Death in the country: The role of rural health initiatives in the mortality transition of the United States

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Death in the Country

The Role of Rural Health Initiatives in the Mortality Transition of the United States

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Abstract

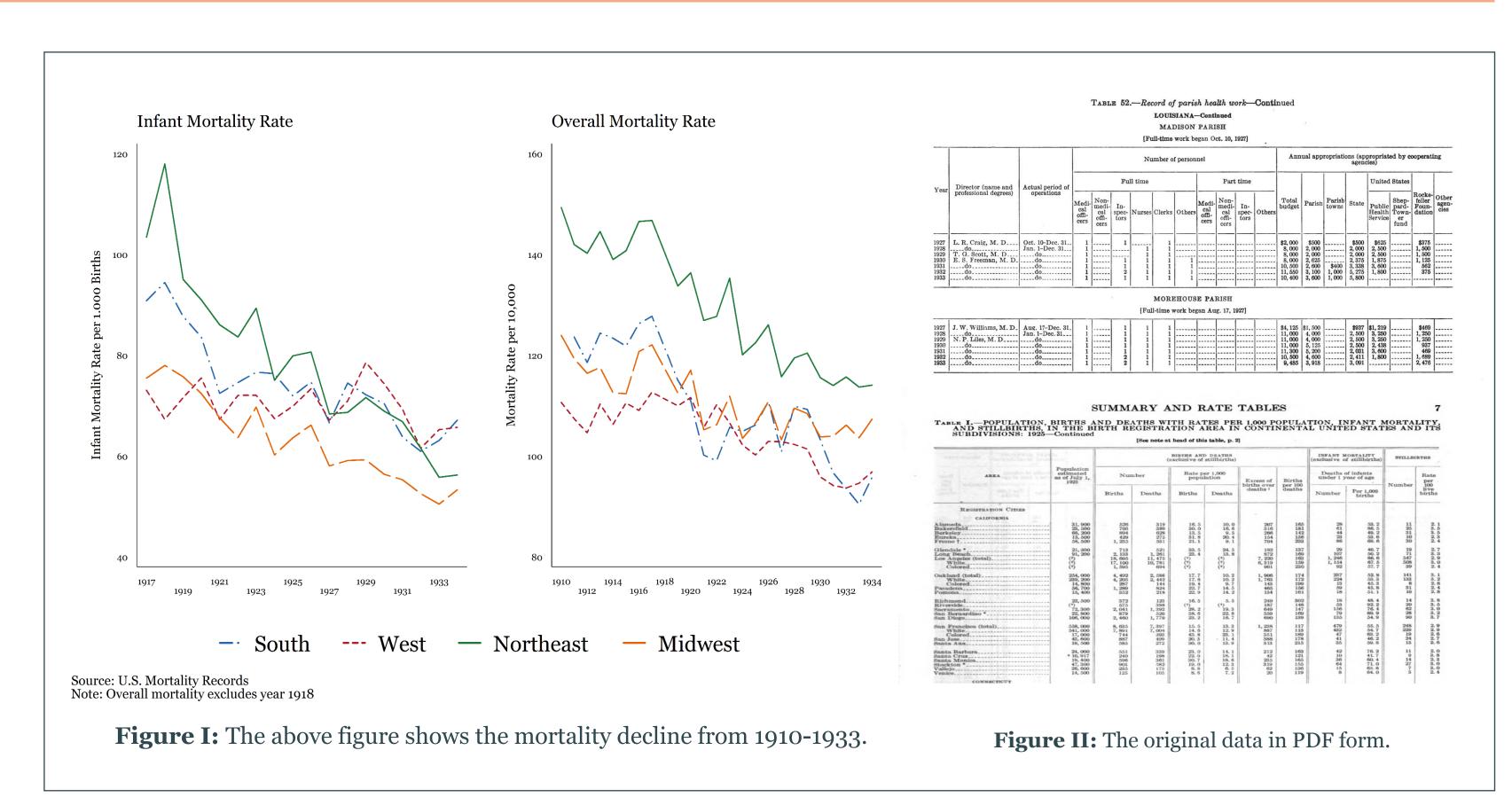
This study examines reductions in rural mortality due to health and sanitation efforts in U.S. counties over the years 1908-1933. Identification exploits variation in the location and timing of health investments to measure the reductions in mortality for the post-implementation period. Endogeneity of the health investment is addressed using the preexisting infectious disease mortality. Results are consistent under both estimation strategies. Infant deaths decline, even when accounting for state-level time trends.

