CENTER FOR
ECONOMIC
BEHAVIOR &
INEQUALITY

Claus Thustrup Kreiner
Torben Heien Nielsen

NØF marts 2019

Danmarks
Grundforskningsfond
Danish National
Research Foundation

UNIVERSITY OF COPENHAGEN

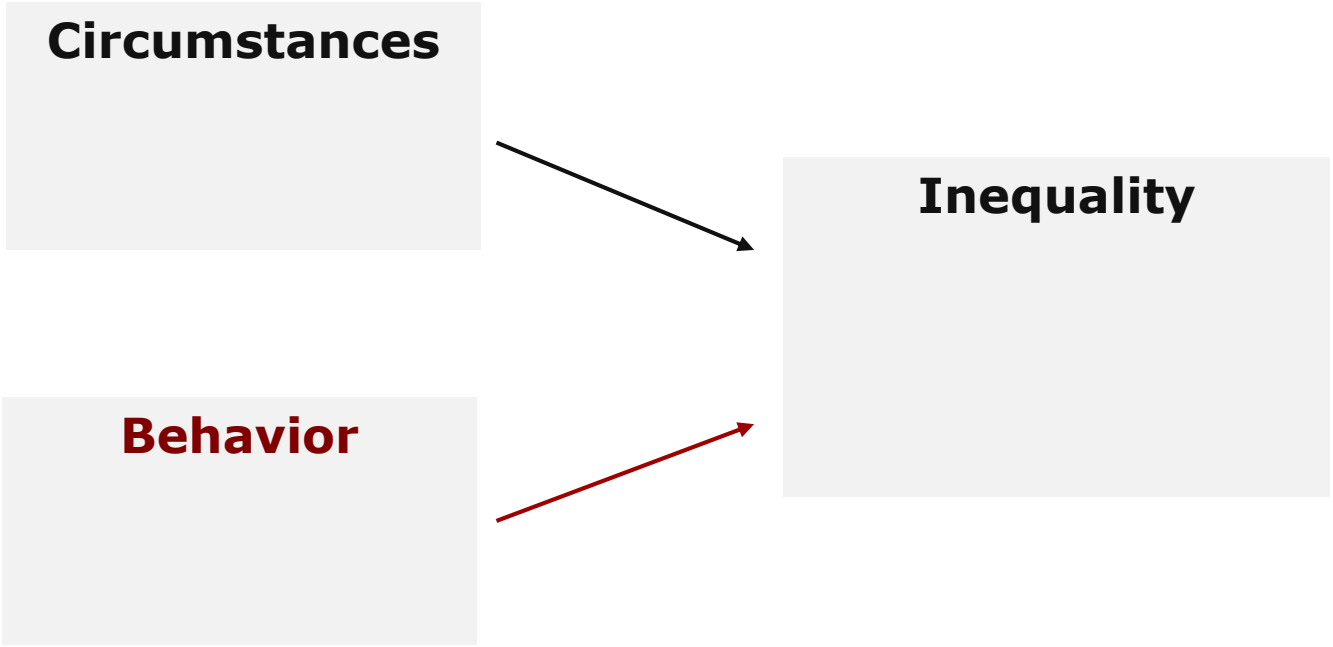
Oversigt

Kort introduktion til CEBI

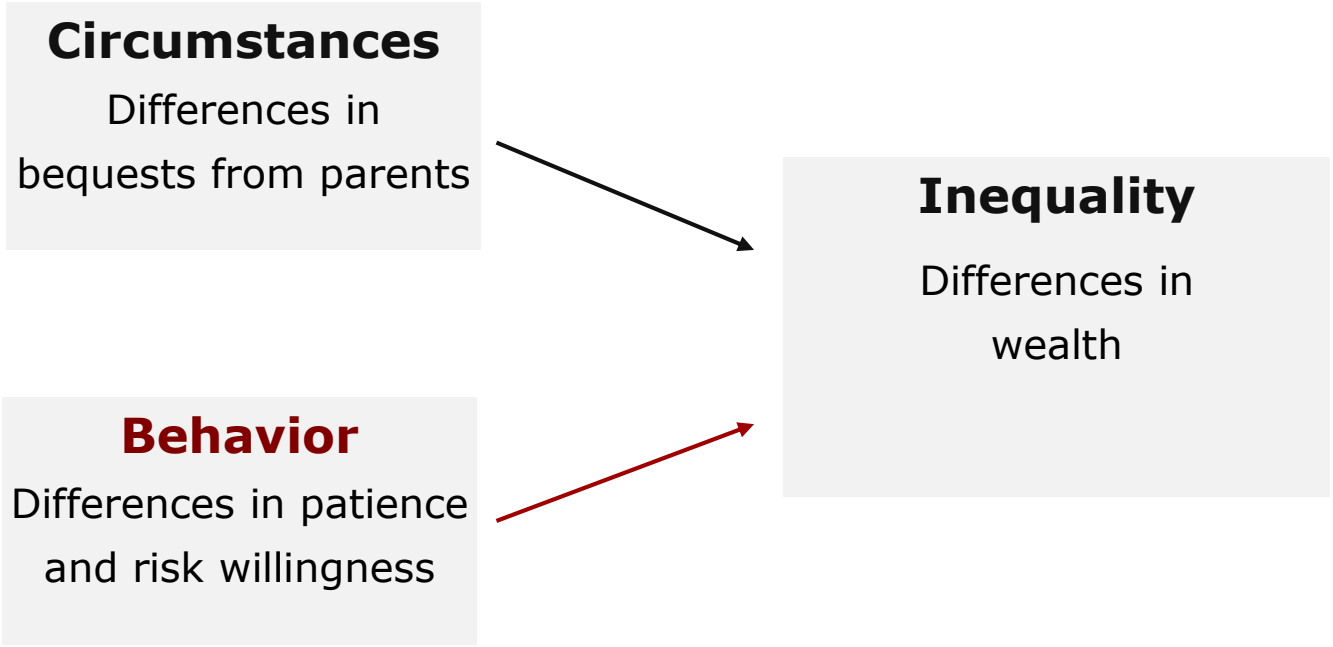
Ulighed i levetid

Smittende sundhedsadfærd

CEBI research agenda



CEBI research agenda



CEBI team

Many different fields: Public Economics, Labor Economics, Health Economics, Experimental Economics, Behavioral Economics, Household Finance, Political Economy, Microeconometrics...

Examples of research projects

- Trends over time in inequality?
- Role of tax evasion for inequality in society?
- Role of children for gender inequality?
- Effects of bequest on wealth inequality?
- Do differences in patience contribute to wealth inequality?
- Relationship btw. preference parameters (patience, risk willingness, altruism) and criminal behaviour?
- Why do some people get into financial trouble?
- Is the correlation across generations in education governed by nature or nurture?

- … and many more

Health inequality

Health inequality

Definition: Differences in health status between different population groups

A key measure: Differences in life expectancy (LE) across different income classes

How big? Development over time? Underlying driving forces?

Recent research

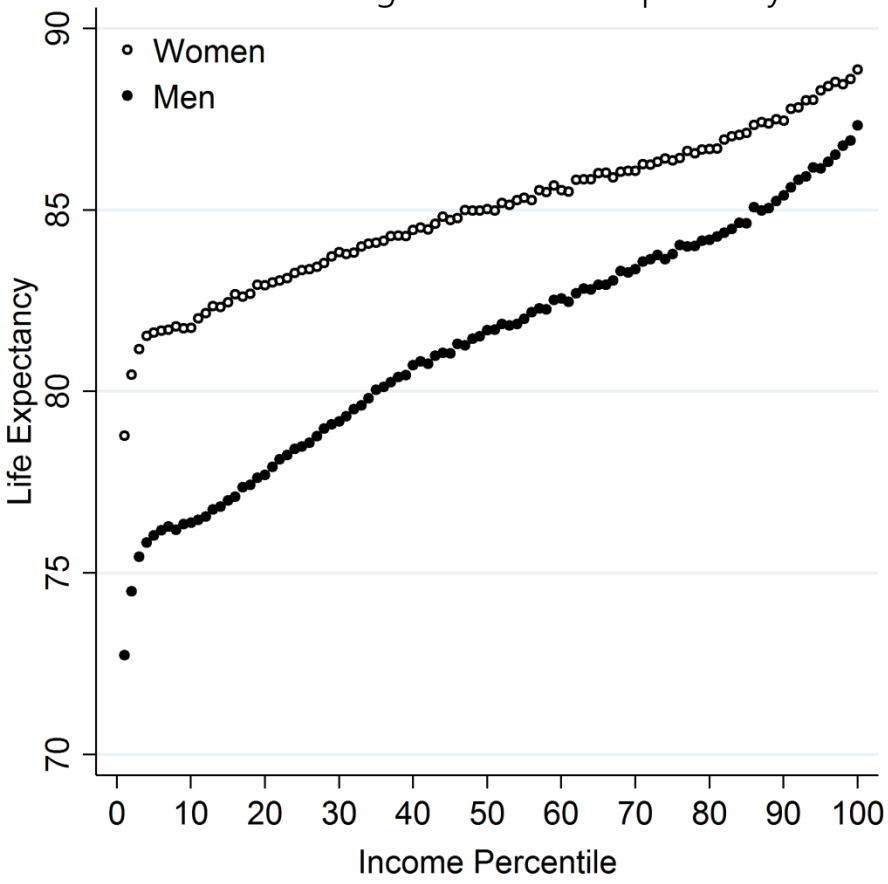
Large inequality in LE and increasing over time

(Case & Deaton *PNAS* 2015; Currie & Schwandt *Science* 2016; Chetty et al. *JAMA* 2016)

Vast public attention:

Where living poor means dying young

Chetty et al. (JAMA 2016)



