# Program Evaluation(a): Intro and Notation

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Applied Econometrics

#### Overview

This set of lectures will cover (roughly) the following papers:

### Theory:

- Angrist and Imbens (1994)
- Heckman Vytlacil (2005/2007)
- Abadie and Imbens (2006)

And draw heavily upon notes by

- Guido Imbens
- Richard Blundell and Costas Meghir

#### The Evaluation Problem

- The issue we are concerned about is identifying the effect of a policy or an investment or some individual action on one or more outcomes of interest
- This has become the workhorse approach of the applied microeconomics fields (Public, Labor, etc.)
- Examples may include:
  - The effect of taxes on labor supply
  - The effect of education on wages
  - The effect of incarceration on recidivism
  - The effect of competition between schools on schooling quality
  - The effect of price cap regulation on consumer welfare
  - The effect of indirect taxes on demand
  - The effects of environmental regulation on incomes
  - The effects of labor market regulation and minimum wages on wages and employment

### **Potential Outcomes**

- Consider a binary treatment  $T_i \in \{0, 1\}$ .
  - Some people use  $D_i \in \{0,1\}$  instead.
- We observe the outcome  $Y_i$ . But there are two potential outcomes
  - $Y_i(1)$  the outcome for i if they are treated.
  - $Y_i(0)$  the outcome for i if they are not treated (control).
- We are generally interested in  $\beta_i \equiv Y_i(1) Y_i(0)$  which we call the treatment effect.
  - Individuals have heterogeneous treatment effects.
  - ullet In an ideal world we could fully characterize  $f(eta_i)$

## Some Challenges

### Stable unit treatment value assumption (SUTVA)

- We assume a ceteris paribus version of treatment effects
- ullet We need  $eta_i$  to be a policy invariant (structural) parameter.
- Your  $\beta_i$  doesn't respond to whether or not another individual is treated.
- Two common limitations:
  - Peer effects: Whether you respond to job training program depends on whether your spouse is also treated.
  - Equilibrium effects: if we sent everyone to college, returns to college would be quite different.

## Some Challenges

#### Fundamental Problem of Causal Inference

- We don't observe the counterfactual  $Y_i(T_i)$ .
- For a single individual we either observe  $Y_i(1)$  or  $Y_i(0)$  but never both!
  - ex: We don't see what your wage would have been if you didn't attend college.
  - ex: We might know your cholesterol before you took Lipitor, but we don't know what it would be today if you didn't take Lipitor.

$$Y_i = T_i Y_i(1) + (1 - T_i) Y_i(0)$$

i	$Y_i(1)$	$Y_i(0)$	$T_i$	$Y_i$
1	1	?	1	1
2	0	?	1	0
3	?	0	0	0
		:		
n	?	1	0	1

### Structural vs. Reduced Form

- Usually we are interested in one or two parameters of the distribution of  $\beta_i$  (such as the average treatment effect or average treatment on the treated).
- Most program evaluation approaches seek to identify one effect or the other effect. This leads to these as being described as reduced form or quasi-experimental.
- The structural approach attempts to recover the entire joint  $f(\beta_i, u_i)$  distribution but generally requires more assumptions, but then we can calculate whatever we need.

#### **Treatment Effects Parameters**

Most approaches to estimating treatment effects will recover some moments of  $f(\beta_i)$  instead of the entire distribution

Average Treatment Effect (ATE) corresponds to  $\mathbb{E}[\beta_i]$ .

Average Treatment on Treated (ATT) corresponds to  $\mathbb{E}[\beta_i|T_i=1]$ .

Average Treatment on Control/Untreated (ATUT) corresponds to  $\mathbb{E}[\beta_i|T_i=0]$ .

We also have that if the probability of treatment  $Pr(T_i=1)=\pi$ 

$$ATE = \pi \cdot ATT + (1 - \pi) \cdot ATUT$$

## **Local Average Treatment Effects**

Another important object is the Wald Estimator

$$Wald = \frac{\mathbb{E}[Y_i|Z_i = 1] - \mathbb{E}[Y_i|Z_i = 0]}{\mathbb{E}[T_i|Z_i = 1] - \mathbb{E}[T_i|Z_i = 0]}$$

This is useful because under some conditions it corresponds to the 2SLS estimate of  $Y_i$  on  $T_i$  with binary instrument  $Z_i$ .

$$Y_i = \alpha + \beta_i \cdot T_i + u_i$$
$$T_i = \lambda + \pi_i \cdot Z_i + e_i$$

#### Intent to Treat

We can decompose the numerator and the denominator of the Wald Estimator

$$Wald = \frac{\mathbb{E}[Y_i|Z_i = 1] - \mathbb{E}[Y_i|Z_i = 0]}{\mathbb{E}[T_i|Z_i = 1] - \mathbb{E}[T_i|Z_i = 0]} = \frac{ITT}{ITT_d}$$

- Intent to Treat (numerator) tells us how outcome responds directly to the instrument.
- Intent to Treat "D" (denominator) tells us how treatment probability responds directly to the instrument.

Often people we report the numerator in addition to other parameters.

# **Local Average Treatment Effects**

Under conditions we will explore later in detail 2SLS delivers the local average treatment effect (LATE):

$$\widehat{\beta}_{1}^{TSLS} \to^{p} \frac{\mathbb{E}[\beta_{i}\pi_{i}]}{\mathbb{E}[\pi_{i}]} = LATE$$

$$LATE = ATE + \frac{Cov(\beta_{i}, \pi_{i})}{\mathbb{E}[\pi_{i}]}$$

- Weighted average for individuals for whom  $Z_i$  pushes them into treatment (compliers).
- ullet Places more weight on individuals with larger  $\pi_i$
- Relationship to ATE depends on correlation between  $(\beta_i, \pi_i)$ .

### The Selection Problem

Let's start with the easy cases: run OLS and see what happens.

$$Y_i = \alpha + \beta_i \cdot T_i + u_i$$

ullet OLS compares mean of treatment group with mean of control group (possibly controlling for other X)

$$\beta^{OLS} = E(Y_i|T_i = 1) - E(Y_i|T_i = 0)$$

$$= \underbrace{E[\beta_i|T_i = 1]}_{\text{ATT}} + \underbrace{\left(\underbrace{E[u_i|T_i = 1] - E[u_i|T_i = 0]}_{\text{selection bias}}\right)}_{\text{selection bias}}$$

- Even in absence of heterogeneity  $\beta_i = \beta$  we can still have selection bias.
- $Y_i^0 = \alpha + u_i$  may vary within the population (this is quite common).

# Why worry about selection?

Unless we have random assignment...

$$Y_i = \alpha + \beta_i T_i + u_i$$

- People often choose  $T_i$  with  $\beta_i$  in mind.
- The problem:  $T_i \perp u_i$  and/or  $T_i \perp \beta_i$  are likely violated.
- We can get positive or negative selection bias:
  - e.g. Who goes to college? those likely to benefit more than most!
  - e.g. who gets risky surgeries/drugs? people who are very sick.

### What's next?

Even the simple cases here are pretty tough (Binary treatment, binary (or no) instrument). How do we construct counterfactuals that we don't observe?

- Matching
- Regression Adjustment
- Instrumental Variables
- Panel Data