Data

For this paper three novel sources of historical data are collected at the county-level: overall mortality, infant mortality, and health investment data. Overall mortality and infant mortality and are pulled from county-level records provided in the U.S. Vital Statistics. The health investment data is extracted from The History of County Health Organizations.

Conclusions

Results estimate that health initiatives improved infant mortality outcomes by an average of two deaths per 1,000 births. This decline accounts for 7-10% of the total mortality improvements for children under one. The strongest effect occurs in the Midwest, the South, and among black infants. Gains in overall health are less clear; crude mortality only declines when accounting for preexisting infectious disease mortality.



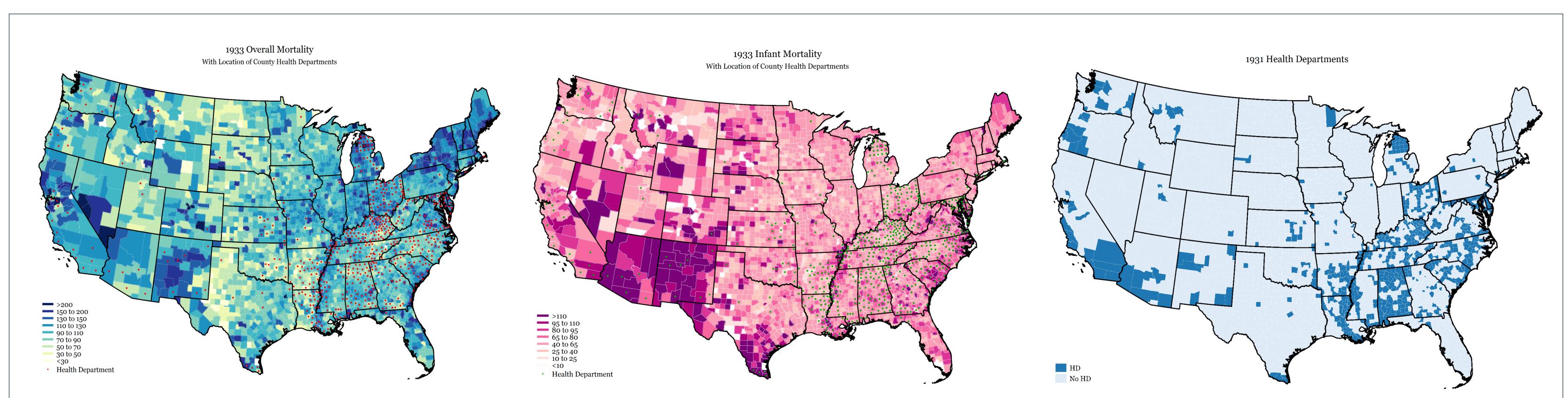


Figure III: The distribution of overall mortality and health investments in year 1933. Overall mortality is the rate is per 10,000 deaths.

Figure IV: The distribution of infant mortality and health investments in year 1933. Infant mortality is the rate is per 1,000 births.

Figure V: The distribution of health departments throughout the U.S. in 1931.

Mapping Methods

All data is extracted from PDF documents by the author (see figure II). County boundaries were unified and the health data matched with overall mortality. Using county specific shapefiles available from the IPUMS data release, the location of each indicator was determined. The included maps were produced in Stata software to reference geographic boundaries.

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