

THE DIFFERENCE-IN-DIFFERENCE DESIGN

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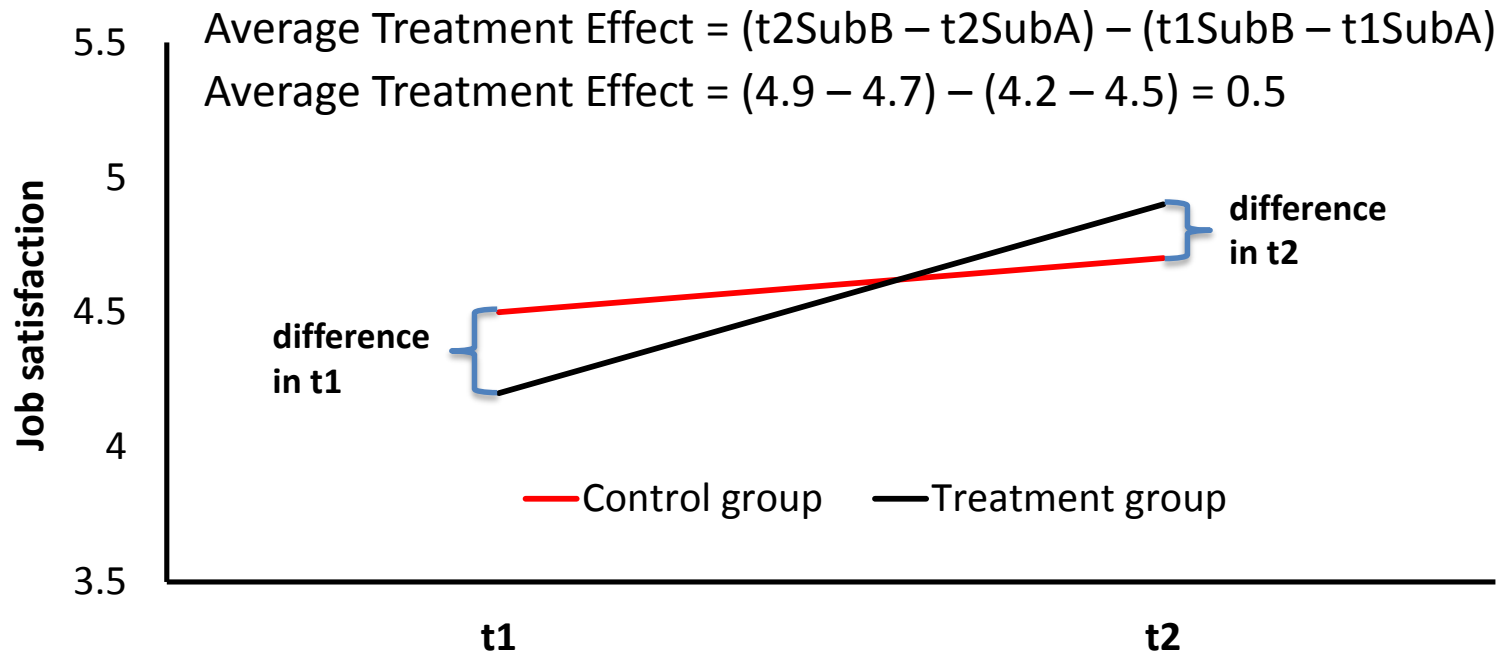
THE DIFFERENCE-IN-DIFFERENCE DESIGN

- The difference-in-difference (DID) design is probably the most frequently used design of natural experiments
- Often used to estimate the effects of policies or programs (e.g., gender quota in boards)
- Idea: Inferring causal relationships by comparing the pre-treatment to post-treatment changes in an outcome variable (e.g., job satisfaction) between a treatment group and a control group

EXAMPLE

Subsidiary A (control): Job satisfaction t1 = 4.5; t2 = 4.7

Subsidiary B (treatment): Job satisfaction t1 = 4.2; t2 = 4.9



DIFFERENCE BETWEEN DID AND RANDOMIZED CONTROLLED TRIAL (RCT)

	DID	RCT
Well-defined study population	Yes	Yes
Treatment group and control group	Yes	Yes
Treatment randomly assigned	No	Yes

