



The Long-run Effect of Air Pollution on Survival

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July 27, 2023

How bad is air pollution for adult health?

- Air pollution harms health in both the short and long run
- But, the magnitude of the effect remains uncertain
 - Observational estimates are prone to bias
 - Quasi-experimental studies focus on short-run effects
- Identifying the **long-run** effect of **chronic** exposure is hard
 - Limited data on long-run outcomes
 - Variation in long-run exposure hard to find

How do we address these challenges?

- 1 Use variation in wind direction as instrument for daily pollution
 - Trace out mortality patterns up to one month following acute exposure
 - Limited to short-run effects of acute exposure
- 2 Integrate empirical estimates into dynamic production model of health
 - Can be internally validated using quasi-experimental estimates

Treatment exposure	Short-run outcomes	Long-run outcomes
Acute	Empirical estimates	Model
Chronic	-	Model

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Research questions

- Setting: United States population, 1972–1988
 - Pollutant: sulfur dioxide (SO₂)
- ① What is the **short-run** causal effect of **acute** (one-day) exposure to SO₂?
 - Instrumental variables research design
 - Main outcome: monthly (28-day) mortality
 - ② What is the **long-run** effect of **chronic** exposure to SO₂?
 - Production model of health from Lleras-Muney and Moreau (2022)
 - Main outcome: life expectancy

Main results

- A 1-day, 10% increase in SO_2 increases same-day mortality by 0.3 percent
- In the month following exposure:
 - Cumulative effect for cancer deaths falls to zero ("mortality displacement")
 - Cumulative effect for other diseases more than triples ("accelerated aging")
 - On net, cumulative mortality more than doubles
- Benefit of reducing lifetime SO_2 exposure by 10% is 1.2 years of extra life
 - 90% of benefits occur after age 50

Contributions to the literature

- Framework for estimating long-run survival effects of chronic exposure
 - Model calculations differ from IV extrapolation
 - Approach is similar in spirit to Athey, Chetty, and Imbens (2020)

- **Health effects of air pollution** (Chay and Greenstone 2003; Currie and Neidell 2005; Schlenker and Walker 2016; Hollingsworth and Rudik 2021; Alexander and Schwandt 2022; Heo, Ito, and Kotamarthi 2023)
 - We are the largest quasi-experimental study (17 years, 18 million deaths)
 - We focus on mortality dynamics

Background and Data

EPA regulates six air pollutants

- Carbon monoxide (CO)
 - Ozone (O₃)
 - Nitrogen dioxide (NO₂)
 - Lead
 - Particulate matter (PM)
 - Sulfur dioxide (SO₂)
-
- We focus on SO₂, which is well-measured during our 1972–1988 time period
 - Regulated at the daily and annual levels

SO₂ has immediate and delayed effects

- Direct exposure to SO₂ impairs respiratory function
- SO₂ leads to formation of sulfates, a component of PM 2.5 (fine particulates)
 - Acute exposure to PM 2.5 causes premature death
- Chronic exposure to air pollution associated with “accelerated aging”
 - Risk factors for cardiovascular disease (eg, coronary artery calcification)
 - Initiation and promotion of lung cancer

Daily environmental data

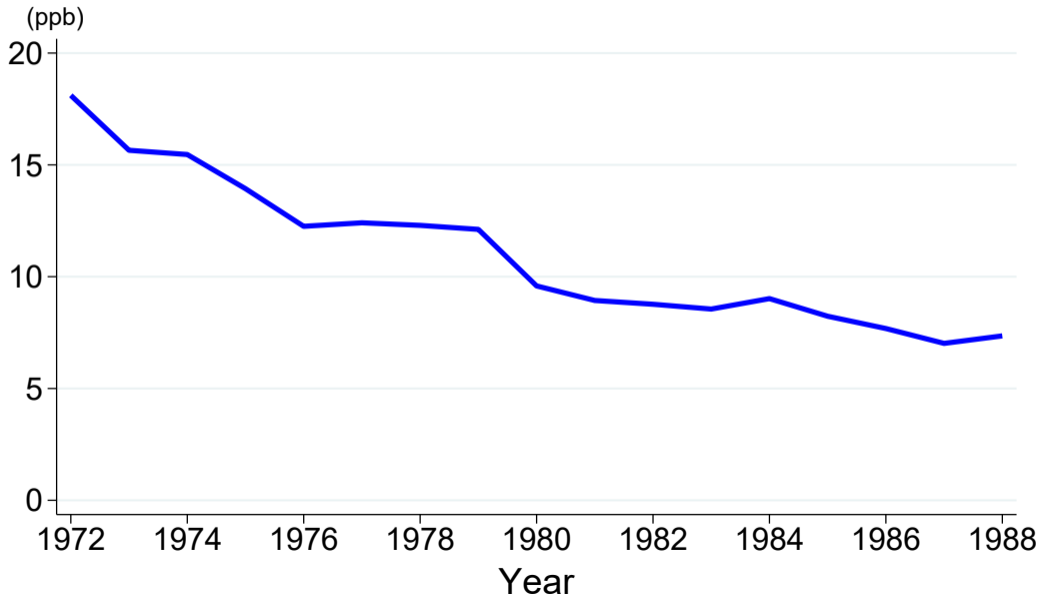
- Data on SO₂ obtained from EPA site monitors
 - Not available for all counties → limiting factor in the final size of our sample
- Temperature and precipitation obtained from Schlenker and Roberts (2009)
- Wind direction and wind speed obtained from Japan Meteorological Agency
- All data are aggregated to the [county-day level](#)

Daily mortality data

- National Vital Statistics, 1972–1988
 - Exact date of death
 - County of occurrence
 - Cause of death
 - Age, sex, and race of decedent

- Merge with environmental data at the county-day level
 - Main specification includes **2.03 million county-day observations**

