

Discussion of Baker, Larker and Wang (2021):

How Much Should We Trust Staggered Difference-in-Differences Estimates?

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Overview

- Provides a practical, hands-on review of pitfalls of using TWFE linear regression models to study treatment effects in staggered DiD designs.
- Very lucid and transparent discussion of **how** TWFE leads to weird weighted sums in “static” TWFE specifications using Goodman-Bacon (2020)
- Intuitive explanation of **how** Callaway and Sant’Anna (2020), Cengiz, Dube, Lindner, and Zipperer (2019), and Sun and Abraham (2020) bypass several of these challenges.
- Shows that these issues arise often in practice by revisiting three empirical applications in Accounting and Finance.
- **Great paper!**

Overall Opinion

- **I like this paper a lot**, to the point I am happy to ignore their **bad** title.
- Let me save some time by not discussing this further as I have more productive things to say!

Main take-away message on how to avoid problems with TWFE

- **Clearly separate the analysis into three steps:**
 1. **Identification:** What kind of variation are we hoping to exploit? Under which assumptions? What is the main building-block of the analysis?
 2. **Aggregation:** How can we leverage all these group-time comparisons to summarize treatment effects?
 3. **Estimation and inference:** What statistical tools do we use? OR, IPW, DR estimators? Should we use simultaneous confidence bands?

Identification

- Importance of defining the building-blocks of the analysis.
 - What are the (disaggregated) parameters of interest? (e.g. $ATT(g, t)$)
 - What are the parallel trends assumptions you are comfortable with? (e.g., PT based on “never-treated”, “not-yet-treated”, “last-treated cohort”)
 - Are we worried about treatment anticipation?
- This step should match “your story”.
 - If you care about ATT’s, “always-treated” units do not provide information.
 - In the absence of “never-treated” units, data from periods starting from the time last cohort is treated do not “help” in identifying ATT’s .

Aggregation

- How do we summarize the average treatment effects across different groups and periods?
- We can construct weighed averages of the $ATT(g, t)$'s to highlight TE het in a given dimension.
- But we should have full control of how the weights are constructed so we can give these parameters “proper names”.
- Paper emphasizes event-study-type parameters, which are great to summarize TE dynamics wrt event time.
- CS also discuss other aggregation schemes

Estimation of event-study-type parameters

- Under no-anticipation and “unconditional” parallel trends based on “not-yet-treated”, CS shows that

$$ATT(g, t) = \mathbb{E}[Y_t - Y_{g-1} | G_g = 1] - \mathbb{E}[Y_t - Y_{g-1} | D_t = 0, G_g = 0].$$

- SA has related results using last-treated cohort as the comparison group.
- Event-study parameters are defined as

$$\theta^{es}(e) = \sum_{g=2}^{\mathcal{T}} \sum_{t=2}^{\mathcal{T}} 1\{t - g + 1 = e\} P(G_g = 1 | \text{Treated for } \geq e \text{ periods}) ATT(g, t),$$

- Estimation follows from replacing population expectations with their sample analogues.
- CS also talks about how to appropriately incorporate pre-treatment covariates to allow for covariate-specific trends.

