

Labor Market Policies as Upstream Drivers of Health

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Population Health & Aging

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Motivation

- Lack of individual-level data on policy exposure: **methodological challenge and opportunity**
- How do we identify individuals exposed to:
 - **Minimum wage** hikes without information on wages?
 - **Earned income tax credit (EITC)** expansions without information on who files and receives the credit?
- Characteristics and conditions of **local labor markets**
 - Help proxy for plausibly exposed individuals
 - Introduces *policy heterogeneity within states*

Why labor markets?

- Characterize the availability, quality and nature of work – a key determinant of health
 - Over 50% of Americans have health insurance tied to their employer¹
- Labor markets are **policy amenable environments** in ways that affect health:
 - **Directly:** minimum wage, fair scheduling, paid sick leave
 - **Indirectly:** housing, transportation, criminal justice
- Ongoing state-level efforts to tie more benefits to work
- High degree of variation *within states* across many dimensions

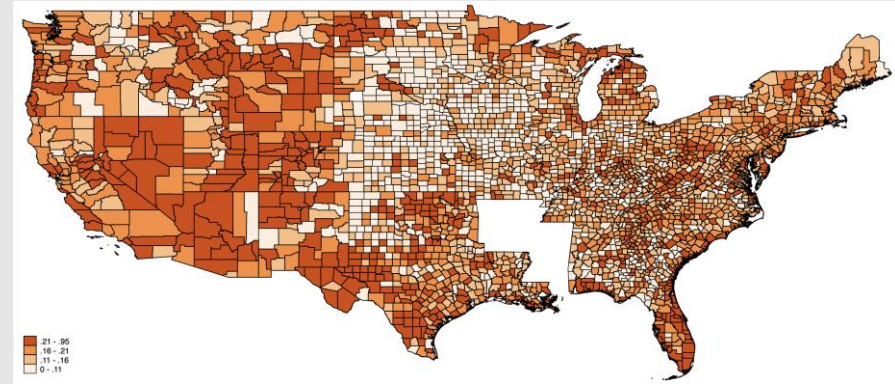
COVID labor market shocks and mental health

with Xuechao Qian (Stanford)

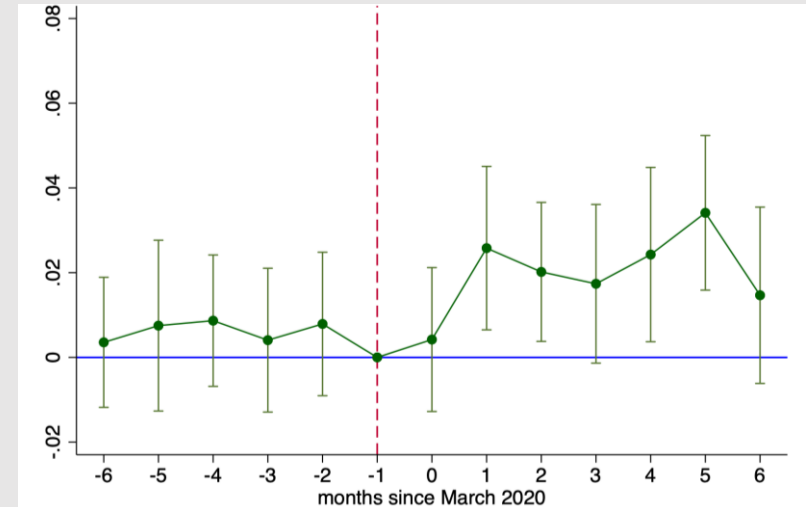
- We study how **youth and adolescent mental health** was impacted by the pandemic-induced recession
- COVID-19 pandemic and policy response led to widespread but heterogeneous impacts across labor markets²
 - Degree of local economic shock affected by state policies + labor market characteristics³
 - Workers with children faced higher rates of job-loss and economic hardship
- **Pandemic-induced job loss** may have accelerated concerning trends in youth mental health outcomes
 - Prior research links recessions and parental job-loss to adverse youth mental health⁴

- Draw on patient-level EHR data from the American Family Cohort
- Proxy for local **labor market vulnerability** based on pre-pandemic industry composition
- Event study models compare PC visit rates across counties with high vs. low labor market vulnerability
- Overall primary care visits $\downarrow 7\%$ in first 6 months, but **mental health-related diagnosis $\uparrow 7\%$**
 - Next steps: effect modified by state policy contexts?

