

# EXPERIMENTS AND REGRESSION DISCONTINUITY WITH DURATION OUTCOMES

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- Experiments are often seen as the “gold standard” for policy evaluation.
- But sometimes problems with implementation of randomization, and with interpretation of the results.
- Today: what can we learn from experiments if the outcome is a duration variable and we are interested in causal effects on the hazard rate.
- Analyze this by considering a situation with 2 policy regimes.  
In an ideal setting (same populations, same context, no non-compliance etc.): same as randomized experiment.

AIM:

evaluate the effect of a new policy or treatment regime, where the individual outcome of interest is a duration variable.

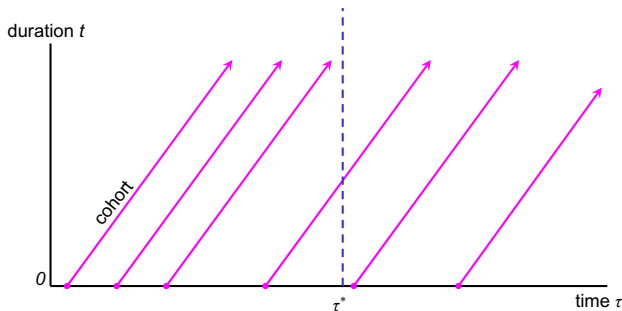
e.g. introduction of a new active labor market policy for the unemployed or new affirmative-action program for the disadvantaged,  
or a new medication, or arrival of new information.

## FOCUS: SETTING:

- heterogeneous population.
- the data cover two adjacent calendar time intervals with their own mandatory “policy” regime.

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Lexis Diagram with a policy change at  $\tau^*$

## FOCUS: INFERENCE:

- average treatment effects on individual outcomes : conditional on survival until a duration  $t$ , notably individual hazard rates at durations  $t$ .
- non-parametric analysis.

## ISSUES:

- survivors at  $t$  are selective subset of population, and the degree of selection may depend on treatment status.
- timing of events  $\sim$  accumulation of information  $\sim$  identification strategy

## Outline:

- ❶ Define meaningful average treatment effects.
- ❷ Non-parametric identification; examine:
  - spells that are either before or after the policy change (like in an experiment),
  - spells crossing the moment of the policy change.
- ❸ Empirical application: job search assistance program for unemployed individuals.



## GENERAL NOTATION

$s$  values representing mutually exclusive treatment statuses;  
e.g. treated/control, or the duration at which the treatment starts.

$T(s)$  random variable: the potential outcome for a given  $s$ .

$S$  random variable: the actual treatment status.

$T$  random variable: the actual outcome:  $T := T(S)$ .

We are interested in properties of the distributions of  $T(s)$ , in particular, in the effect of  $s$  on

$\theta_{T(s)}(t)$  = the hazard rate of  $T(s)$  at  $t$ . Note: hazard rate: condition on  $T(s) \geq t$ .

More in general: interest in effect of  $s$  on conditional distributions of  $T(s) \mid T(s) \geq t$ ,  
e.g.  $\Pr(T(s) \geq t + 3 \mid T(s) \geq t)$ .

We want to summarize the effect of  $s$  on  $\theta_{T(s)}(t)$  by way of averages (to be defined), over individuals, of the individual treatment effect on the hazard rate at  $t$ ,

$$\frac{\theta_{T(s')}(t)}{\theta_{T(s)}(t)} \quad \text{or e.g.} \quad \theta_{T(s')}(t) - \theta_{T(s)}(t)$$

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Ex ante individual heterogeneity:

- $X$  observed individual characteristics
- $V$  unobserved individual characteristics

(for ease of exposition:  $X, V$  time-invariant).

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Assumption 1. Assignment:

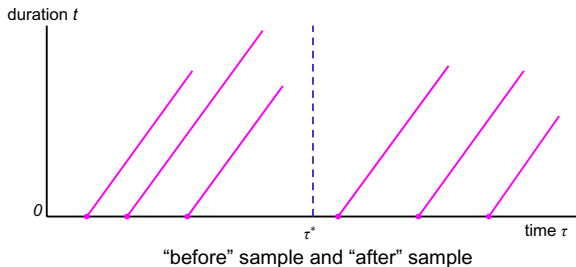
- $S \perp\!\!\!\perp \{T(s)\} \mid X, V$ .
- $S \perp\!\!\!\perp V \mid X$ .

Consider the introduction of a policy regime at calendar time  $\tau^*$ .

