

# Vincent Pohl

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**Citizenship** German (F1 visa)

## Fields of Concentration

Health Economics  
Labor Economics

## Desired Teaching

Health Economics (graduate and undergraduate)  
Labor Economics (graduate and undergraduate)  
Econometrics (undergraduate)

## Comprehensive Examinations Completed

2008 (oral): Labor Economics, Industrial Organization  
2007 (written): Microeconomic Theory, Macroeconomic Theory

**Dissertation Title** *The Role of Health in Labor and Marriage Markets*

## Committee

Professor Joseph Altonji  
Professor Amanda Kowalski  
Professor Fabian Lange  
Professor Costas Meghir

**Expected Completion Date** May 2012

## Degrees

Ph.D., Economics, Yale University, 2012 (expected)  
M.Phil., Economics, Yale University, 2009  
M.A., Economics, Yale University, 2008  
Diplom (master equivalent), Economics, University of Mannheim, 2006  
Visiting the Ph.D. Program in Economics, University of California at Berkeley, 2004–2005

## Fellowships, Honors, and Awards

Yale University Dissertation Fellowship, 2011  
Yale University Graduate Fellowship, 2006–2011  
Richard J. Bernhard Fellowship, 2008–2010

**Fellowships, Honors, and Awards, cont.**

Yale University Economics Department Prize, 2006–2010  
 Yale University Summer Fellowship, 2008  
 European Recovery Program Scholarship, 2006–2008  
 Studienstiftung des deutschen Volkes (German National Academic Foundation) Fellowship, 2001–2006  
 Deutscher Akademischer Austausch Dienst (German Academic Exchange Service) Fellowship, 2004–2005

**Teaching Experience***Yale University Teaching Fellow*

Econometrics, Professor Melissa Tartari, Spring 2011  
 Intermediate Microeconomics, Professor Dirk Bergemann, Spring 2010  
 Data Analysis and Econometrics I, Professor Lanier Benkard, Fall 2009  
 Microeconomic Theory (first year Ph.D.), Professor Truman Bewley, Fall 2008

*University of Mannheim Teaching Assistant*

Introductory Microeconomics, Professor Andreas Irmen, Spring 2004

*Other*

Statistics (MBA), developing problem sets, Professor Constanca Esteves-Sorenson, Yale School of Management, Fall 2010

**Research Experience**

Special Sworn Status Researcher, U.S. Census Bureau, 2010–present  
 Research Assistant, Professors Melissa Tartari and Patrick Kline, 2008  
 Visiting Researcher, Mannheim Research Institute for the Economics of Aging (MEA), 2007  
 Research Assistant, Professor Konrad Stahl, 2002–2004

**Publication**

“Medical Guidelines, Physician Density, and Quality of Care: Evidence from German SHARE Data,” with Hendrik Jürges, *European Journal of Health Economics*, forthcoming

**Working Paper**

“Medicaid and the Labor Supply of Single Mothers: Implications for Health Care Reform” (job market paper)

**Work in Progress**

“The Marriage Market Ratio and Investment in Health”

“The Impact of Hospitalizations on Labor Market Outcomes. Evidence from Chile,” with Christopher Neilson

**Invited Presentations**

2011 Census Bureau RDC Annual Conference, Hamburg Center for Health Economics, International Health Economics Association World Congress, Yale School of Public Health  
 2008 Society of Labor Economists Annual Meeting (poster)

**Language skills**

German (native); English, French (fluent); Italian, Spanish, Swedish (basic)

## References

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## Dissertation Abstract: “The Role of Health in Labor and Marriage Markets”

Individual health plays an important role in many markets. In my dissertation, I analyze the relationship between health and market outcomes in three examples from the labor and marriage markets. Health status affects individuals’ demand for health insurance coverage, which, in the U.S., is linked to employment. In the first chapter, I analyze how single mothers’ labor supply reacts to changes in health insurance availability. I use exogenous variation in Medicaid eligibility to estimate a structural model of labor supply with health insurance and simulate single mothers’ employment choice under the U.S. health care reform. In the second chapter, I focus on the direct impact of health shocks on labor market outcomes. Using hospital discharge data matched to individual employment information, I analyze both the short-term and long-term consequences of a hospitalization on labor supply and wages. Health also plays a role in the marriage market: healthy individuals may be more likely to get married or to find a more desirable spouse. Therefore, individuals can affect their marriage market outcomes by improving their health. This is the topic of the third chapter: I test whether individuals invest more in their health when it is harder to find a spouse.