Recent research

Large inequality in LE and increasing over time

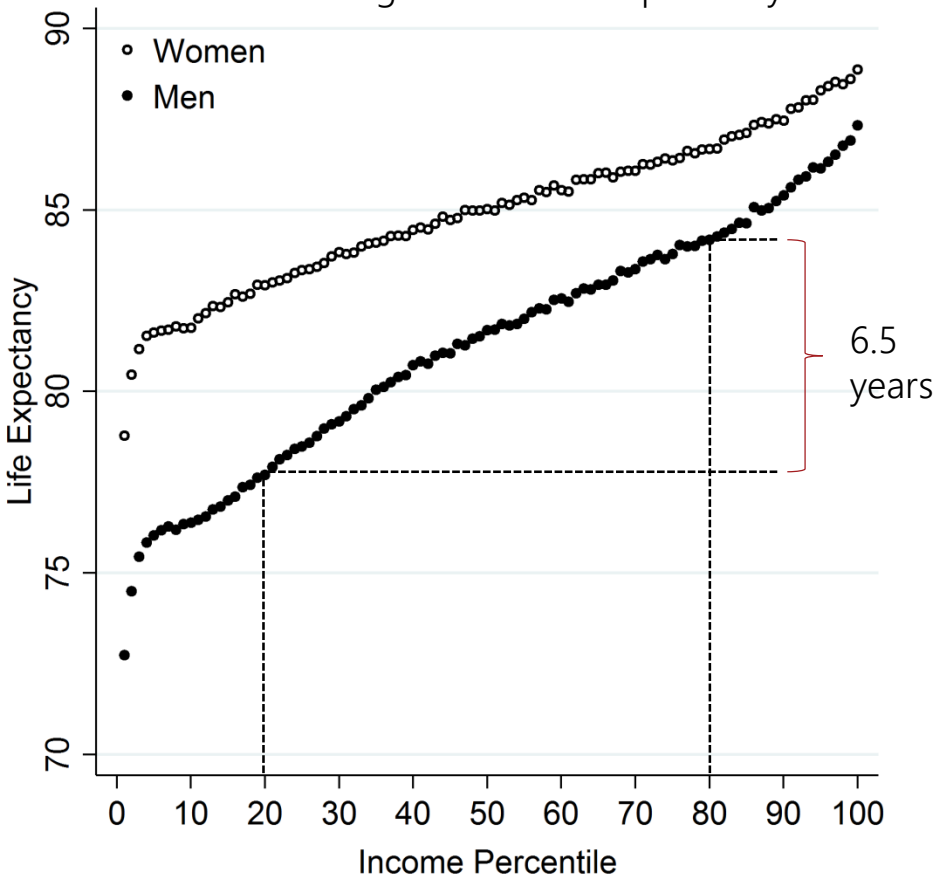
(Case & Deaton *PNAS* 2015; Currie & Schwandt *Science* 2016; Chetty et al. *JAMA* 2016)

Vast public attention:

Where living poor means dying young

Chetty et al. (JAMA 2016)

Income at age 40 and life expectancy



CENTER FOR
ECONOMIC
BEHAVIOR &
INEQUALITY

Claus Thustrup Kreiner
Torben Heien Nielsen

NØF March 2019

Danmarks
Grundforskningsfond
Danish National
Research Foundation

UNIVERSITY OF COPENHAGEN

PNAS PNAS PNAS PNAS

Role of income mobility for the measurement of inequality in life expectancy

Claus Thustrup Kreiner[a,1], Torben Heien Nielsen[a], and Benjamin Ly Serena[a]

[a]Center for Economic Behavior and Inequality, Department of Economics, University of Copenhagen, 1353 Copenhagen, Denmark

Edited by Angus Deaton, Princeton University, Princeton, NJ, and approved September 28, 2018 (received for review July 6, 2018)

This work proposes a method to compute the income gradient in period life expectancy that accounts for income mobility. Using income and mortality records of the Danish population over the period 1980–2013, we validate the method and provide estimates of the income gradient. The period life expectancy of individuals at a certain age, and belonging to a certain income class, is normally computed by using the mortality of older cohorts in the same income class. This approach does not take into account that a substantial fraction of the population moves away from their original income class, which leads to an upward bias in the estimation of the income gradient in life expectancy. For 40-y-olds in the bottom 5% of the income distribution, the risk of dying before age 60 is overestimated by 25%. For the top 5% income class, the risk of dying is underestimated by 20%. By incorporating a classic approach from the social mobility literature, we provide a method that predicts income mobility and future mortality simultaneously. With this method, the association between income and life expectancy is lower throughout the income distribution. Without accounting for income mobility, the estimated difference in life expectancy between persons in percentiles 20 and 80 in the income distribution is 4.6 y for males and 4.1 y for females, while it is only half as big when accounting for mobility. The estimated rise in life-expectancy inequality over time is also halved when accounting for income mobility.

life expectancy | mortality | inequality | income mobility

Life expectancy is strongly associated with income across societies and within societies (1–8). The relationship between income class and life expectancy within a society is important for evaluating equity and assessing the costs and benefits of public health and social security policies (9–14). It is well established that mortality is decreasing in income across individuals, and this relationship is used to estimate the association between income and life expectancy (6–8, 10, 15). An impressive recent study (7) provides nonparametric estimates of the association between income class and period life expectancy using tax return data for the US population and shows that those in the top of the income distribution at age 40 can expect to live nearly 15 y longer than those in the bottom of the distribution.

The calculation of period life expectancy for a given age group in a given year uses life tables with information about mortality of older cohorts to estimate future mortality. In an unchanging society, in which mortality rates are constant, period life expectancy will equal the observed average life length. Period life expectancy is, therefore, a useful summary measure of cross-sectional mortality rates in a given year and is often used to study trends in mortality (16).

When segregating period life expectancy by income class, the mortality of older cohorts in the same income class is used to estimate future mortality. This approach assumes that individuals stay in the same income classes over time, which is in contrast to evidence in economics and sociology documenting significant income mobility (17). As a consequence, estimates of period life expectancy of the different income classes will in general not be equal to the observed average life length, even when considering an unchanging society in which mortality and mobility rates are constant. Some of the individuals originally in the top of the income distribution within their cohort will move down in the distribution, while individuals in the bottom of the distribution will tend to move up. Therefore, the method assigns too-high future mortality rates to low-income classes and too-low rates to high-income classes. This creates an upward bias in the estimation of the income gradient in period life expectancy (18).

To see the potential quantitative importance, consider the extreme case of perfect mobility, where income in 1 y is uncorrelated with income in preceding years. In this case, life expectancy of individuals alive 1 y from now is independent of their current income class, even when mortality rates vary strongly with income at each age. Estimates not accounting for income mobility would then point to a large income gradient in period life expectancy for these individuals, although the true gradient is zero.

Table 1 uses our data to illustrate the actual degree of income mobility in society and its importance for predicting future mortality of different income classes. Among 40-y-old males belonging to the bottom 5% of the income distribution, nearly half of those alive at age 50 (45% to be exact) have moved up in the income distribution (labeled movers), while the remaining half have stayed in the bottom part of the distribution (labeled stayers). Similarly, among individuals in the top 5% of the distribution, about half are movers, moving down in the income distribution, while the other half are stayers. This mobility across income classes is important for predictions of future mortality. During the subsequent 10 y, from age 50 to 60, we find that 29% of the stayers in the bottom part of the distribution die, but only 13.5% of the movers die. We observe the reverse pattern in the top of the distribution, where 3.5% of the stayers die, while 5% of the movers die. This example illustrates the potential for

Significance

People in the bottom of the income distribution live shorter lives than those in the top. This is an important dimension of inequality in society. We demonstrate how forces of income mobility are important for conclusions about inequality in life expectancy. Some people escape poverty, and many people at the top of the distribution only have high incomes temporarily. Those moving out of an income class have very different mortality patterns than those staying. We provide a method that incorporates income mobility in calculations of life-expectancy inequality. The good news is that the degree of inequality in life expectancy is only half as big once accounting for income mobility. The bad news is that inequality continues to rise.

Author contributions: C.T.K., T.H.N., and B.L.S. designed research; C.T.K., T.H.N., and B.L.S. performed research; B.L.S. analyzed data; and C.T.K. and B.L.S. wrote the paper.

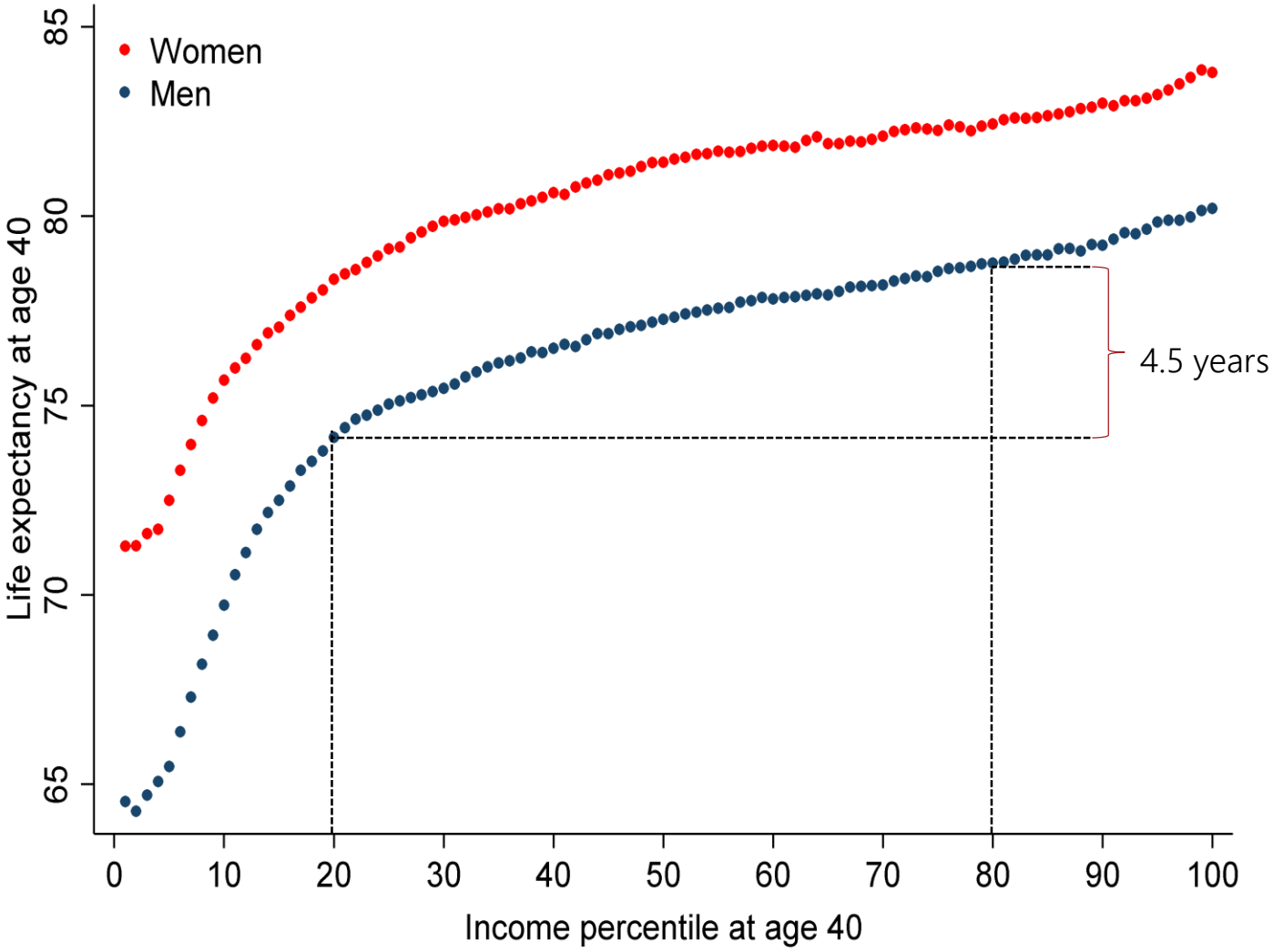
The authors declare no conflict of interest.

