

SISCER Module 15

Lecture 6: Negative Controls and Difference-in-Differences

Ting Ye & Qingyuan Zhao

University of Washington & University of Cambridge

July 2022

Plan¹

Review: causal inference in observational studies

Negative controls

Difference-in-Differences

Key references for this lecture

- ▶ Shi et al. (2020) for negative controls
- ▶ Wing et al. (2018) and Roth et al. (2022) for difference-in-differences

¹Acknowledgement: This lecture is built in part upon lecture notes from Xu Shi (UMich) and Linbo Wang (U Toronto).

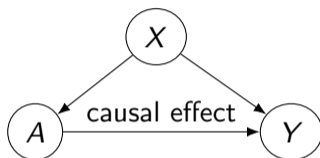
Casual inference in observational studies

- ▶ Methods under the no unmeasured confounders assumption
 1. Matching (Lecture 2)
 2. Outcome regression, IPW, AIPW, and entropy balancing weight (Lecture 3)
- ▶ Methods to address unmeasured confounding
 1. Sensitivity analysis (Lecture 3)
 2. Natural experiment: instrumental variable (Lecture 5), regression discontinuity design²
 3. Causal exclusion (this lecture): negative control exposure/outcome, difference-in-differences, placebo sample³

²See https://en.wikipedia.org/wiki/Regression_discontinuity_design. Biggs et al. (2017) applied the regression discontinuity design to compare those who received abortions and those were denied abortion in the near-limit group.

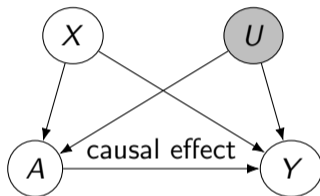
³Ye et al. (2022)

The “randomized” scenario in causal inference



- ▶ Estimand: the average treatment effect $ATE = E[Y(1)] - E[Y(0)]$ and many others
- ▶ Key assumption: All confounders are measured
 - “Randomized” within each stratum of X
 - Not empirically verifiable
 - Sensitivity analysis quantifies how robust the study conclusion is

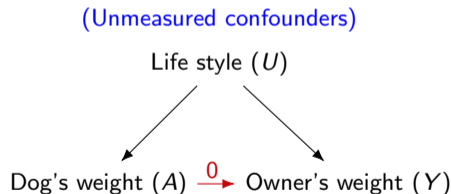
Unmeasured confounding is a threat to causal inference



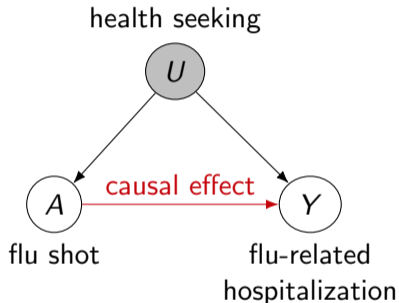
- ▶ Unmeasured confounders U
 - Cannot create a “randomized” scenario within stratum of X
 - The observed association might be an artifact of confounding bias
- ▶ For ease of presentation, X will be omitted from the graph.

Association (prediction) \neq Causality

- ▶ Dog obesity is **associated** with (**predictive** of) human obesity.
- ▶ Intervention on dog does not reduce owner's weight. (**no causal effect**)

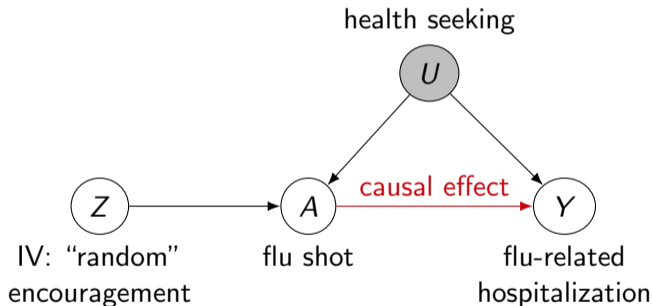


Association = Causation + Confounding bias

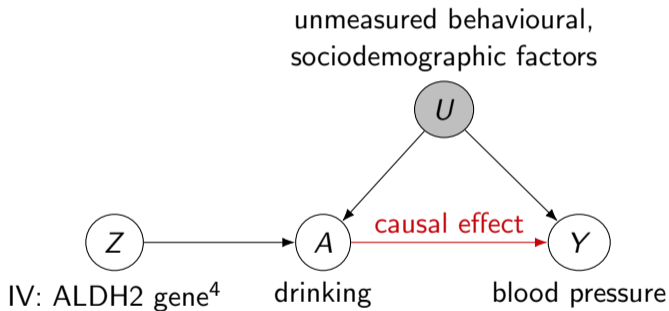


- ▶ Unmeasured confounding by health seeking behavior
- ▶ How to generate more reliable evidence?

