Williams College ECON 379: Program Evaluation for International Development

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Williams College ECON 379:

#### Program Evaluation for International Development

#### Module 4: Difference-in-Differences

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# Intuition

# False Counterfactuals

#### Before vs. After Comparisons:

- Compares: same units before/after program
- Drawback: does not control for time trends

#### Participant vs. Non-Participant Comparisons:

- Compares: participants to those not in the program
- **Drawback:** potential for selection bias *Are participants different in absence of treatment?*

# Two Wrongs Sometimes Make a Right

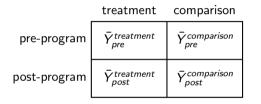
**Difference-in-differences** estimation (or "diff-in-diff" or "DD") combines the two (flawed) false counterfactual approaches

- Observe self-selected treatment group, comparison groups before and after treatment group participates in treatment
- May overcome problems of both when [1] selection bias is on fixed traits of units and [2] time trends common to both groups

#### The diff-in-diff estimator is:

$$DD = ar{Y}_{post}^{treatment} - ar{Y}_{pre}^{treatment} - \left(ar{Y}_{post}^{comparison} - ar{Y}_{pre}^{comparison}
ight)$$

# Difference-in-Differences Estimation



Diff-in-diff estimation is just a comparison of 4 cell-level means

# Difference-in-Differences: A History

# Ignaz Semmelweis, Diff-in-Diff Pioneer

In the 1840s, observers of Vienna's maternity wards noted that death rates from postpartum infections were higher in one wing

- Division 1 patients attended by doctors and trainee doctors
- Division 2 patients attended by midwives and trainee midwives

**Ignaz Semmelweis** noted that the difference emerged in 1841, when hospital moved to "anatomical" training involving cadavers

- Doctors received new training, but midwives didn't
- Did transference of "cadaveric particles" explain death rate?

#### Semmelweis proposed hand-washing with chlorine

• Policy implemented in May of 1847

# Ignaz Semmelweis, Diff-in-Diff Pioneer

	Physicians' Wing			Midw	vives' V	Ving	
		De	Deaths			De	aths
Year	Births	No.	%		Births	No.	%
1841	3036	237	7.7		2442	86	3.5
1842	3287	518	15.8		2659	202	7.5
1843	3060	274	8.9		2739	169	6.2
1844	3157	260	8.2		2956	68	2.3
1845	3492	241	6.8		3241	66	2.03
1846	4010	459	11.4		3754	105	2.7
	Intervei	ntion in	troduced	l in	n May of	1847	
1847	3,975	176	4.4		3306	32	0.9
1848	3356	45	1.27		3219	43	1.33
1849	3,858	103	2.7		3,371	87	2.6

# Ignaz Semmelweis: Epilogue

Ignaz Semmelweis was fired (for political reasons) in 1849

- Doctors in Vienna continued washing their hands
- Semmelweis' theory of "cadaveric particles" not widely accepted by European medical community at the time

In the 1860s, Louis Pasteur's research on the germ theory of disease provided a scientific explanation for effect of chlorine hand washing

# John Snow's Grand Experiment

1849: London's worst cholera epidemic claims 14,137 lives

- Two companies supplied water to much of south London: Lambeth Waterworks and Southwark and Vauxhall Water Co.
  - Both got their water from the Thames, which was dirty
- John Snow believed cholera was spread by contaminated water; most believed cholera transmitted through "miasma" in the air

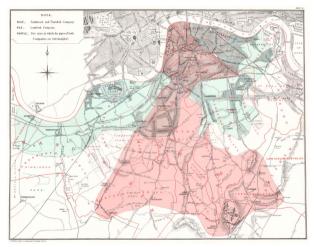
1852: Lambeth Waterworks moved their intake upriver

• Everyone knew the Thames was dirty below central London

**1853:** London has another cholera outbreak

• Are Lambeth Waterworks customers less likely to get sick?