This article is a PNAS Direct Submission.

[1]To whom correspondence should be addressed. Email: ctk@econ.ku.dk.

This article contains supporting information online at www.pnas.org/lookup/suppl/doi:10.1073/pnas.1811455115/-/DCSupplemental.

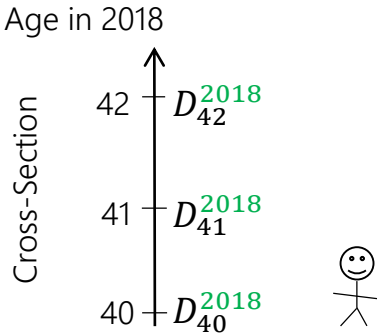
Inequality in life expectancy in Denmark
Average 1983-2013, standard method



Measurement of life expectancy

Period life expectancy (LE) at age 40 in 2018

- Computed from information about mortality rates of older cohorts observed in 2018
- The *computed* LE will equal the *observed* average life length of a forty year old *if* mortality rates are constant
- ⇒ Measure *actual* average life length of forty year old individuals *if* society is unchanged



Inequality in life expectancy

LE by income class at age 40 in 2018

- Aim: measure the actual average life length by income class of forty year old individuals if society is unchanged

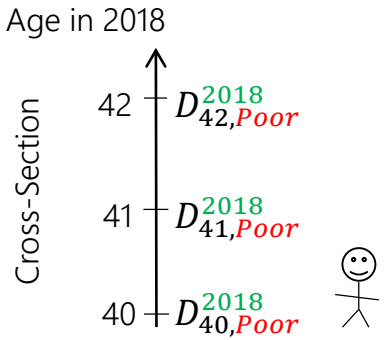
Inequality in life expectancy

LE by income class at age 40 in 2018

- Aim: measure the actual average life length by income class of forty year old individuals if society is unchanged

Standard approach

- Use older cohorts in same income class in 2018
- PL equal to actual average life length by income class if *mortality rates are constant* and *mobility rates are zero* (poor at age 40 → poor at age 41, 42, …)



Inequality in life expectancy

LE by income class at age 40 in 2018

- Aim: measure the actual average life length by income class of forty year old individuals if society is unchanged
- Unchanged society ⇒ constant *mortality* and *mobility* rates
- Aim: With constant *mortality* and *mobility* rates the computed LE by income class should equal the observed average life length of forty year old individuals by income class

Is Income Mobility Important?

Substantial income mobility

From age 40 to 50:

1. About half of the 5 percent **poorest** move **up** the income distribution
2. About half of the 5 percent **richest** move **down** the income distribution

Income mobility is important for mortality

From age 50 to 60:

1. Those of the 5 percent **poorest** that move **up** are 50% **less** likely to die
2. Those of the 5 percent **richest** that move **down** are 40% **more** likely to die

⇒ Standard approach is systematically biased
Exaggerates inequality in life expectancy

What we do

1. Demonstrate large upward bias in standard method

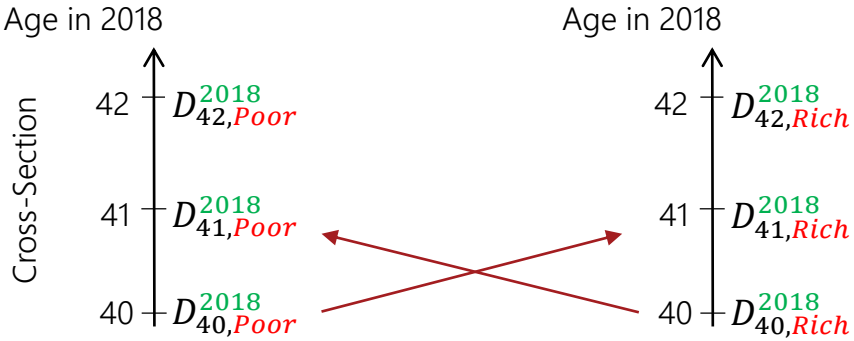
2. Develop new method to measure inequality in life expectancy
   Incorporates income mobility using classic model of social mobility from Sociology

3. Validate method by combining register data on income from tax returns with mortality records for all Danes since 1980

4. Provide new estimates of inequality in life expectancy

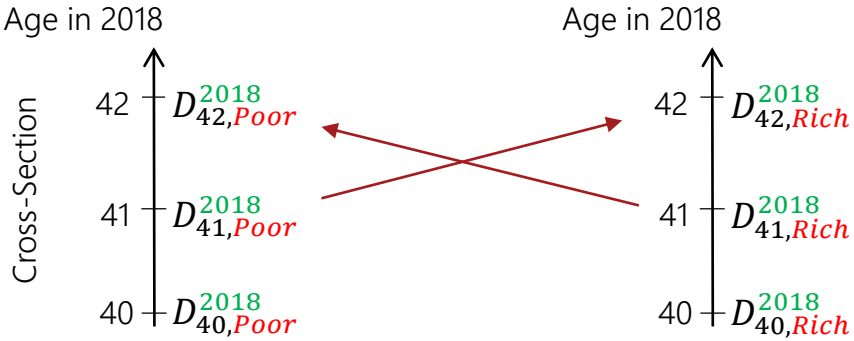
Our Method

Use cross-sectional information about *mortality* and *mobility* rates of cohorts age ≥ 40 observed in a given year to predict mortality and mobility of age 40 individuals



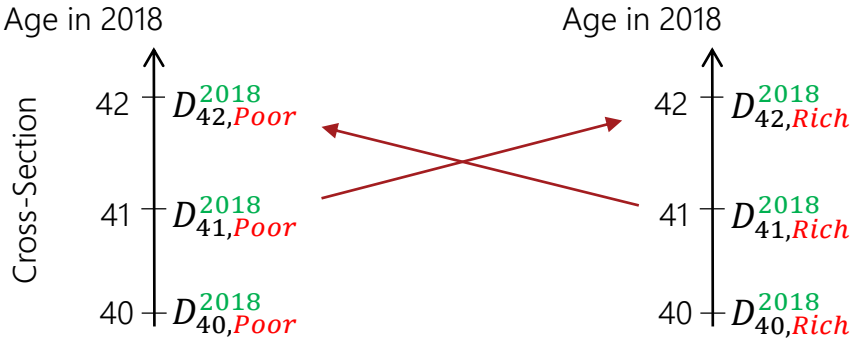
Our Method

Use cross-sectional information about *mortality* and *mobility* rates of cohorts age ≥ 40 observed in a given year to predict mortality and mobility of age 40 individuals