Instrumental variable

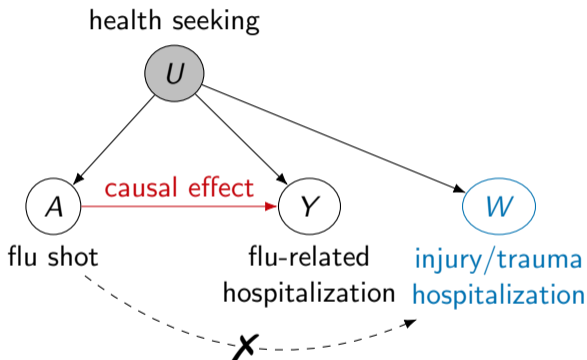


Mendelian randomization: using genetic variants as IVs



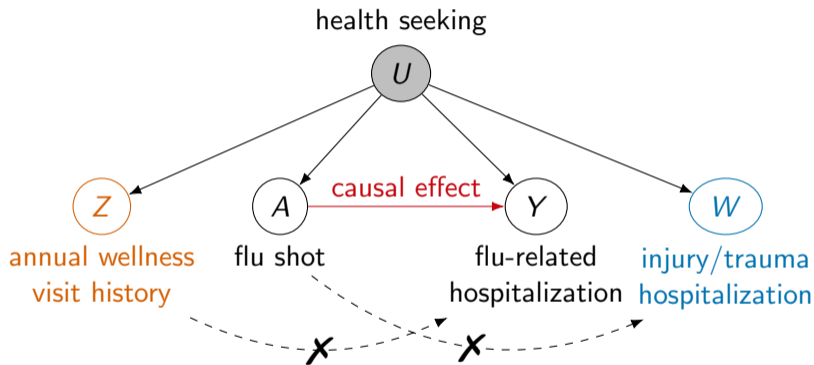
⁴Chen et al. (2008)

Negative control outcome (NCO)



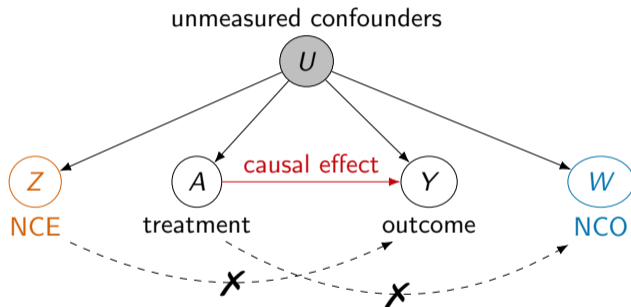
- ▶ Find a proxy of health-seeking: injury/trauma hospitalization
- ▶ Key knowledge: flu shot does not prevent injury/trauma hospitalization
- ▶ Repeat the analysis using the NCO
- ▶ Unexpected association indicates unmeasured confounding bias

Negative control exposure (NCE)



- ▶ Find another proxy of health-seeking: annual wellness visit history
- ▶ Key knowledge: wellness visit history does not prevent flu-related hospitalization
- ▶ Repeat the analysis using the NCE
- ▶ Unexpected association indicates unmeasured confounding bias

Negative control exposure (NCE) and outcome (NCO)



