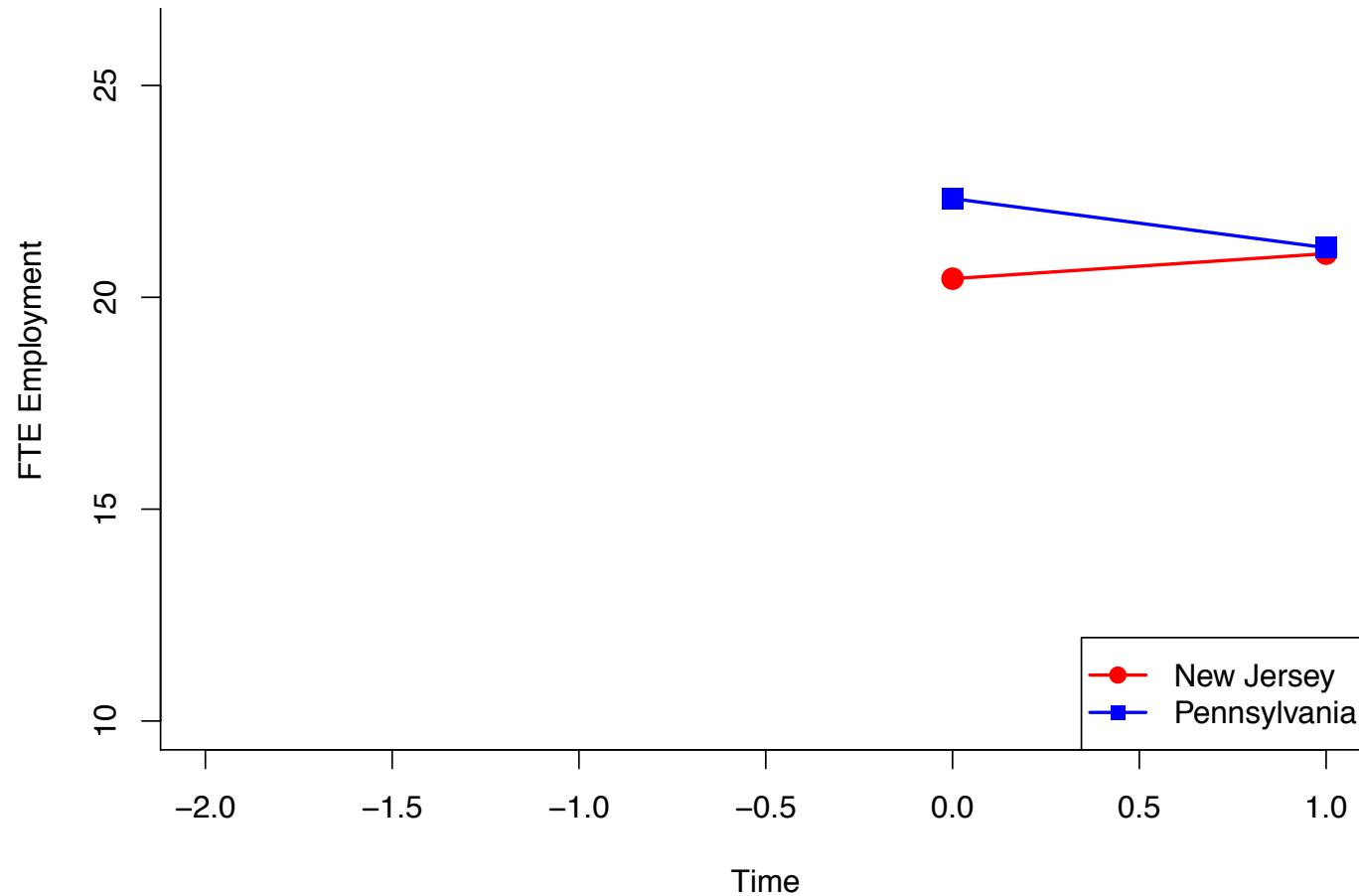


DiD threat: Non-parallel changes

- How can we test for parallel changes?
- Basic strategy: Use multiple pre-periods
 - See if (visually) parallel changes over $t = [-n, 0]$
 - If not parallel, assumption not justified over $t = [0, 1]$
 - Placebo shock: middle of pre-treatment period
 - Significant using only pre-treatment data?