ASSUMPTIONS OF THE DID DESIGN

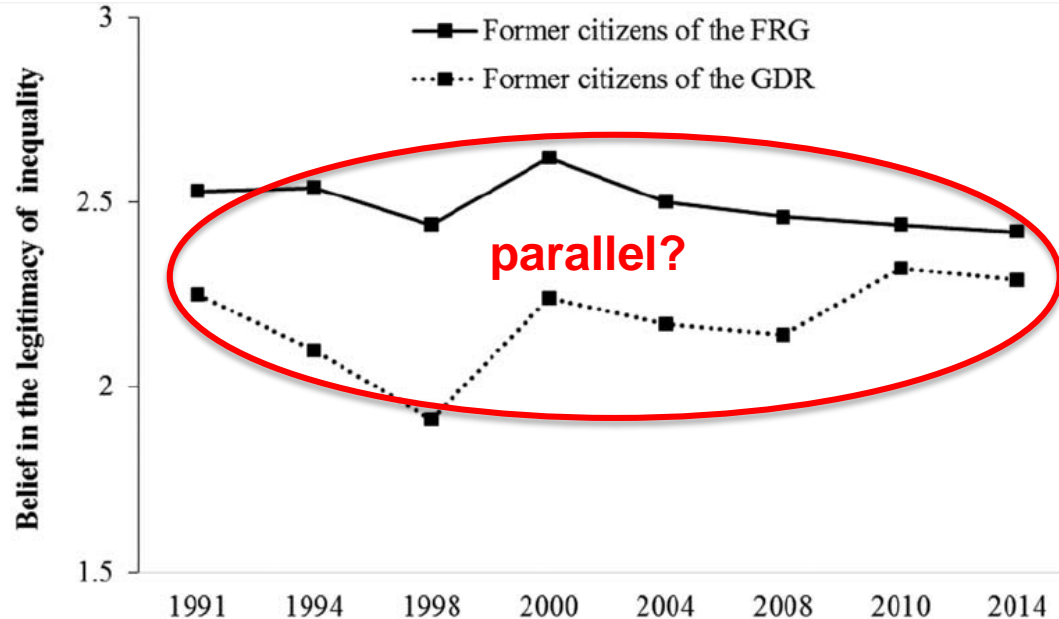
1. Common trend assumption

- a) Group varying confounders are time invariant (e.g., no changes in the management of subsidiary A and B that can affect job satisfaction)
- b) Time varying confounders are invariant across groups (e.g., management changes in the company headquarter affect both subsidiaries similarly)

TESTING THE COMMON TREND ASSUMPTION

1. Graphical check

- a) Visual inspection of the lines for the treatment and control group; should be almost parallel (only applicable if time periods > 2)



Haack, P. & Sieweke, J. (2018): The legitimacy of inequality: Integrating the perspectives of system justification and social judgment. *Journal of Management Studies*, 55, p. 502

TESTING THE COMMON TREND ASSUMPTION

2. Group-specific linear trend

- a) Statistical analysis: Regress the outcome variable on time-invariant group effects (a_g), group-invariant time effects (b_t), an interaction between the group and time effects ($beta_g*(a_g*t)$), and the treatment variable (D_{gt}).

$$Y_{gt} = a_g + b_t + beta_g*(a_g*t) + D_{gt} + \epsilon_{gt}$$

If the estimated treatment effect D_{gt} is similar to the estimated treatment effect in the model excluding the group x time interaction (a_g*t), the common trend assumption is not plausible.

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2. Strict exogeneity

- a) The treatment is not due to changes in the outcome variable (e.g., companies implement work-life policies as a response to a decrease in job satisfaction)
- b) Treatment exposures in t_1 are not anticipated by outcomes measured at t_0 (e.g., companies implement changes in anticipation of a new regulation)

“TESTING” THE EXOGENEITY ASSUMPTION

1. Granger-type causality test

- a) Check whether current outcomes are correlated with future exposure to treatment

2. Collecting qualitative data about the event

- a) Interviews with managers, policy makers etc. to check the decision process regarding the treatment
- b) Document analyses to learn about the event (e.g., why was a new policy introduced?)

CONCLUSION

- The difference-in-difference design can be applied to answer many questions in management research (e.g., effect of regulations on firm performance)
- If assumptions of the DID are violated, the treatment effect is biased
- It is important to have good knowledge of the event

REFERENCES

Ryan, A. M., Burgess Jr, J. F., & Dimick, J. B. 2015. Why we should not be indifferent to specification choices for difference-in-differences. *Health Services Research*, 50(4): 1211-1235.

Wing, C., Simon, K., & Bello-Gomez, R. A. 2018. Designing difference in difference studies: Best practices for public health policy research. *Annual Review of Public Health*, 39(1): 453-469.