The policy consists of a compulsory and immediate exposure (“treatment”) for everyone in the state of interest (like an experiment with treated and controls).

Suppose we follow the common approach: compare two samples:

- spells starting after the discontinuity,
- spells starting before the discontinuity  
(if ongoing at the discontinuity: then censored or discarded).



...in our notation: one sample with  $S = 0$  ("after") and one with  $S = \infty$  ("before").

Average treatment effect on the individual hazard rate:

some average of e.g.

$$\theta_{T(0)}(t|X, V) - \theta_{T(\infty)}(t|X, V)$$

or some average of e.g. the ratio.

average over which population?

recall: hazard rates at  $t$  are conditional on survival until  $t$ .

Problem: in general at any  $t > 0$ :

$$V \nsubseteq S \mid X, T \geq t$$

so the composition of survivors at  $t$  may depend on whether  $S = 0$  or  $S = \infty$ .

- so we have to be more specific on the definition of the average effect,
- we cannot just plug in the nonparametric estimators of  $\theta_T(t|X, S = 0)$  and  $\theta_T(t|X, S = \infty)$ .

Meaningful average treatment effects on individual hazard rates? E.g for the ratio:

$$\textcircled{1} \text{ ATE}(t|X) := \mathbb{E}_V \left[ \frac{\theta_{T(0)}(t|X, V)}{\theta_{T(\infty)}(t|X, V)} \mid X \right]$$

aggregate over  $V|X$  in population.

$\textcircled{2}$  alternative concepts: e.g.

Average Treatment Effect on the Treated Survivors at  $t$ :

$$\text{ATTS}(t|X) := \mathbb{E}_V \left[ \frac{\theta_{T(0)}(t|X, V)}{\theta_{T(\infty)}(t|X, V)} \mid X, T(0) \geq t \right]$$



Observable hazard rates are not useful (Meyer, 1996, back to Vaupel et al., 1979):

$$\frac{\theta_T(t|X, S = 0)}{\theta_T(t|X, S = \infty)} = \frac{\mathbb{E}_V(\theta_T(t|X, S = 0, V) \mid X, T \geq t, S = 0)}{\mathbb{E}_V(\theta_T(t|X, S = \infty, V) \mid X, T \geq t, S = \infty)}$$

$\neq \text{ATTS}(t|X)$  or  $\text{ATE}(t|X)$ .

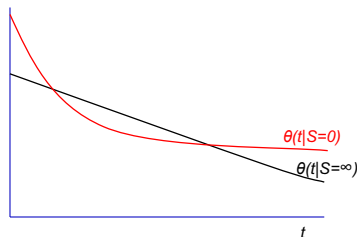
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$\neq \text{ATTS}(t|X)$  or  $\text{ATE}(t|X)$ .

Even possible:  $\frac{\theta_T(t|X, S=0)}{\theta_T(t|X, S=\infty)} < 1$  for some  $t$  when at the same time

$$\forall t, X, V \quad \frac{\theta_{T(0)}(t|X, V)}{\theta_{T(\infty)}(t|X, V)} > 1.$$



So: here, and in an ideal randomized experiment:

observed hazard rates among treated and controls are not informative on any meaningful average treatment effect,

and can even give the impression that the effect has a different sign than in reality.

With the data at hand: only solution: impose model structure.

e.g. MPH:

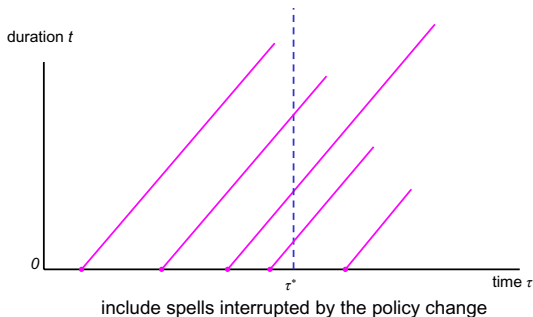
$$\theta_{T(s)}(t|X, V) = \lambda(t) \cdot \exp(\gamma s + \beta X) \cdot V$$

but this amounts to effect homogeneity.

## SPELLS INTERRUPTED BY POLICY CHANGE

Setting:

- Again: new policy regime at calendar time  $\tau^*$ :  
immediate and compulsory treatment for everyone.
- Ongoing spells are also affected.
- Observe cohorts flowing in at calendar times  $\tau < \tau^*$ .