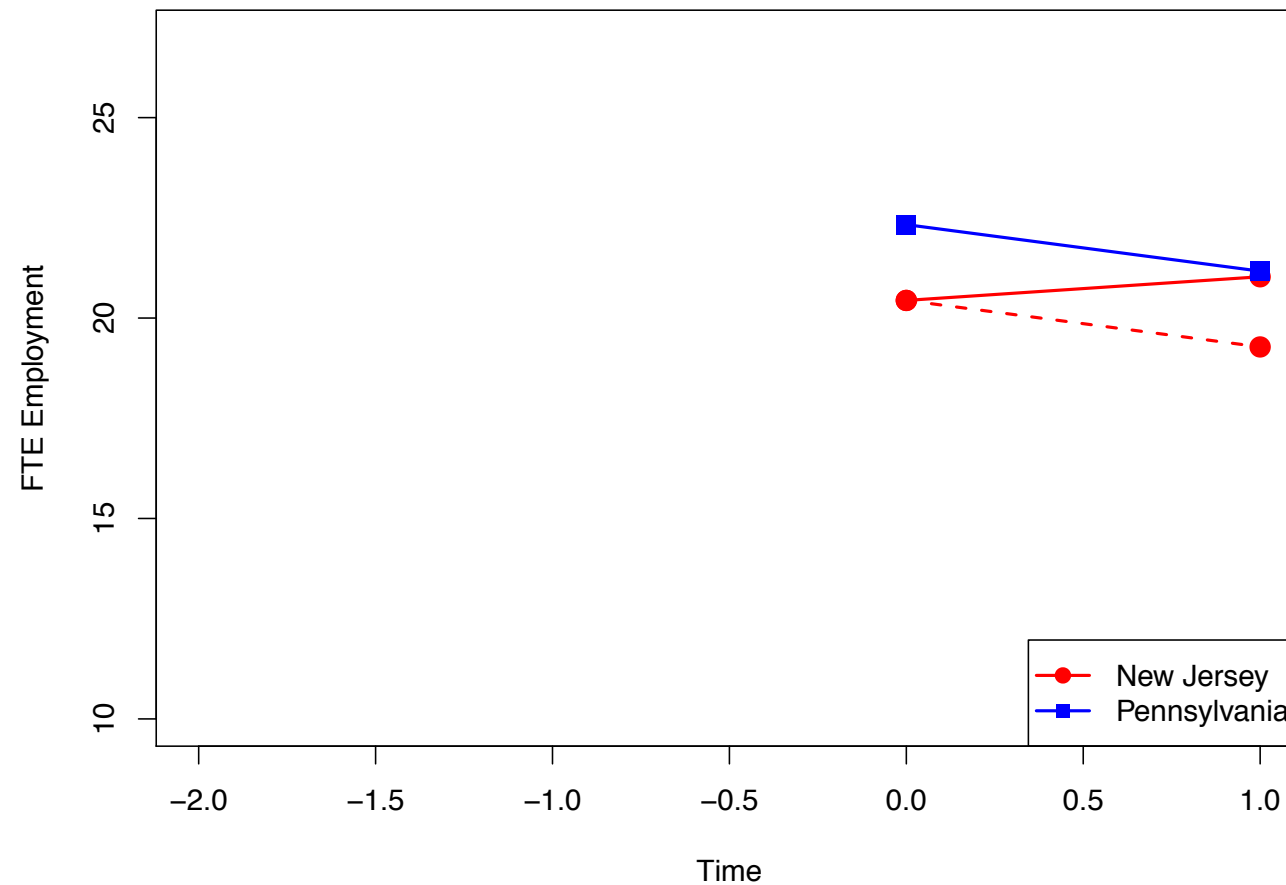
Falsification test: Use pre-period data 1

Card and Krueger (1994) observe:



