

# The Long Shadow of American Slavery: Its Influence on the Affordable Care Act

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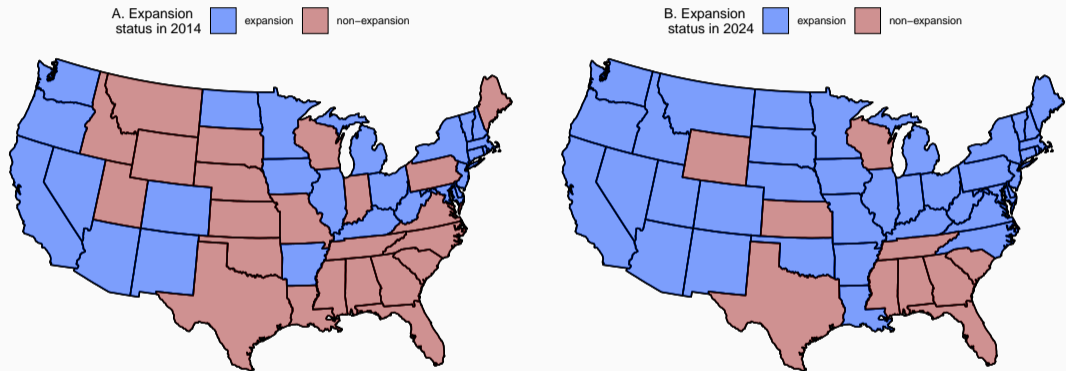
# Introduction

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## Patient Protection and the Affordable Care Act (ACA)

- Goal: To obtain a nearly universal health insurance coverage (Gruber (2011))
- Some major provisions:
  1. The individual mandate
  2. Subsidies in the healthcare exchange markets
  3. Employer mandate
  4. Medicaid expansion (*eligibility: below 138% of FPL*)
- The 2012 Supreme Court ruling made Medicaid optional for states

## Strongest opposition in the American South (Data from [KFF](#))



Note: Out of the 10 non-expansion states, 7 fall in the South.

# Objective

- *To investigate the relationship between slavery in the American South and institutional changes in the healthcare sector that are redistributive and equitable in nature by focusing on ACA – the most sweeping healthcare reform in the United States*

# Conceptual Framework

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## 1. Resistance towards redistributive programs

- White landowners had incentives to provide private provisions to public goods throughout the Jim Crow era (Alston and Ferrie (1985) and Alston and Ferrie (1993))
- Used paternalism as a medium of labor coercion
  - food, medical bills, legal payments
- Saw redistributive policies as a substitute for paternalism

*The former culture of resistance can influence the implementation of ACA.*



## 2. Racialization of ACA

- Despite President Obama's effort, ACA was racialized (Michener (2020))
- State level racial resentment negatively affects adoption of ACA-related Medicaid expansions (Lanford and Quadagno (2016))
- State's decision of whether to expand Medicaid depends on the level of support from the White populace, whereas the support from non-Whites tend to be impertinent (Grogan and Park (2017))

### 3. Intergeneration transfer

- Culture and attitude over generations (Boyd and Richerson (1996))
- Evidence on intergenerational transfer of political attitude and values (Bisin and Verdier (2011), Nunn and Wantchekon (2011), Voigtländer and Voth (2012), Charnysh (2015), Acharya, Blackwell, and Sen (2016))
- Acharya, Blackwell, and Sen (2016) document the legacy of American slavery in shaping current-day political preferences in the American South
  - *i*) increased probability of being Republican
  - *ii*) opposed to affirmative action
  - *iii*) express anti-Black sentiments

*Persistence in political beliefs can spillover informing preferences regarding ACA*

Data

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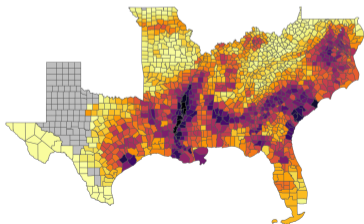
## Data (Outcome variables)

1. Small Area Health Insurance Estimates (SAHIE) – years 2010 to 2018
  - county level data on uninsured rate by income groups
  - focus on individuals below 138% of FPL
  
2. Medicaid transfer funds (per capita) – years 2010 to 2018
  - county level data from the Bureau of Economic Analysis (BEA)
  
3. American Community Survey – years 2010 to 2018
  - uninsured, employer sponsored insurance, private insurance, Medicaid, Other types
  - PUMA level data (aggregated by Black-White race groups)