SO₂ levels are declining during our sample period



Summary statistics

	(1)	(2)	(3)
	Mean	Std. Dev.	Observations
A. Pollution outcomes			
SO ₂ , ppb	8.96	12.62	2,032,338
NO ₂ , ppb	21.25	15.60	792,784
CO, ppm	1.64	1.37	848,067
Ozone, ppb	25.53	13.69	669,261
TSP, $\mu\text{g}/\text{m}^3$	63.11	40.19	628,932
B. One-day mortality rate outcomes			
All-cause mortality, deaths per million	24.70	24.32	2,032,338
Cardiovascular	12.21	16.04	2,032,338
Cancer	5.15	9.16	2,032,338
Other	5.45	10.02	2,032,338
External	1.89	7.99	2,032,338

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Empirical Analysis

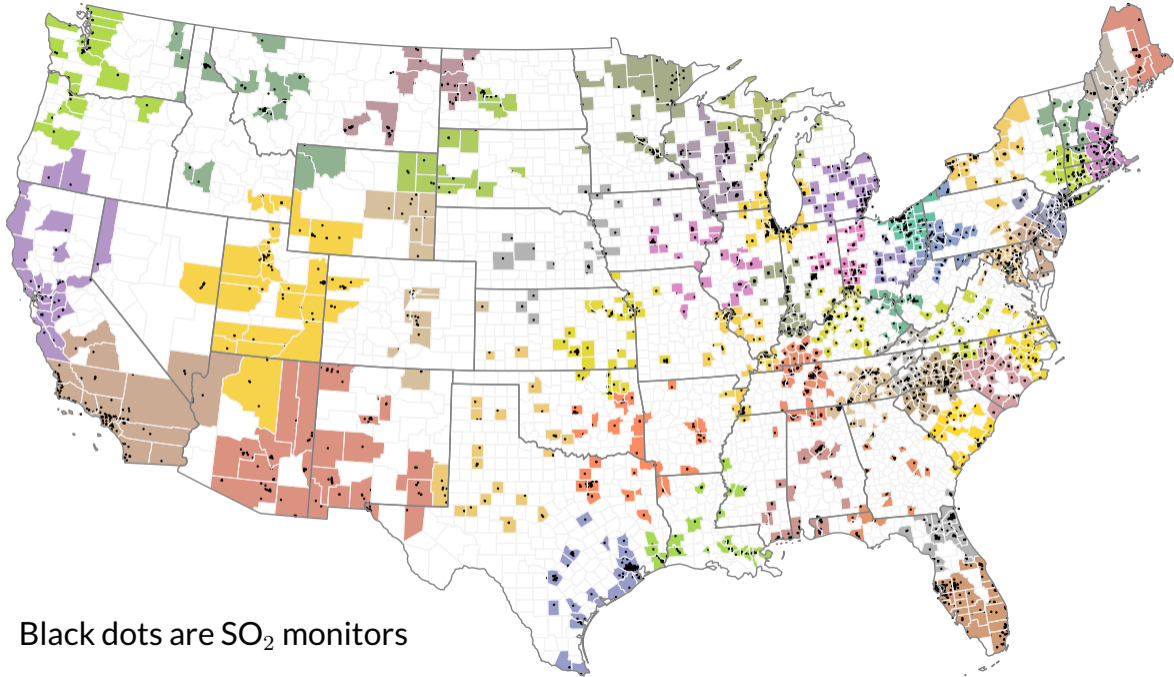
Short-run effects of acute exposure

Empirical strategy: instrumental variables (2SLS)

- Wind carries pollutants over long distances
- Key insight: no need to isolate the pollution source! (Deryugina et al. 2019)
 - Maximizes the size of our estimation sample
- Identifying assumption:
 - Wind direction unrelated to health except through pollution

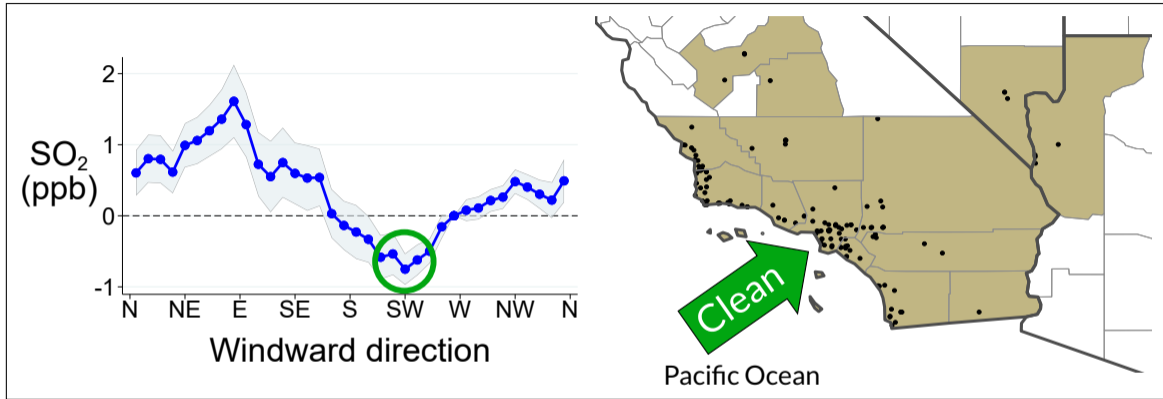
How do we construct our instruments?

- Use clustering algorithm to assign pollution monitors to 50 regional groups
- First stage is **group-specific** relationship between wind direction and pollution
- Allow pollution transport patterns to vary across groups
 - Wind blowing from west has different effect in California than in Massachusetts



