Labor Market Protections and Midlife Health Among Working Americans

Megan M. Reynolds
Associate Professor of Sociology

Conference on U.S. State Policies, Population Health, and Aging
May 21, 2024

Background

- US worsening performance in longevity
  - Concentrated among *working-age* adults
  - Driven by health conditions responsive to work-related factors
  - Possibly originating as far back as 1950's
- Risks for American workers and the strength of policies that protect them have diverged
- Along with research linking both work and precarity to health, co-occurring trends point to labor market protections (LMPs) as a candidate explanation for population health declines
- Yet, there is scant research on labor market protections--particularly as a constellation

Proposed Research

Aim 1: To investigate the extent to which LMPs are associated with health among working-age adults. Using entropy balancing, we will estimate the association between LMPs and health in PSID adults. We hypothesize that the stronger the LMPs, the lower the risk of adverse health among adults.

Aim 2: To assess how life course dynamics such as unfolding, timing, and linked lives may shape the association between LMPs and health. Using various statistical techniques (random intercept, random coefficients, and growth curve models), we will identify how LMPs operate with regards to elements of the life course. We hypothesize that effects will be larger with greater duration, at younger ages, and will extend to household family members.

Aim 3: To investigate whether the associations between LMPs and health are consistent across major axes of social disadvantage. Using entropy balancing, we will estimate the association between LMPs and morbidity for women/men, racial majority/minority, and low-SES/high-SES. We hypothesize that the magnitude of the associations between LMPs and health will be larger among women, racial minorities, and low-SES individuals.

Preliminary Data

1. How strong are American LMPs (minimum wage + labor unions + unemployment insurance)?
2. How does the strength of LMPs vary across time and, especially, states?
3. How is the strength of LMPs associated with adverse psychological, behavioral, and physical health among individuals experiencing involuntary job loss?

LMP = Labor Market Institution

RQ1: Overall LMP Strength

- 50 US states, 1999-2019
- 'Wage Coverage (WC)': the income derived from unemployment after working at a unionized job at the state minimum wage relative to income derived from employment while working at a non-unionized job at the federal minimum wage

$$\text{WC} = \frac{\text{total income}^{1} \text{ from max weeks}^{2} \text{ of unemployment}^{3} \text{ based on (state min wage}^{4} * \text{ union premium}^{5})}{\text{income from}^{1} \text{ 26 weeks of federal min wage}}$$

[1] in nominal dollars for WC rate (real dollars for components)

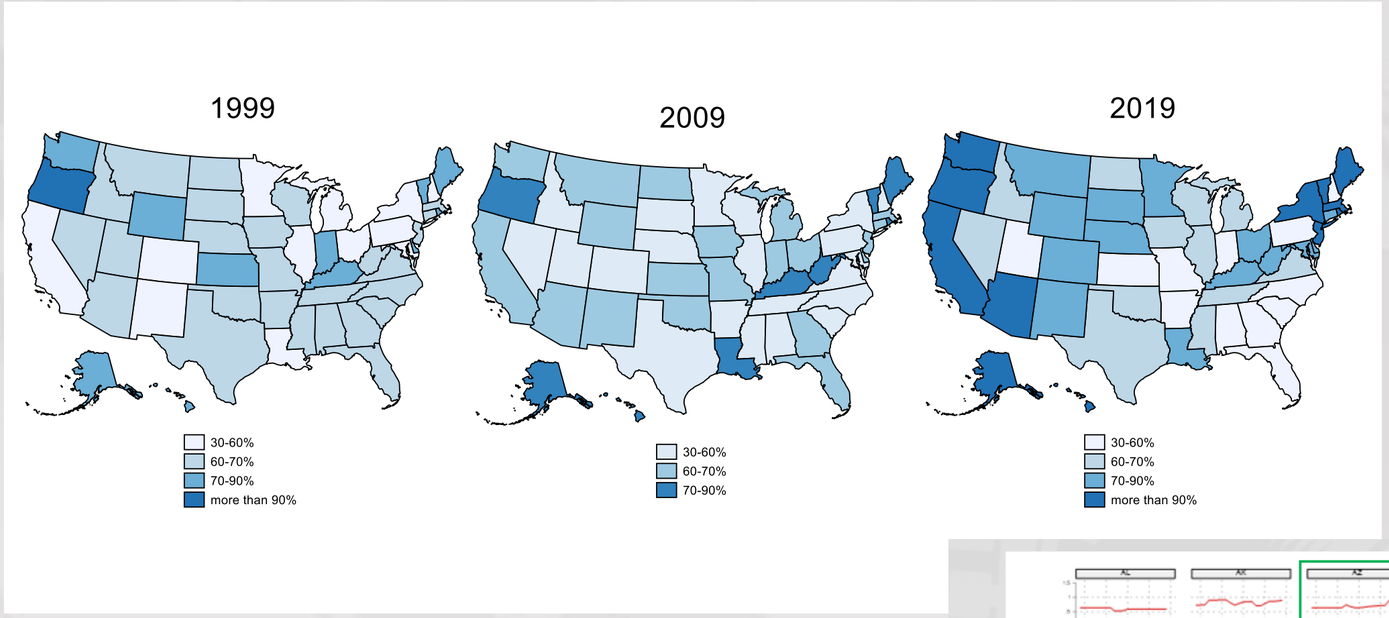
[2] according to annual Dept. of Labor state comparison reports

