



Correction to: Medicaid expansion and the mental health of spousal caregivers

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Correction to: Review of Economics of the Household
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The original version of this article unfortunately contained errors in Author group, Abstract and in the text.

The third author's name should be Courtney H. Van Houtven instead it was published incorrectly as Courtney van-Houtven and the correct order of authors is as follows: Joan Costa-Font, Nilesh Raut and Courtney H. Van Houtven.

The abstract for this article was inadvertently published with errors as below:

Health insurance expansions can exert wellbeing effects on individuals who provide informal care to their loved ones, reducing their experience of depression. This study exploits evidence from the Affordable Care Act's Medicaid expansion (ACA Medicaid) to examine the effects on the mental wellbeing of informal caregivers. Drawing on an event study and a Difference-in-Differences (DID) design we investigate the policy impact of ACA Medicaid using longitudinal evidence (from the Health and Retirement Study, HRS) for low-income individuals aged 64 or below. We find that ACA's Medicaid reduced depressive symptoms among spousal caregivers, and specifically we estimate that exposure to ACA Medicaid gives rise to 8.2% points (on average, equivalent to 30% decrease) reduction in the feeling of depression and 8.7% points increase in the feeling of happiness (on average, 11% increase). The estimates are robust to various specifications, and we identify several potential driving mechanisms for the findings: reductions in out of -pocket expenses and labor supply and, as expected, increased after Medicaid uptake. The evidence from falsification tests confirms that the estimated effects are likely due to ACA's Medicaid.

The correct abstract is

The original article can be found online at <https://doi.org/10.1007/s11150-023-09673-7>.

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Health insurance expansions can exert wellbeing effects on individuals who provide informal care to their loved ones, reducing their experience of depression. This study exploits evidence from the Patient Protection and Affordable Care Act's Medicaid expansion (ACA Medicaid) to examine the effects on the mental wellbeing of informal caregivers. Drawing on an event study and a Difference-in-Differences (DID) design we investigate the policy impact of ACA Medicaid using longitudinal evidence (from the Health and Retirement Study, HRS) for low-income individuals aged 64 or below. We find that ACA Medicaid reduced the likelihood of depressive symptoms among spousal caregivers. We document that exposure to ACA Medicaid gives rise to 8.2% points (on average, equivalent to 30% decrease) reduction in the feeling of depression and 8.7% points increase in the feeling of happiness (on average, 11% increase). The estimates are robust to various specifications, are driven by reductions in out-of-pocket expenses and labor supply and, as expected, increased after Medicaid uptake. The evidence from falsification tests confirms that the estimated effects are likely due to ACA Medicaid.

In Section 1, the first five sentences of first paragraph “From January of 2014, several states expanded Medicaid eligibility criterion of qualifying for Medicaid, as a part of Affordable Care Act (ACA), to all adults under the age of 65 earning up to 138% of Federal Poverty Level (FPL). The ACA Medicaid significantly increased the number of individuals enrolled in Medicaid and reduced the number of those without insurance, affecting the health, access to care, and health and care utilization for those gained access to health coverage (Courtemanche et al. 2017; Kaestner et al. 2017, Miller and Wherry 2017; Simon et al. 2017; McInerney et al. 2020; Miller et al. 2021). The ACA Medicaid became extremely popular amongst economists and policy makers as it's proven to have impacted several other socio-economic outcomes through the take up of health insurance. Such outcomes include improvements in child support, financial health, housing security, and food security at a little or no cost to state budgets (Council of Economic Advisors, 2021; Miller et al. 2021). However, the indirect effects of ACA Medicaid on various outcomes related to informal caregivers are not studied extensively despite the growing demand of long-term care, in recent decades, among aging Americans. Van Houtven et al. (2020) studies how...” should read as below:

“From January of 2014, several states expanded Medicaid eligibility criteria as a part of Affordable Care Act (ACA), to all adults under the age of 65 earning up to 138% of Federal Poverty Level (FPL). The ACA Medicaid significantly increased the number of individuals enrolled in Medicaid and reduced the number of those without insurance, affecting the health, access to care, and health and care utilization for those gained access to health coverage (Courtemanche et al. 2017; Kaestner et al. 2017, Miller and Wherry 2017; Simon et al. 2017; McInerney et al. 2020; Miller et al. 2021). ACA Medicaid became extremely popular amongst economists and policy makers as it's proven to have impacted several other socio-economic outcomes. Such outcomes include improvements in child support, financial health, housing security, and food security at a little or no cost to state budgets (Council of Economic Advisors, 2021; Miller et al. 2021). However, so far we know very little about the indirect effects of ACA Medicaid on informal caregivers. Van Houtven et al. (2020) studies how...”

