Research Statement

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Overview

I am an applied microeconomist working on health, labor, education, and inequality. My research asks how circumstances early in life shape economic outcomes later on, and when public policy can change these paths, using large linked administrative datasets, longitudinal cohorts, and experimental and quasi-experimental designs.

My work started with health at birth: during my Ph.D. at Université Laval, I studied why some children are born in poor health and what this means for their families and for the next generation. My job market paper moves from health to behavior, asking whether skills formed in kindergarten help explain why income persists across generations and whether an early intervention can weaken this link, while my newer projects study immigrant families and universal health policies. In this statement I describe a selection of this work. I welcome collaborations in any of these areas, including with researchers outside economics, as in my current work with colleagues in public health and psychology.

Job Market Paper

"When Does Early Disadvantage Stop Predicting Adult Outcomes? Evidence from a Randomized Intervention" (with Yann Algan, Sylvana Côté, and Maripier Isabelle; in preparation for submission)

We know that income persists across generations and that skills formed early in life predict adult outcomes, but we know much less about whether these two facts are connected and whether policy can act on the connection. My job market paper studies both questions using two Quebec cohorts linked to tax records.

In a population-representative cohort followed from kindergarten into adulthood, we first show that teacher-rated inattention, disruptiveness, and prosociality at age six account for 13 percent of the link between parents' and children's income, which makes early behavior one of the channels through which economic position is passed on. We then ask whether this channel can be changed, using a randomized intervention from the 1980s that taught social skills and self-control to disruptive boys from low-income neighborhoods of Montreal. Adult income is 1.46 log points higher among treated boys, a large effect that comes entirely from fewer years with zero income, that is, from fewer unemployment spells.

To see what the intervention does to the link between early skills and adult income, compare boys within each group. Among boys in the control group, those who were more inattentive in kindergarten earn much less as adults; among treated boys, this gap disappears, and inattentive boys earn about as much as their more attentive peers. In other words, the boys who started furthest behind gained the most from the program. This is the opposite of what a common reading of dynamic complementarities in skill formation would predict: if skills make later investments more productive, the boys with better attention at baseline should have benefited more, and the gap between attentive and inattentive boys should have widened among treated boys instead of closing. The experiment covers only disruptive boys from low-income neighborhoods, but the first part of the paper, based on a representative cohort, shows that the channel the intervention acts on matters for the population as a whole.

Health at Birth and the Persistence of Disadvantage

My dissertation follows poor health at birth from its causes to its consequences, first for parents and then for the next generation. On the side of causes, I study prenatal exposure to air pollution in Quebec, where pollution levels are relatively low (*Economics & Human Biology*, with Maripier Isabelle and Guy Lacroix). Average effects are small, but days above the regulatory threshold matter and the harm is concentrated among mothers who face several socioeconomic vulnerabilities, so that even where the air is relatively clean, pollution adds to existing inequalities.

On the side of consequences, my solo-authored paper in the *Review of Economics of the Household* shows that the cost of poor infant health extends to the mother: mothers of children born in poor health earn less for at least seven years after the birth, and the losses are largest for low-income mothers.

In "Low Birth Weight and the Persistence of Disadvantage" (with Maripier Isabelle and Guy Lacroix; in preparation for resubmission), we follow these consequences into the next generation by linking birth records across three generations to tax, education, and hospital records. People born with low birth weight start adult life in a weaker position, ranking lower in the income distribution in their early twenties and being less likely to go to university. Women born with low birth weight are also more likely to have a low-birth-weight child, and they become mothers with less income and less education. Low birth weight can therefore pass on disadvantage through both economic resources and the health of the next generation.

New Directions

I am extending this agenda in two directions. The first concerns immigrant families. In "Distant Conflicts, Local Consequences" (with Maripier Isabelle and Guy Lacroix), we ask whether a conflict that breaks out in the mother's country of origin during pregnancy affects her baby's health in Canada. Because long wars may have caused the migration in the first place, we focus on new conflicts, and our preliminary results show worse birth outcomes for children born six to nine months after the start of a conflict, which suggests that conflicts can affect health well beyond their borders.

The second direction asks whether universal health policies reduce inequality. One project uses changes in community water fluoridation in Quebec, linked to health and education records, to study whether a universal preventive measure helps disadvantaged children most. Another, with Catherine Haeck and Marie Connolly, uses the staggered introduction of universal medical coverage across Canadian provinces in the 1960s to study whether access to health care early in life affects mobility across generations.

Future Research

In the near term, I plan to extend my job market paper in two ways. Because treated boys stayed in regular classrooms, I will estimate whether the program also affected their untreated classmates, and I am discussing a project with a team from the Department of Psychiatry at McGill University on its effects on mental health from adolescence to adulthood. More broadly, I will continue to study how early-life circumstances shape health and economic outcomes and which policies can weaken the persistence of disadvantage, with a particular interest in early interventions whose effects reach beyond health to education, work, and mobility. Most of my work so far uses Canadian data, but the questions are general, and I would like to study them in other countries and with new administrative, longitudinal, and experimental data.