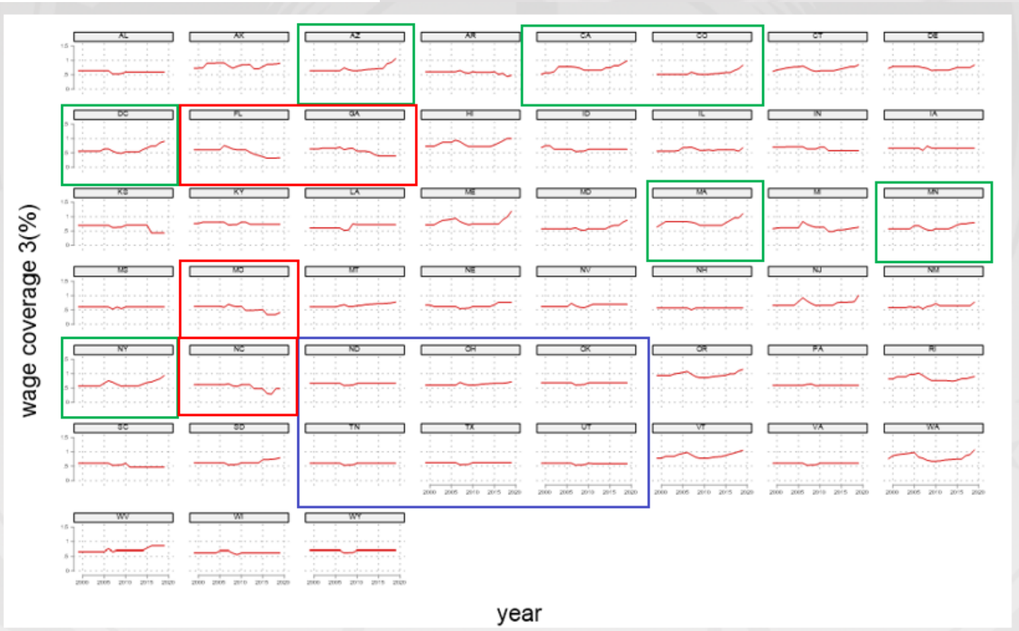
[3] imputed using team-created UI calculator that digitizes benefit formulas for each state and year to estimate weekly benefit amount under various income scenarios

[4] higher of federal or state minimum wage

[5] percent difference in hourly wage of union and non-union workers in each state (Schmitt 2010), applied to all years

RQ2: Spatio-Temporal Variation in LMP Strength





0 = 0% of the modal workers' income. 1.0=100% of the modal workers' income

RQ3: LMP Association w/ Morbidity

	Blood Pressure (odds ratio)	Diabetes (odds ratio)	Heart Disease (odds ratio)	Psychological Distress	# Days 4+ Drinks/Year	# Drinks/ Day	Smoking (odds ratio)	# Cigarettes/ Day
Wage Coverage (WC) Rate	0.772	54.390**	0.045	-0.628	-4.389	0.020	0.033**	-2.624**
	[-0.268]	[2.498]	[-1.025]	[-0.679]	[-0.499]	[0.043]	[-2.475]	[-2.162]
WC = 0.3	0.211	0.024	0.03	4.819	10.295	1.769	0.408	4.765
WC = 0.4	0.209	0.03	0.026	4.756	9.856	1.771	0.389	4.502
WC = 0.5	0.207	0.037	0.022	4.693	9.417	1.773	0.369	4.24
WC = 0.6	0.205	0.046	0.019	4.631	8.978	1.775	0.349	3.977
WC = 0.7	0.203	0.056	0.016	4.568	8.539	1.777	0.329	3.715
WC = 0.8	0.201	0.067	0.014	4.505	8.1	1.779	0.309	3.453
WC = 0.9	0.199	0.081	0.012	4.442	7.661	1.781	0.289	3.19
WC = 1.0	0.197	0.096	0.01	4.379	7.222	1.783	0.27	2.928
WC = 1.1	0.196	0.114	0.008	4.316	6.783	1.785	0.251	2.665
Observations	2,487	2,488	2,487	2,134	1,374	2,364	2,490	2,484
Groups	2,057	2,058	2,057	1,817	1,209	1,961	2,058	2,052

** = p. <05

All models include age, sex, marital status, education, race, equivalized family income, unemployment rate, poverty rate, & non-white and & over 65, and year.

Discussion

- Unemployment income for individuals in states with the most generous LMPs exceeds earned income for non-unionized individuals working a job federal minimum wage.
- LMP strength is characterized by considerable variability over time and even greater variability across space/states.
- Consistent, but largely non-significant, pattern of higher strength associated with lower morbidity risk (excepting diabetes & smoking)
- Next steps
  - Increase statistical power
    - Ecological analysis (BRFSS)
    - Expand analytic sample (for example, family-level unemployment)
    - Treatment effects (categorical version of LMP strength)
  - Alternative measures of LMP strength (i.e., livable wage/family budget)

Challenges

- Inconsistent (or inappropriate) standards for measuring policy/program strength and or generosity
- (Oft-bemoaned) (multi)collinearity problems
- Funder skepticism of omnibus measures
- Limited temporal variation

Acknowledgments

Collaborators: Ashley Fox, Akansha Batra, Soyun Jeong, Tom VanHeuvelen, Pam Herd, Sylvia Allegretto.

Sponsors: This work was supported by the National Center for Translational Sciences, the Eunice Kennedy Shriver National Institute Of Child Health & Human Development, and the National Institute on Minority Health and Health Disparities under award numbers KL2TR002539, 1R01HD107077, and 2L60MD013207 respectively. The content is the sole responsibility of the author and does not necessarily represent the official views of the funders.