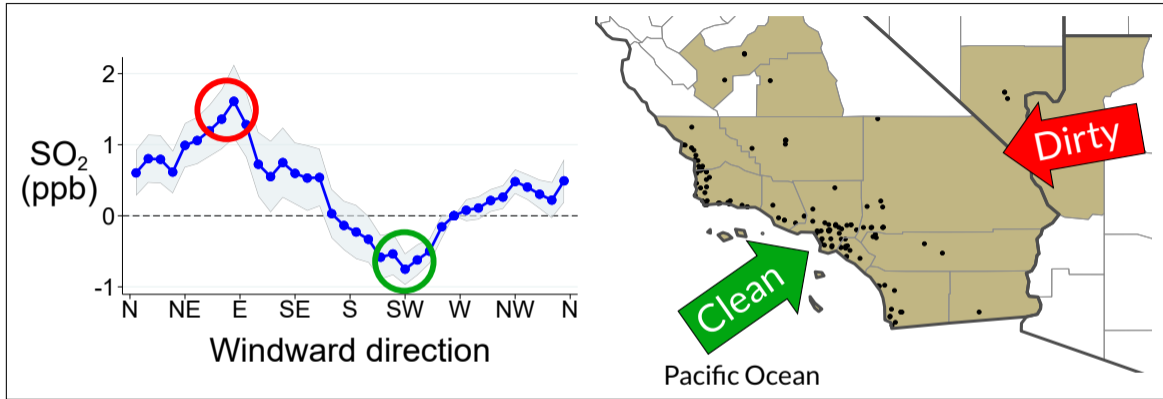
Black dots are SO₂ monitors

Wind direction and SO₂ in Southern California area



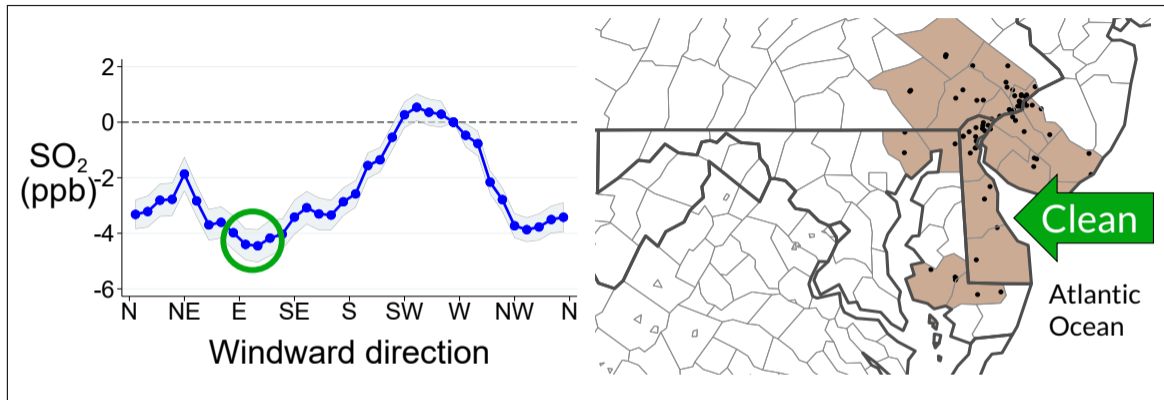
Blue shading depicts 95% confidence intervals
Black dots on map are SO₂ monitors

Wind direction and SO₂ in Southern California area



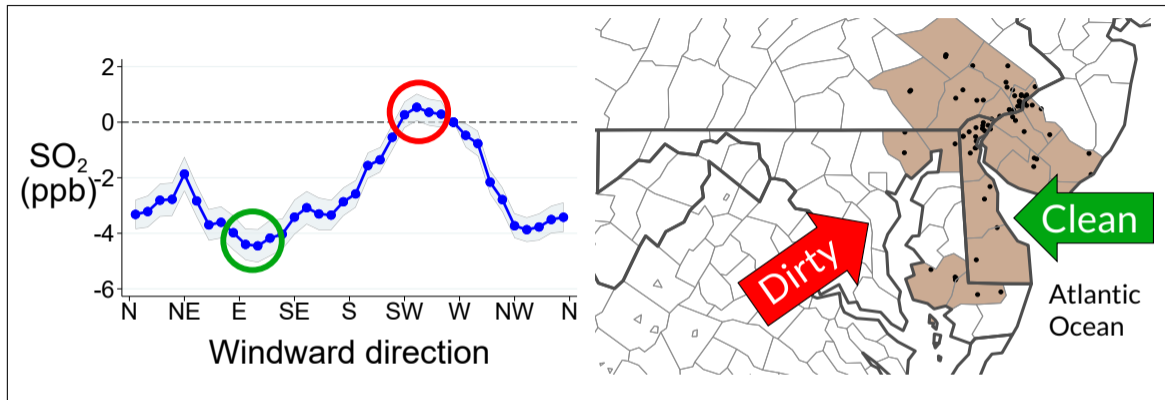
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Wind direction and SO₂ in Greater Philadelphia area



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Wind direction and SO₂ in Greater Philadelphia area



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First stage: excluded instrument is wind direction

$$\text{SO2}_{cd} = \sum_{g=1}^{50} f^g(\theta_{cd}) + X_{cd}^{k'} \delta + \alpha_{cm} + \alpha_{my} + \varepsilon_{cd}$$

- Dependent variable is level of SO_2 in county c on day d
- Effect of wind direction, θ_{cd} , varies across 50 geographic groups, g
- Consider two functional forms for $f^g(\theta_{cd})$
 - Non-parametric 10-degree bins (1750 instruments)
 - Parametric sin function (100 instruments, **preferred specification**)

▶ Example

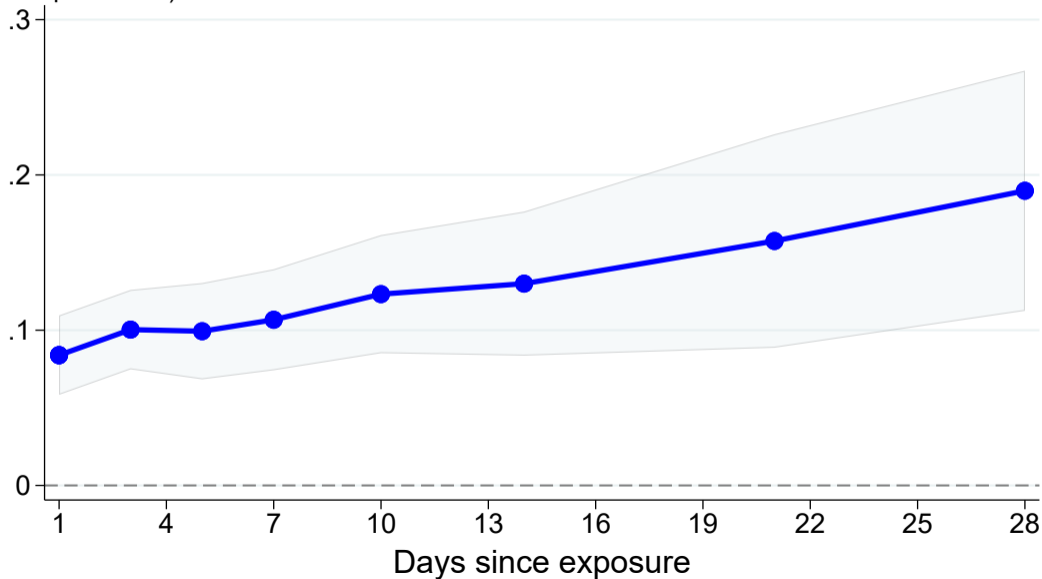
Second-stage regression

$$Y_{cd}^k = \beta^k \widehat{\text{SO2}}_{cd} + X_{cd}^{k'} \delta + \alpha_{cm} + \alpha_{my} + \varepsilon_{cd}$$

