Regression Discontinuity Designs

Statistic Modeling & Causal Inference

Agenda

- Lecture Review
 - Basic idea behind RDD
 - Continuity of potential outcomes
 - Estimating LATE
 - Falsification Checks

• RDD in R

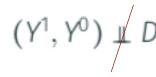
Core Idea

Drinking

Drinking Age

- Treatment assigned according to a rule based on another variable (running or forcing variable)
- Treated and control units may differ in their potential outcomes based on the forcing variable (non-random selection into treatment)

External mortality

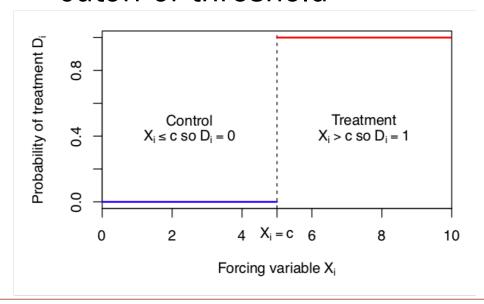


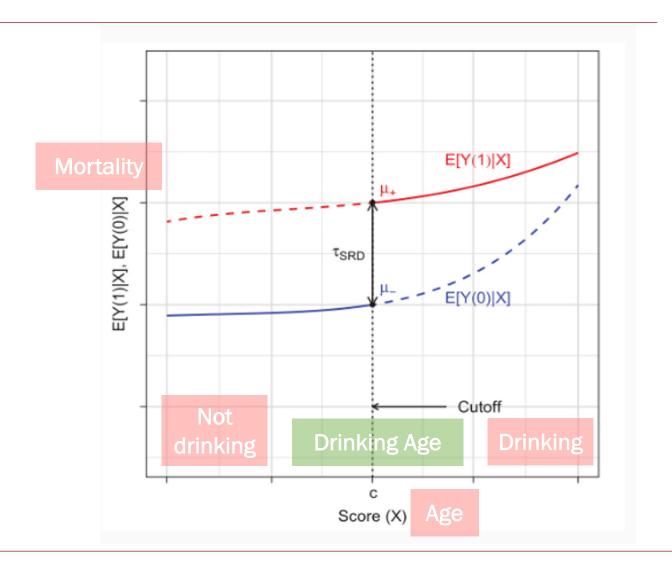
- However, whether units end up just below or just above the threshold can be assumed as a matter of chance (local randomization)
- Units around the cutoff are assumed to be similar in every way except the treatment assignment
- (Local) treatment effect can be determined by comparing cases on both sides of the cut-off

18 - 2 days / 18 + 2 days

Sharp RDD

- Forcing variable (X) perfectly determines which side of the cut-off people are (treatment or control)
- We can only estimate the effect at a single point: the cutoff or threshold





Key Assumption

- Continuity of average potential outcomes (on both sides of the cut-off)
 - → units on one side of the threshold have essentially the same potential outcomes from those just on the other side
- This allows us to do a tiny bit of extrapolation and estimate
 LATE at the threshold

- BUT: this assumption can easily be violated:
 - For example, by some other variable driving differences at the cut-off

Estimating LATE (local polynomial approach)

- Decide which model is the most appropriate given the nature of the data: linear with a common slope, linear with different slopes, or nonlinear. (bias-variance tradeoff)
- Choose a kernel function for weighting the observations close to cutoff. (common practice: triangular)
- Choose a window or bandwidth (h) around the threshold (c) to create a "discontinuity sample."
- The narrower the better, but can you afford losing many observations?
- Recode forcing variable X to deviations from threshold (centered on 0).
- Fit the (WLS) regression model for the observations, within the window, above the cutoff.
- Fit the (WLS) regression model for the observations, within the window, below the cutoff.
- The local average treatment effect is the difference between the two intercepts at the cutoff.

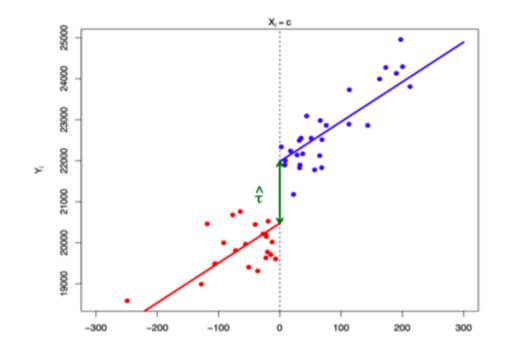


Linear with a Common Slope

- Assumptions:
 - Potential outcomes under treatment and under control are linear in X
 - Treatment effect does not depend on the value of X_i. The effect is constant along X_i.

