

Dunaway Department Lecture: March 22nd at 3:30p in 109 East Fee Hall Jointly sponsored by the Department of Epidemiology

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"Changing Patterns in US Morbidity and Mortality"

We build on and extend the findings in Case and Deaton (2015, 2017) on increases in mortality and morbidity among white non-Hispanic Americans in midlife since the turn of the century. Increases in all-cause mortality have continued through 2016, with additional increases in drug overdoses, suicides, and alcohol-related liver mortality, particularly among those without a bachelor's degree. The decline in mortality from heart disease slowed and most recently stopped for whites with less education. This, combined with the three other causes, is responsible for the increase in all-cause mortality. Mortality rates in comparable rich countries have continued their pre-millennial fall at the rates that used to characterize the US. In contrast to the US, mortality rates in Europe are falling for those with low levels of educational attainment, and have fallen further over this period than mortality rates for those with higher levels of education. We find that contemporaneous economic circumstances, such as unemployment and slowly growing or stagnant incomes for those with less education, cannot explain the mortality changes we observe. We propose a preliminary but plausible story in which cumulative disadvantage from one birth cohort to the next, in the labor market, in marriage and childbearing, and in morbidity and mortality, is triggered by progressively worsening labor market opportunities at the time of entry for whites with low levels of education. This account suggests that those in midlife now are likely to do much worse in old age than those currently older than 65. This is in contrast to an account in which resources affect health contemporaneously, so that those in midlife now can expect to do better in old age as they receive Social Security and Medicare. None of this implies that there are no policy levers to be pulled; preventing the over-prescription of opioids is an obvious target that would clearly be helpful.



This talk is presented in conjunction with the [Dunaway lecture seminar](#), presented by Angus Deaton.