- Estimate effect of 1-day exposure on k -day mortality rate (up to $k = 28$)
- Control for county-by-month (α_{cm}) and month-by-year (α_{my}) fixed effects
- **Flexibly control** for max temperature, precipitation, and wind speed
- Cluster standard errors at the county level, weight by county population

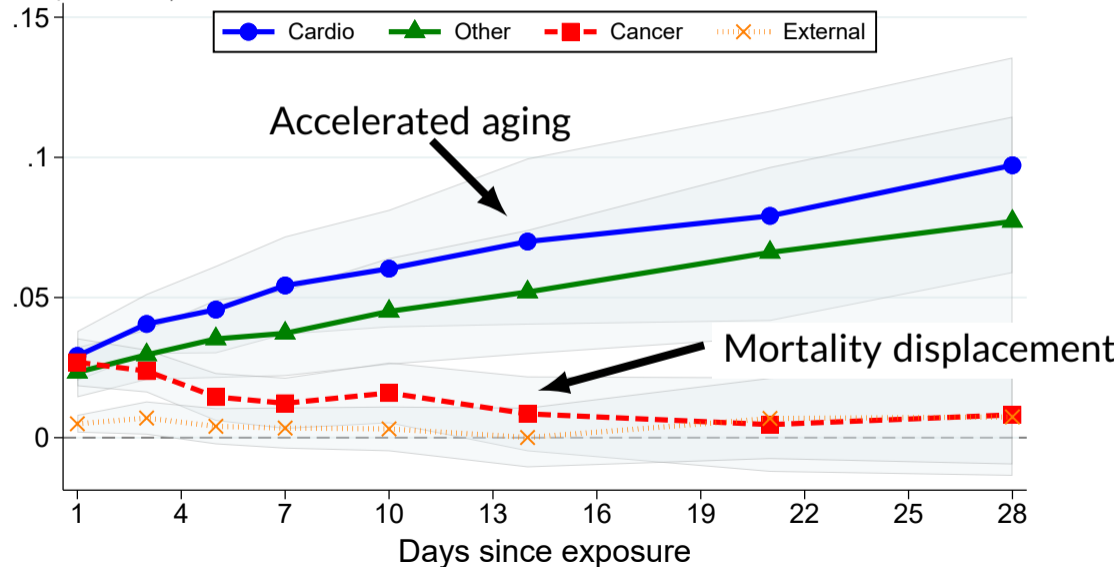
Cumulative mortality effect grows over time

(deaths per million)



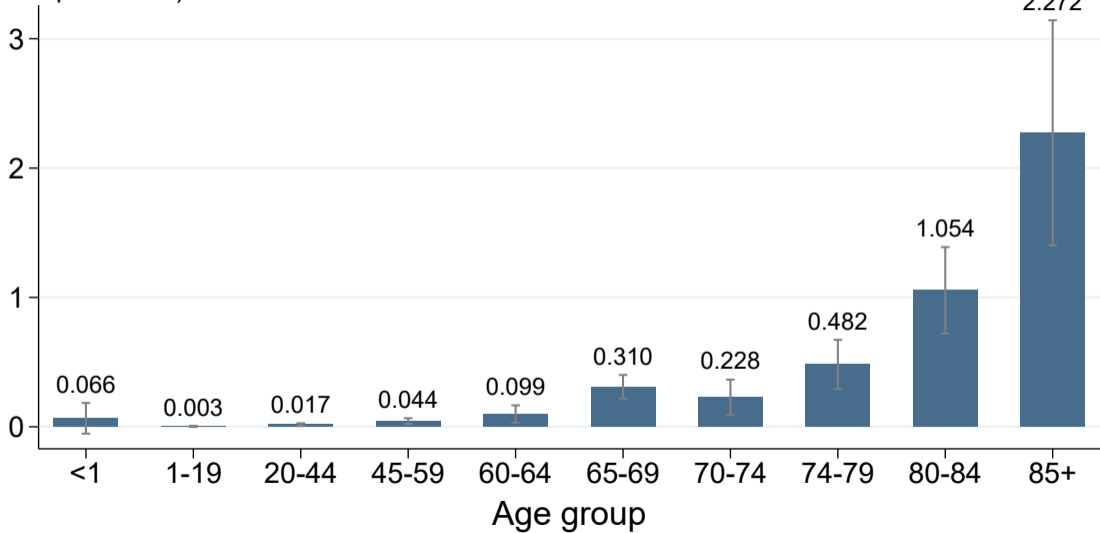
Divergent patterns by cause of death

(deaths per million)