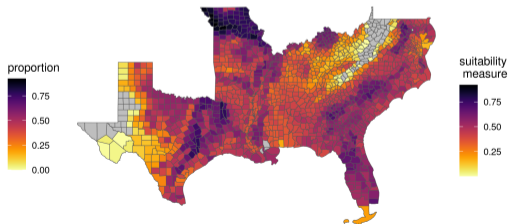
## Data (Main explanatory variables)

- Proportion enslaved in 1860 (1860 U.S. Census)
- Cotton suitability measure (UN Food and Agriculture Organization (FAO))

Proportion enslaved in 1860



Cotton suitability measure



# Data (Features)

## Some 1860 characteristics

- a. Proportion of farms under 50 acres
- b. Log of the total improved acreage
- c. Log of total population
- d. Access to water and railways
- e. Gini coefficient of inequality
- f. Proportion of free blacks in 1860

*Geographical: latitude, longitude, ruggedness, elevation*

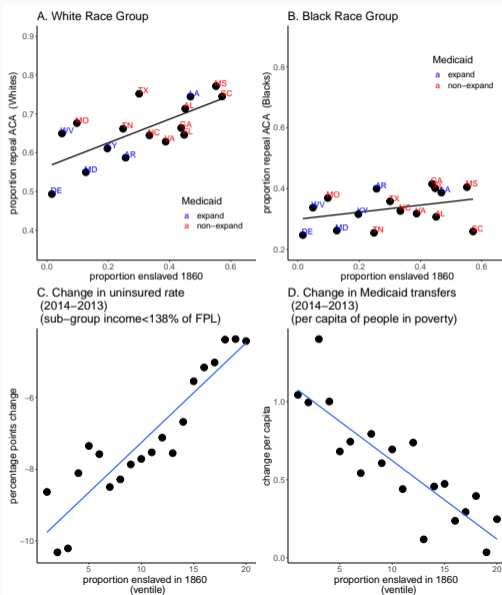
*Historical climate: precipitation, temperature*

## Some contemporary characteristics

- a. Proportion of Blacks/Whites (2010)
- b. Estimated White vote share for Obama (2008)
- c. Whites' household income (age 35)
- d. Per capita income & poverty rate (2010)
- e. PM 2.5 measure (2010)
- f. Percent with college/high school degree (2010)
- g. Unemployment rate in 2010

- *A complete list of features and their sources can be found in the paper.*

# Descriptive Results (Cooperative Congressional Election Study 2014, 16, 18)



# Methods

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## Three different tools

1. Causal Forest (Athey, Tibsharani, and Wager (2019)): evaluate heterogeneity of Medicaid expansion (CATE)
  - *Did areas with high cotton suitability measure experience lower reductions in uninsured rate following the Medicaid expansion?*

2. Event-study method (expansion and non-expansion states): Differential gap in uninsured rate by proportion enslaved in 1860.

$$Y_{cst} = \alpha + \underbrace{\sum_{\substack{k=-4 \\ k \neq -1}}^4 \gamma_k}_{k \neq -1} \times Enslaved1860_{cs} \times I(t = 2014 + k) + \sigma_c + \phi_t + \epsilon_{cst}$$

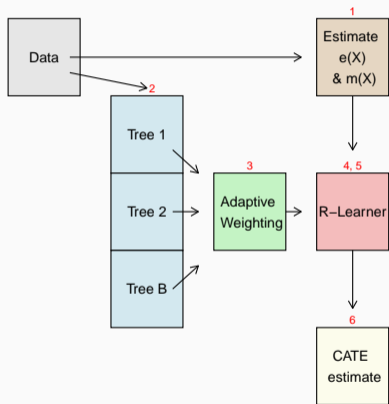
3. Matching using the predicted value of the proportion enslaved (skipped)

- Generalized Random Forest (GRF) (Athey, Tibsharani, and Wager (2019))
- Based on the R-learner framework (Robinson (1988), Nie and Wager (2021))

$$Y_i - m(X_i) = \tau(X_i)(W_i - e(X_i)) + \epsilon_i$$

- residual-on-residual regression
  - $m(X_i)$ : main effect – conditional mean of  $Y$
  - $W_i$ : treatment (expand or not)
  - $e(X_i)$ : propensity score
  - $\tau(X_i)$ : CATE