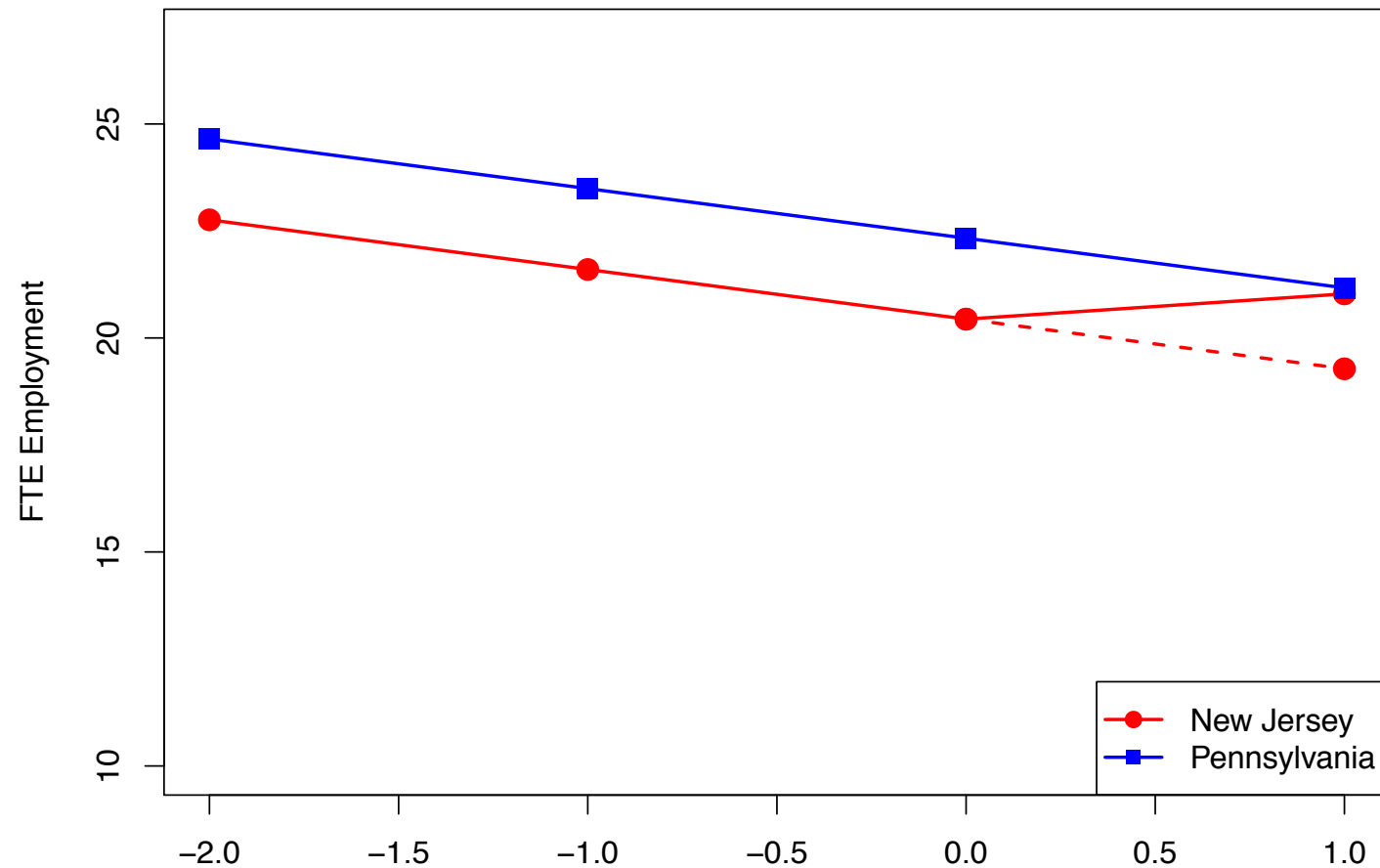
Falsification test: Use pre-period data 2

They ask us to **believe** the NJ counterfactual is this
(decline with no min. wage increase)



