

# Introduction to Random Effects

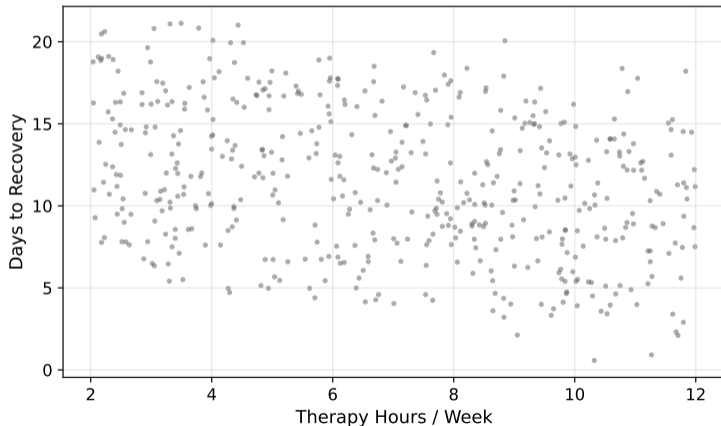
## From Fixed Parameters to Random Draws

Jake Anderson

May 16, 2026

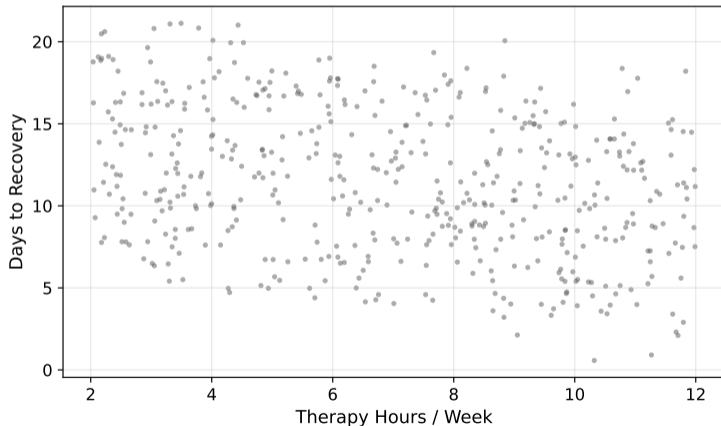
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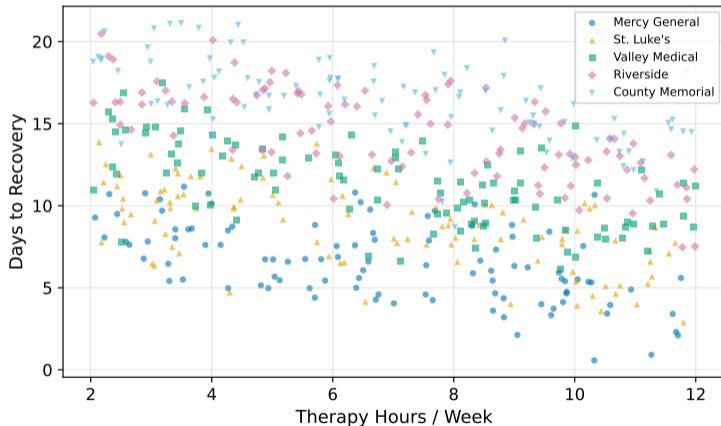
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**How could this data be generated?**

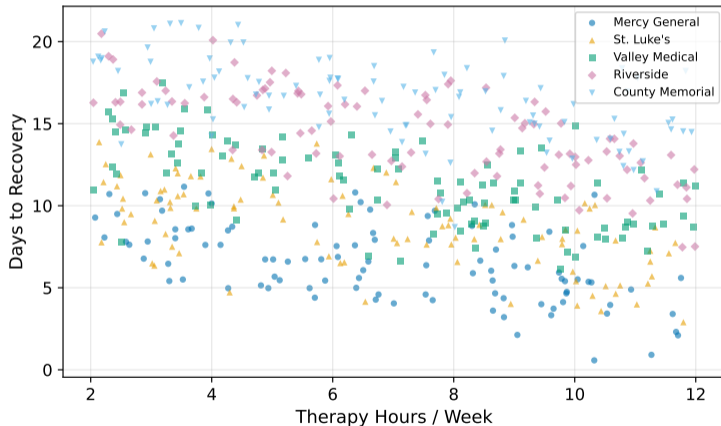
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Recall: ignoring groups biases OLS. FE solved this by giving each group its own intercept.