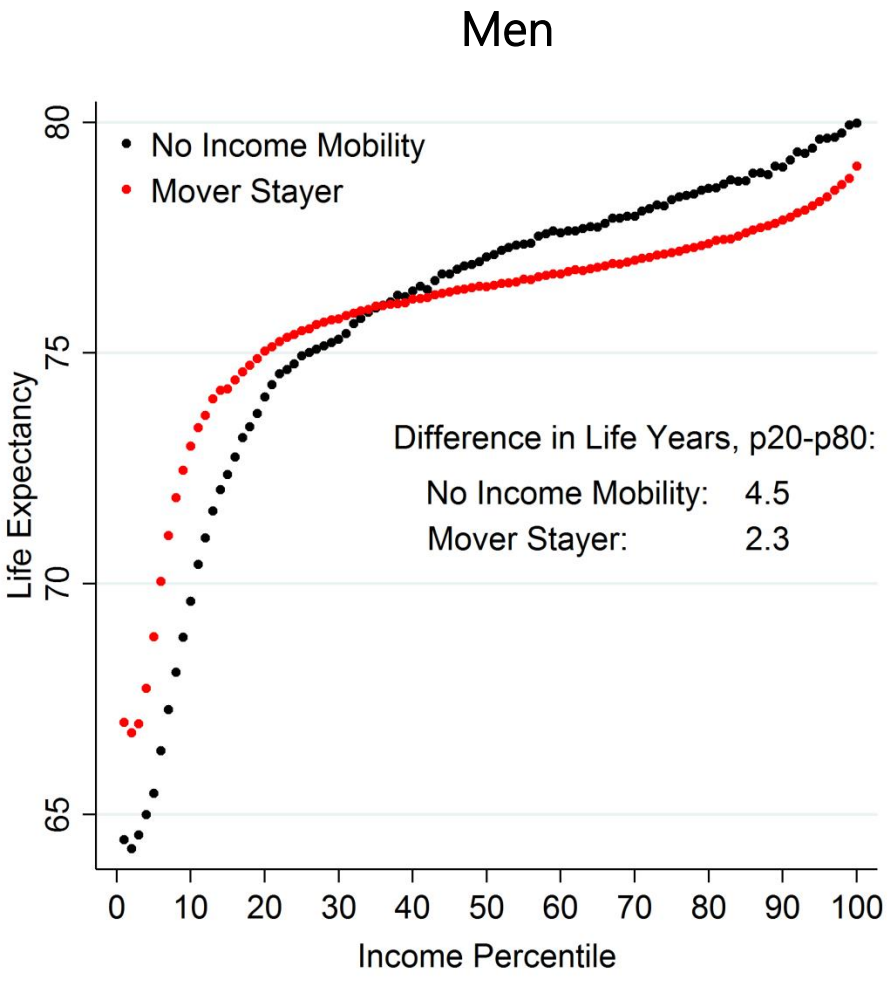
Our Method

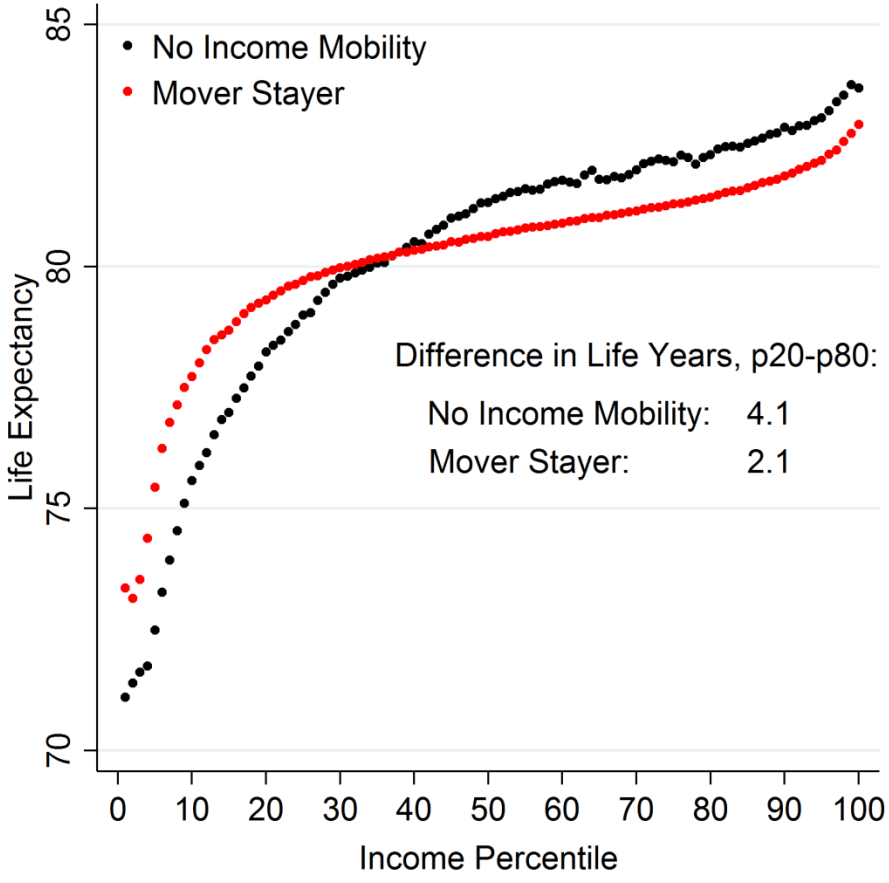
Use cross-sectional information about *mortality* and *mobility* rates of cohorts age ≥ 40 observed in a given year to predict mortality and mobility of age 40 individuals



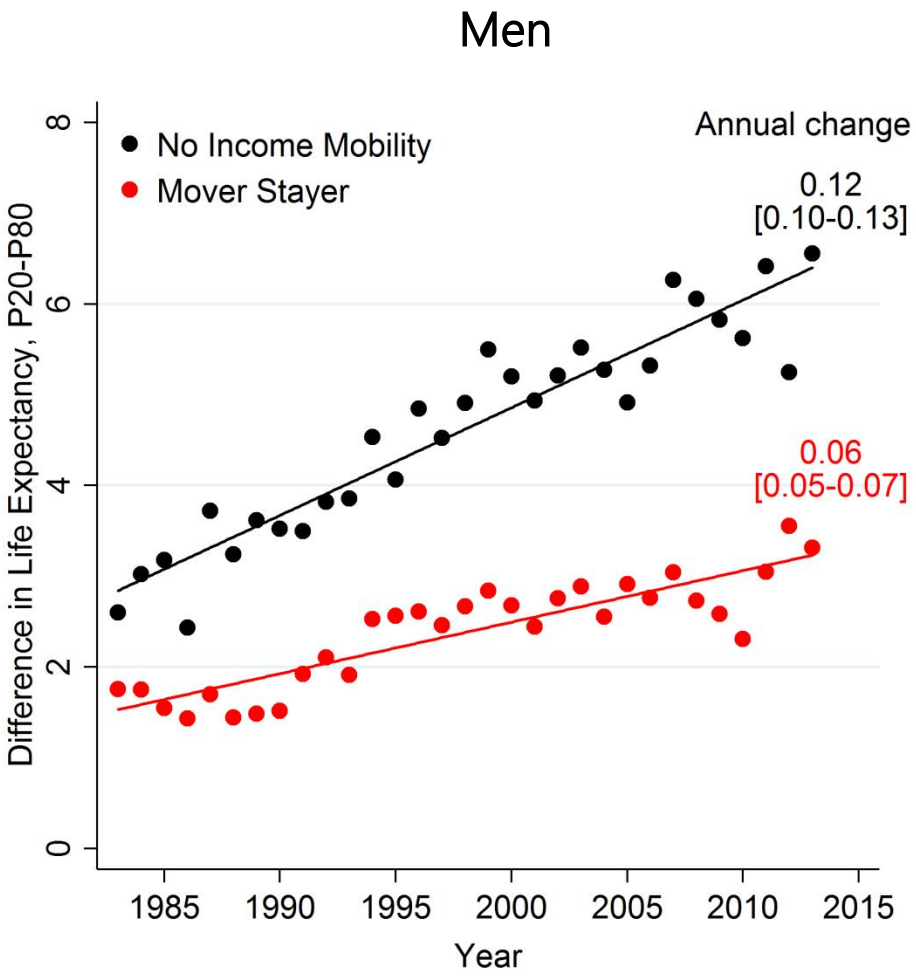
Validate method by using panel data on mortality and income for all Danes since 1980 (follow cohort + adjust analysis to account for time variation)

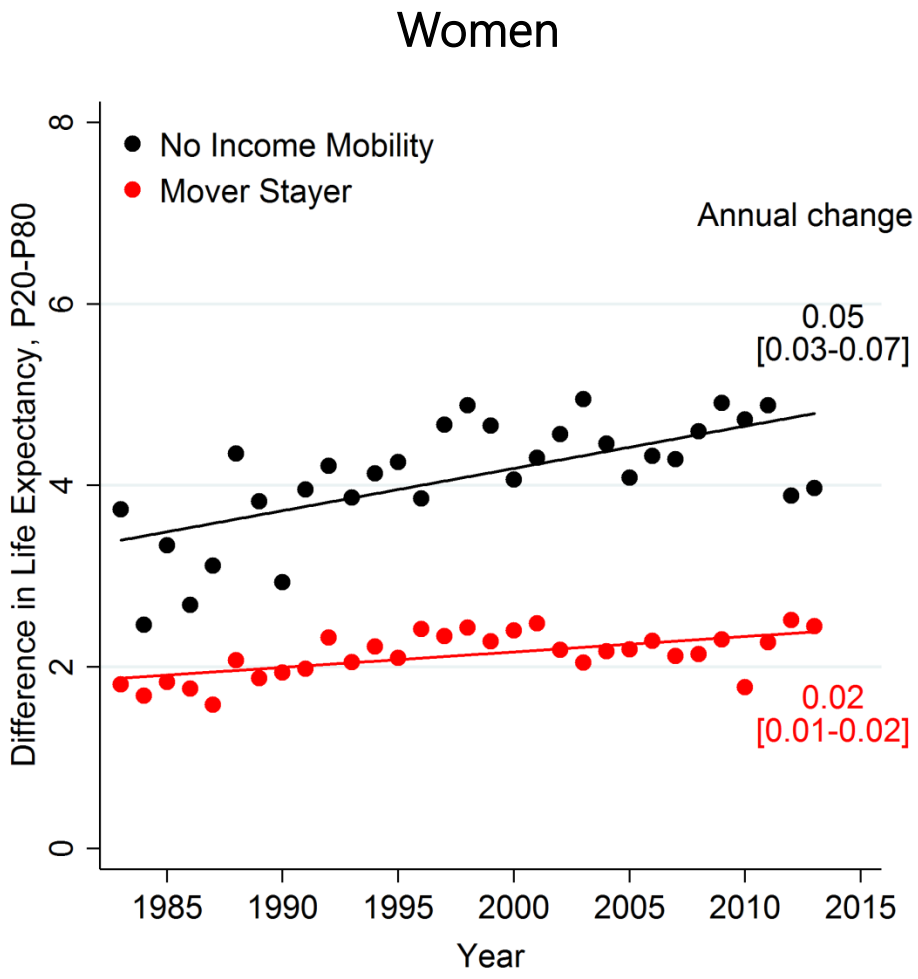
LE inequality half as big as previously thought





LE inequality still increasing over time, but slope half as big





CENTER FOR
ECONOMIC
BEHAVIOR &
INEQUALITY

Claus Thustrup Kreiner
Torben Heien Nielsen

NØF March 2019

Danmarks
Grundforskningsfond
Danish National
Research Foundation

UNIVERSITY OF COPENHAGEN

Smittende Sundhedsadfærd

Evidens fra sundhedschok i familien

(ENG: Family Health Behaviors, Accepted in American Economic Review)

Itzik Fadlon (UC San Diego)
Torben Heien Nielsen (Københavns Universitet)

Motivation

Sundhedsadfærd

Handlinger, investeringer eller forbrugsvalg, der påvirker sundheds- og mortalitetsrisiko, er nøgleinput den individuelle produktion af sundhed

- Dårlige vaner: rygning og druk
- Gode vaner: Forebyggende adfærd (fx medicin)

Motivation

Sundhedsadfærd

Handlinger, investeringer eller forbrugsvalg, der påvirker sundheds- og mortalitetsrisiko, er nøgleinput den individuelle produktion af sundhed

- Dårlige vaner: rygning og druk
- Gode vaner: Forebyggende adfærd (fx medicin)

Familien

Økonomisk forskning (teoretisk og empirisk) har lagt vægt på at familien er med til at forme individuel adfærd, fx

- Deler financielle resources
- Påvirker hvor meget vi arbejder

Motivation

På samme måde spiller **familien** en kernerolle i vores **sundhedsadfærd**
- via en række kanaler:

- Informationsflow (om arv og miljø)
- Hvordan vi opfatter risici
- Normer
- Bevidsthed og opmærksomhed på risici

Motivation

På samme måde spiller **familien** en kernerolle i vores **sundhedsadfærd**
- via en række kanaler:

- Informationsflow (om arv og miljø)
- Hvordan vi opfatter risici
- Normer
- Bevidsthed og opmærksomhed på risici

Men, at identificere en **kausale sammenhænge I hvordan familien smitter hinanden med forskellig adfærd er uhyre udfordrende**

- Uobserveret heterogenitet på tværs og indenfor generationer
- Store datakrav

Overblik

- **I dette papir undersøger vi hvordan sundhedsadfærd har afsmittende effekter i familien**

- **Vi estimerer kausale effekter af et familiemedlems sundhedschok** på øvrige **familiemedlemmers** forbrug af **forebyggende medicin** og indikationer på anvendelse af sundhedssektoren som relaterer sig til sundhedsadfærd