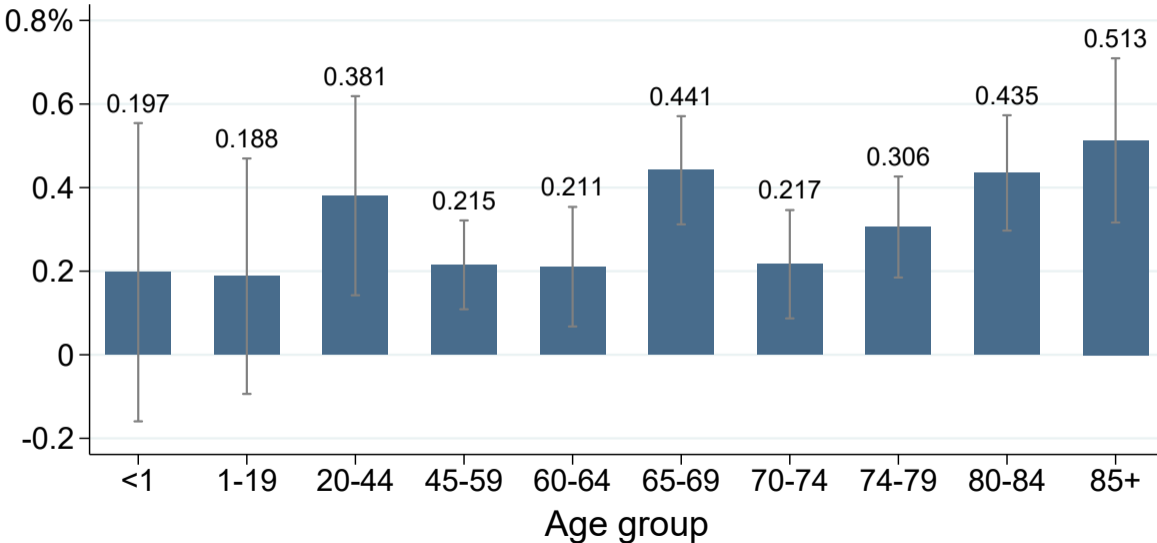


1-day mortality by age group (deaths per million)

(deaths per million)



1-day mortality by age group (relative effect)



Alternative specifications and robustness checks

- Accounting for other air pollutants [▶ Table](#)
- Sensitivity check: alternative weather controls [▶ Table](#)
- **Falsification test:** SO₂ on day t has no effect on mortality on day $t - 1$ [▶ Table](#)
- **Placebo test:** random wind direction produce weak first stage ($F \leq 2$) [▶ Table](#)

Long-run Survival

Model: Lleras-Muney and Moreau (2022)

Health capital for individual i at age t :

$$H_{it} = H_{i,t-1} - \underbrace{\delta t^\alpha}_{\text{depreciation}} + I + \varepsilon_{it}$$

where:

$$H_{i0} = H_{i0}^* \sim N(\mu_H, 1)$$

$$\varepsilon_{it} \sim N(0, \sigma_\varepsilon^2)$$

Model: Lleras-Muney and Moreau (2022)

$$H_{it} = H_{i,t-1} - \delta t^\alpha + I + \varepsilon_{it}$$

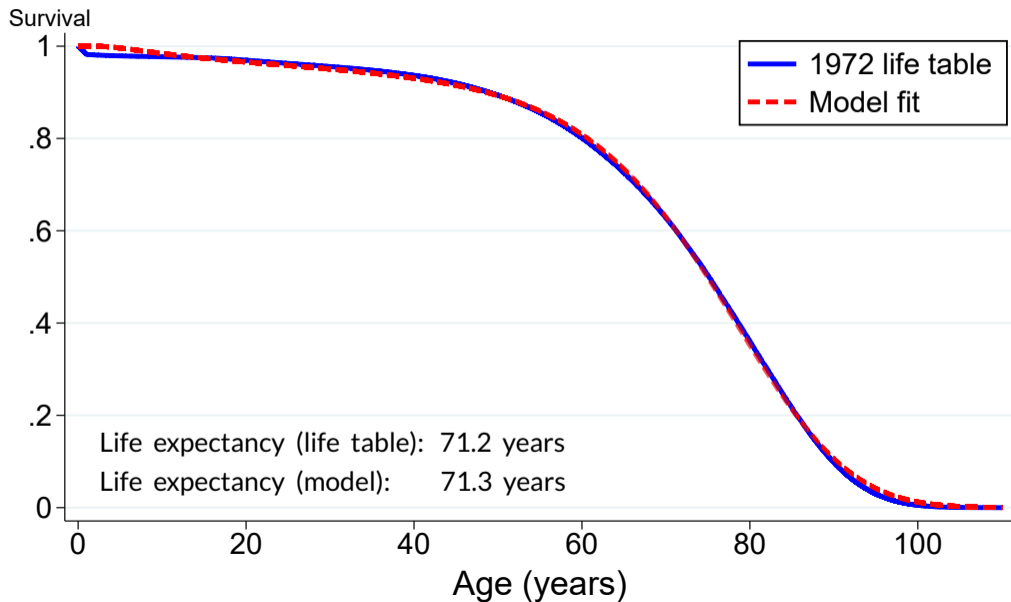
- Death occurs when health capital falls below threshold $\underline{H} = 0$:

$$D_{i0} = 1 [H_{i0} < \underline{H}] ,$$

$$D_{it} = 1 [H_{it} < \underline{H} | D_{i,t-1} = 0] , t > 0$$

- Simulate model for N agents \rightarrow survival curve
- Model captures a variety of real-world mortality dynamics
 - Mortality displacement
 - Accelerated aging

Calibrate baseline parameters using 1972 period life table



Key structural assumption for incorporating IV estimates

- Effect of pollution on model parameters **depends only on current exposure**
 - Effect on parameters is same for old and young
 - Effect on parameters is independent of exposure history
- Thus, we can calibrate the effect of exposure using any age group
- Testable implication: calibration from one age predicts survival for other ages

Calibrate using 1-day IV estimates

$$H_{it} = H_{i,t-1} - \delta t^\alpha + I + \varepsilon_{it}$$

$$D_{it} = 1 \left[H_{it} < \underline{H} \mid D_{i,t-1} = 0 \right], t > 0$$

Acute exposure affects mortality through two channels:

- ① Raises depreciation for 1 day, $\delta \rightarrow \tilde{\delta}$
 - accelerated aging effect
 - calibrate using **1-day non-cancer IV estimate**
- ② Raises death threshold for 1 day, $\underline{H} \rightarrow \tilde{\underline{H}}$
 - mortality displacement
 - calibrate using **1-day cancer IV estimate**

Calibration steps for age group a

- 1 Solve for $\underline{\tilde{H}}_a$ such that 1-day mortality increases by $\hat{\beta}_{a,cancer}^1$
- 2 Solve for $\tilde{\delta}_a$ such that 1-day mortality effect of $\{\underline{\tilde{H}}_a, \tilde{\delta}_a\}$ equals $\hat{\beta}_{a,all}^1$