# John Snow's Grand Experiment



Source: John Snow Archive and Research Companion

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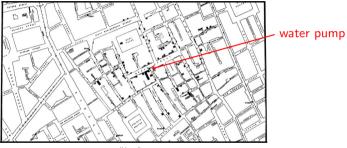
Difference-in-Differences, Slide 22

# John Snow's Grand Experiment

#### John Snow's Grand Experiment:

- Mortality data showed very few cholera deaths in areas of London that were **only** supplied by Lambeth Waterworks
- Snow hired John Whiting to visit the homes of the deceased to determine which company (if any) supplied their drinking water
- Using Whiting's data, Snow calculated the death rate:
  - Southwark and Vauxhall: 71 cholera deaths/10,000 homes
  - Lambeth: 5 cholera deaths/10,000 homes
- Southwark and Vauxhall responsible for 286 of 334 deaths
  - Southwark and Vauxhall moved their intake upriver in 1855

# John Snow: Epilogue



source: wikimedia commons

#### Broad Street cholera outbreak killed 616 people in 1854

 $\Rightarrow$  Snow convinced many pump was source

	BULLETIN OF THE	
U. S. BURE	AU OF LABOR STA	TISTICS.
WHOLE NO. 176.	WASHINGTON.	JULY, 1915.
EFFECT OF M	INIMUM-WAGE DETERMI	NATIONS IN
	OREGON. <sup>1</sup>	

Source: Obenauer and Nienburg (1915)

In 1913, Oregon increased minimum wage for experienced women to \$9.25 per week, with a maximum of 50 hours of work/week

- Minimum wage for inexperienced women (and girls) also increased, but new minimum (\$6/week) not binding constraint
- Obenauer and Nienburg obtain HR records of 40 firms
- Compared employment of experienced women before/after new law to employment of girls, inexperienced women, men

#### TABLE 1.-ESTABLISHMENTS COVERED IN THE INVESTIGATION AND WOMEN AND MEN EMPLOYED DURING PERIOD STUDIED IN 1914.

(This table does not include extra male or formule help whose identity from week to weak could not be traced, such famels help help equivalent to 5 women working full time; not cost include 30 maleswomm whose regular employment begin with the opening of a new department on the last day of the period covered in the investigation.)

Type of store.	Number of estab-	Number of persons em- ployed during period studied in 1914.		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	lishments covered.	Women and girls.	Men.	
PORTLAND.				
Department, dry-goods, and 5 and 10 cent stores pecialty stores	6 11 16	1,345 181 20	802 49 17	
Total	33	1,546	86	
SALEM.				
Dry-goods, specialty, and 5 and 10 cent stores	7	96	3	
Grand total	40	1,642	905	

Source: Obenauer and Nienburg (1915)

		Girls (16–18)		Women (19+)		
	Men	No.	G/M	No.	W/M	
1913 (before)	940	138	0.146	1,543	1.641	
1914 (after)	868	160	0.184	1,327	1.529	
Change	-72	22	0.038	-216	-0.113	

Data collected for March and April of each year. G/M indicates the ratio of girls (aged 16 to 18) employed to men employed. W/M indicates the ratio of women (aged 19 and above) employed to men employed.

Source: Kennan (1995)

Identifying Assumptions

# **Common Trends**

Identifying assumption underlying diff-in-diff: treatment, comparison outcomes evolving on same trajectory (in the absence of treatment)

- Assumption about treatment group counterfactual
- Referred to as **common trends** assumption

There are two (implicit) parts to this assumption:

- Selection bias relates to fixed characteristics of individuals
  - Magnitude of the selection bias term isn't changing over time
- Time trend/shocks same for treatment and control groups

Both necessary conditions for causal inference using diff-in-diff

In absence of program, unit *i*'s expected outcome at time  $\tau$  is:

 $E[Y_{0i}|D_i=0, t=\tau]=\gamma_i+\lambda_{\tau}$ 

In absence of program, unit *i*'s expected outcome at time  $\tau$  is:

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Outcomes in the comparison group:

$$E[\bar{Y}_{pre}^{comparison}] = E[Y_{0i}|D_i = 0, t = 1] = E[\gamma_i|D_i = 0] + \lambda_1$$
$$E[\bar{Y}_{post}^{comparison}] = E[Y_{0i}|D_i = 0, t = 2] = E[\gamma_i|D_i = 0] + \lambda_2$$

The comparison group allows us to estimate the **time trend**:

$$\begin{split} E[\bar{Y}_{post}^{comparison}] &- E[\bar{Y}_{pre}^{comparison}] \\ &= E[\gamma_i | D_i = 0] + \lambda_2 - (E[\gamma_i | D_i = 0] + \lambda_1) \\ &= \lambda_2 - \lambda_1 \end{split}$$