Inference

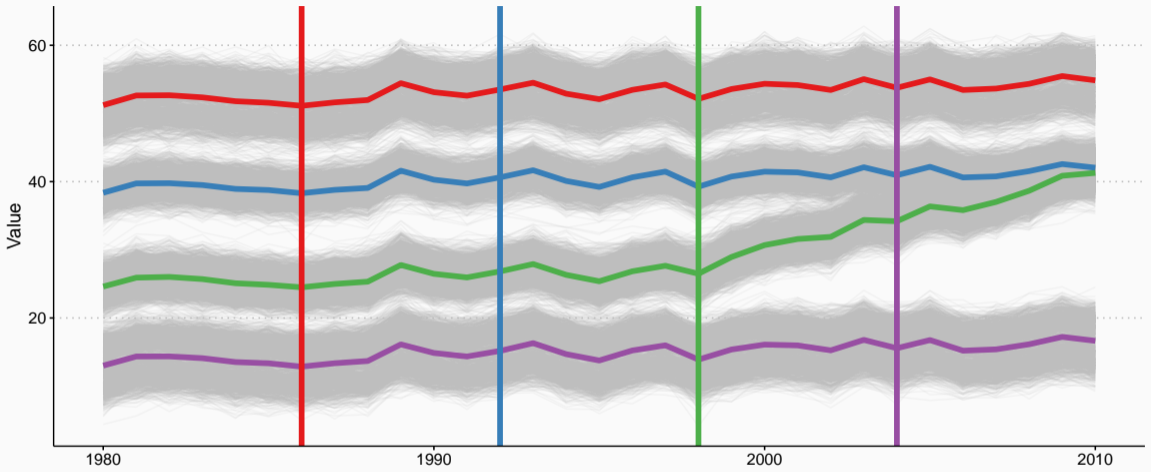
- This paper focus on pointwise inference procedures
 - $\hat{\theta}(e) \pm 1.96 \times \widehat{SE}(e)$
- When we care about the evolution of average treatment effects wrt event time, this is not really appropriate
- With 10 event-times, you are essentially conducting 10 different hypothesis tests.
- Multiple testing problem!
- **Solution: Simultaneous confidence intervals**
 - $\hat{\theta}(e) \pm \text{bootstrapped simultaneous critical values} \times \widehat{SE}(e)$

More work is needed to better understand stacked regressions

Stacked Regressions - some thoughts

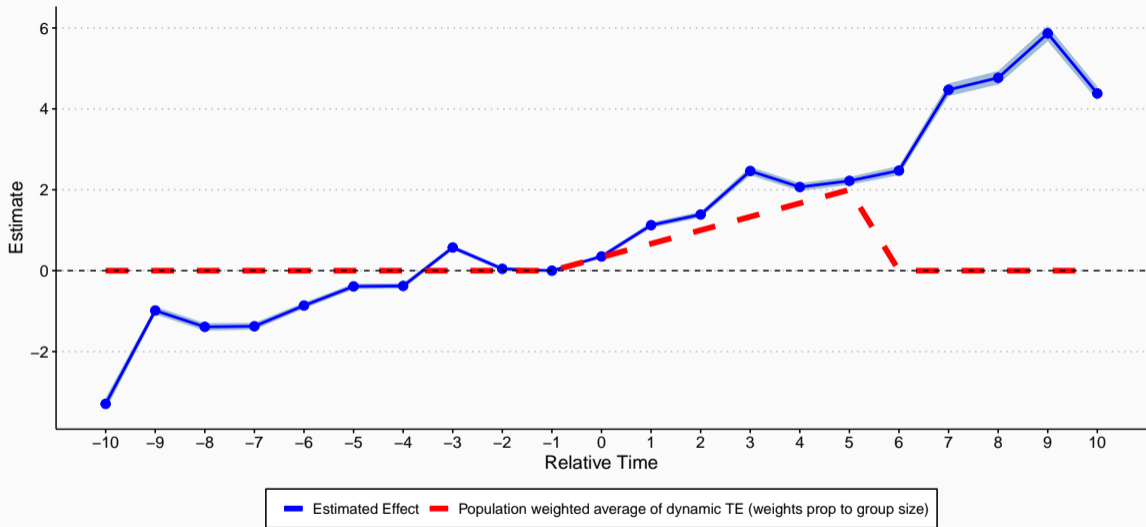
- Do we know the form of the weights that stack-regressions implicitly use?!
- What kind of TE parameter is recovered by it?