## FE Recap: Group-Specific Intercepts

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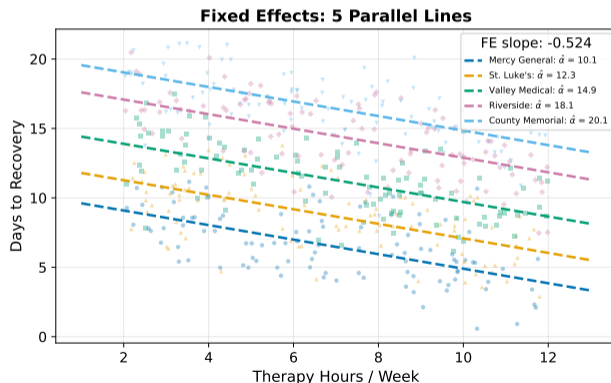
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⇒ What if we could model the group effects with **fewer parameters**?

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**The critical assumption:**

$$\text{Cov}(u_j, x_{ij}) = 0$$

i.e., patients at a **better** (worse) hospital can't tend to receive **more** (less) therapy.

# The Error Components Model

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Two patients at the same hospital share  $u_j$ , so their errors are **correlated**. OLS ignores this.

# The Correlation Structure

**Within** hospital  $j$  (patients  $i \neq k$ ):

$$\text{Corr}(v_{ij}, v_{kj}) = \frac{\sigma_u^2}{\sigma_u^2 + \sigma_e^2} > 0$$

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⇒ Even if the OLS slope is OK, the inference is wrong.

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$\implies$  A hospital with only 5 patients gets a better estimate by “learning” from the other 495. The more hospitals look alike (small  $\rho$ ), the more we can borrow.

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Then run OLS on the transformed data. This is **feasible GLS** (FGLS).

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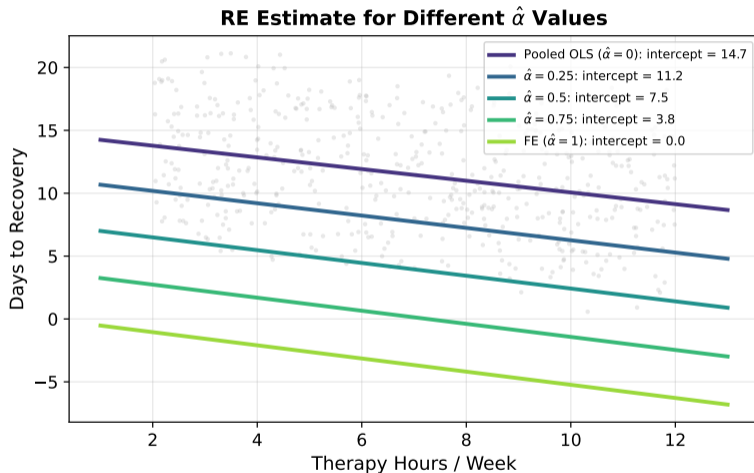
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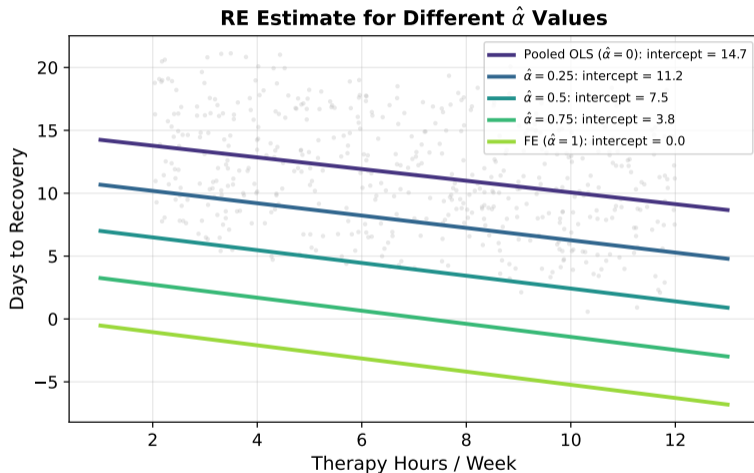
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$\implies$  With strong group effects or large panels, RE  $\approx$  FE.

# The $\hat{\alpha}$ Spectrum: Visualized



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As  $\hat{\alpha}$  increases from 0 to 1, we demean more aggressively, trusting each hospital's own data rather than pulling it toward the overall mean.