Let  $\delta$  denote the true impact of the program:

 $\delta = E[Y_{1i}|D_i = 1, t = \tau] - E[Y_{0i}|D_i = 1, t = \tau]$ 

which does not depend on time period or i's characteristics

Outcomes in the treatment group:

$$E[ar{Y}_{pre}^{treatment}]=E[Y_{0i}|D_i=1,t=1]=E[\gamma_i|D_i=1]+\lambda_1$$

 $\boldsymbol{E}[\boldsymbol{\bar{Y}}_{post}^{treatment}] = \boldsymbol{E}[\boldsymbol{Y}_{1i}|\boldsymbol{D}_i = 1, t = 2] = \boldsymbol{E}[\gamma_i|\boldsymbol{D}_i = 1] + \delta + \lambda_2$ 

Differences in outcomes pre-treatment vs. post treatment cannot be attributed to program; treatment effect is conflated with time trend

If we were to calculate a pre vs. post estimator, we'd have:

$$\begin{split} E[\bar{Y}_{post}^{treatment}] &- E[\bar{Y}_{pre}^{treatment}] \\ &= E[\gamma_i | D_i = 1] + \delta + \lambda_2 - (E[\gamma_i | D_i = 1] + \lambda_1) \\ &= \delta + \underbrace{\lambda_2 - \lambda_1}_{\text{time trend}} \end{split}$$

If we calculated a treatment vs. comparison estimator, we'd have:

$$E[\bar{Y}_{post}^{treatment}] - E[\bar{Y}_{post}^{comparison}]$$

$$= E[\gamma_i | D_i = 1] + \delta + \lambda_2 - (E[\gamma_i | D_i = 0] + \lambda_2)$$

$$= \delta + \underbrace{E[\gamma_i | D_i = 1] - E[\gamma_i | D_i = 0]}_{\text{selection bias}}$$

Economics 379 (Professor Jakiela) Difference-in-Differences, Slide 43

Substituting in the terms from our model:

$$\begin{aligned} DD &= \bar{Y}_{post}^{treatment} - \bar{Y}_{pre}^{treatment} - \left(\bar{Y}_{post}^{comparison} - \bar{Y}_{pre}^{comparison}\right) \\ &= E[Y_{1i}|D_i = 1, t = 2] - E[Y_{0i}|D_i = 1, t = 1] \\ &- \left(E[Y_{0i}|D_i = 0, t = 2] - E[Y_{0i}|D_i = 0, t = 1]\right) \\ &= E[\gamma_i|D_i = 1] + \delta + \lambda_2 - \left(E[\gamma_i|D_i = 1] + \lambda_1\right) \\ &- \left[E[\gamma_i|D_i = 0] + \lambda_2 - \left(E[\gamma_i|D_i = 0] + \lambda_1\right)\right] \\ &= \delta \end{aligned}$$

# When Does Diff-in-Diff Work?

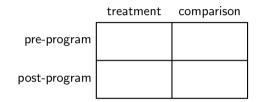
Diff-in-diff recovers true impact of program on participants (as long as common trends assumption isn't violated)

- Magnitude of selection bias cannot change over time
  - ▶ In model:  $E[\gamma_i | D_i = 1] E[\gamma_i | D_i = 0]$  is constant
- Time trends, shocks not correlated with treatment
  - ▶ In model:  $\lambda_2 \lambda_1$  same for treatment, comparison

Does not rely on assumption of homogeneous treatment effects

• When treatment effects are heterogeneous, DD estimation yields **average treatment effect on the treated** (ATT)

# When Does Diff-in-Diff Work? An Example



#### Example:

Government introduces program for 8<sup>th</sup> graders in public schools

# Diff-in-Diff in the Wild

# Minimum Wages and Employment

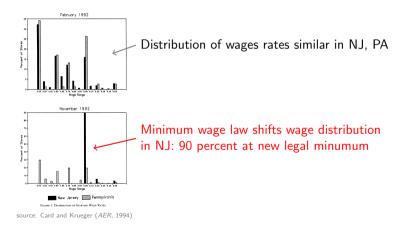
#### Minimum Wages and Employment: A Case Study of the Fast-Food Industry in New Jersey and Pennsylvania