Overblik

- **I dette papir undersøger vi hvordan sundhedsadfærd har afsmittende effekter i familien**

- **Vi estimerer kausale effekter af et familiemedlems sundhedschok** på øvrige **familiemedlemmers** forbrug af **forebyggende medicin** og indikationer på anvendelse af sundhedssektoren som relaterer sig til sundhedsadfærd

- I dag fokuserer jeg på
  ægtefæller/samboende, voksne børn og søskende

Overblik

- **Vores estimeringsstrategi beror på timingen af sundhedschok**
  - Vi følger familier hvor et medlem oplever et chok, og sammenligner outcomes med familier, der oplever det samme type chok … **få år senere**
- Treament og control er ens ex-ante, men realiseringstidspunktet af sundhedschok er forskellige.
  - Specifikt 5 års forskel i realiseringen
- På den måde kan vi følge hvordan adfærd spreder sig i familien som tiden går

Data

- Vi identificerer familiebånd via Danmarks Statistiks befolkningsdatabaser

- Datasættet inkluderer
  - Medicinforbrug
  - Kontakt til lægen
  - Hospitalskontakter
  - Mortalitetsdatabaser
  - Arbejdssteder

Beskrivende statistik

		År	Alder	Uddannelse (måneder)	Andel Kvinder	Antal Individer
Kardiovasculære chok						
Ægtefæller						
Yngre (25-55)	Treatment	2002	46.7	155.4	.72	20,381
	Control	2002	45.8	156.6	.704	28,699
Ældre (55-85)	Treatment	2002.2	65.7	136	.64	37,828
	Control	2002.1	64.6	139	.60	36,392
Voksne børn						
Yngre (25-40)	Treatment	2002	33.4	169	.492	63,323
	Control	2001.9	33.1	170	.492	68,437
Ældre (40-65)	Treatment	2002.4	44.6	166.3	.46	39,783
	Control	2002.3	44.14	167.4	.463	32,926
Søskende						
Yngre (25-40)	Treatment	2002.7	34.76	159.8	.497	6,172
	Control	2002.5	34.50	159.62	.488	11,809
Ældre (40-65)	Treatment	2003.5	45.5	155.7	.472	7,356
	Control	2003.4	45	156.2	.4735	10,143
Svigersønner og –døtre	Treatment	2002.6	38.7	168.7	.495	86,874
	Control	2002.5	37.7	169.4	.489	85,421
Arbejdskolleger	Treatment	2002.2	48.2	161.5	.37	63,122
	Control	2002.1	48.1	161.6	.38	83,087
Fatale chok						
Ægtefæller	Treatment	1996.5	63.2	118.3	.72	255,994
	Control	1996.4	62.4	119.9	.70	341,329
Voksne børn	Treatment	2003.7	41.16	166.6	.47	324,594
	Control	2003.7	40.5	167.5	.473	395,861

Kardiovaskulære chok - Hovedresultater

Kardiovaskulære chok - Hovedresultater

- Vi undersøger *akut hjerteinfarkt* og *karsygdomme i hjernen*

- Hvordan påvirker de andre familiemedlemmers forebyggende adfærd?

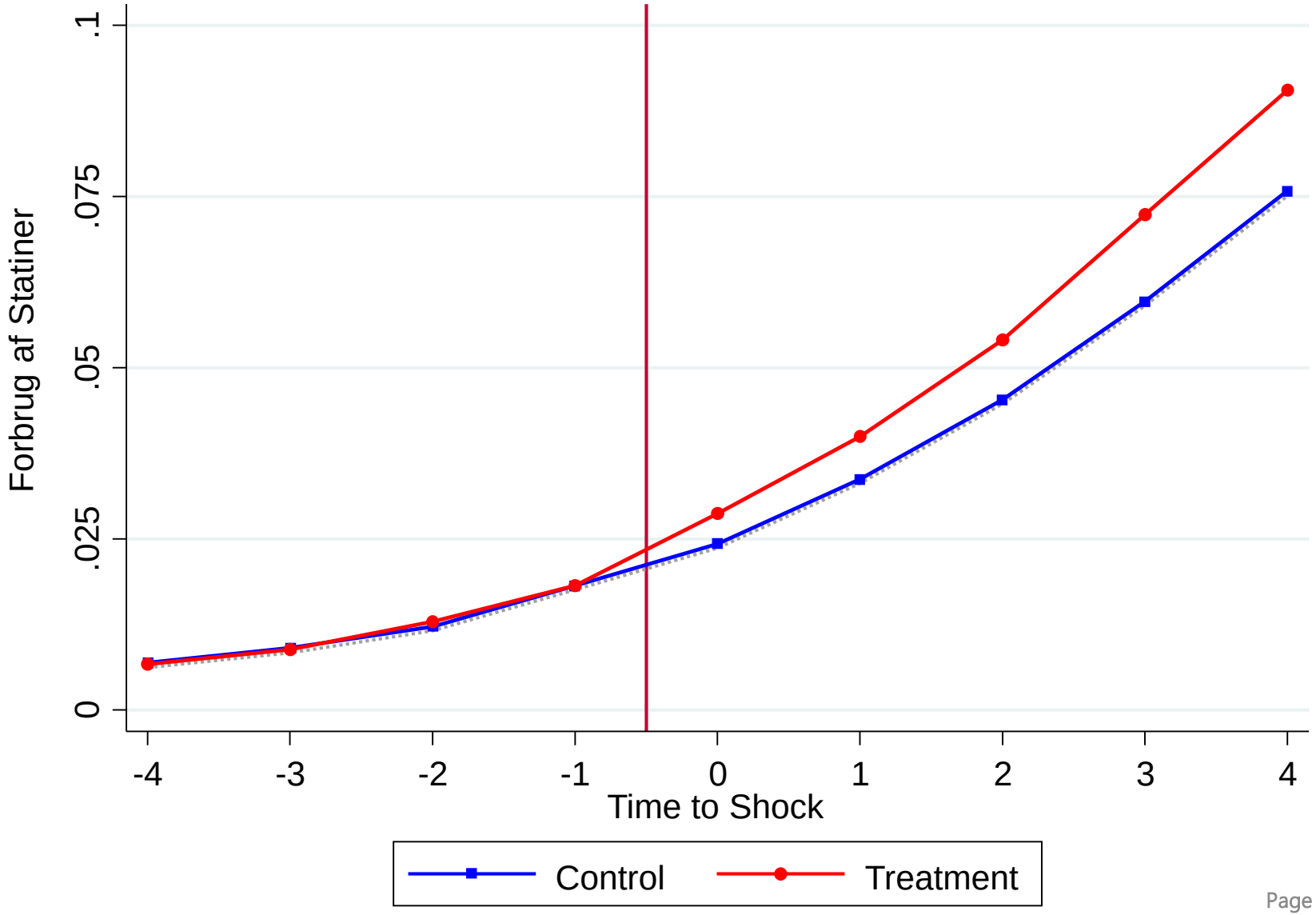
- **Outcome: Statiner (forebyggende medicin)**

  - én pille om dagen (koster en krone)
  - sænker kolesterol i blodet
    og forebygger på den måde kardiovaskulære chok

  - Din læge vurderer din risiko på baggrund af
    - **Blodprøve** (der måler kolesterolniveauet i blodet)
    - + alder, køn, forhøjet blodtryk, rygerstatus, diabetiker

Ægtefælles forbrug af forebyggende medicin

Statinforbrug for ægtefæller I deres velmagtsdage (25-55 år)

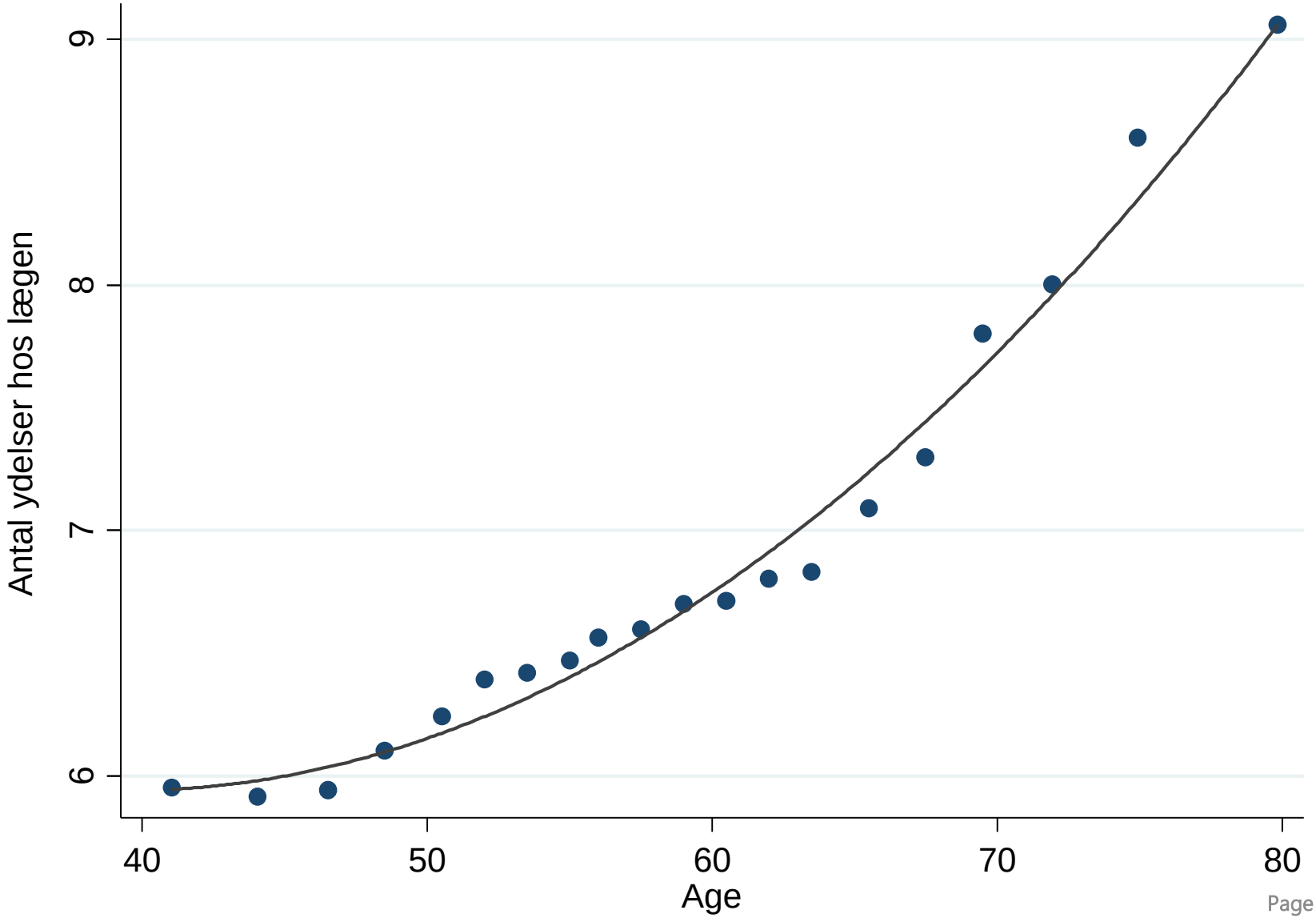


Ægtefælles forbrug af forebyggende medicin

	Velmagtsdage (25-55 år)
	(1)
-4	.0005
	(.0010)
-3	.0003
	(.0010)
-2	.0010
	(.0008)
-1	0
	0
0	.0039***
	(.0010)
1	.0051***
	(.0013)
2	.0070***
	(.0017)
3	.0101***
	(.0020)
4	.0117***
	(.0023)
Counterfactual	.0786
% ændring	14.90%
Antal Obs.	441,720
Antal Klynger	49,080

