# Regression Discontinuity Designs



- Lecture Review
  - Basic idea behind RDD
  - Continuity of potential outcomes
  - Falsification Checks
- RDD in R

## Example case

- Effects of alcohol consumption (treatment) on mortality (outcome)
  - Carpenter & Dobkin (2009)
- Running variable: Age
- Cut-off: Minimum Drinking Age



## **Core Idea**

#### Drinking Age

 $18 - 2 \, \text{days} /$ 

18 + 2 days

Age

#### Drinking

- 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 Old & drinking selection into treatment)
- 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

#### Forcing variable (X) perfectly determines which side of the cut-off people are (treatment)

Sharp RDD

- cut-off people are (treatment or control)We can only estimate the
- We can only estimate the effect at a **single point**: the cutoff or threshold





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• Continuity of average potential outcomes (on both sides of the cut-off)

 $\rightarrow$  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.
- 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? (bias-variance tradeoff)
- 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<sub>i</sub>. The effect is constant along X<sub>i</sub>.
- In this case, we regress the observed outcome  $Y_i$  on  $D_i$  + centered  $X_i$ .

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



## **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<sub>i</sub>.
- In this case, we regress the observed outcome  $Y_i$  on the interaction  $D_i * X_i$ .

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



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

## Non-linear

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



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?

- 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 and run a local regression (such as LOWESS) to guide choice
- Remember each model corresponds to a particular set of assumptions about the POs.

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### 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.



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### **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.



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### 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 Resources**

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