# The Economic Geography of Premature Mortality in the United States: Discussion

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#### Overview

- Overarching Question: Geographic variation in mortality? By race and age?
- Striking patterns emerge:
  - Middle aged, white women are dying at much higher rates
  - Whites in general are stagnating in mortality
  - Blacks are doing much better (could probably be emphasized more?)
- Evaluate some initial (economic!) explanations
  - Income growth (nada)
  - Manufacturing (maybe?)

# Why This Paper is a BFD



- Uses **population data** from CDC to evaluate mortality rates
- Shows strong gender-race-regional differences in mortality rates
- Tons of puzzles come out of this that are (literally) a matter of life and death

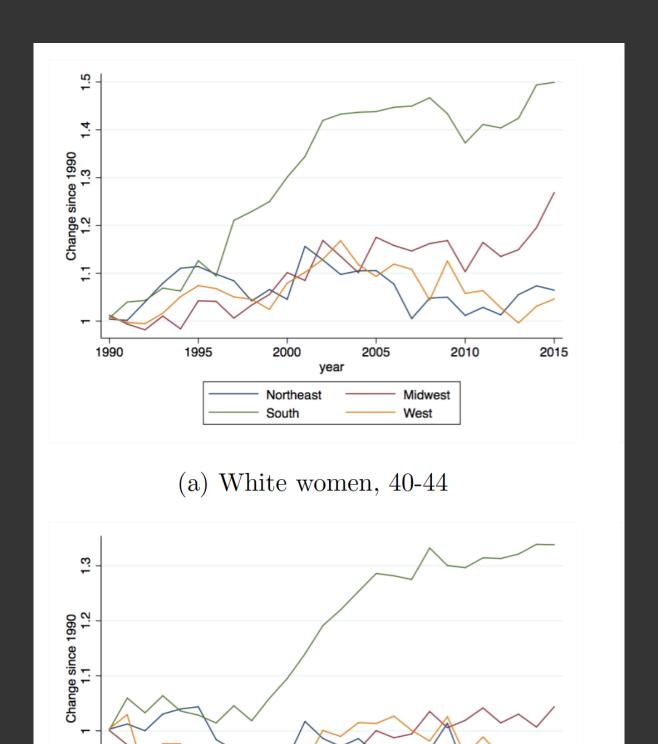
# My Overarching Questions

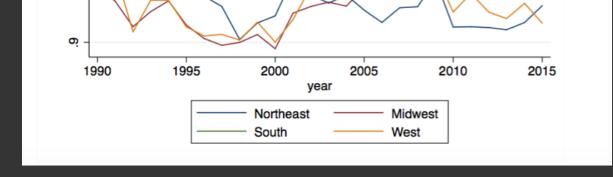
- Theory
  - No overarching conceptual framework
  - Are there microfoundations that can jointly incorporate age, race, and sex?
  - Where's the state? Politics?
- Empirics
  - Where's the geography?
  - Not sure if you've really set up fair tests of existing explanations
  - Cause specific mortality trends?

# Suggestions for Theory

- Paper currently reads as overview of existing explanations
  - I want to know how you are thinking about this theoretically
- Microfound this with some a lifecycle theory of household bargaining?
- Politics and the state (Bleakly 2007, Velasco 2017)

#### The Erosion of the Welfare State?





#### Suggestions for Theory

- Paper currently reads as overview of existing explanations
  - I want to know how you are thinking about this theoretically
- Microfound this with some a lifecycle theory of household bargaining?
- Politics and the state (Bleakly 2007, Velasco 2017)
  - Decline in welfare state and Medicaid
  - Incarceration?
  - What about decline of unions, rise in inequality, etc.?

# Suggestions for Empirics

- Would love to see maps of this variation
- Directly test the China shock hypothesis
- Lots of problem with post-treatment variables
  - Makes it hard to interpret the regressions

#### Post-treatment?

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
VARIABLES	20	25	30	35	40	45	50	55	60
Share manuf. emp. 1969	0.143	0.614*	1.117**	0.610	0.319	0.325	-0.931	-2.048	-4.171***
	(0.231)	(0.331)	(0.437)	(0.481)	(0.553)	(0.906)	(1.101)	(1.325)	(1.292)
Share manuf. emp. 2000	-0.633**	-0.480	-1.050**	-0.234	0.606	0.522	1.743	2.194*	3.451***
	(0.283)	(0.394)	(0.430)	(0.493)	(0.589)	(0.869)	(1.124)	(1.307)	(1.258)
Chg. manuf. share 2000-2015	0.218**	0.0666	-0.0854	-0.0215	0.122	0.0677	-0.103	-0.0311	-0.0505
	(0.0952)	(0.0861)	(0.112)	(0.114)	(0.115)	(0.126)	(0.299)	(0.285)	(0.263)
Med. HH Inc., 2000	0.000684	-0.00955***	-0.0211***	-0.0258***	-0.0376***	-0.0611***	-0.0761***	-0.103***	-0.109***
	(0.00253)	(0.00339)	(0.00453)	(0.00550)	(0.00636)	(0.00860)	(0.0101)	(0.0147)	(0.0195)
Real Inc. growth, 2000-2015	-0.431	-0.573	-0.883	-0.829	-0.564	-0.371	-1.829	-4.276***	-5.298***
	(0.409)	(0.538)	(0.674)	(0.659)	(0.783)	(1.040)	(1.435)	(1.566)	(1.462)
Constant	0.545***	1.278***	1.635***	2.011***	2.796***	4.203***	5.002***	6.834***	7.854***
	(0.191)	(0.263)	(0.388)	(0.399)	(0.509)	(0.681)	(0.719)	(1.121)	(1.617)
Observations	670	670	670	670	670	670	670	670	670
R-squared	0.699	0.311	0.352	0.326	0.358	0.451	0.427	0.416	0.405

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- Lot's of problem with post-treatment variables
  - Makes it hard to interpret the regressions
- What about Chetty et al?
- Minor point: graphs hard to read in black and white

# Conclusion

This is going to be a very important paper.