One draw of the DGP with heterogeneous treatment effect dynamics across cohorts

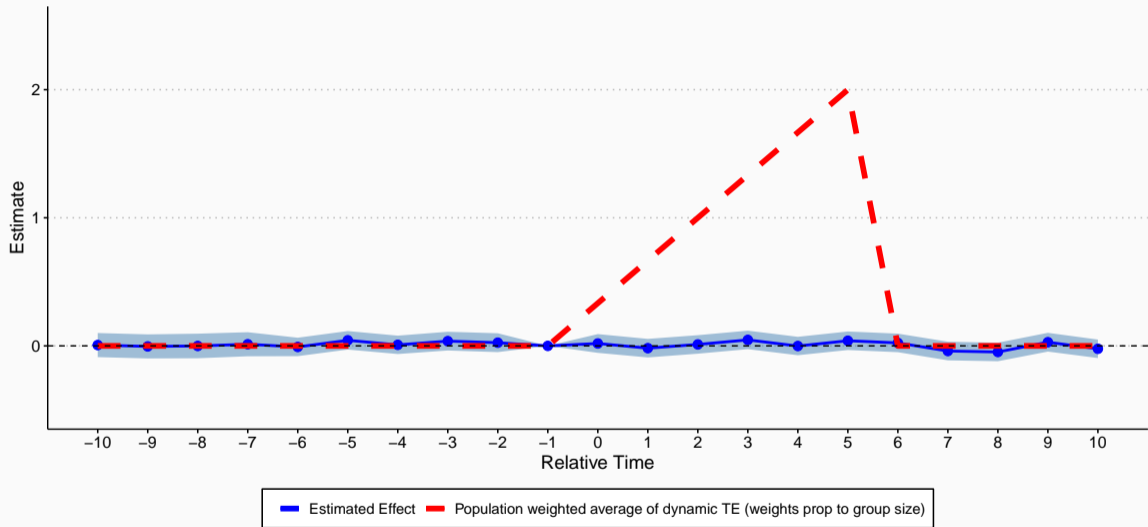


Treatment group 1986 1992 1998 2004

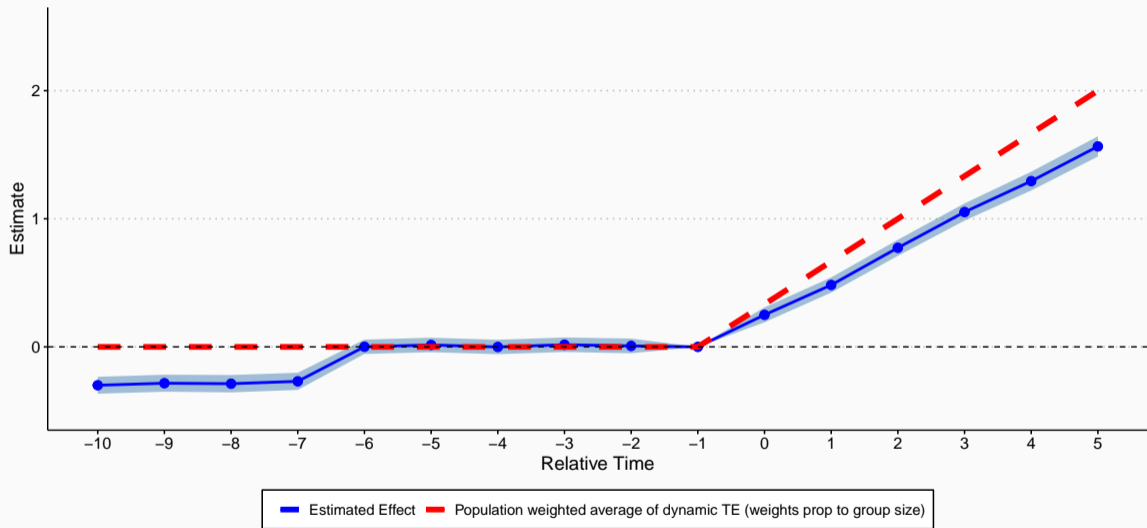
TWFE event-study regression
Binned end-points at -10 and 10



