

## Milbank Quarterly in Conversation

### Episode 3: How State Policy Trends May Be Driving State Life Expectancy

**ALAN COHEN:** Hello, and welcome to *The Milbank Quarterly* in Conversation, our quarterly podcast on population health and health policy that highlights an article from our latest issue. I'm *Milbank Quarterly* Editor Alan Cohen, and today I'm chatting with Jennifer Karas Montez, a sociologist at Syracuse University.

Jennifer is the 2019 recipient of the *Milbank Quarterly* Early Career Award in Population Health, and is the lead author of "U.S. State Policies, Politics and Life Expectancy," which appears in the September 2020 issue. In the article, Jennifer and her interdisciplinary team of colleagues examined trends in life expectancy and state policies over a 45-year period between 1970 and 2014. Jennifer, thank you for joining us today.

Your research took several years to complete. What inspired you to undertake it?

**JENNIFER KARAS MONTEZ:** Well, our team wanted to understand why the U.S. has performed so poorly in terms of life expectancy since the 1980s. And just for context, around 1980, the U.S. started lagging behind other high-income countries in life expectancy. We were still making gains, but we weren't making the same size of gains as -- as our peer countries. And then around 2010, life expectancy just stopped improving in the U.S. We plateaued. And then around 2014, we started declining.

So we wanted to understand what is behind that really troubling trend? And the troubling trend in the U.S. is pretty well known, but what's less well known is that underneath the surface, the 50 states are experiencing 50 different life expectancy trends. And those trends turned out to be quite interesting and informative and help explain what's going on with the U.S. overall.

**ALAN COHEN:** So, summarize for us your key findings.

**JENNIFER KARAS MONTEZ:** So we have several key findings. One of the most striking is that more liberal state policies are generally associated with longer life expectancy. And that holds even when we account for other differences between states, such as the percent of a state's population that are immigrants. That's important because immigrants tend to live longer than U.S.-born individuals, even when we control for economic indicators, like unemployment rates. So even controlling for a whole host of factors, more liberal state policies generally predict longer lives.

So, which policies matter? So more liberal versions of policies on tobacco, on immigration, civil rights, labor, environment, LGBT protections, gun control and abortion, all of these policies, when they're more liberal, they tend to extend life expectancy in a state.

**ALAN COHEN:** Okay. So, Jennifer, how did you define liberal and conservative state policies?

**JENNIFER KARAS MONTEZ:** We defined liberal policies as those that promote social libertarianism and economic interventionism. And we defined conservative policies as those that promote traditional social values and oppose state intervention in markets.

**ALAN COHEN:** What can you say about the causal mechanisms linking those state policies to life expectancy? Can you elaborate a little further?

**JENNIFER KARAS MONTEZ:** So that's a great question. So for some policies, the mechanisms are really clear and quite direct, for example, tobacco control policy or policies on the environment. So it's easy to see how those policies would shape our health and how long we live.

For other policies, it's not so clear. The mechanisms are really complex. And I'll just give you one example of the complexity, and I'll use a policy that's been studied for many years, and that's minimum wage, and that falls under our labor policy domain in the paper.

So a higher minimum wage, it does more than just put money in people's pockets. It has a whole host of unintended benefits and consequences. So, for example, a higher minimum wage in a state will reduce teenage pregnancy by creating an attachment to the labor force. It reduces economic and psychological distress among working adults.

As a consequence of that, it lowers obesity risk, it lowers smoking risk. And as a consequence of that, it lowers the risk of adverse birth outcomes, such as infant mortality or low birth weight. And that then has intergenerational effects, because we also know that individuals who are born with low birth weight tend to have a higher risk of health problems and shorter lives.

So that's just one example of how a single policy has a whole host of unintended benefits. And it's an economic policy that has really strong, very robust effects on our health and how long we live.

**ALAN COHEN:** Thank you. Those are wonderful examples that really bring the research to life. Did you find gender differences in life expectancy resulting from these state policies?

**JENNIFER KARAS MONTEZ:** We sure did. So we do find evidence -- and this corroborates some other work that's been done in the last few years -- that state policies are more consequential for women's lives. And this makes a lot of sense, because in the U.S., women are more likely than men to be employed in low-wage jobs, so minimum wage is more salient to women than it is for men.

Women are more likely to receive state supplemental earned income tax credits. So that policy is more relevant to women's than men's lives. Women are more likely than men to be raising children on their own, caring for aging parents on their own, so a policy like paid family leave is more relevant for them. And the list goes on.

