Health and Wealth: Empirical relationships

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INTRODUCTION

- → Disentangling the relationships between health and wealth and uncovering causal relationship in either direction is very tricky
 - → Fundamental endogeneity problem
 - → Measurement issues
 - → Health: inputs (nutrition, expenditure) or output (health status)
- → Proper measurement of inputs: adjustment for quality, waistage
- → Wealth: short or long run? Measurement error in income Functional form (non-linearities are key to the story, but it may not be possible to observe them.

cf. table 1: Wide variety in the estimates of the elasticities of calorie demand with respect to household resources (0.01 to 0.82)

INCOME TO HEALTH: NUTRITION

Deaton and Subramamian(1996)-Non parametric approach

Data set = 5630 households in 563 villages. Recall data on 149 food items, meals taken out and given away, etc.

From those 149 food items, they calculate caloric intake using a conversion table. Also correct for meals taken out

Slide 3 and meals given to people.

Interesting aspect of this work = non-parametric estimate.

$y = g(x) + \epsilon$

How can we estimate g(x)?

- → Kernel regression
- → Fan (1992) locally weighted regression

RESULTS:

- → Positive relationship between income and nutrition, precisely estimated even non-parametrically
- → The elasticity declines with outlay, but not dramatically. Sample of poor people.
- → Price per calories paid increase with outlay. Richer households pay each calories more. Rich=1.50 rupees per 1000 calories, Average 1.14 rupees per 1000 calories, Poor=88 rupees
- → Elasticity of calories price seems constant

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PARAMETRIC ANALYSIS

Problem with non-parametric analysis: introducing control variables is difficult \implies move to parametric analysis

Log (calorie per capita) = $\alpha \log(\text{Exp. per capita}) + X\beta + \epsilon$ (x is vector of control variable)

Coefficient (elasticity) = 0.37 for calorie(t=29) 0.38 for price per calorie (t=25)

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Summary: There seems to be a clear relationship between income and nutrition, even if the magnitude depends on the sample, the variables used, etc...

However:

- 1. Elasticity is much lower than one.
- 2. Endogeneity of income with respect to nutrition is not solved.

INCOME AND HEALTH: NATURAL EXPERIMENTS

- Slide 7 → Duflo (2001): pension and child health
 - Postel-Vinay et al. (2004): long-run consequences on health shock in childhood

- → Setting is 19th century France
- → A developing country, in many respects: infant mortality before 1 27%, mean height at 20 is 1.64 meters (3d percentile of the American distribution today).
- Slide 8 → France wine income was hit by a plague in the years 1870-1890: the Phylloxera. The phylloxera is an aphid (fly) that kills wine, and eventually destroyed 40% of France's wine production.
 - → Wine employed 1/6 of France and was the third largest agricultural production.
 - → Phylloxera progressed slowly across France.

3. This may cause a specific problem in interpreting the non-parametric relationship.

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 Nobody may exist at the point where the elasticities is very high.

INCOME AND HEALTH: NATURAL EXPERIMENTS

- → Main outcome variable: Height at age 20.
- → Long tradition of using height to infer something about health: Fogel, Steckel, Dora Costa, David Weir
- → Heights are measured by the military, for all young people called to the army at age 20 (before 1872, a random sample; after 1872, everybody).
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- → The data set is recorded as tabulations, for each "departement" (89 departements in France). Number of
- people less than 1.54, between 1.54 and 1.56, etc...
 From these we computed mean height in each department (by fitting a normal distribution or interpolating the bins non-parametrically).
- → See the difference in mean height between wine producing regions and others over time: closely track aggregate wine production.

OUTCOME AND RESULTS

- → Wine production went down by 40% in phylloxera affected regions
- → Height went down by 2 milimeters in affected department
- → This corresponds to about 7 milimeters for the affected families)
- → Height grew by 2.5 centimeters over the 19th century
- → Other effects: no effects on mortality, literacy went down
- Slide 11 → Effect is not expressed in term of elasticity-translating height into a measure of health is difficult-we don't have a measure of the real income shock
 - → Back of the envelope: Mean height: 1.65. Effect: 7 mm for the affected families, for a reduction of income of about 40%. Take minimum height to be 1.54. 7 mm is 6% of the difference between minimum and mean, for a 40% reduction in income. Elasticity does not appear to be larger than one (even if reduction in income is less than 40%).

SPECIFICATION

Simple DD specification: Define phylloxera year as a year after phylloxera epidemics and before the production picked up again.

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 $y_{jt} = \alpha + \beta P_{jt} + \upsilon_t + \nu_j + \omega_{ij}$

Where y_{jt} is the outcome variable in departement j in year t, P_{jt} a dummy equal to 1 if there is phylloxera, v_t is a year fixed effects (dummies), v_i is a departement fixed effect.

Outcome and Results