Ægtefælles forbrug af forebyggende medicin

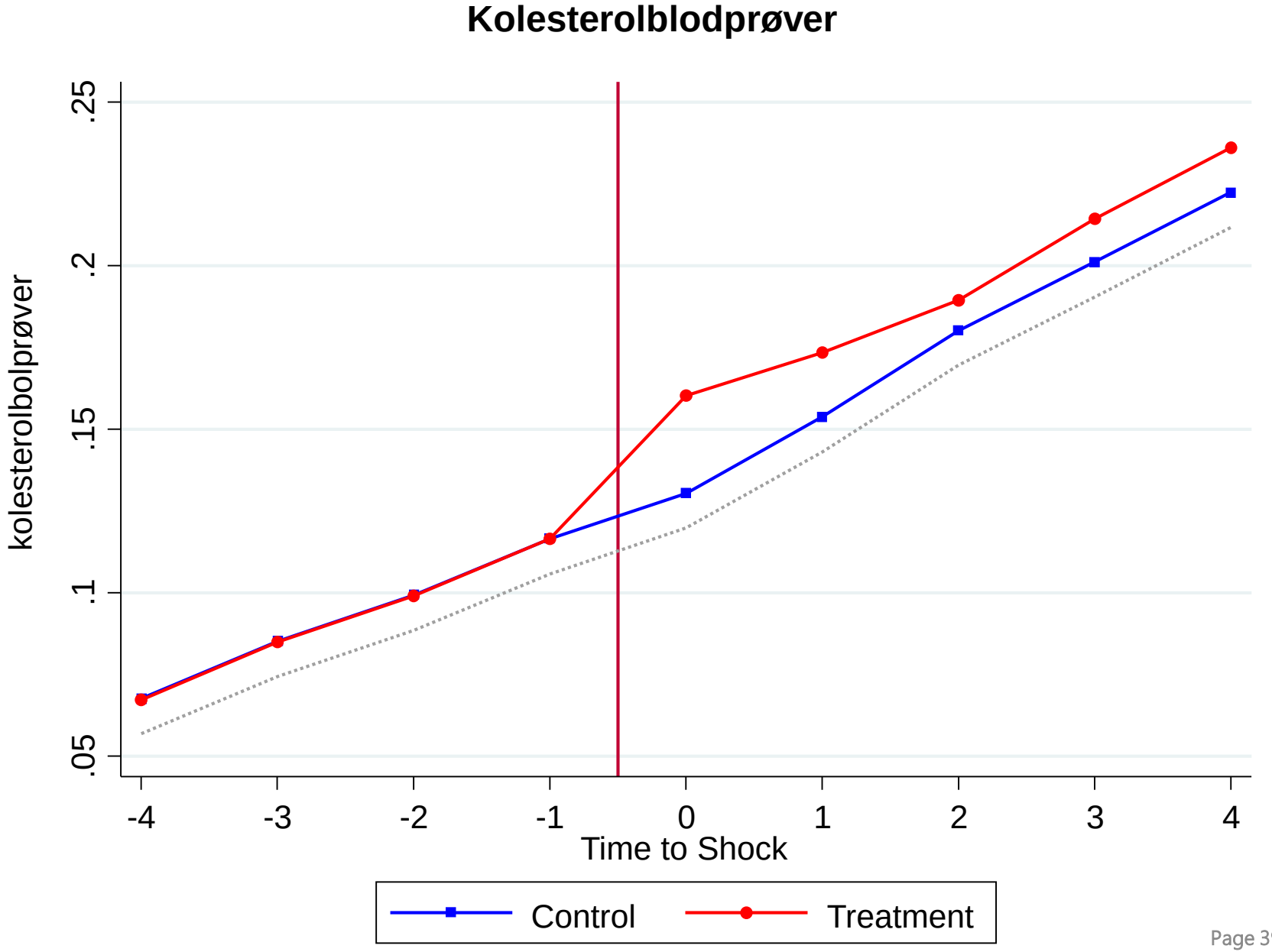
Interaktion med sundhedssystemet, f(alder)



Ægtefælles forbrug af forebyggende medicin

	Velmagtsdage (25-55 år)	Ældre (55-85 år)
	(1)	(2)
-4	.0005	-.0007
	(.0010)	(.0016)
-3	.0003	-.0006
	(.0010)	(.0014)
-2	.0010	-.0007
	(.0008)	(.0011)
-1	0	0
	0	0
0	.0039***	.0023*
	(.0010)	(.0012)
1	.0051***	.0093***
	(.0013)	(.0018)
2	.0070***	.0109***
	(.0017)	(.0022)
3	.0101***	.0104***
	(.0020)	(.0025)
4	.0117***	.0123***
	(.0023)	(.0028)
Counterfactual	.0786	.2284
% ændring	14.90%	5.40%
Antal Obs.	441,720	667,980
Antal Klynger	49,080	74,220

Ægtefælles informationssøgning



Ægtefælles forebyggende adfærd

	Velmagtsdage (25-55 år)	Ældre (55-85 år)	Kolesterol Test
	(1)	(2)	(3)
-4	.0005	-.0007	-.0014
	(.0010)	(.0016)	(.0044)
-3	.0003	-.0006	-.0011
	(.0010)	(.0014)	(.0046)
-2	.0010	-.0007	-.0006
	(.0008)	(.0011)	(.0045)
-1	0	0	0
	0	0	0
0	.0039***	.0023*	.0303***
	(.0010)	(.0012)	(.0050)
1	.0051***	.0093***	.0205***
	(.0013)	(.0018)	(.0051)
2	.0070***	.0109***	.0110**
	(.0017)	(.0022)	(.0054)
3	.0101***	.0104***	.0157***
	(.0020)	(.0025)	(.0057)
4	.0117***	.0123***	.0172***
	(.0023)	(.0028)	(.0059)
Counterfactual	.0786	.2284	.1031
% ændring	14.90%	5.40%	29.4%
Antal Obs.	441,720	667,980	214,793
Antal Klynger	49,080	74,220	23,866

Kardiovaskulære chok - Mekanismer

Heterogenitet

- Regearer folk mere hvis de er I højere risiko for kardiovaskulære chok?

Ægtefællerespons og baggrundsrisiko

- I økonometri-ord:
  Interagerer det event-drevne forbrug med baggrundsrisici?

- Vi prædikterer den underliggende risiko på baggrund af
  - Alder, køn, forhøjet blodtryk, diabetes og uddannelse

- Og interagerer vores dif-in-dif estimator

- $y_{i,t} = \alpha + \beta treat_i + \gamma post_{i,t} + \delta_i treat_i \times post_{i,t} + \lambda X_{i,t} + \varepsilon_{i,t}$
- hvor: $\delta_i = \delta_0 + \delta_1 High\ Risk_i$

Ægtefællerespons og baggrundsrisiko

	ægtefællers Statin forbrug
Treat x Post	.0043**
	(.0020)
Treat x Post x High Risk	.0108***
	(.0030)
Antal Obs.	715,692
Antal klynger	119,282

Ægtefællerespons og baggrundsrisiko

	Ægtefællers Kolesterol Test	Ægtefællers Statin forbrug
Treat x Post	0.0142***	.0019
	(0.0043)	(.0030)
Treat x Post x High Risk	0.0032	.0097**
	(.0055)	(.0047)
Antal Obs.	231,519	202,199
Antal Klynger	28,940	28,940

Heterogenitet

- Hvad nu hvis folk allerede har risikoinformation fra tidligere tests?

Kan vi komme tættere på mekanismen?

- Ægtefæller, der allerede er blevet testet, har mere information om deres risiko…

Kan vi komme tættere på mekanismen?

- Ægtefæller, der allerede er blevet testet, har mere information om deres risiko…
- …men reagerer alligevel

	Ægtefælles Statin forbrug
	(1)
Treat x Post	.0178**
	(.0080)
Antal obs.	45,787
Antal klynger	6,541

Delkonklusion

- Tilsammen viser resultaterne indtil videre, at
  - Folk reagerer mere på chok I familien,
  - Hvis de har højere risiko
    - Dvs. ny information driver noget af adfærden
  - Men øget opmærksomhed og tydeligheden af chokket spiller også en rolle (salience)
    - Folk med information reagerer også