# Causal Forest and adaptive weights



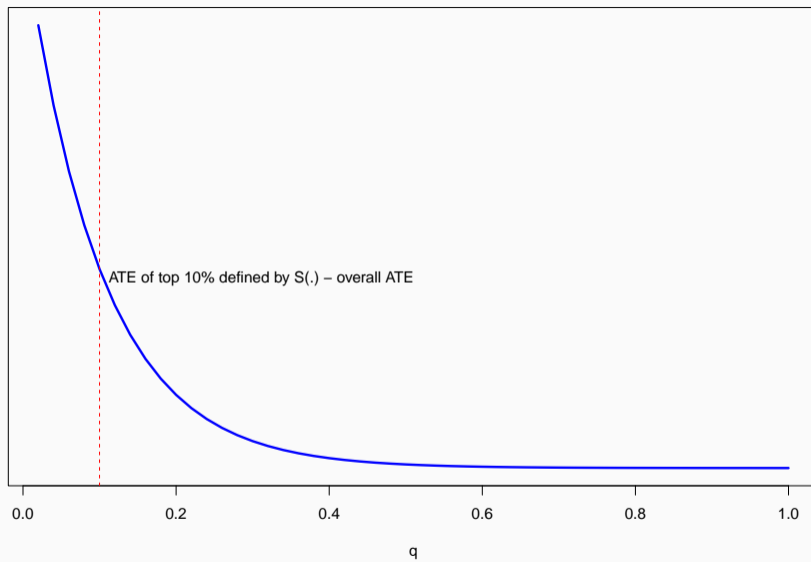
1. Estimate  $e(X_i)$  and  $m(X_i)$  using random forest (with cross-fitting).
2. Build  $B$  (30,000) causal trees. Use clustered random sampling at state level. Use *subsampling* and *honesty*.
3. Calculate adaptive weights for each observations  $i$ . This tells us how similar  $i$  is to the test point  $x$ .
4. Use  $e(\hat{X}_i)$  and  $m(\hat{X}_i)$  to get the residual-on-residual form.
5. Run the residual-on-residual regression with weights obtained from Step 3.
6. Get the estimate on  $\tau(X_i)$ : (CATE).

*Assumption: At a leaf, treatment is good as random.*

## Evaluate heterogeneity using RATE

- Rank-Weighted Average Treatment Effects (RATE) (Yadlowsky et al. (2021))
- Takes a score measure –  $S(\cdot)$ 
  - can include CATE estimates
  - or other baseline characteristics (i.e., pre-reform uninsured rate, cotton suitability)
- Uses the **Targeting Operator Characteristics (TOC)** and area under the TOC (AUTOOC) to characterize heterogeneity.
- Cut the data into groups defined by the prioritization score –  $S(X_i)$ 
  - then compare the ATE in these groups with overall ATE

# Targeting Operator Characteristics (TOC) curve demonstrating heterogeneity

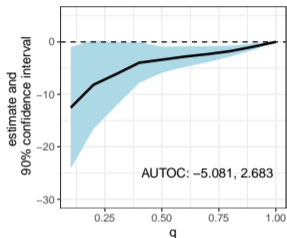


## Results

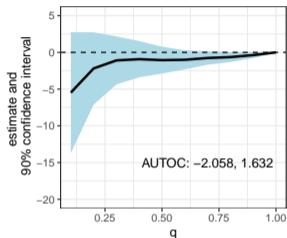
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# 1. Causal Forest Results (outcome = uninsured rates year 2014)

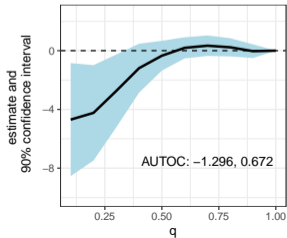
A. TOC: By decreasing magnitude of estimated CATE



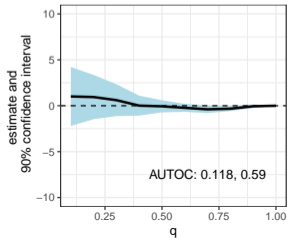
B. TOC: By decreasing uninsured rate 2013



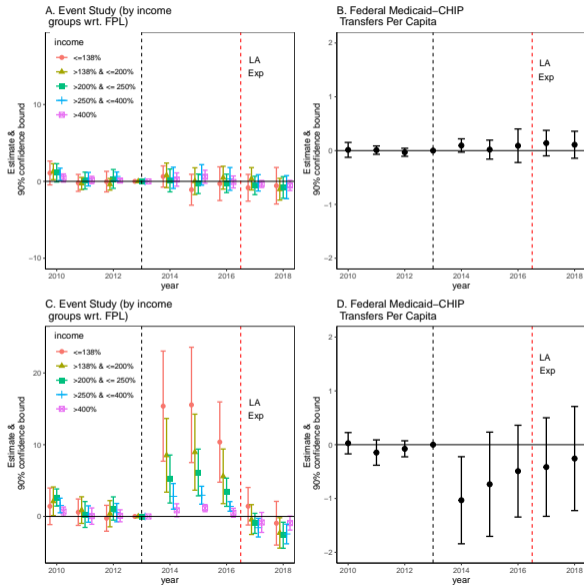
C. TOC: By increasing cotton suitability (unins. rate 2014)



D. TOC: By increasing cotton suitability (unins. rate 2013)



## 2. Event Study Results (outcome = uninsured rates)





## Potential channels

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# Did slavery affect ACA implementation through contemporary politics?