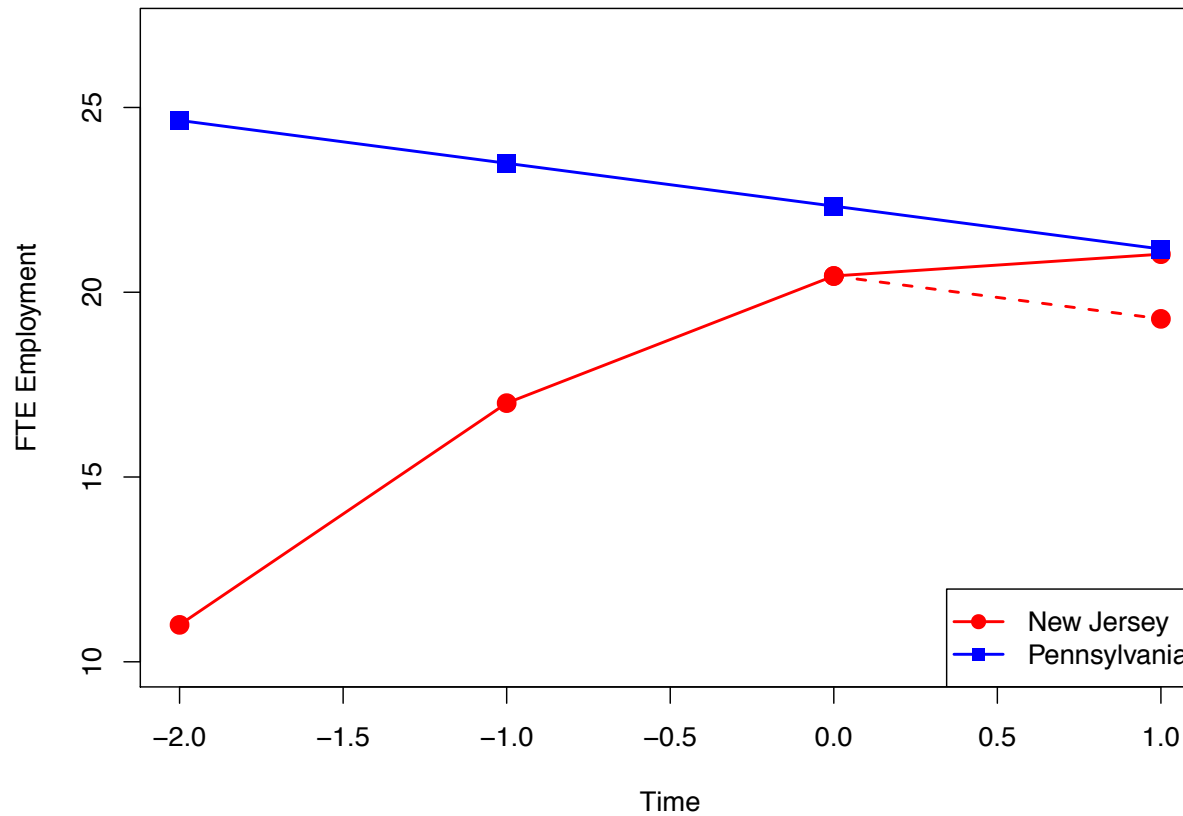
Falsification test: Use pre-period data 3

This would be credible if the pre-period looked like this:



Falsification test: Use pre-period data 4

But not if the pre period data looked like this:



Criticism of Card and Krueger (1994)

- Critics said: Why should we believe parallel trends?
- They also said: NJ and PA fast-food restaurants aren't similar enough
 - flash back to picture showing their locations
- Card and Krueger (2000) did more work
 - Presented the graph of locations shown above
 - And developed time series data

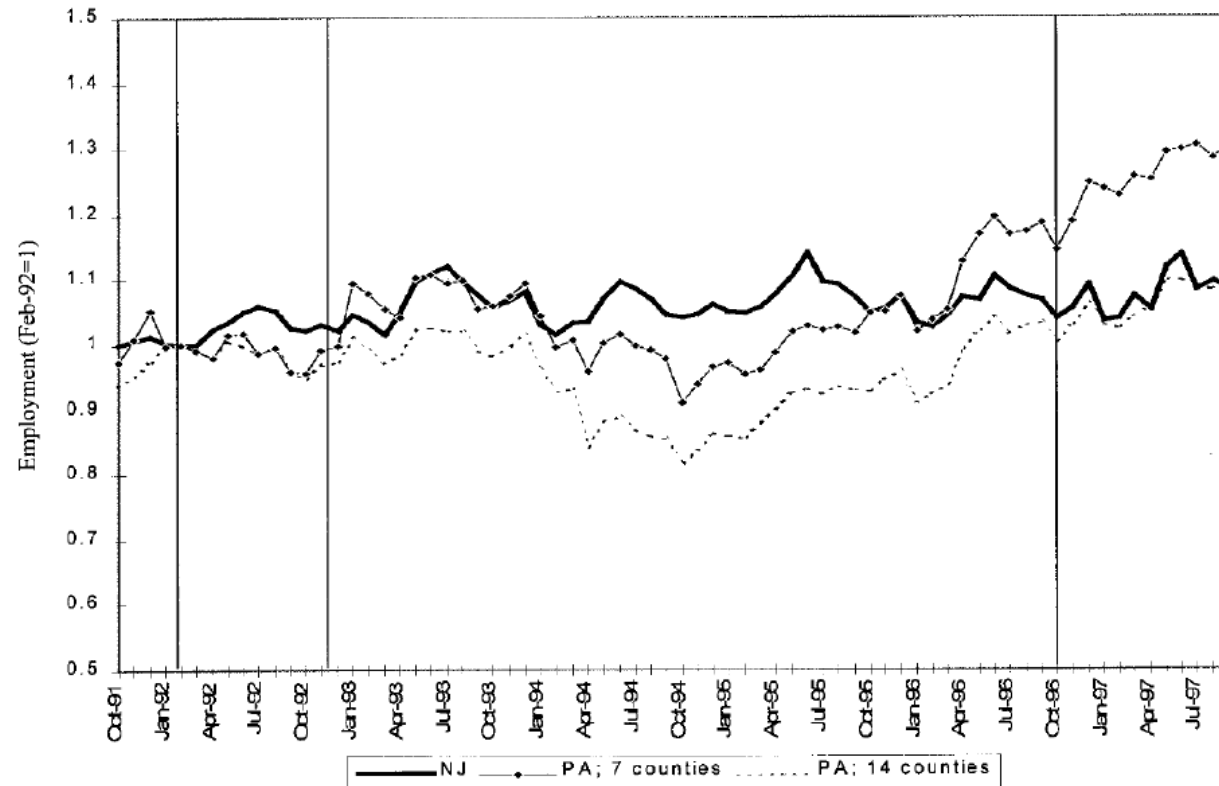
Longer trends in NJ v. PA fast-food employment

