# A framework for causal analysis

# **Applied Microeconomics**

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# Does hospital treatment improve health?

- A "yes" Might seem obvious
- But: Infectious diseases, maltreatment / overtreatment might be worse than no treatment... (fancy health insurance that makes doctor rich + uncritical mind...)
- NHIS one of the most important studies at the intersection of health / social sciences in the U.S.
- Two questions might help us...

### Data: 2005 U.S. National Health Interview Survey

- Whether the respondent was a patient in a hospital overnight in the past 12 months (0 = No, 1 = Yes)
- The respondent's general health status (1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent)

## **Cross-tabulated NHIS data**

Hospitalised	Sample Size	Mean Health Status	Std. Error
Yes	7,774	3.21	0.014
No	90,049	3.93	0.003

# **Defining Potential Outcomes**

- Let  $\omega \in \Omega$  denote all relevant characteristics of an agent.
- There are no restrictions on  $\omega$  heterogeneity can be of any kind.
- Let  $s \in S$  denote the (treatment, policy) state. Focus on S = 0, 1 for now.
- The potential outcomes of agent  $\omega$  are denoted by:

$$Y(0;\omega),Y(1;\omega)$$

#### **Treatment Effects**

The individual-level treatment effect is defined as:

$$Y(1;\omega)-Y(0;\omega)$$

This is also known as the individual-level causal effect or the Marshallian c.p. effect.

#### **The Evaluation Problem**

At any point in time, for any given individual  $\omega$ , we observe either  $Y(0;\omega)$  or  $Y(1;\omega)$ . That is, we observe somebody with characteristics  $\omega$  either in state s=0 or in state s=1.

There is no way to construct the unobserved quantity without further assumptions.

## **Brief group discussion: OLS & PO**

OLS assumptions:

- $Y = \alpha + \beta \cdot S + \epsilon$
- $E[\epsilon|S] = 0$
- Regularity conditions

How does this relate to the potential outcome framework?

Don't discuss potential violation of the assumptions!

# **Assignment Mechanisms**

Let  $au\in T$  be an assignment rule mapping types to treatments:  $au:\omega o S$ .

## **Group discussion: Assignment mechanisms**

- 1. Describe the most plausible (in your view) assignment mechanism which generated the NHIS data.
- 2. Try to think in a very abstract way: What are typical assignment mechanisms out there?