

6<sup>th</sup> class

Part I (all synchronous)

-1-

~~Start~~ Exam tomorrow!

1. ~~Don't use the~~ These are short-answer questions. usually 1-2 sentences will do
2. Questions are not an invitation to upload all of your knowledge onto the answer sheet.  
  
⇒ key is to use that knowledge to solve the problem. Excessive verbiage will count against you.
4. No trick questions. I want you to do well. I will be in a chat room for 1<sup>st</sup> 30 minutes to answer questions of clarification
5. ~~Questions?~~ The exam will cover things we cover in class or in my asynchronous lectures.
6. Time for questions at the end of the class
7. Questions?

Move into using regression for causal analysis, beginning with two techniques

Regression discontinuity (this week) and  
Fixed effects (difference in difference) next week

Last week's asynchronous lecture set up  
Some of the key ideas, especially for RDD.

This week, we'll start with a general ~~point~~ distinction that matters in all causal analyses

Intent to treat (ITT)  
(causal impacts)

Treatment on the Treated  
aka. Local average treatment  
effect (LATE)  
aka. Compliance average causal  
effect (CACE)

Impact on the treated (IOT)

Impact of the offer of the program  
(even if it isn't universally  
taken up)

Impact of participation  
in the program

Miraculously, under fairly general conditions TOT/LATE/etc.

$$= \frac{ITT}{\text{fraction of people who take up}}$$

fraction of people who take up

Why ITT estimates are ~~from~~ straight forward and familiar

$$y = a + b_1 T + b_2 \text{ controls}$$

where  $T =$  offered the treatment

(our earlier examples assumed 100% take up)

If 100%, then  $ITT = TOT$  etc

-- everyone's treated

$$TOT = \frac{ITT}{1.0} = ITT$$

ITT estimates are very useful for policy: I only control the offer and not take up.

TOT estimates are tricky:  
If 50% of people offered don't take it up, why didn't they?? omitted selection / omitted variable bias

TOT ~~estimates~~ estimates are obviously valuable -- what is the causal impact of participating in the program?

How to estimate TOT in light of selection bias?

**MAGIC!**

Suppose you offer a behavior ~~program~~ <sup>or drug</sup> ~~program~~ designed to reduce crime to (at random)

100 treatment group individuals

100 control group individuals

if universal take up by  $T_s$ , then just regress

$$\begin{aligned} \text{Crime} &= a + b_1 T + b_2 \text{Control} \\ &\quad \uparrow \\ &= 1 \text{ if } T \\ &\quad 0 \text{ if } C \end{aligned}$$

But now suppose only 50% take-up (50 of 100  $T_s$ )

ITT is still fair:  $\text{Crime} = a + b_1 T + b_2 \text{Control}$

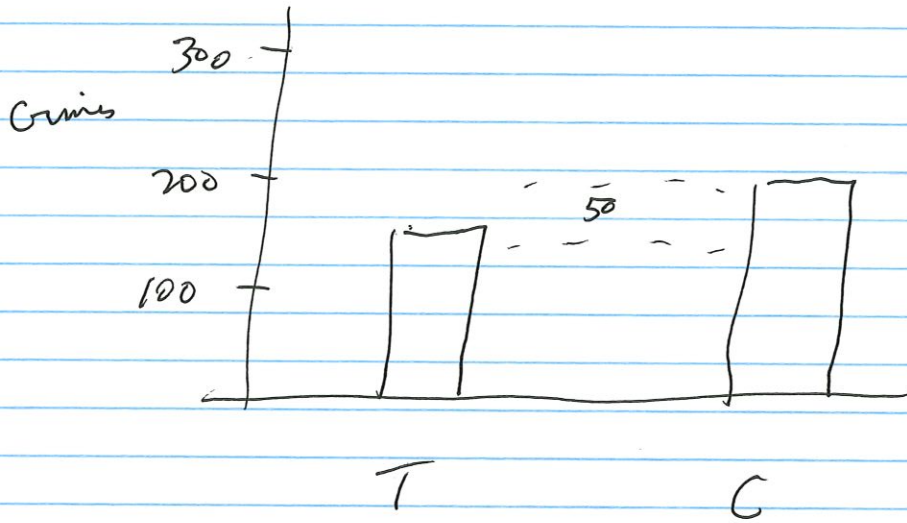
But what about the effectiveness of the program for those who participated??

Key is that if 50% take up in the  $T_s$ , then 50% of  $C_s$  would have taken it up if they had had a chance

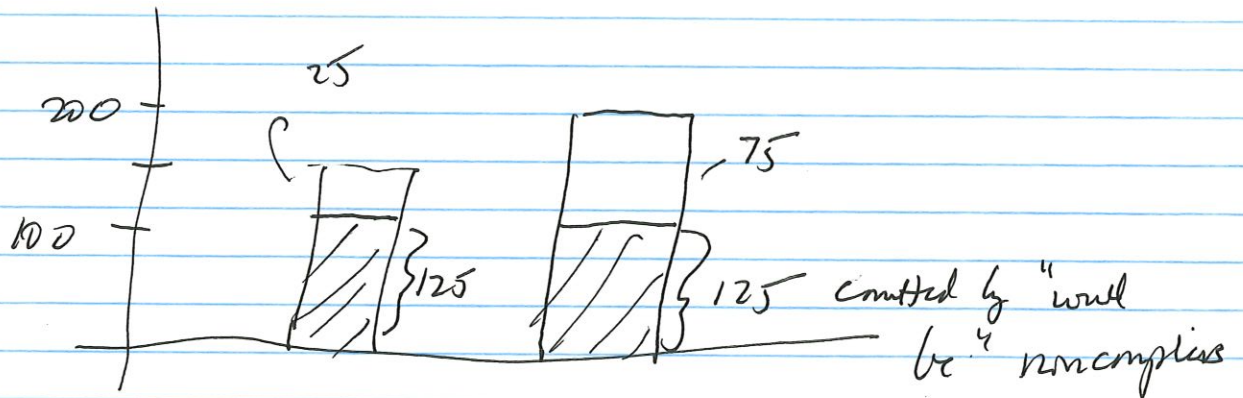
Suppose total number of crimes by  $C_s$  is 200  
 $T_s$  is 150

ITT?  $a + b_1 T + b_2 \text{Control}$   
 $\boxed{-50}$  per 100  $T_s$  offered  
 the program.

what about TOT



Key is that you can observe how many earners T's not taking up the program emitted -- say it is 125



We're left with 50 fewer earners for treated T's than for C's who would have taken up the program had they been offered it.

TOT -50 per 50  
 or -100 per 100

$$TOT = \frac{ITT}{\text{take up rate}}$$

~~How to go over~~

Two ways to estimate TOT

1. ITT/compliance

2. Regens  $C = a + b$ , <sup>Prob to</sup> ~~\*~~ Take-up +  $b_2$  Control

How to get probability of take up?

Regens:  $\text{whether take-up} = c + d$ , assigned to  $+ d_2$  Control

Look at Cortes et al eqns 1-3 on page 116