## Assumption 2. No Anticipation:

Current hazard does not depend on future policy:

For all  $s \in [0, \infty)$  and all  $t \leq s$  and all  $X, V$ ,  $\Theta_{T(s)}(t|X, V) = \Theta_{T(\infty)}(t|X, V)$ .

Note: Assumption 1 (“Assignment”) implies that the distribution of  $V|X$  in the inflow does not vary over time before  $\tau^*$ .

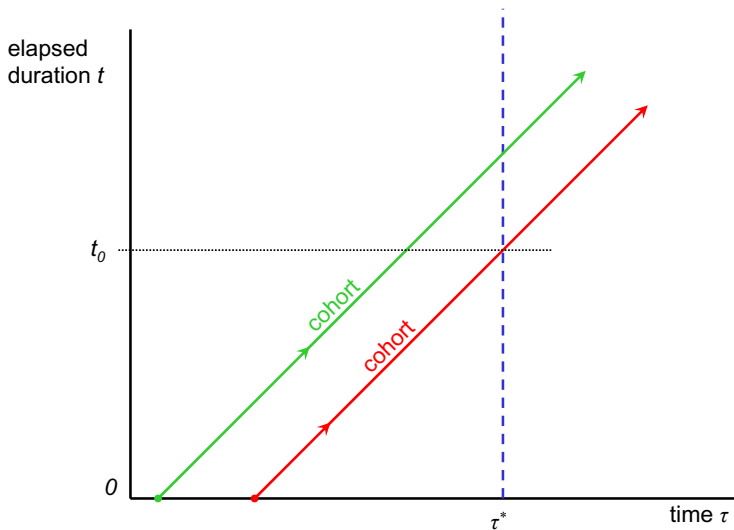
Meaningful average treatment effects on individual hazard rate: like before:

$$ATE(s', s, t|X) := \mathbb{E}_V \left[ \frac{\theta_{T(s')}(t|X, V)}{\theta_{T(s)}(t|X, V)} \mid X \right]$$

$$ATTS(s', s, t|X) := \mathbb{E}_V \left[ \frac{\theta_{T(s')}(t|X, V)}{\theta_{T(s)}(t|X, V)} \mid X, T(s') \geq t \right]$$

with  $s' \leq t < s$ .

We now show: such things are identified from pre-policy and interrupted spells.



*Intuition:*

Consider two cohorts at duration  $t_0$ . The youngest cohort entered at  $\tau^* - t_0$  and the other at an earlier date  $\tau^* - t_1$ .

- At the duration  $t_0$ , the youngest cohort is for the first time exposed to the policy, but the earlier cohort not yet.
- Initially, the cohorts are the same (A1: CIA), and individuals do not foresee the moment of exposure to the policy (A2: no anticipation)  
 $\Rightarrow$  the cohorts' dynamic evolution is the same on  $(0, t_0)$ .
- So the cohorts' composition at  $t_0$  in terms of unobservables  $V|X$  is the same.
- So a difference between observable outcomes conditional on  $T \geq t_0$  can be fully attributed to the causal policy effect.



E.g. consider the difference of the hazard rates at  $t_0$ :

$$\begin{aligned}\theta_T(t_0|X, S = t_0) - \theta_T(t_0|X, S = t_1) \\ = \text{ATTS}(t_0, t_1, t_0|X)\end{aligned}$$

### MAIN RESULT:

Under Assumptions 1,2 (CIA & no-anticipation), data from the pre-policy-inflow cohorts non-parametrically identify average treatment effects at given  $t$  and  $X$ .

This is a new result. It gives rise to a range of additional results (more cohorts... other outcome measures... aggregating over  $X$ ).

We do not use or need a model with full identification.

The observed hazards  $\theta_T(t_0|X, S = t_i)$  are by definition identified, and can always be estimated in some way.

The question is what we can learn from their differences.

We saw that  $\hat{\theta}_T(t_0|X, S = 0) - \hat{\theta}_T(t_0|X, S = \infty)$  is meaningless, unless there is no unobserved heterogeneity.