► Z is NCE if

1. it does not causally affect Y , W
2. it is associated with U

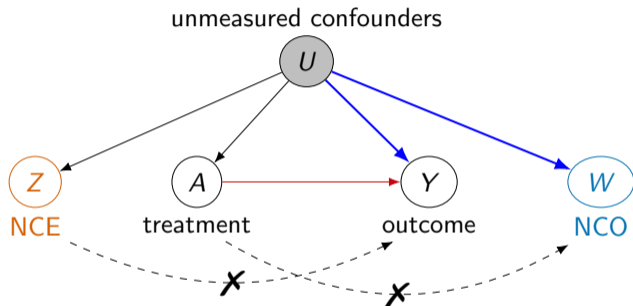
► W is NCO if

1. it is not causally affected by A , Z
2. it is associated with U

Identification assumptions

- ▶ (Proxy variables) $(Z, A) \perp (Y(a), W) \mid (U, X)$
- ▶ (Positivity) $0 < P(A = 1 \mid U, X) < 1$
- ▶ (Full rank/Completeness) Z, W should have enough variability relative to the variability of U

Double negative control: intuition for bias adjustment (Shi et al., 2020)



- ▶ Confounding bias is a product of $U-A$ and $U-Y$ association
 - Effect of A on W is a product of $U-A$ and $U-W$ association
 - Problem solved if U has the same effect on Y and W (the strategy taken by DID)
- ▶ Otherwise: effect of Z on Y and W can recover the difference
 - Effect of Z on W is a product of $U-Z$ and $U-W$ association
 - Effect of Z on Y is a product of $U-Z$ and $U-Y$ association

Nonparametric identification of ATE using double negative control

For binary U, Z, W ,

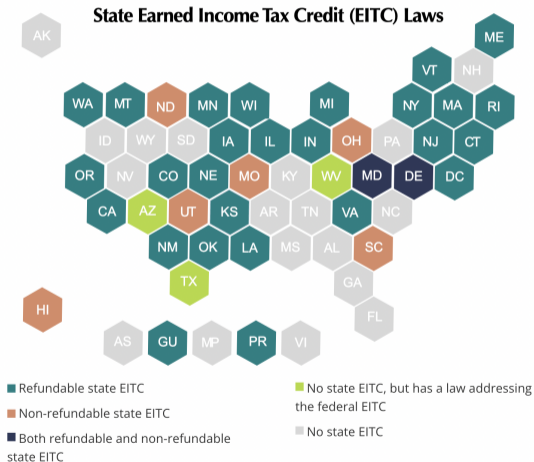
$$\text{ATE} = \Delta_{\text{naive}} - \Delta_{\text{bias}}$$

$$\Delta_{\text{naive}} = E[\delta_A^Y(Z, X)], \quad \Delta_{\text{bias}} = E\left[\frac{\delta_Z^Y(1-A, X)}{\delta_Z^W(1-A, X)} \delta_A^W(Z, X)\right]$$

where $\delta_*^*(\cdot)$ is the effect of $*$ on \star conditional on all other observed variables.

- ▶ NCO recovers the bias via $\delta_A^W(\cdot)$ up to a scale; NCE recovers the scale
- ▶ $\delta_A^W(Z, X) = E[W|A=1, Z, X] - E[W|A=0, Z, X]$
- ▶ $\delta_Z^Y(A, X) = E[Y|A, Z=1, X] - E[Y|A, Z=0, X]$
- ▶ $\delta_Z^W(A, X) = E[W|A, Z=1, X] - E[W|A, Z=0, X]$

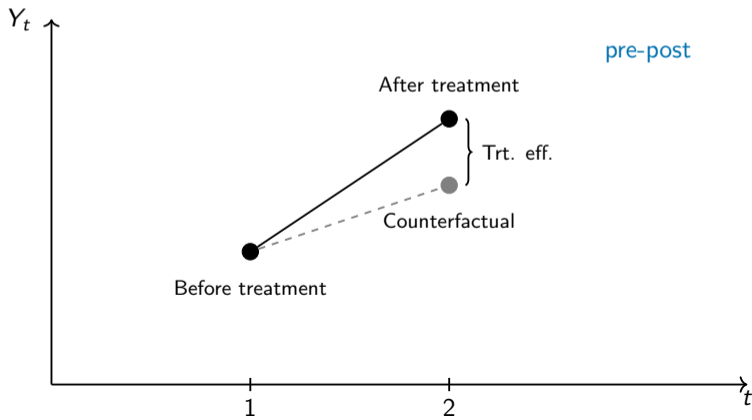
Example: do earned income tax credits (EITC) reduce deaths of despair?