The citation Kaise Family Foundation, 2022 should be Kaiser Family Foundation, 2022 in the text.

In section 2.1, the word “heavy carers” in second sentence of the second paragraph should be “intensive caregivers”.

In section 2.3, the last paragraph “Another way to improve the wellbeing of caregiver is by making sure that healthcare needs are met by providing health insurance to caregivers. Given that Medicaid expansion expanded health insurance among eligible individuals after the ACA, one could expect an effect on wellbeing of such caregivers. However, health insurance might be only one of the...” should read as

“Another way to improve the wellbeing of caregivers is by making sure that healthcare needs are met by providing health insurance to caregivers. Given that Medicaid expansion extended health insurance among eligible individuals after the ACA, one could expect an effect on wellbeing of such caregivers. However, health insurance is only one of the....”

In Table 2, the footnote “This table provided the descriptive statistics of the main variables we employ in the analysis” should be changed as “This table reports the descriptive statistics of the main variables we employ in the analysis. This includes the first four dependent variables measuring mental health symptoms, alongside demographic private health insurance uptake, socio-economic and ethnicity variables alongside self-reported health”.

In section 5.3, the word “HRS sample” in second sentence should be “sample”.

In Tables 8 and 9, the table footnote is described with the term “Note”:

In Section 6, the first five sentences of first paragraph “Family caregivers, especially spousal caregivers, care for their loved ones by assisting them with their day-to-day life activities. These activities not only help protect the health and wellbeing of care receivers but also reduce burden associated with the formal health and care systems in the US. This perhaps comes at the cost of degradation of caregivers’ personal health and wellbeing. This cost to caregivers has spillover effects on their social and profession lives. It affects the work-life balance of individuals due to their caregiving obligations. It negatively affects their labor market outcomes such as retiring early, quitting the job, loss in wages, and reduction in retirement savings. Therefore, family caregivers require urgent support to carry out their lives without affecting their health, wellbeing, and labor market outcomes. Some of the recently introduced...” should read as

“ Family caregivers, especially spousal caregivers, care for their loved ones by assisting them with their day-to-day life activities. These activities not only help protect the health and wellbeing of care receivers but also reduce the burden associated with the formal health and care systems in the US. However, we hypothesize that informal care giving, perhaps comes at the cost of potentially compromising caregivers’ personal health and wellbeing. This cost to caregivers has spillover effects on their social and professional lives. It affects the work-life balance of individuals due to their caregiving obligations. It negatively affects their labor market outcomes such as retiring early, quitting work, loss of income, and reduction in retirement savings. Therefore, family caregivers require urgent support to carry out their duties without putting at risk their health, wellbeing, and labor market outcomes. Some of the recently introduced....”

Also, the first five sentences of fourth paragraph “These results indicate that availability of health insurance to adult spousal caregivers can significantly reduce the mental burden associated with informal caregiving. These findings offer some answers to the demand of sustainable arrangement for informal caregiving. The ACA Medicaid is observed to benefit spousal caregivers by significantly improving their otherwise deteriorating mental health. We do not find statistically significant evidence that the ACA Medicaid results in spillover at household level by improving the well-being of spouses being cared for. The existing literature do not study the ACA Medicaid expansion through the lens of caregiver support policy. However, our...” should read as below

“These results indicate that availability of health insurance to adult spousal caregivers can significantly reduce the mental burden associated with informal caregiving. The ACA Medicaid benefits spousal caregivers by significantly improving their otherwise deteriorating mental health. In turn, such benefits might allow for longer sustained caregiving episodes, an inquiry for future research. However, we do not find statistically significant evidence that the ACA Medicaid results in spillover effects at household level by improving the well-being of the spouse care recipients. The existing literature does not yet study the ACA Medicaid expansion through the lens of caregiver support policy. However, our...”

Then, the final paragraph “Nonetheless, access to health insurance is great, but perhaps the availability of a network of providers to assist in the home would be even better.” should be removed.

The original article has been corrected.

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