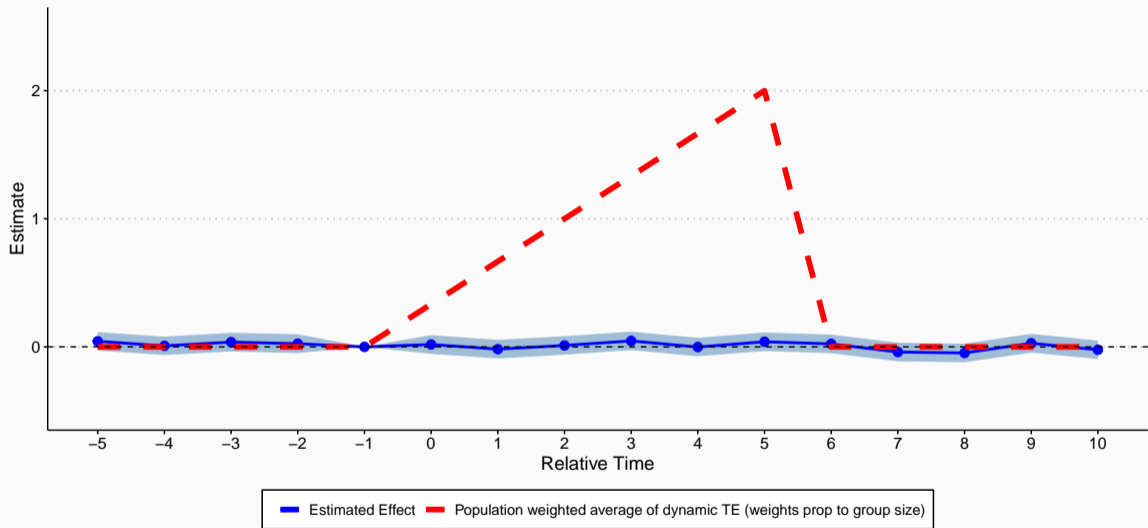
Stacked event-study regression
Event time from -10 to 10



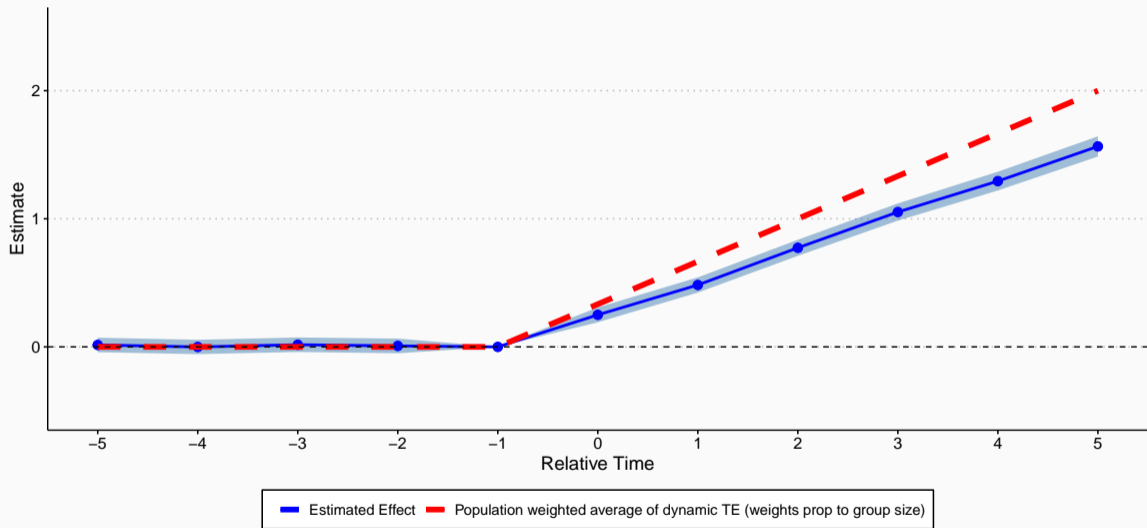
Stacked event-study regression
Event time from -10 to 5



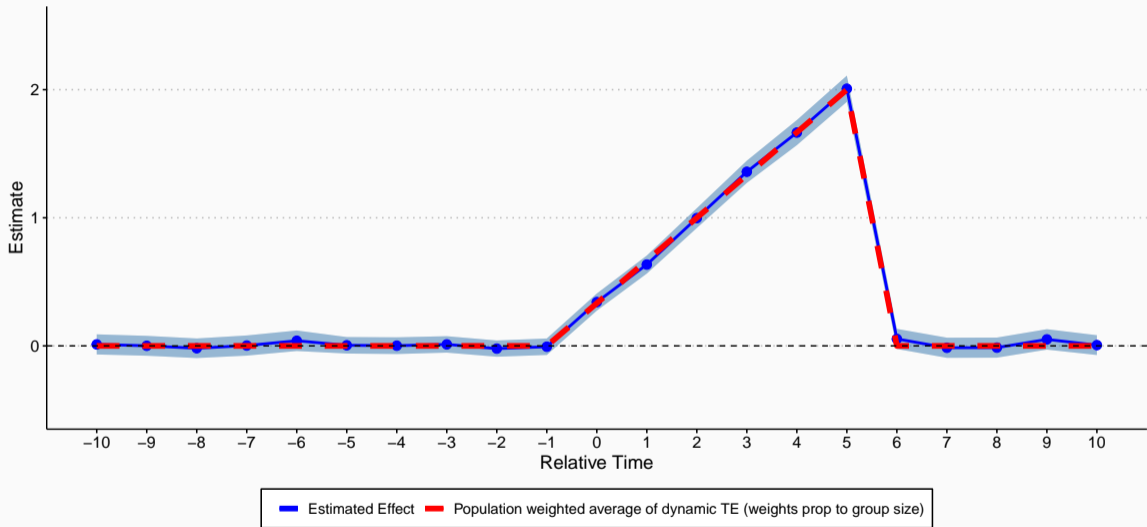
Stacked event-study regression
Event time from -5 to 10