Kardiovaskulære chok - Mekanismer

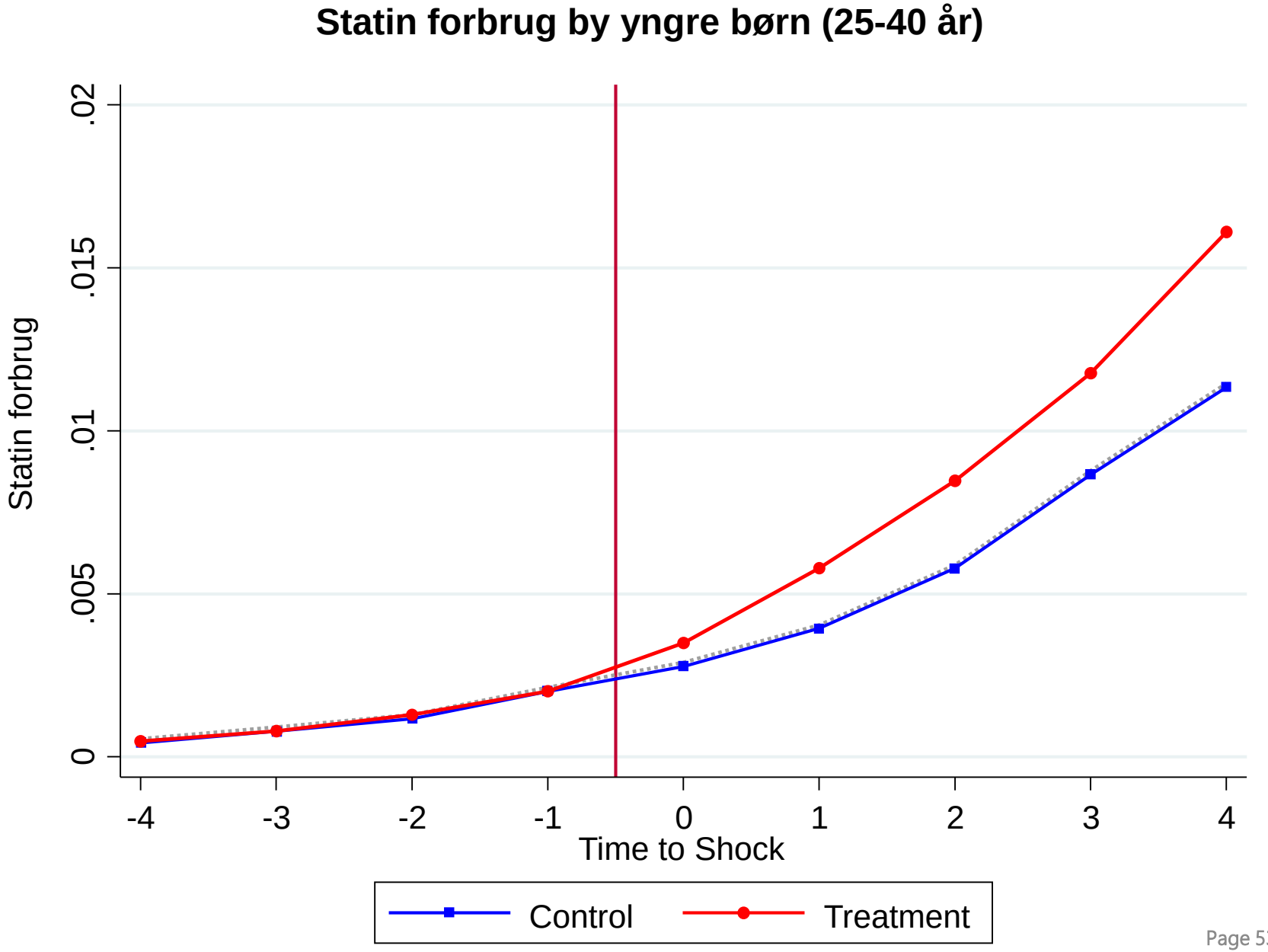
Intergenerationelle effekter

- Vi har indtil nu set på effekter på ægtefællers adfærd
  - Her løber der **ikke** en blodlinje mellem familiemedlemmerne

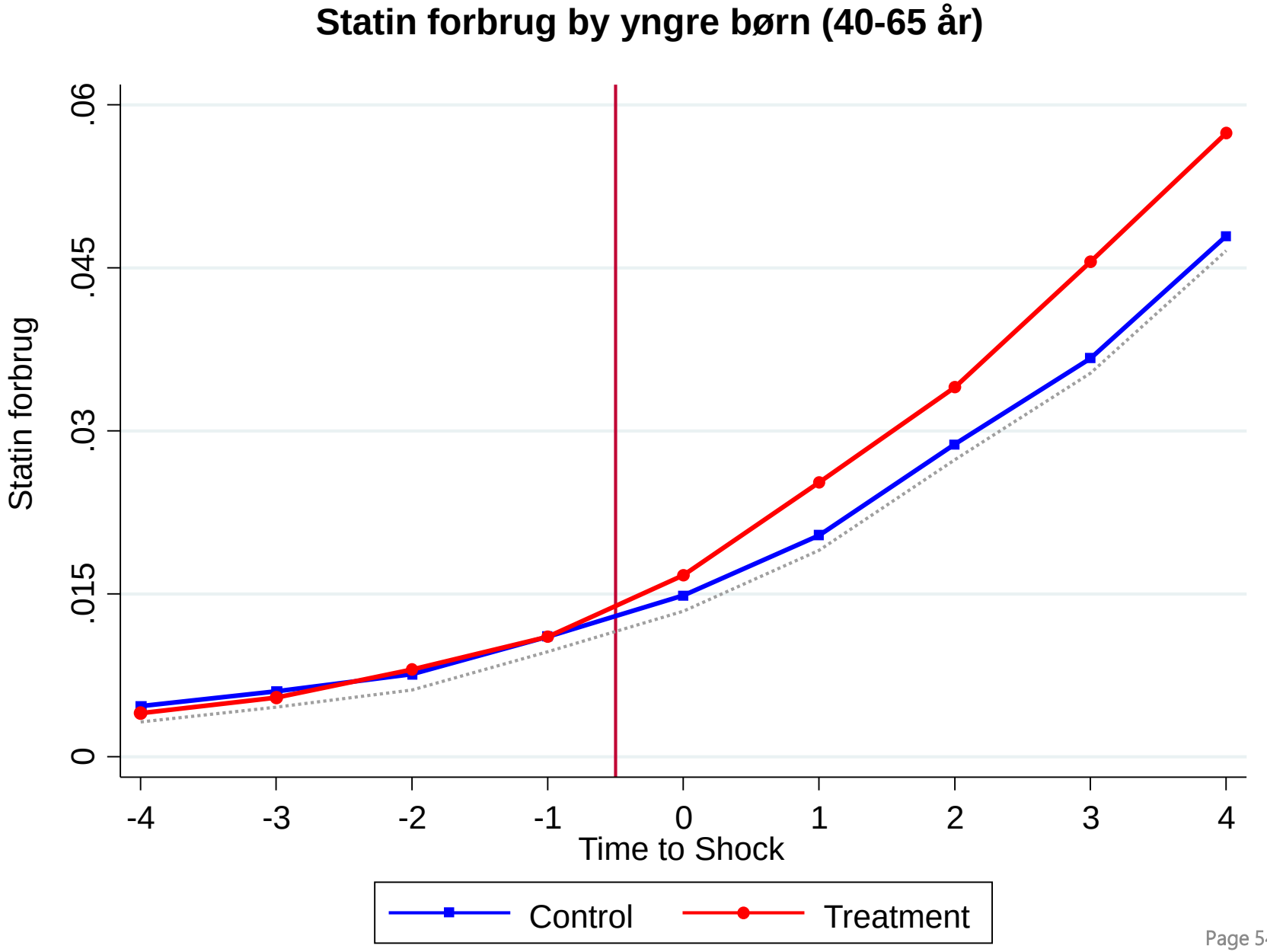
Intergenerationelle effekter

- Vi har indtil nu set på effekter på ægtefællers adfærd
  - Her løber der **ikke** en blodlinje mellem familiemedlemmerne
  - Det gør der fra **forældre til børn**
  - Ved at undersøge effekter på børns adfærd kommer vi nærmere på ny information om en arvelige risiko

Voksne børn


Statin forbrug by yngre børn (25-40 år)
Statin forbrug
0
.005
.01
.015
.02
-4
-3
-2
-1
0
1
2
3
4
Time to Shock
Control
Treatment

Voksne børn


Statin forbrug by yngre børn (40-65 år)
Statin forbrug
0
.015
.03
.045
.06
-4
-3
-2
-1
0
1
2
3
4
Time to Shock
Control
Treatment

Voksne børn

- Et **tidligt chok** hos en forældre indeholder **mere information** for barnet om den arvelige risiko

- Derfor undersøger vi **om børn hvis forældre var yngre da de oplevede chokket reagerer mere…**

Voksne børn

- Et **tidligt chok** hos en forældre indeholder **mere information** for barnet om den arvelige risiko

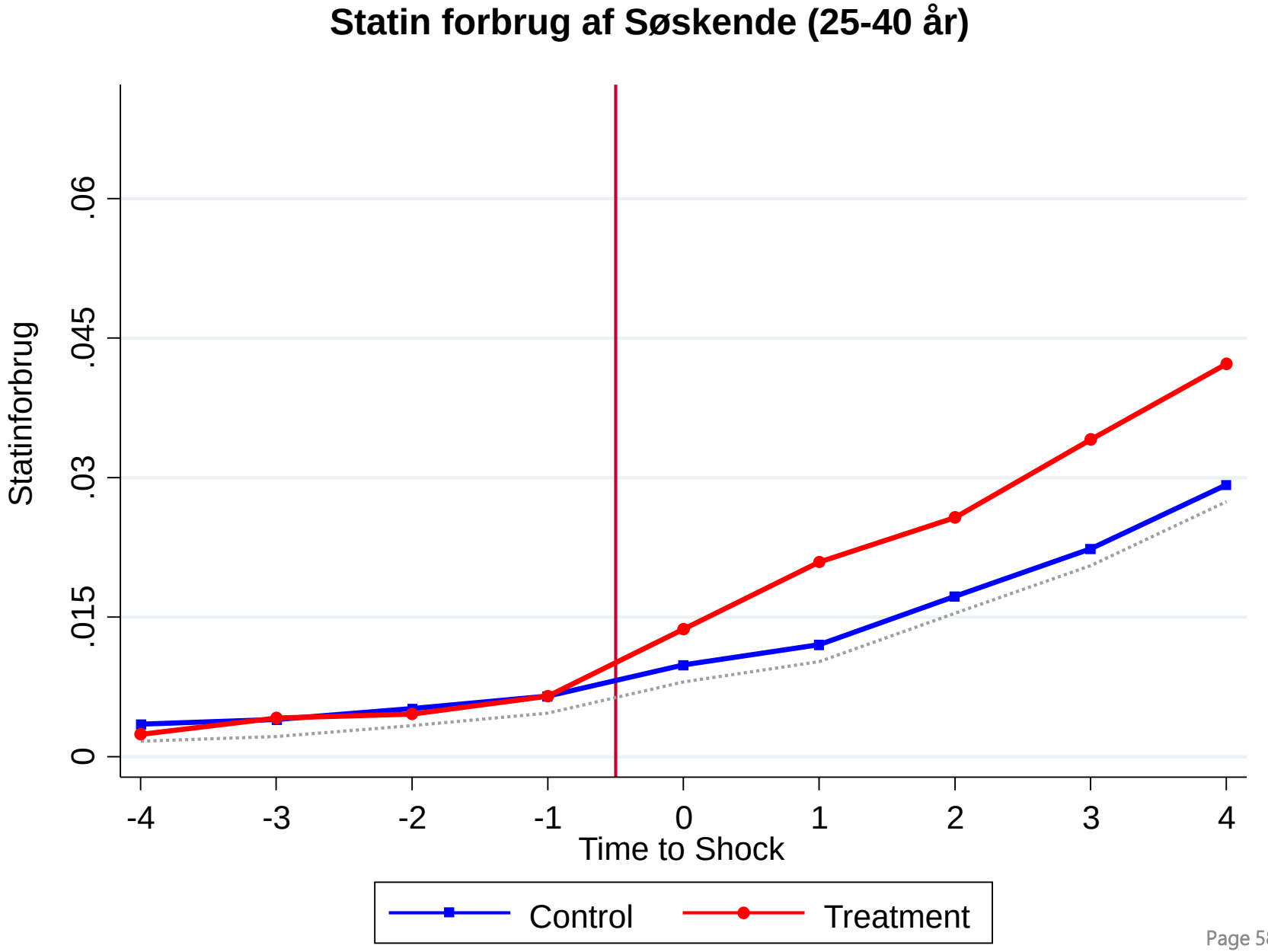
- Derfor undersøger vi **om børn hvis forældre var yngre da de oplevede chokket reagerer mere…**