Do calibration for older age groups only (65 and over)

Any pair $\{\underline{\tilde{H}}_a, \tilde{\delta}_a\}$ can be used for predictions

→ Preferred estimate uses average of all older age groups

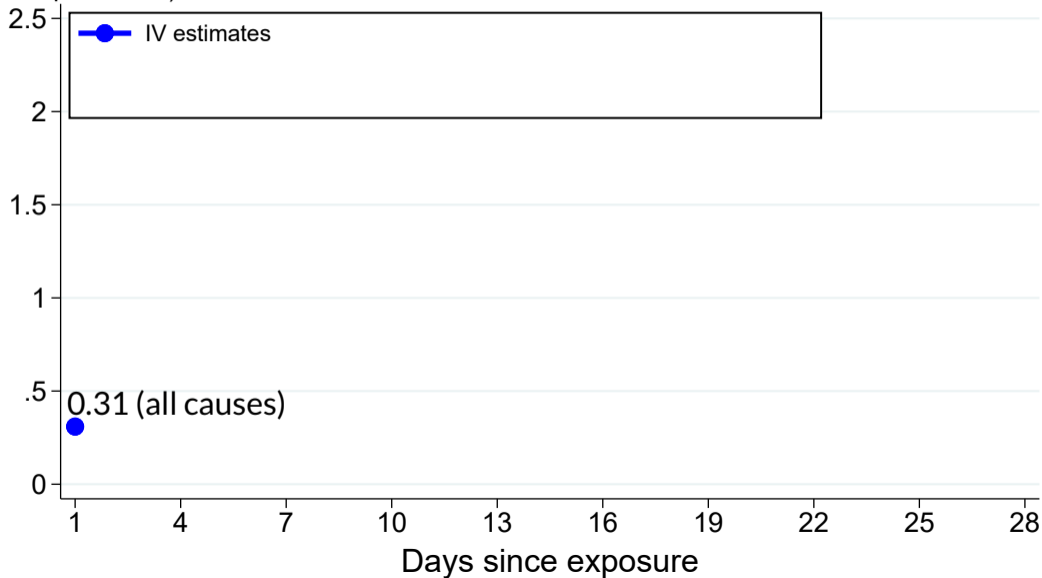
Example: ages 65–69

	(1)	(2)
Age group	All causes	Cancer-related causes
65–69	0.31** (0.046)	0.17** (0.028)
70–74	0.23** (0.070)	0.14** (0.034)
75–79	0.48** (0.097)	0.13** (0.040)
80–84	1.1** (0.17)	0.18** (0.065)
85+	2.3** (0.44)	0.17* (0.084)

Notes: Dependent variable is deaths per million on the day of exposure.

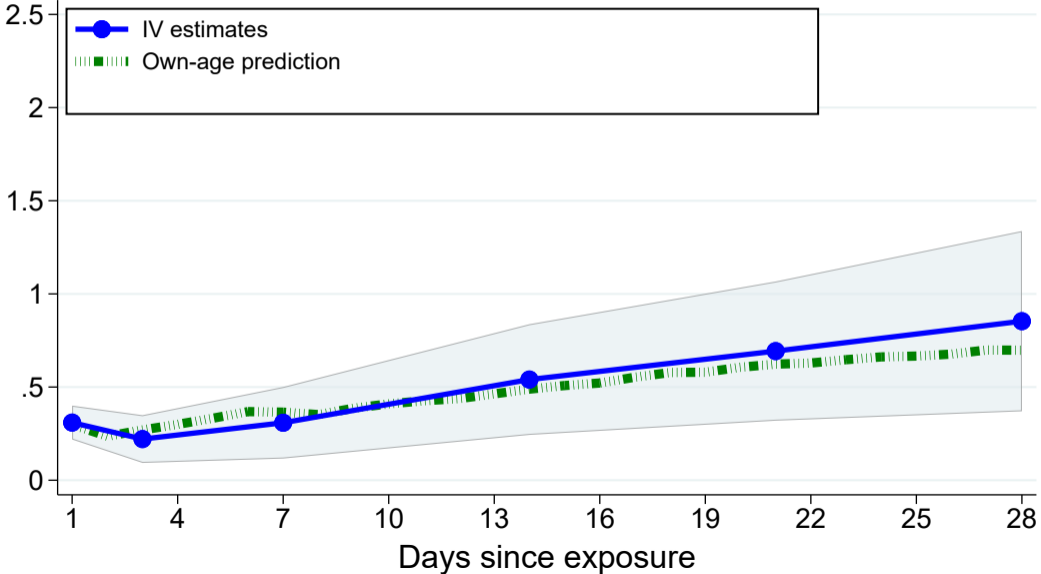
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(deaths per million)



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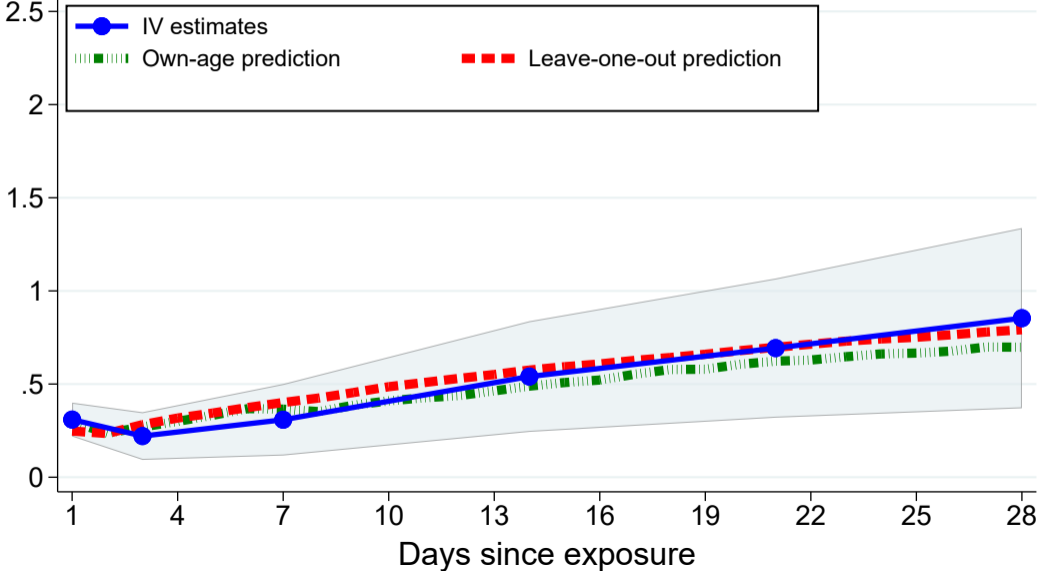
“Leave-one-out” validation: calibrate using other ages

