Research Agenda: 2025

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Outline

Macro-health

- Health economics is traditionally a micro field
- Macroeconomic implications of health
- Using macro toolset + data
  - Computational models (Matlab, Fortran, Python, parallel computing)
  - Calibrated (sometimes estimated) using mostly large (representative) US survey style data
  - Data usually longitudinal w/ all its complications
  - Papers usually have an empirically component up front $\Rightarrow$ Possible research task for a student
  - Model is then used to explain the patterns found in data $\Rightarrow$ Probably too complicated for a 6 months Masters project $\Rightarrow$ PhD level
- What am I currently working on?

Outline

Long-term care in the US

- Population aging $\Rightarrow$ LTC need $\uparrow$
- High prices $\Rightarrow$ risk exposure for US households is high
- Lack of available private LTC insurance (very thin market)
- Combination of public insurance (Medicare/Medicaid) that partially covers LTC $\Rightarrow$ but it's all complicated
- Room for improvement (i.e., lower risk, increase welfare, cheaper solutions, efficiency gains) via "smart" policies
- **Goal:** try to identify and measure effect of "smart" policies

Project 1: LTC and immigration

- w/ collaborators at CBO
- Price of LTC is high
- Labor shortage in LTC
  - Low wages?
  - Bimodal work hours distribution
- Large fraction of immigrants (temporary visa status) working in LTC
- **Empirical:** connect immigration flows to LTC prices $\Rightarrow$ need data source!
- **Computational:** Counterfactual policies $\Rightarrow$ more immigration $\Rightarrow$ effects on supply/demand/prices in LTC sector

Project 2: LTC and tax incentives for at-home-care

- w/ collaborators at ANU
- Distinguish between **formal** vs **informal** (at home) LTC
- **Empirical:** HRS care taker data 2000–2018
  (Data from 1992–2022 may be available BUT nursing home data not representative prior to 2000)
- **Computational**
  - Devise policies that help shift from **formal** to preferred **informal** care via
    - Medicare expansion (e.g. Gruber calls it Medicare Part E)
    - Medicaid (that's status quo, maybe make it more generous?)
    - Tax incentives (take care of mom and get tax break?)
  - Measure costs (maybe cost saving?)
  - Measure labor market effects
  - Focus on household composition (i.e., patient-caretaker couples, intra HH insurance)

Project 3: LTC and time use

- w/ collaborators at BEA
- **Empirical**
  - American Time Use Survey (ATUS) and measure time spent on informal vs formal LTC
  - Indirect access to CMS (Centers for Medicaid and Medicare Services) data on money spent via Maid/Mcare on LTC

Outline

Submitted and final stages projects

- Submitted
  - Medicaid Work Requirements, Labor Market Effects and Welfare (with Vinish Shrestha)
  - Health Heterogeneity, Portfolio Choice and Wealth Inequality (with Chung Tran, ANU)
  - The Lifecycle Effects of Health and Local Unemployment on Job Promotions (with Vinish Shrestha)
- Final stage
  - The Effects of ACA-Medicaid Expansion on Infant and Maternal Health Outcomes in the American South (with Vinish Shrestha)

Outline

Published

- You can find my publications on my website at: `https://juejung.github.io/research.htm`

- The research topics are
  - Public pension and healthcare reforms in developing countries
  - Health care reform in the US (mostly ACA stuff)
  - Optimal taxation and transfers in the US
  - Topics covering health risk and health insurance

- In general I'm interested in
  - Lifecycle (dynamic) effects of health and health adjacent topics such as insurance and labor market issues
  - Income and wealth inequality issues (mostly with computational models)