So state policies are particularly relevant for women's lives, and we see that that manifests in this work in that more state policies affect women's life expectancy than men's, and they often affect it to a greater degree than they do for men.

**ALAN COHEN:** Today, as we speak, the United States is still in the throes of the COVID-19 pandemic. How are the implications of these state policies playing out during the spread of COVID-19?

**JENNIFER KARAS MONTEZ:** That's a great question. So what we're seeing with COVID is directly tied to the policy choices that the federal and state governments have made over the last 40 years or so. During that time frame, we've seen a significant amount of policymaking power being consolidated at the state level, whether that's through decentralization of federal authority down to the states -- for example, in designing welfare policy -- or whether that authority has come through on the increasing use of preemption laws. That's taking authority away from local areas and put them at the state level.

And as a consequence, we see that state policies --you know, we have almost 50 different policy contexts. States have made very different choices in their overall policy environment with this newfound policymaking authority.

And so what we see is, you know, some individuals are living in states that have invested a lot in their populations and in their public health infrastructure and the economic well-being of their residents, and these are the same states that tended to implement social distancing guidelines sooner than others, the same states that tend to mandate masks, and the same states that allow their local areas to implement more stringent public health requirements to combat the pandemic.

So, you know, we did this study before we know anything about COVID. But the study findings, they could have predicted which states would weather the pandemic better than others.

**ALAN COHEN:** Thank you. To follow up on that, what do you see as being the major takeaway lessons for state policymakers? What can they do to improve the life expectancy of their constituents?

**JENNIFER KARAS MONTEZ:** So one of the clearest takeaways is that states that invest in their populations reap the rewards. So states that invest in human capital development, through public schooling that provide an economic floor for working adults, that discourage risky behavior, such as smoking, and that protect [sic] civil, environmental and reproductive rights, these tend to be the same states that are doing a better job at keeping up with the rest of the developed world in terms of life expectancy. So we see a pretty clear equation. Invest in your populations, and the output is that you have a healthier and longer-lived population, as well.

And we also see that even just changing a few policies at the state level could go a long way. So, for example, even imposing stricter tobacco controls or raising the minimum wage, even just a few policies like that, moving them in a direction that is in a more liberal direction would go a long way towards increasing health and longevity in those states.

So another takeaway lesson is that all of these policies have health implications. We often think of health policy as being directly tied to medical care or access to care or health insurance. But what our study made clear is that, you know, a large number of social and economic policies have really clear implications for health and well-being.

**ALAN COHEN:** This is very, very interesting, and certainly provides food for thought for not only state policymakers, but for researchers working in the field. What are your plans for future research?

**JENNIFER KARAS MONTEZ:** Well, we've launched two follow-up studies to the current one. In one study, we're examining how state policies shape our risk of dying from certain causes. So, for example, to the disparities across states and the risk of dying from heart disease, what policies are explaining that disparity? We would imagine, for example, that policies related to tobacco might provide a better explanation than, say, policies related to gun control in terms of cardiovascular disease.

On the other hand, if we examined the risk of death due to, you know, what we call deaths of despair, we might find in that case gun policies are particularly important, but tobacco policies less so. So we're trying to tease out -- get a more, I guess, refined explanation for how these policies affect different types of causes of death and our risk of dying from different causes.

Another study that we've launched is examining how these policies might affect different population subgroups. So are these policies more or less important depending on your level of education? Are they more important for whites than persons of color? So we're trying to examine the heterogeneity in the effects of state policies on various groups of the population.

So we're hoping that, you know, these studies will give us information on who is the most affected by policies and the mechanisms through which those policies operate.

**ALAN COHEN:** Great. Let me ask one last question. As you well know, there has been a lot of concern about declining life expectancy nationally over the last three years or so. Your research illuminates our understanding of what's happening at the state level and what state policymakers could possibly do.

Is there anything that can be done, say, by the federal government in your opinion that might either strengthen what the states themselves can do, or independent of the states, can kind of reverse the alarming trends that we've been watching?

**JENNIFER KARAS MONTEZ:** That's a great question. One of the first possibilities that comes to mind is raising the minimum wage. The wage has not kept paced with inflation, so that would be a particularly powerful way and fairly easy way to make in improvement in U.S. life expectancy.

**ALAN COHEN:** Great. Thank you very much. Thank you for joining us today, and also thank you for your contributions to the *Milbank Quarterly*. We really appreciate it.