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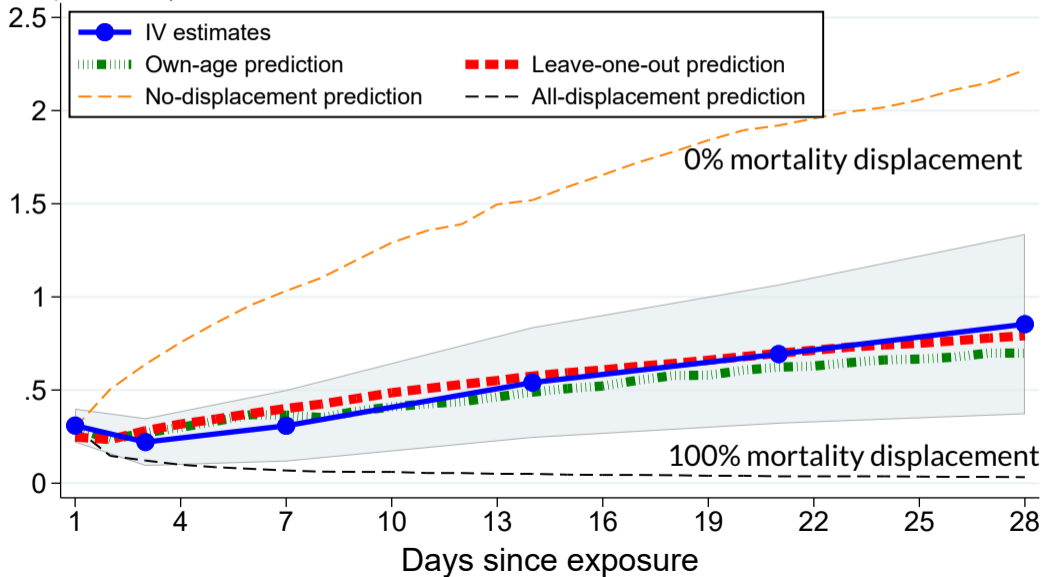
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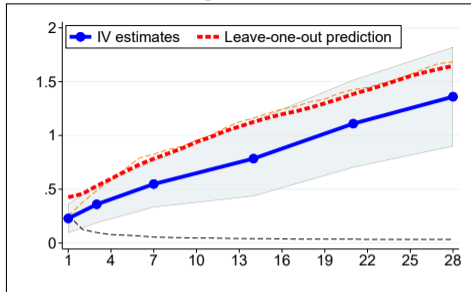


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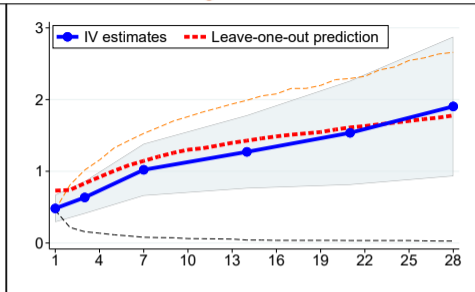
(deaths per million)