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If  $\text{Cov}(u_j, x_{ij}) \neq 0$ :

- FE is still consistent (it eliminates  $u_j$  entirely)
- RE is **inconsistent** (the partial demeaning doesn't fully remove  $u_j$ )

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- ④ **Efficiency**: RE uses both within and between variation
  - Smaller standard errors than FE

# When FE Is Safer

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$\implies$  When in doubt, FE is the conservative choice. But how do we decide formally?

## Motivation: What Difference Does It Make?

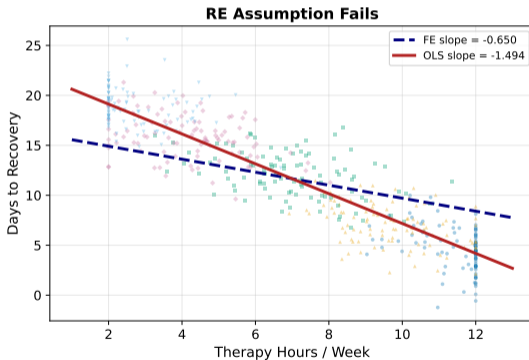
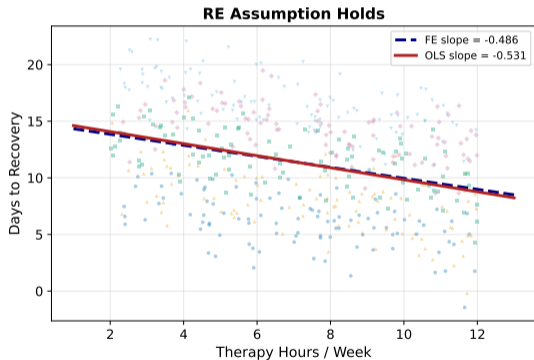
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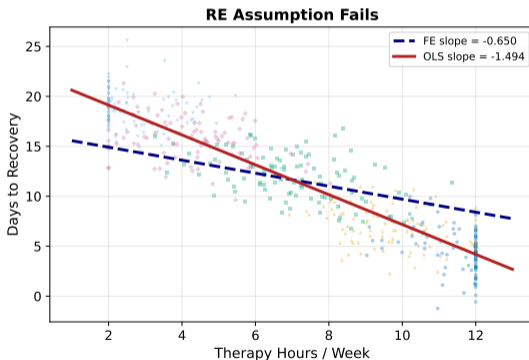
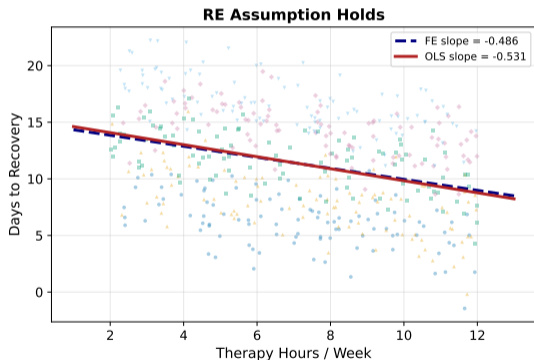
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When the assumption holds, slopes are similar. When it fails, they **diverge**.

## The Hausman Test: Setup

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With multiple regressors, the test generalizes to a  $\chi^2_K$  statistic (where  $K$  = number of regressors).  
Software handles this automatically.

## The Hausman Test: Why Does It Work?

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**Why is the denominator well-defined?**

Under  $H_0$ , FE is less efficient than RE:

$$\text{Var}(\hat{\beta}_{FE}) > \text{Var}(\hat{\beta}_{RE})$$

so  $\widehat{\text{Var}}(\hat{\beta}_{FE}) - \widehat{\text{Var}}(\hat{\beta}_{RE}) > 0$  and the square root exists.

## Decision rule:

Result	Conclusion	Action
$p < 0.05$	Reject $H_0$	Use <b>FE</b>
$p \geq 0.05$	Fail to reject $H_0$	Can use <b>RE</b>

# Interpreting the Hausman Test

## Decision rule:

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## Intuition:

- Reject  $\rightarrow$  FE and RE give **different** answers  $\rightarrow$  RE is biased  $\rightarrow$  use FE
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$\implies$  The Hausman test is a **specification test**: it checks whether  $\text{Cov}(u_j, x_{ij}) = 0$  is reasonable.

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$\implies$  RE and FE agree. RE is appropriate here, and more efficient.

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- No → Pooled OLS is fine | Yes → Go to Step 2

# FE vs. RE: Decision Flowchart

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$\implies$  When in doubt, FE is the **safe** default. RE is the **reward** for being able to argue  $\text{Cov}(u_j, x_{ij}) = 0$ .

Thank you!  
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