## Chapter 1: Medicaid and the Labor Supply of Single Mothers: Implications for Health Care Reform (job market paper)

The recent U.S. health care reform substantially expands Medicaid for adults and introduces health insurance exchanges with subsidies for private health insurance. These policy changes affect work incentives since eligibility for both Medicaid and subsidies depend on earnings. In this chapter, I estimate the employment effects of health care reform among single mothers, who, along with their children, are the main beneficiaries of Medicaid.

I develop a static discrete labor supply model with employer-sponsored health insurance (ESHI) and Medicaid. Agents choose between non-work, part-time work, full-time without ESHI, and full-time employment with ESHI. Medicaid eligibility depends directly on earnings and is not treated as a choice variable. In addition, health insurance coverage affects out-of-pocket medical expenditure and therefore disposable income. The model implies that the sign of the employment effect of health care reform will depend on how much labor individuals supply before the reform. Medicaid expansions and subsidies allow single mothers to work in a job that does not provide ESHI and obtain health benefits from Medicaid or subsidized coverage from health insurance exchanges. Hence, the model predicts an increase in labor supply for these women. On the other hand, single mothers who work full-time with ESHI coverage before the reform may either decrease their labor supply or switch to a job without ESHI and instead receive Medicaid benefits or subsidies. For these individuals, the model predicts a weak decrease in labor supply and crowd-out of ESHI.

To test these predictions, I use confidential data from the Medical Expenditure Panel Survey from 1996 to 2008 matched with state-level Medicaid thresholds. Estimation proceeds in two steps. First, I separately estimate wage and medical expenditure equations that allow me to predict earnings and out-of-pocket expenditure under the four employment alternatives. Then, I use Maximum Simulated Likelihood estimation to obtain preference parameters governing employment choice. Using these estimates, I simulate employment choice under the Medicaid expansions and health insurance subsidies. The simulations show that Medicaid expansions alone reduce single mothers' labor force participation by five percent. The complete health care reform, however, leads to an increase in labor supply by six percent at the extensive margin and by five percent at the intensive margin. In addition, I find crowding-out of ESHI of about 40 percent. The welfare implications of these results are positive: the cost of the reform is more than offset by individuals' welfare gain. Hence, health care reform allows single mothers to work more while obtaining health insurance coverage from alternatives to ESHI and it is welfare improving.

## **Chapter 2: The Impact of Hospitalizations on Labor Market Outcomes. Evidence from Chile (with Christopher Neilson)**

Health shocks have significant short and long-term effects on labor supply and hence earnings. Individuals who miss time from work due to illness might lose their job, have to switch occupations, and accumulate less human capital. In this chapter, I analyze the effect of major health shocks – ones that require hospitalization – on labor market outcomes over time.

Studies that estimate the labor market effects of health based on survey data are plagued by endogeneity because individuals tend to give health-related reasons for why they do not work. This correlation between reported health and employment biases estimates of the effect of health on labor force participation and other labor market outcomes. Instead of relying on self-reported measures of health, I use information on hospitalizations from administrative data as an objective measure for health shocks. Accidents, in particular, are orthogonal to unobserved determinants of employment and are therefore suitable for avoiding the endogeneity problem.

I construct longitudinal work histories from the Encuesta de Protección Social, a representative panel survey, and I link these survey data to discharge records from Chilean hospitals. The discharge records contain detailed diagnosis codes, which allows me to distinguish accidents from other reasons for hospitalization. Preliminary results show that a hospitalization due to an accident has small negative effect on subsequent labor force participation and earnings.

## **Chapter 3: The Marriage Market Ratio and Investment in Health**

Based on findings that married individuals are healthier and that they select into marriage based on pre-marital health status, this chapter takes a closer look at health-related behavior prior to marriage. In particular, it tests the hypothesis that investments in health depend on the probability of finding a spouse. Health investments make individuals more attractive to their potential future spouse, thereby increasing the likelihood of entering marriage. However, the likelihood of finding a spouse also depends on the relative numbers of men and women (the marriage market ratio). Therefore, marriage market conditions affect the amount of health investment. In particular, when it is very easy or nearly impossible to become married, we expect lower levels of health investment. In a situation where marriage is likely but not certain, individuals can use healthy behavior to increase their marital prospects.

The existing literature uses a one-dimensional marriage market ratio that only accounts for the age difference between men and women. This measure disregards differences between the age compositions of couples of different racial backgrounds. One of the contributions of this chapter is to introduce a new measure, which uses both estimated racial composition of couples and age differences between spouses to weight cohort sizes in a two-dimensional version of the marriage market ratio. I test the hypothesis that the marriage market ratio affects the health-related behaviors smoking, drinking, and exercising using data from the National Health Interview Survey and the Behavioral Risk Factor Surveillance System. The results indicate that men and women of all races are less likely to smoke and black men and women are less likely to drink when facing unfavorable marriage market conditions. The results for physical activity, however, are mixed.