## 1. Working backwards

- Predict the proportion enslaved in 1860 using current political landscape

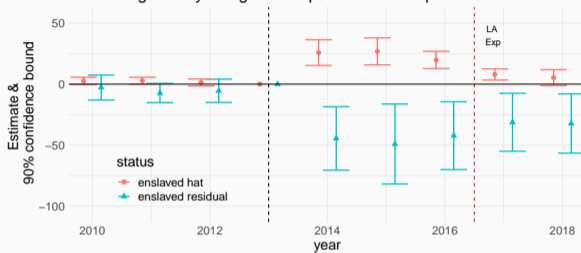
$$\textit{enslaved1860}_c = f(\textit{contemporary politics}_c, U_c)$$

- contemporary politics: Trump votes in 2016, White votes for Obama in 2008, whether a county is Democrat
- explained ( $\hat{Y}$ ) versus unexplained ( $Y - \hat{Y}$ ) variations

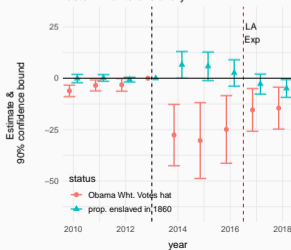
## 2. Use determinants of slavery to predict contemporary political outcome (proportion of White votes for Obama, 2008)

- explained ( $\widehat{\textit{WhiteObamaVotes}}$ )
- observe the behavior of ES estimates after accounting for the variation in contemporary politics explained by the determinants of slavery

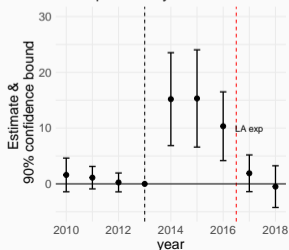
A. Channel 1:  
Predicting slavery using current political landscape



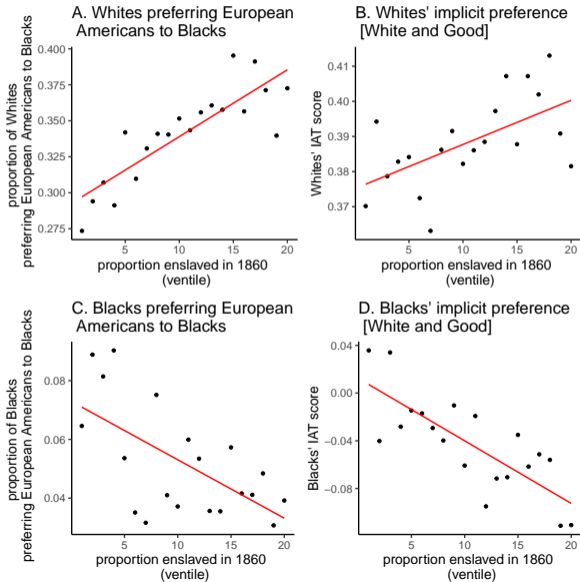
B. Channel 2:  
Predicting White votes for Obama using determinants of slavery



C. Accounting for the variation in unexplained by the determinants



# Additional channel (Racial resentment using data from Project Implicit)



## Additional channel (shown in paper)

- Alston and Ferrie (1985) and Alston and Ferrie (1993) argue that cotton mechanization ended paternalism in South
- The influence of slavery is more concentrated in counties that underwent slower mechanization in the mid-1990s

## Conclusion

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- The passage of the ACA in March 2010 took America several steps closer to the direction of universal healthcare
- The reform has been met with turbulent opposition on several grounds.
  - exorbitant costs,
  - increased government involvement,
  - inefficiency,
  - lower quality of health care
- *This study argues that despite the vulnerability in the American South, institutional legacy of American slavery in the South has helped shape ACA-related preferences and also affected its efficacy in the southern landscape.*

- TOC is defined as:

$$TOC(q) = E[Y_i(1) - Y_i(0) | S(X_i) > F_{S(X_i)}^{-1}(1 - q)] - E[Y_i(1) - Y_i(0)]$$

- $TOC(q)$  for  $0 \leq q \leq 1$  is defined as the difference in ATE among units above the  $q^{th}$  percentile of  $S(X_i)$  and the overall ATE.



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