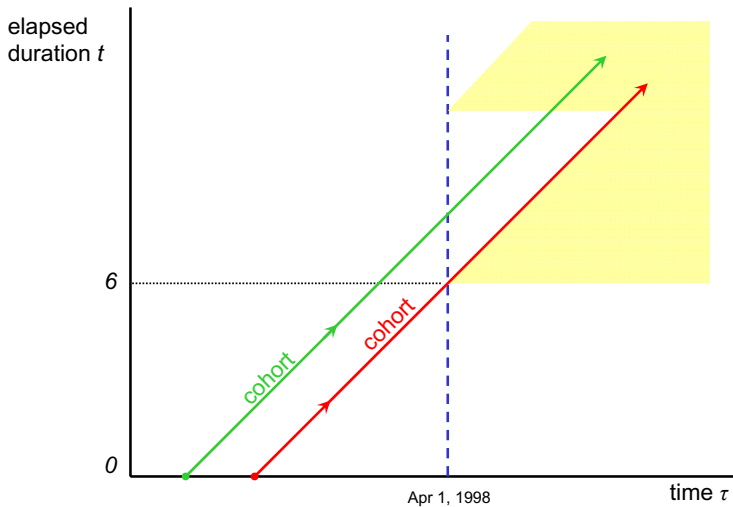
But  $\hat{\theta}_T(t_0|X, S = t_0) - \hat{\theta}_T(t_0|X, S = t_1)$  corresponds to a meaningful average causal effect. Goes deeper than saying that interrupted spells provide variation in  $S$ :

*We can identify meaningful average causal effects in the presence of unobserved heterogeneity and heterogenous treatment effects, without (MPH) model.*

## APPLICATION: THE NEW DEAL FOR YOUNG PEOPLE:

- Job search assistance program.
- Target population: unemployment benefits recipients in the UK, aged 18-24, elapsed unemployment duration exactly 6 months.
- Introduced on  $\tau^* = \text{April 1, 1998}$ .
- Compulsory and permanent treatment.
- Huge: until now:  $>1.5$  million participants,  $>5$  billion euro.
- Data: JUVOS: 5% of all unemployment spells.

## Introduction of NDYP

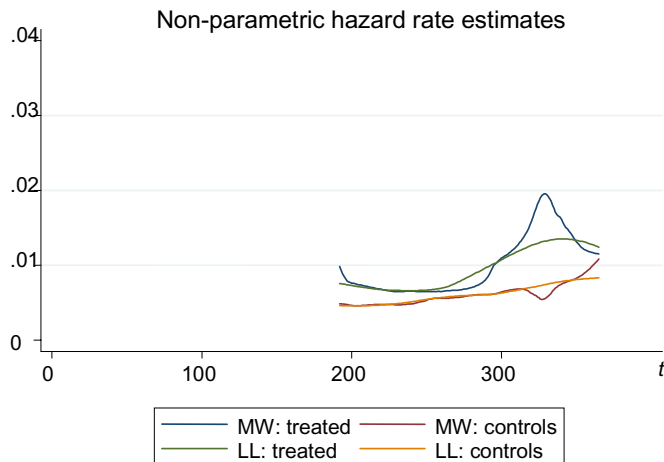


We estimate ATTS for the exit rate to work at  $t_0 = 6$ ,  
by way of estimating  $\theta_T(6|\text{inflow at } \tau^* - 6)$   
and  $\theta_T(6|\text{inflow at } \tau^* - 7)$ .  
Total  $n = 1151$ .

## RESULTS:

Boundary kernel hazard estimation (optimal local bandwidths) or local linear hazard estimation, for each hazard rate:  $\Rightarrow$   
95% C.I. for difference: (0.0011, 0.0087), and for ratio: (1.04, 2.97).

So among those who enter the regime at or after 6m, the program has a significantly positive effect on the exit rate at 6m.



Concerning those with  $t < 6$  at  $\tau^*$ :

- In Apr98: individuals at  $t < 6$ : become aware of treatment at  $t = 6$ .  
→ possibly adjust behavior before  $t = 6$ .

This is also an immediate, compulsory treatment at  $\tau^*$ .

We estimate ATTS at durations  $< 6$ .

- Results: average hazard at  $t < 6$  in Apr98 is significantly lower than at the same  $t$  in earlier cohorts.  
⇒ individuals wait for the job search assistance.  
  
⇒ composition of those who flow into JSA at  $t = 6$  probably “better” than of those with  $t = 6$  before NDYP.

## SUMMARY AND CONCLUSIONS:

- Spells that are *ongoing* at the implementation of a policy regime can be used to estimate meaningful average treatment effects on hazard rates, in the presence of unobserved heterogeneity, without the need to rely on MPH models.
- Using only spells from before or after the discontinuity does not allow for this.
- Application to NDYP data suggests a positive average effect of treatment, but adverse behavioral response before treatment at 6m.
- Implications for experimental design: randomize in ongoing spells.