**U6614. Presentation Grading and Feedback Form**

Group: Neil and Nicole

Topic: Medicaid expansion affect drug overdose deaths

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|  | **Grading Criteria** | **Comments** |
| 1 | Clear statement of research question and motivation | * Room to improve the format to present the policy background, but very well explained. |
| 2 | Clear description of data and data sources | * Good, and good explanation of preprocessing steps (i.e. shifting PA backwards) * Good difference in means table and how this informs the specifications that follow. |
| 3 | Methodology   * Describe empirical strategy; be clear about the variation you’re using/comparisons you’re making * Definition/measurement of key explanatory and dep. variables | * Great discussion of hypothesis and literature review informing the empirical design (link back at the end) * Bit hard to say for certain you have parallel trends when there are only two points - there doesn’t seem to be anything to be frightened about (and you test diff-in-means for a bunch of characteristics that do seem relevant, but not overdose deaths)   It’s actually three years, but we don’t really need to worry about this   * Great operationalization of the DiD and FE design, and discussion of what factors you expect the FEs to account for, and which need to be incorporated as time-varying controls * The next logical step would be to look at period by period dynamics, accounting for the fact that counties had a different “level of the problem” to begin with - this might be as simple as breaking the sample into two (e.g. “high-risk” counties and “not high-risk” ones, and using a similar estimation procedure to the Medicaid example covered in class)   Probably need to look at high and low risk counties — need to look at the distribution of overdose deaths in expansion and non-expansion counties in greater depth.   * Suggested by someone in class - could also use above/below poverty line instead of median income to estimate the “poverty-deaths” mechanism   Can try to find this in the census data |
| 4 | Presentation of findings supported by tables, charts, and graphs | * Do we want to present the control betas in the summary model table?   Why not |
| 5 | Interpretation of findings and identifying/addressing any key limitations of the analysis (e.g. threats to internal/external validity) | * More explanation is needed regarding limitations: * Could there be another causal mechanism – by which medicaid expansion increases data collection on deaths (rather than actual numbers of deaths) and this is what you are detecting in your results?   We should try to address this in the conclusion |
| 6 | Well-knit slides with clear headings and subheadings | * Too many words on slides |
|  | **General feedback** | * Great job guys! * I’m still not sold on your decision to only focus on Appalachia counties. I understand why this line of research is particularly relevant for Appaliachian counties that had a big opioid problem, but why do you think the relationships you’re interested in estimating might be different for Appalachia vs other severely affected counties across the country? Why limit the policy variation you use to identify treatment effects to just a handful of states? Just something to think about, at this point you don’t necessarily need to expand your set of states/counties for the report.   Can try to spell this out better in the introduction   * To distinguish between your hypothesized causal mechanism and the counter hypothesis, how about showing differential time trends (relative to expansion) for counties that were high- and low-crisis before expansion (i.e. split counties based on pre-expansion overdose death rates). I wonder if the scope for your hypothesized mechanism seems higher in counties that began with more overdose death rates, whereas the non-crisis counties have less scope for reducing overdoses deaths (since there weren’t many to begin with), but more scope for the counter-hypothesis mechanism.   Can do this when I split out high and low risk counties   * Nice diff in means tables. It suggests there are something to control for but aside from income most of these are mostly time invariant. * I think it’s a leap to jump from your hypothesized mechanism to your counter-hypothesis explanation without wrestling with OVB concerns. My suggestion above to split counties in expansion states into subgroups with different vulnerabilities to these different mechanisms could be informative.   Same here   * Slide 8: there is no event for non-expansion states so i’m not sure how you constructed this line (guessing you just assumed it was 2014).   Probably can address this in text   * Nice PRF notation and description for your diff in diff strategy (pre-post comparison). That said i think you want to focus on the year by year event study approach to understand the dynamics and avoid arbitrary decisions about the right pre- and post-period windows. You can use the medicaid lesson to help inform the right event study PRF for your project, and also consider interacting the pre-expansion overdose death rate with yearly expansion effects.   Will look at this — guessing this just involves re-arranging our regression model   * Another thing to consider is interacting expansion with the share of the population in the 100-138% FPL income range, since that would influence the share of the population directly affected by the expansion. This would be more of a supplement to the main estimation strategy.   Don’t know if this is necessary/do-able |
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