Difference-in-Differences (DID) for causal effect

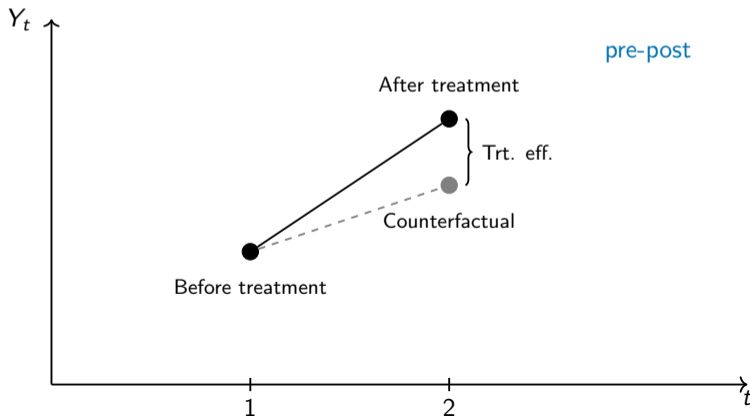
- ▶ Challenges from unmeasured confounding: states with EITC laws differ from states without them in other ways that may be related to deaths of despair
- ▶ DID is commonly used for estimating causal effects with **panel data**
- ▶ Prototypical DID application: how do changes in state policies affect individual
 - Did Missouri's handgun purchaser licensing law affects firearm homicide rates?
 - Did minimum wage laws change employment levels?
 - Motivating application: do EITC reduce deaths of despair?

DID for Causal Effects



DID for Causal Effects

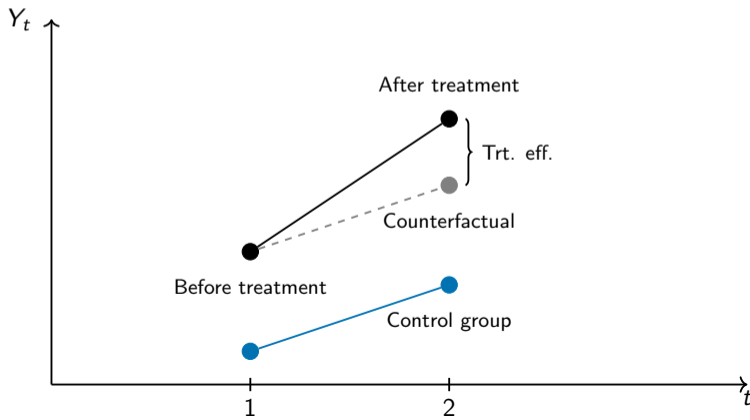
Identify the counterfactual \Leftrightarrow Identify the treatment effect



DID for Causal Effects

Identify the counterfactual \Leftrightarrow Identify the treatment effect

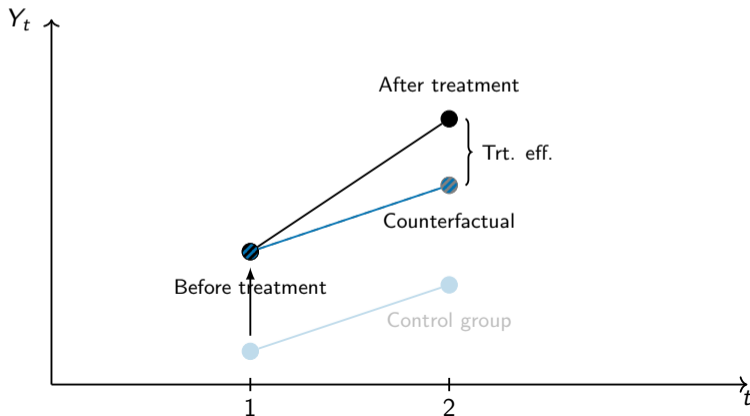
Parallel Trends: Absent treatment, treated and control would evolve over time in the same way. (functional-form dependent)