• In this case, we regress the observed outcome Y_i on D_i + centered X_i.

Mortality
$$Age$$
Model is $Y_i = \beta_0 + \tau D_i + \beta_1 X_i + \epsilon_i$

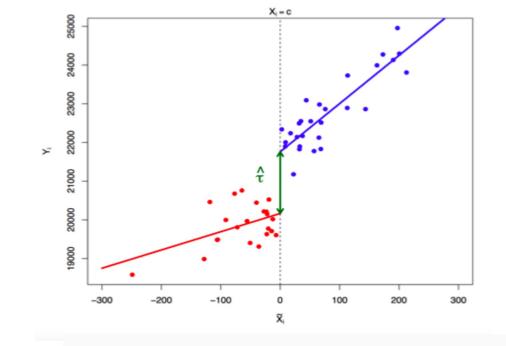


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$$\begin{cases} E[Y_{0i}|X_i] = \beta_0 + \beta_1 * X_i \\ E[Y_{1i}|X_i] = \beta_0 + \tau + \beta_1 * X_i \end{cases}$$

Linear with Different Slopes

- Assumptions:
 - Potential outcomes under treatment and under control are linear in X
 - Treatment effect can vary for different values of X_i.

• In this case, we regress the observed outcome Y_i on the interaction $D_i * X_i$.



Mortality Age Interaction

Model is $Y_i = \beta_0 + \tau D_i + \beta_1 X_i + \phi D_i X_i + \epsilon_i$

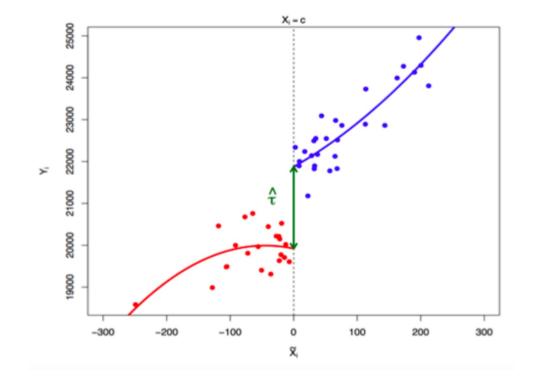
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$$\begin{cases} E[Y_{0i}|X_i] = \beta_0 + \beta_1 * X_i \\ E[Y_{1i}|X_i] = \beta_0 + \tau + (\beta_1 + \phi) * X_i \end{cases}$$

Non-linear

- Assumptions:
 - Potential outcomes are allowed to be nonlinear in X but must be correctly specified
 - Treatment effect can vary for different values of X_i.
- Model can include quadratic, cubic, etc. terms in Xi and their interactions with Di in the equation.



Polynomial Polynomial New Interaction Model: $Y_i = \beta_0 + \tau D_i + \beta_1 X_i + \beta_2 X_i^2 + \beta_3 X_i D_i + \beta_4 X_i^2 D_i + \epsilon_i$

Be cautious about high-order polynomials:

they are difficult to fit, make lots of
assumptions about the data, and are
sensitive to outliers.

And how do I specify my model? (2)

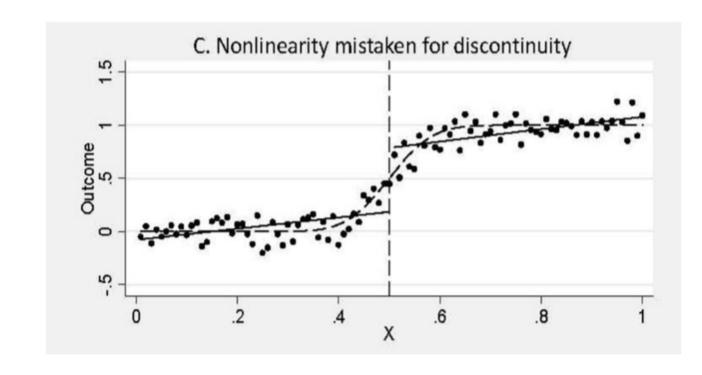


- Model specification is a trade-off between bias and variance
 - If you choose nonlinear, you might reduce variance because you can pick up every sensitivity in the data, but estimates will be biased due to following "noise."
- Standard practice: Try and compare different specifications to show robustness
 - Ideally you are looking for similar results across different models.
- Always start with a visual inspection: see scatterplot

Sensitivity:

Are results sensitive to alternative specifications?