By DAVID CARD AND ALAN B. KRUEGER\*

On April 1, 1992, New Jersey's minimum wage rose from \$4.25 to \$5.05 per hour. To evaluate the impact of the law we surveyed 410 fast-food restaurants in New Jersey and eastern Pennsylvania before and after the rise. Comparisons of employment growth at stores in New Jersey and Pennsylvania (where the minimum wage was constant) provide simple estimates of the effect of the higher minimum wage. We also compare employment changes at stores in New Jersey that were initially paying high wages (above \$5) to the changes at lower-wage stores. We find no indication that the rise in the minimum wage reduced employment. (JEL J30, 123)

source: Card and Krueger (AER, 1994)

# Minimum Wages and Employment: Impacts on Wages



# Minimum Wages and Employment: Impacts on Employment

	Stores by state			
Variable	PA (i)	NJ (ii)	Difference, NJ – PA (iii)	
<ol> <li>FTE employment before,</li></ol>	23.33	20.44	-2.89	
all available observations	(1.35)	(0.51)	(1.44)	
2. FTE employment after,	21.17	21.03	-0.14	
all available observations	(0.94)	(0.52)	(1.07)	
3. Change in mean FTE employment	-2.16	0.59	2.76	
	(1.25)	(0.54)	(1.36)	

source: Card and Krueger (AER, 1994)

Outcome: employment (store-level)

Treatment group: New Jersey

 $\Rightarrow$  Only one cell is treated

	NJ	PA	_
pre	20.44	23.33	-2.89
post	21.03	21.17	-0.14
	0.59	-2.16	2.76

# Minimum Wages and Employment: Impacts on Employment

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$$\sigma_{X-Y}^2 = \sigma_X^2 + \sigma_Y^2$$

when X and Y are independent

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$$\sigma_{X-Y}^2 = \sigma_X^2 + \sigma_Y^2$$

when X and Y are independent

$$\Rightarrow SE_{DD} = \sqrt{SE_{\Delta\bar{Y}^{T}}^{2} + SE_{\Delta\bar{Y}^{C}}^{2}}$$

In a paper in American Economic Review, Esther Duflo examines the impacts of a large school construction program in Indonesia

> Schooling and Labor Market Consequences of School Construction in Indonesia: Evidence from an Unusual Policy Experiment

> > By Esther Duflo\*

Between 1973 and 1978, the Indonesian government engaged in one of the largest school construction programs on record. Combining differences across regions in the number of schools constructed with differences across cohorts induced by the timing of the program suggests that each primary school constructed per 1,000 children led to an average increase of 0.12 to 0.19 years of education, as well as a 1.5 to 2.7 percent increase in wages. This implies estimates of economic returns to education ranging from 6.8 to 10.6 percent. (JEL 12, 131, 015, 022)

source: Duflo (AER, 2001)

The Sekolar Dasar INPRES program (1973–1979):

- Oil crisis creates large windfall for Indonesia
- Suharto uses oil money to fund school construction
- Close to 62,000 schools built by national gov't
  - Approximately 1 school built per 500 school-age children
- More schools built in areas which started with fewer schools
- Schools intended to promote equality, national identity

Do children who were born into areas with more newly built INPRES primary schools get more education? Do they earn more as adults?

**Treatment status:** Children born in communities where many schools were built (treatment) vs. fewer schools (comparison)

• Partition sample based on residuals from a regression of number of schools built on number of school-aged children

Timing: Data on children born before and after program

- Children aged 12 and up in 1974 did not benefit from program
- Children aged 6 and under were young enough to be treated

#### Dep. Var.: Years of Education

	more schools	fewer schools	difference
over 11 in 1974	8.02	9.40	
under 7 in 1974	8.49	9.76	
difference	0.47	0.36	0.12

	Dep. Var.: Log Wages						
	more schools	fewer schools	difference				
over 11 in 1974	6.87	7.02	-0.15				
under 7 in 1974	6.61	6.73	-0.12				
difference	-0.26	-0.29	0.026				

Educational attainment, wages grew faster in "treatment" areas

• Difference are small, not statistically significant



Treatment, comparison groups differ in degree of exposure to treatment, not whether exposed

• May understate impact of treatment

When treatment is continuous in [0,1], a continuous treatment measure increases power

source: Willems (2011)

# The End