DID for Causal Effects

Identify the counterfactual \Leftrightarrow Identify the treatment effect

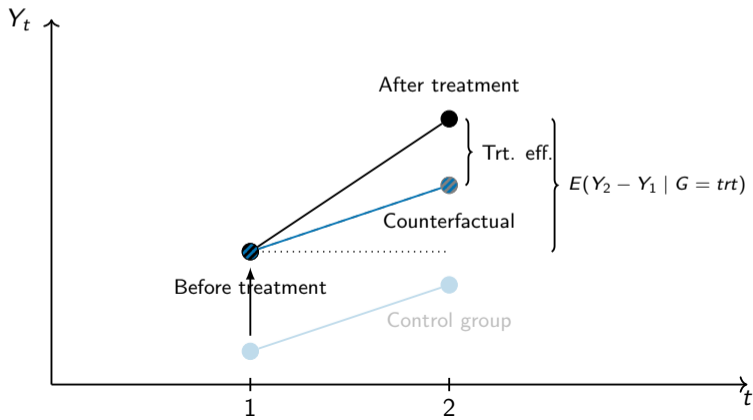
Parallel Trends: Absent treatment, treated and control would evolve over time in the same way. (functional-form dependent)



DID for Causal Effects

Identify the counterfactual \Leftrightarrow Identify the treatment effect

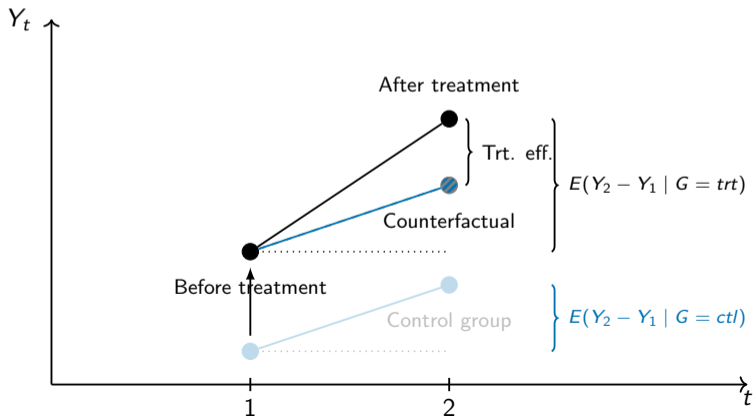
Parallel Trends: Absent treatment, treated and control would evolve over time in the same way. (functional-form dependent)



DID for Causal Effects

Identify the counterfactual \Leftrightarrow Identify the treatment effect

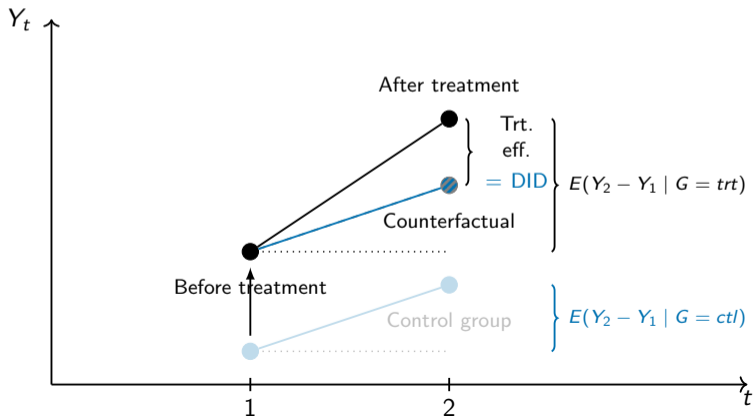
Parallel Trends: Absent treatment, treated and control would evolve over time in the same way. (functional-form dependent)



DID for Causal Effects

Identify the counterfactual \Leftrightarrow Identify the treatment effect

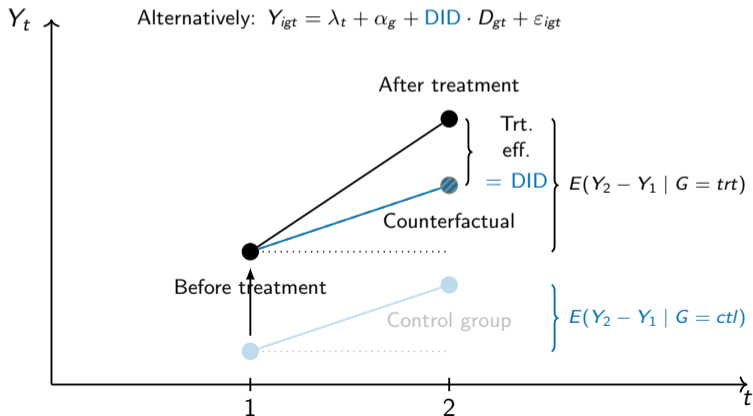
Parallel Trends: Absent treatment, treated and control would evolve over time in the same way. (functional-form dependent)



