

Title: Did Eviction Moratoria During COVID-19 Impact Healthcare Utilization? Evidence from Detroit.

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Abstract

Objective: Housing insecurity was spotlighted during the COVID-19 shelter-at-home policies, as parallel declines in income and employment pushed households into missed rental, mortgage, and property tax delinquencies. Many states implemented an eviction moratorium to reduce housing insecurity, however there is little systematic evaluation of these policies. We evaluate two policies implemented by the state of Michigan and Wayne county to Detroit examine their impact on emergency department (ED) visits in Detroit.

Policy context: On March 20, 2020, Governor Whitmer signed Executive Order 2020-19 allowing tenants to remain in their home even if they were not able to remain current on their rent. This order was extended until July 31, 2020, when Executive Order 2020-134 created an eviction diversion program. At the same time, Wayne County, where Detroit is situated, declared a moratorium on foreclosures for 2020, though parcels which failed to pay taxes still became delinquent.

Data: We combine three sources of tax parcel level data: Wayne County Tax Assessor delinquency files which list every parcel in Detroit which is delinquent, subject to foreclosure, or in foreclosure each month, along with the amount owed; City of Detroit Open Data Portal Rental Status for parcels; PHOENIX Emergency Department Surveillance Data of visits from each parcel in the city, each month, along with primary diagnosis and blood pressure. The resulting data are interpolated to create a monthly balanced panel for every parcel in the city from June 2018 to July 2020. These data are enriched with the American Community Survey for census tract characteristics, and augmented with the NYU Algorithm of visit classification based on primary diagnosis.

Method: The rapidly changing economic and health care landscape during the pandemic presents a substantial challenge for isolating the impact of the eviction moratorium. To address this challenge, we use a difference-in-differences specification. Though ED utilization declined through March 2020 we assume that, barring the effect of housing policy, the decline was otherwise symmetric for households across the city, whether the parcels were rental or not, tax delinquent, foreclosed, or not. Thus, all else equal, households living in rental, tax delinquent, and foreclosed parcels were asymmetrically affected by the eviction and foreclosure moratoria. Since the timing of the delinquency varies by parcel, we implement the Sun & Abraham (2021) weighted difference-in-differences methodology, comparing ED visits from (1) parcels which became delinquent of property taxes in March 2020, to those which were never been delinquent;

(2) parcels which are known rental properties to those which are not and have never been delinquent; (3) parcels which are subject to foreclosure to those which have never been delinquent before and after March 2020.

Preliminary Results: Prior to COVID-19, we estimate that delinquency leads to an increase of 0.008 visits per month per parcel. We find that this increase is comparable across both emergent and primary care sensitive conditions. Furthermore, monthly dynamics show that the increase in visits is triggered two months prior to delinquency status, at the time when taxes become due. Our hypothesis is that though the increase would have been comparable in January 2020, the moratorium declared in March of that year would reduce this effect as the eviction and foreclosure moratoria mitigate the asymmetric stress associated with housing insecurity during that period.

Sensitivity Analyses: In addition to main analyses, we propose to test the robustness of our findings by stratifying analyses along diagnostic and socioeconomic conditions. First, we will examine the importance of stress and related behaviors in contributing towards the increase in emergency department visits, by using monthly average and maximum blood pressure measurement, visits with diagnoses of stress-related conditions, and substance use disorders. Second, using the longitudinal nature of the visit data, we will identify parcels with residents over 65 years of age; these parcels may have a lower elasticity of emergency department visits and, as such, experience a smaller change in utilization due to delinquency. Third, we will use number of months of delinquency to identify parcels which are occasional vs. chronically delinquent, hypothesizing that occasional delinquents may experience greater increases in visits. Fourth, we will stratify analysis by rental vs. owner-occupied properties. Fifth, we will stratify analyses by census tract socioeconomic characteristics.

JEL: H26, I12, H14, I18