	Børn's Statin Forbrug
Treat x Post	-.00023***
Parent's Age	(.00008)
Treat x Post	.00059***
Own Age	(.0001)
Antal Obs.	1,548,616
Antal klynger	97,265

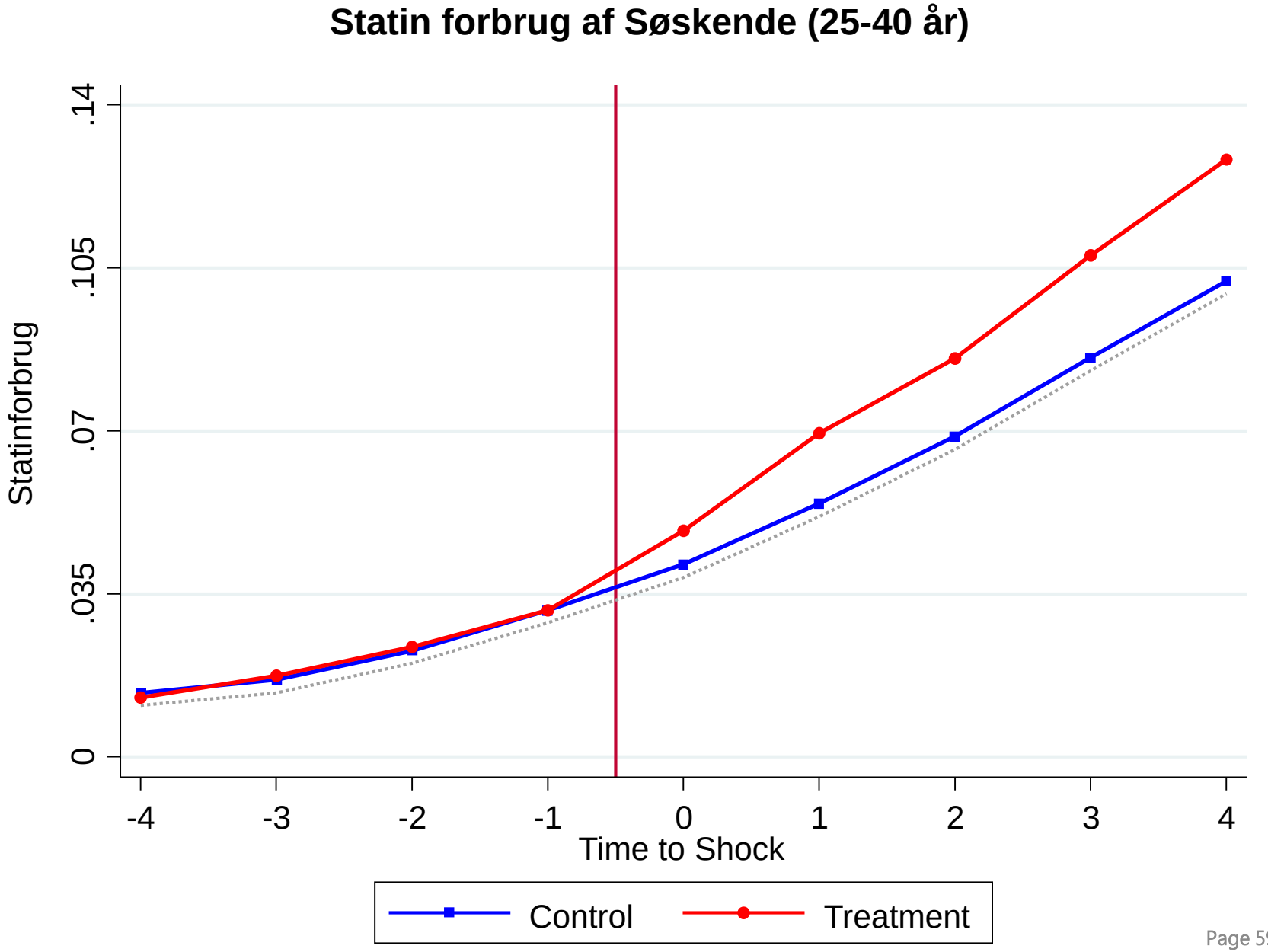
Intragenerationelle effekter

- Søskende bakker denne analyse op.
  - Her er alders- og informationsgabet mellem den der oplever chokket og den adfærden smitter af på minimeret

Intragenerationelle effekter



Intragenerationelle effekter



I papiret finder vi

- **At også svigerbørnene reagerer**

I papiret finder vi

- At også svigerbørnene reagerer
  - **Men kun hvis de bor tæt på den der blev ramt…**

I papiret finder vi

- At også svigerbørnene reagerer
  - Men kun hvis de bor tæt på den der blev ramt…
    - ***(så ude af syne ude af sind…)***

I papiret finder vi

- At også svigerbørnene reagerer
  - Men kun hvis de bor tæt på den der blev ramt…
    - (så ude af syne ude af sind…)

- **Arbejdskolleger reagerer**

I papiret finder vi

- At også svigerbørnene reagerer
  - Men kun hvis de bor tæt på den der blev ramt…
    - (så ude af syne ude af sind…)

- Arbejdskolleger reagerer
  - **Men kun hvis de er tætte… (samme alder og stilling)**

I papiret finder vi

- **Familier reagerer også på fatale chok**

I papiret finder vi

- **Familier reagerer også på fatale chok**
  - Men I højere grad ved at forebygge selve dødsårsagen

I papiret finder vi

- **Familier reagerer også på fatale chok**
  - Men I højere grad ved at forebygge selve dødsårsagen
  - **Og nogen evidens for crowding out af andre risikoforebyggende behandlinger (et dårligt "nudge")**

I papiret finder vi

- **Familier reagerer også på fatale chok**
  - Men I højere grad ved at forebygge selve dødsårsagen
  - Og nogen evidens for crowding out af andre risikoforebyggende behandlinger (et dårligt "nudge")
  - **Og selv hvis der ikke er information i chokket**

I papiret finder vi

- **Familier reagerer også på fatale chok**
  - Men I højere grad ved at forebygge selve dødsårsagen
  - Og nogen evidens for crowding out af andre risikoforebyggende behandlinger (potentielt et dårligt "nudge")
  - Og selv hvis der ikke er information i chokket

mænd reagerer med øget cancer screening hvis konen døde af bryst- eller ovariecancer

Konklusion

- Vi finder kausale smittende sundhedsadfærd I familien
  - Og det drives gennem mange kanaler
  - Direkte afsløring af en arvelig risiko
  - Indirekte afsløring af ny information (vi lærer at vi er opvokset I et usundt miljø)
  - Salience og opmærksomhed

Policy anbefalinger

- Policy-anbefalinger:
  - Ligesom andre typer humankapital er sundhed også påvirkelig gennem forbedret adfærd
  - Potentiale for reduktion i ulighed
  - Udnyt situationer, hvor familien er modtagelig for sundhedsforbedrende adfærd:
    Negative hændelser kan have positive konsekvenser for andre
  - Men vær opmærksom på potentielt dårlige "nudges"

www.econ.ku.dk/cebi/

UNIVERSITY OF COPENHAGEN

Map | Phone Book | KUnet | Dansk

Study at UCPH | Research | News | Collaboration | Employment | About UCPH

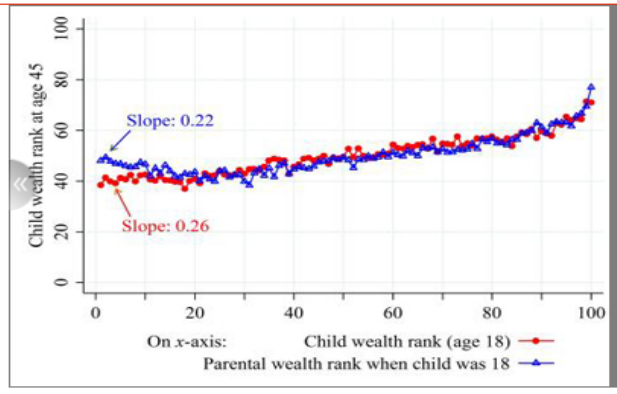
All

Center for Economic Behavior and Inequality (CEBI)
Department of Economics

CEBI

- About CEBI
- People
- Research
- Publications
- Experiments
- News
- Events
- Contact

- Department of Economics



Childhood wealth is a strong predictor of wealth in adulthood nearly three decades later

READ MORE

RESEARCH

PEOPLE

PUBLICATIONS

News

Research on family health behaviors by Torben Heien Nielsen one of the most important research results in 2018
2019.01.09
The research, nominated by professor Emely Oster, Brown University, in Quartz, finds that having a... »

Claus Thustrup Kreiner presents research on tax compliance at an invited talk for the Swedish Tax Agency
2018.12.12
The presentation "Lessons about tax evasion and tax avoidance from collaboration with the Danish tax... »

Events

7 Feb 2019
Tobias Renkin, Danmarks Nationalbank
"The Pass-Through of Minimum Wages into US Retail Prices: Evidence from Supermarket Scanner Data". ... »

28 Feb 2019
Gaute Torsvik, University of Oslo
Seminar arranged by Center for Economic Behavior and Inequality (CEBI) ... »

Cookies and privacy policy