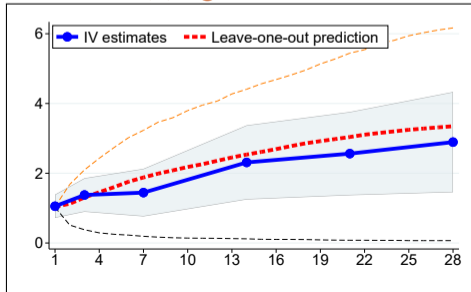
(a) Ages 70-74



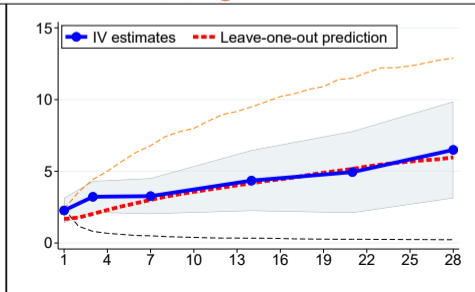
(b) Ages 75-79



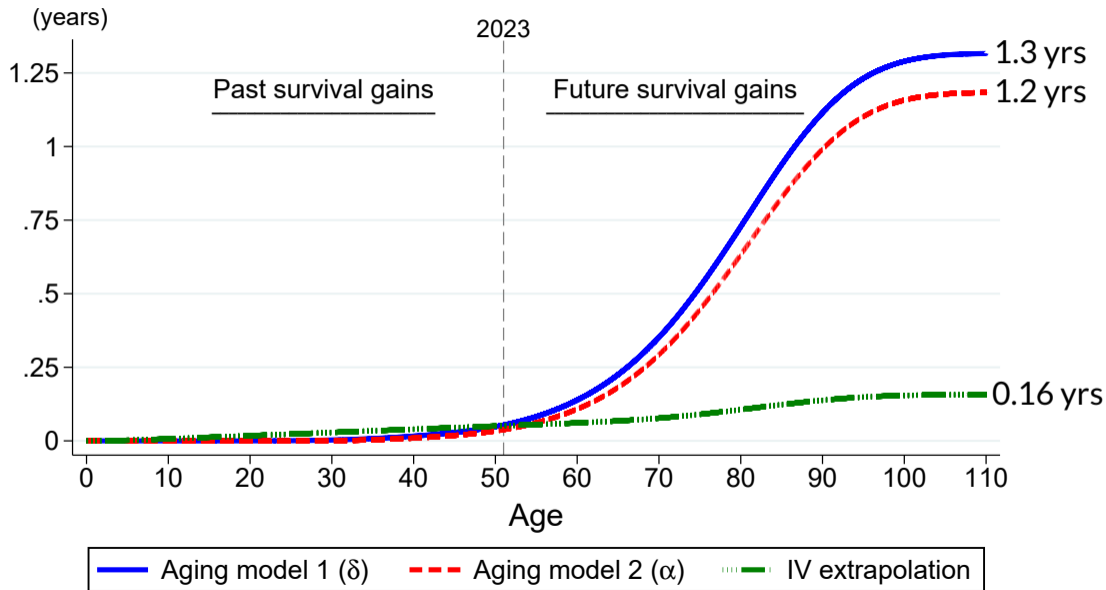
(c) Ages 80-84



(d) Ages 85+



Survival benefit of 1-unit reduction in chronic exposure



Interpreting long-run survival estimates

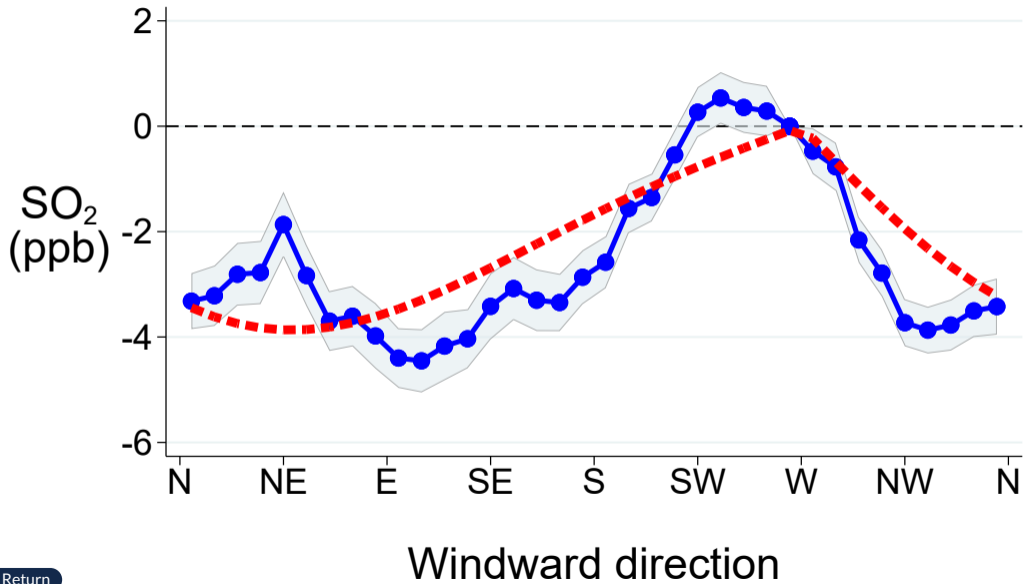
- Uncertainty in IV estimates produces uncertainty in long-run estimates
 - 5th and 95th percentiles from bootstrap yield range of [0.3, 2.2] years
- SO₂ estimates may also include effects from particulate matter
- Survival model **holds behavior fixed**
 - We interpret estimates as gross benefits (Graff Zivin and Neidell 2012; Currie et al. 2014)

Conclusion

- Air pollution causes mortality displacement and accelerating aging
- Permanent, 10% reduction in exposure improves life expectancy by 1.2 yrs
 - 7 times larger than extrapolation of short-run estimate
 - Benefits concentrated in ages 50+

The End

First stage: parametric sin fit for Greater Philadelphia area



Sensitivity check: alternative weather controls

	(1)	(2)	(3)	(4)
SO ₂ , parts per billion	0.098** (0.014)	0.084** (0.013)	0.084** (0.013)	0.085** (0.012)
First-stage F -statistic	32	42	68	33
Mean outcome	25	25	25	25
Sample size	2,032,340	2,032,338	2,032,272	2,031,752
Weather controls				
Baseline weather variables		X	X	X
Minimum temperature variables			X	X
More granular bins				X

Notes: Dependent variable is 1-day mortality (deaths per million).

IV estimates: accounting for multiple air pollutants (1/2)

	(1)	(2)	(3)	(4)	(5)	(6)
SO ₂ , ppb	0.084** (0.012)	0.060** (0.013)	0.065** (0.014)	0.066** (0.012)	0.059** (0.012)	0.064** (0.014)
TSP, μg/m ³		0.012** (0.0036)	0.014** (0.0037)	0.014** (0.0033)	0.013** (0.0040)	0.015** (0.0035)
NO ₂ , ppb			-0.014 (0.013)			0.0023 (0.017)
Ozone, ppb				-0.044* (0.021)		-0.046* (0.022)
CO, ppm					-0.20 (0.17)	-0.24 (0.20)
First-stage <i>F</i> -statistic	81	21	17	11	20	10
Mean outcome	27	27	27	27	27	27
Sample size	78,946	78,946	78,946	78,946	78,946	78,946

Notes: Dependent variable is 1-day mortality (deaths per million).

IV estimates: accounting for multiple air pollutants (2/2)

	(1)	(2)
SO ₂ , ppb	0.079** (0.014)	0.035* (0.015)
TSP, μg/m ³		0.019** (0.0045)
First-stage <i>F</i> -statistic	96	50
Mean outcome	25	25
Sample size	627,304	627,304

Notes: Dependent variable is 1-day mortality (deaths per million). A ** indicates significance at the 5%/1% level. "TSP" is total suspended particulates.

Placebo and falsification tests

	(1)	(2)	(3)	(4)
SO ₂ , ppb	-0.079 (0.062)	0.18 (0.23)	-0.041 (0.49)	
SO ₂ on day $t + 1$, ppb				-0.0036 (0.0048)
Outcome window, days	1	7	28	1
First-stage F -statistic	2.0	1.9	1.9	28
Mean outcome	25	173	691	25
Sample size	2,023,456	2,023,435	2,023,369	2,031,165
Placebo test	X	X	X	
Falsification test				X

Notes: Dependent variable is number of deaths per million people over a window of 1, 7, or 28 days.