Geographic distribution of county-level vulnerability



Main effect of COVID shock on monthly MH visit probability



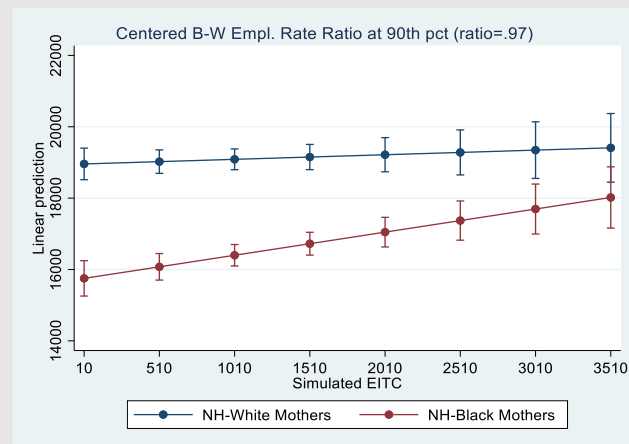
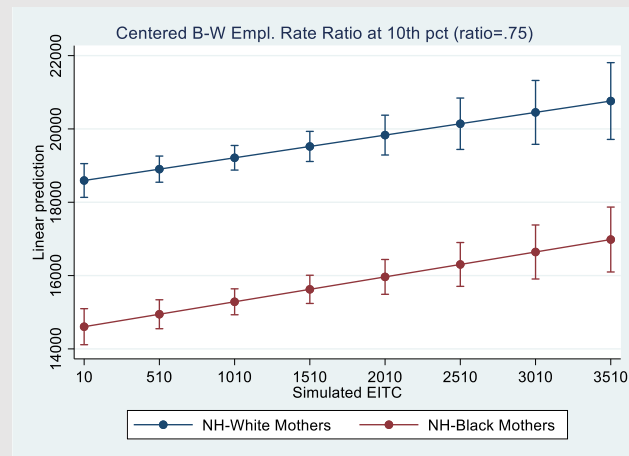
EITC and income inequality across labor markets

with Kate Strully (U. Albany) and David Rehkopf (Stanford)

- Largest anti-poverty program in US linked with reductions in poverty⁵ and improved health and labor market outcomes⁶
 - State EITCs are heterogeneous (e.g., benefit schedule, eligibility, refundability)
- Impact on racial disparities in income is ambiguous across labor market contexts:
 - Targets income support for low-wage workers, who are disproportionately non-White
 - Labor market discrimination and structural racism may attenuate because EITC is **conditional on employment**
- We study the effect EITC on income inequality across labor markets characterized by different degrees of labor market equity

- 1987–2021 March CPS to compare after-tax income between non-Hispanic Black and non-Hispanic White and single mothers (< BA)
- Estimate predicted EITC receipt using a simulated instrument strategy
- Proxy for labor market inequality using Black-White **employment rate ratio (ERR)** at the MSA-level
- EITC reduces Black-White income inequality in the average MSA
- Labor market context matters: reduction in income gap 8x greater in 90th vs. 10th pct B-W ERR areas

Predicted effects in MSAs with **low** ($\approx .75$) vs. **high** ($\approx .97$) B-W employment rate ratios:



Challenges and key considerations

- Identifying treated individuals is challenging given lack of linked data on labor market experiences *and* health
- How to define “likely treated” groups based on observables?
 - Tradeoff between precision of **sample definition** and **sample size**
 - Careful selection of characteristics on which to condition sample
- Importance of showing a first-stage policy effect
 - Example: do we detect an increase in earnings among the “likely impacted” sample following a minimum wage increase?
- Estimating intra-household and community-level spillovers

Thank you!

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References

1. Bureau of Labor Statistics, U.S. Department of Labor, The Economics Daily, Coverage in employer medical care plans among workers in different wage groups in 2022 at <https://www.bls.gov/opub/ted/2023/coverage-in-employer-medical-care-plans-among-workers-in-different-wage-groups-in-2022.htm> (visited May 15, 2024)
2. Montenov, L., Jiang, X., Lozano-Rojas, F., Schmutte, I., Simon, K., Weinberg, B. A., & Wing, C. (2022). Determinants of disparities in early COVID-19 job losses. *Demography*, 59(3), 827-855.
3. Gupta, S., Montenov, L., Nguyen, T., Lozano-Rojas, F., Schmutte, I., Simon, K., ... & Wing, C. (2023). Effects of social distancing policy on labor market outcomes. *Contemporary economic policy*, 41(1), 166-193.
4. Schaller, J., & Zerpa, M. (2019). Short-run effects of parental job loss on child health. *American Journal of Health Economics*, 5(1), 8-41.
5. Hoynes, H. W., & Patel, A. J. (2018). Effective policy for reducing poverty and inequality?: the earned income tax credit and the distribution of income. *Journal of Human Resources*, 53(4), 859-890.
6. Marr, C., Huang, C., Sherman, A., & Debot, B. "ETC and Child Tax Credit promote work, reduce poverty, and support children's development, research finds." (2015). Center on Budget and Policy Priorities. Washington, DC.