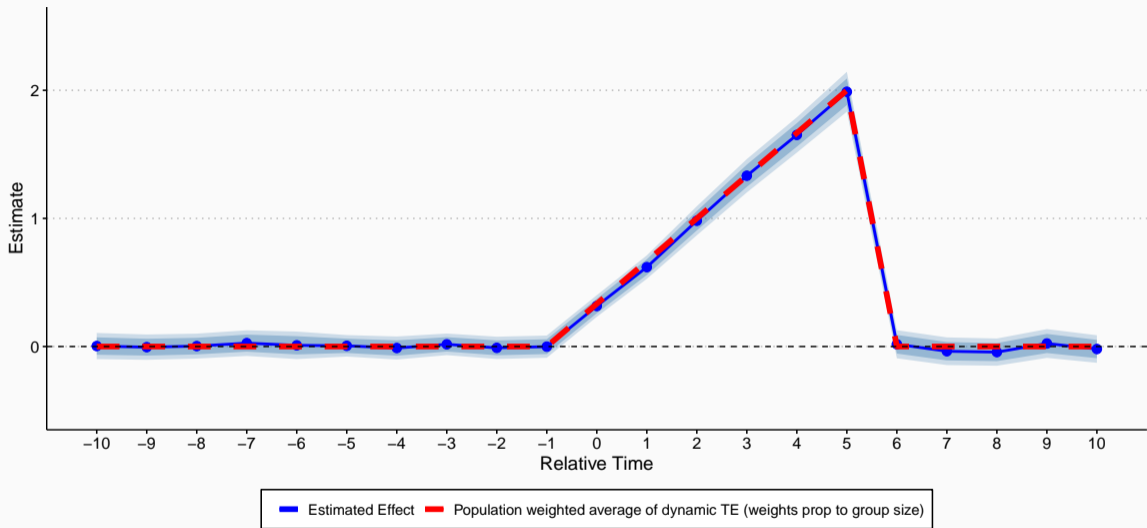
Stacked event-study regression
Event time from -5 to 5



Event-study-parameters estimated using Sun and Abraham (2020)
Comparison group: Last treated



Event-study-parameters estimated using Callaway and Sant'Anna (2020)
Comparison group: Not-yet-treated



Display both pointwise and simultaneous conf. intervals

Stacked Regressions - some thoughts

- Seems to depend on implementation
- Importance of “balancing on event-time”
 - Only include leads and lags that are well-defined for all observations in your sample
- Even when you do so, it probably recovers some type of variance-based weighted average of ATT's (this is a conjecture)
- “Better” than standard TWFE as it seems to avoid non-convex/negative weights (this is another conjecture)
- I would still favor CS and SA because we have full control of the weights: Don't like to let the “estimation method” chooses them for us

**Stacked regressions
do not explicitly separate “aggregation” and
“estimation and inference” steps**

Can we do even better than these “modern” DiD procedures?

Can we do better if treatment timing is random?

- All this discussion here rely on the credibility of a PT assumption
- Many times, researchers justify this by claiming that treatment timing is “quasi-random”.
- If that is indeed the case, we can do much better than DiD!
 - See my recent paper with Jonathan Roth, “Efficient Estimation for Staggered Rollout Designs.”
- If not, need to justify why we believe in parallel trends.
 - See my other recent paper with Jonathan Roth, “When Is Parallel Trends Sensitive to Functional Form?”