One surely wouldn't conclude that NJ employment **rose**

Better research design: pre-period data for a longer time

Data not available

Still, no strong evidence of NJ employment **drop**



DiD within New Jersey

Restaurants	NJ low wage	NJ middle wage	NJ high wage	NJ all	PA all
wage level	\$4.25	[\$4.26, \$4.99]	$\geq \$5.00$		
FTE before	19.56	20.08	22.25	20.44	23.33
FTE after	20.88	20.96	20.21	21.03	21.17
change	+1.32	+0.87	-2.04	+0.59	-2.16
s.e.	(0.95)	(0.84)	(1.14)	(0.54)	(1.25)

Predict: No effect for high-wage NJ restaurants

They are alternate control group

Better control group than PA?: changes only in NJ

Placebo check: No difference between high-wage NJ and PA

If confirmed, supports validity of PA as source of controls

But . . . what would you worry about?

Other placebo tests?

- What else might we try?
 - Compare alternate control groups
 - just done
 - “Placebo shock” at a different time
 - Pre-treatment, or distant post-treatment
 - “Placebo outcome”: outcome that should not be affected by treatment
 - Placebo outcome = not supposed to be affected by the treatment
 - what would you suggest?

ATT_{DiD}: Repeated Cross-Section Data

- Observe different but similar units before and after = **“repeated cross-section”**
- Many survey datasets take this form

$ATT_{DiD}^{repeated\ x-section}$

$$= \left[\frac{1}{N_{Ta}} \left[\sum_{treated,a,i=1}^{N_{Ta}} y_{i1,\alpha} \right] - \frac{1}{N_{Tb}} \left[\sum_{treated,b,i=1}^{N_{Tb}} y_{i1,b} \right] \right] - \left[\frac{1}{N_{Ca}} \left[\sum_{controls,a,i=1}^{N_{Ca}} y_{i0,\alpha} \right] - \frac{1}{N_{Cb}} \left[\sum_{treated,b,i=1}^{N_{Cb}} y_{i0,b} \right] \right]$$

DiD Estimators: repeated cross-section

Regression also works for repeated cross-section data:

$$y_{it} = \alpha + \gamma \cdot w_i + \beta \cdot t + \delta_{DiD} \cdot w_i \cdot t + \varepsilon_i$$

- $t = 0$ (before), 1 (after)
 - Usual regression assumption $E[\varepsilon | w, t] = 0$
- implicitly** captures parallel changes assumption

Stata:

```
gen w_t = w*t  
regress y w t w_t, robust
```

Alternative (creates interaction term on the fly):

```
regress y w t w##t, robust
```

	After ($t_i=1$)	Before ($t_i=0$)	After – Before
Treated ($w_i=1$)	$\alpha + \gamma + \beta + \delta_{DiD}$	$\alpha + \gamma$	$\beta + \delta_{DiD}$
Control ($w_i=0$)	$\alpha + \beta$	α	β
Treated - Control	$\gamma + \delta_{DiD}$	γ	δ_{DiD}

How about covariates?

- Similar to randomized experiments, adding covariates can increase precision. But:
 - Fixed attributes will be absorbed by unit fixed effects
 - Simple time variation (e.g., everyone is a year older at $t=1$) will be absorbed by time fixed effects
 - For other time-varying covariates, we want to be confident that the treatment does **not** predict the covariate during the post-treatment period ($w_i \perp x_i$)