DID for Causal Effects

Identify the counterfactual \Leftrightarrow Identify the treatment effect

Parallel Trends: Absent treatment, treated and control would evolve over time in the same way. (functional-form dependent)



Statistical methods (Roth et al., 2022)

▶ **If all treated units adopt the treatment at the same time:**

- Static Two-way fixed effects (TWFE) model,

$$Y_{it} = \beta D_{it} + \gamma^T X_{it} + \alpha_i + f_t + \epsilon_{it}$$

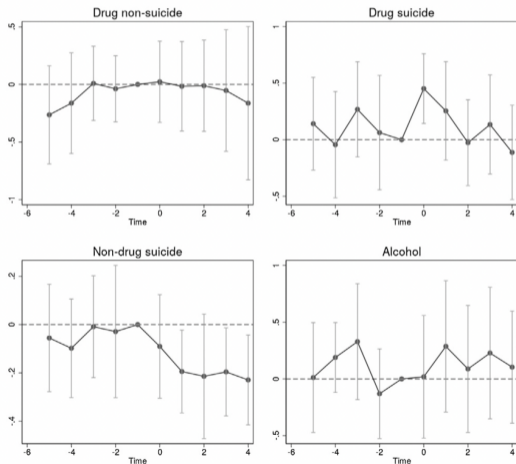
- Dynamic TWFE model, E_i is when unit i initiates the treatment ($E_i = \infty$ if unit i is never treated)

$$Y_{it} = \sum_{-k \leq \ell \leq \bar{k}} \beta_\ell I(t - E_i = \ell) + \gamma^T X_{it} + \alpha_i + f_t + \epsilon_{it}$$

▶ **If treated units adopt the treatment at different time (staggered adoption):**

- Use the static TWFE model only if confident in treatment effect homogeneity
- Use the dynamic TWFE model only if confident that there is heterogeneity only in time since treatment
- Otherwise, consider using a “heterogeneity-robust” estimator, e.g., Callaway and Sant’Anna (2021)

Back to the EITC example (Dow et al., 2020)



- Biggs, M. A., Upadhyay, U. D., McCulloch, C. E., and Foster, D. G. (2017). Women's mental health and well-being 5 years after receiving or being denied an abortion: A prospective, longitudinal cohort study. *JAMA psychiatry*, 74(2):169–178.
- Callaway, B. and Sant'Anna, P. H. (2021). Difference-in-differences with multiple time periods. *Journal of Econometrics*, 225(2):200–230.
- Chen, L., Davey Smith, G., Harbord, R. M., and Lewis, S. J. (2008). Alcohol intake and blood pressure: a systematic review implementing a mendelian randomization approach. *PLoS medicine*, 5(3):e52.
- Dow, W. H., Godøy, A., Lowenstein, C., and Reich, M. (2020). Can labor market policies reduce deaths of despair? *Journal of health economics*, 74:102372.
- Roth, J., Sant'Anna, P. H., Bilinski, A., and Poe, J. (2022). What's trending in difference-in-differences? a synthesis of the recent econometrics literature. *arXiv preprint arXiv:2201.01194*.
- Shi, X., Miao, W., and Tchetgen, E. T. (2020). A selective review of negative control methods in epidemiology. *Current epidemiology reports*, 7(4):190–202.
- Wing, C., Simon, K., and Bello-Gomez, R. A. (2018). Designing difference in difference studies: best practices for public health policy research. *Annu Rev Public Health*, 39(1):453–469.
- Ye, T., Chen, S., and Zhang, B. (2022). The role of placebo samples in observational studies. *arXiv preprint arXiv:2205.10761*.