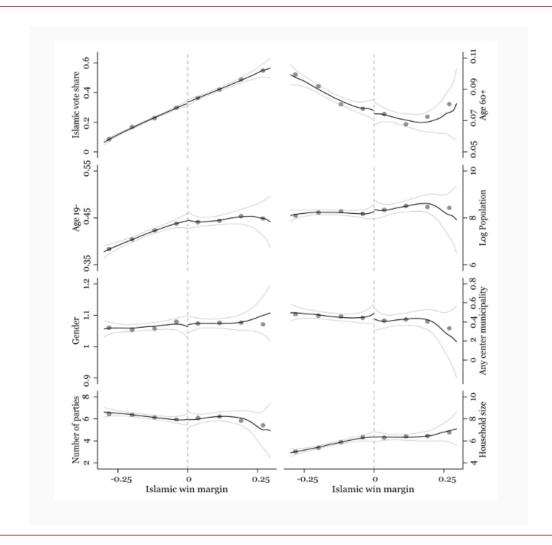
- Nonlinear relation ≠ discontinuity
- If units start curving up near lower threshold and down near upper, it might just be non-linearity vs. a discontinuity jump.



Balance checks:

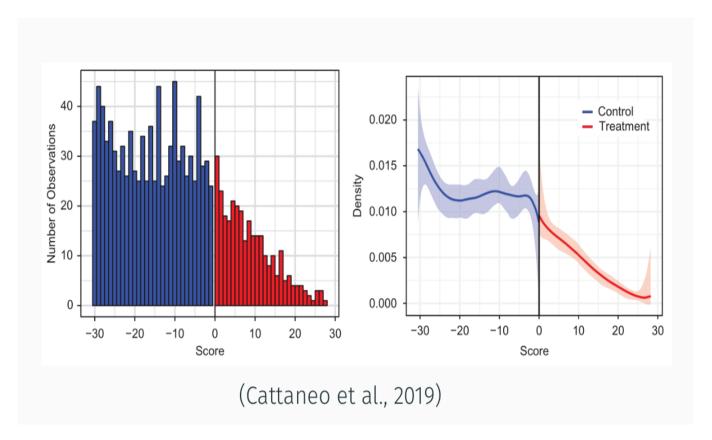
Does any covariate Zi jump at the threshold?

- Aiming for a scenario where individuals are pretty much identical except for treatment 'assignment'.
- We should only see a jump in Y, not on other pre-treatment or post-treatment (not affected by treatment) variables.



Sorting:

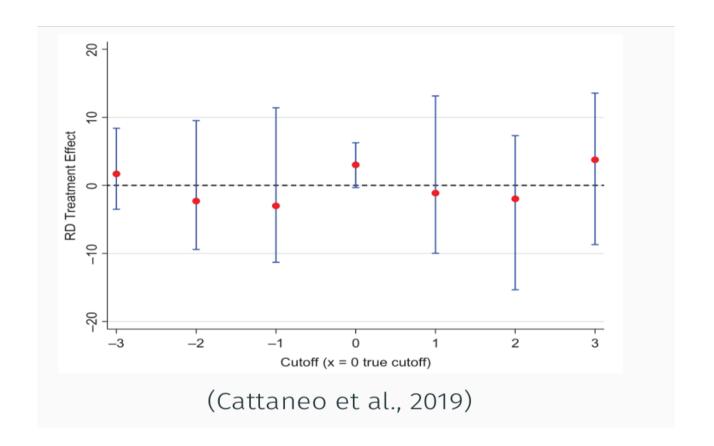
- Do units sort around the threshold? Is there a jump in number of observations around the cut-off?
 - Sometimes there is an incentive to end up above or below a threshold. An agent's behavior can invalidate the continuity assumption. Local randomization would not hold.



Artificial cut-off values:

Do jumps occur at placebo thresholds?

 If they do, this could mean something else is going on that could challenge our research design.



Sensitivity to cases near cutoff:

Do results change if we exclude cases near the threshold?



- Remember the different weights in the kernel definition.
- If self selection into treatment took place, the units closest to the cutoff would be the most likely units to engage in it.

Sensitivity to bandwidth choice:

Do results change if we specify the bandwidth differently?

Further Ressources

For any coding issues – <u>Stackoverflow</u> Hertie's Data Science Lab – <u>Research Consulting</u>