

The Effect of a Raised Minimum Wage on Infant Mortality

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Objective: To estimate the effect of a 10% increase in the minimum wage on infant mortality rates (IMR) in the United States.

Methods: We used a difference-in-differences design to compare the change in IMR in states that raised the minimum wage to 10% of the current level (2014–2015) to the change in IMR in states that did not raise the minimum wage (2014–2015). All states were included in the analysis. We used a 2-stage least squares regression to control for confounding factors.

Results: A 10% increase in the minimum wage was associated with a 1% decrease in IMR (95% CI: -2%, 4%).

Conclusions: A 10% increase in the minimum wage was associated with a 1% decrease in IMR. This finding suggests that raising the minimum wage may have a beneficial effect on infant mortality.

Keywords: Minimum wage, infant mortality, socioeconomic status, health equity.

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Previous research has consistently linked low income with increased risk of premature mortality throughout the life span.^{1,2} As a stark example, the US excess infant mortality rate (defined in comparison with 4 peer countries) during the postneonatal period (28–364 days) is driven almost entirely by excess infant deaths among mothers of lower socioeconomic status.³ Low birth weight is also a sensitive consequence of low income, has been established as one of the most important predictors of infant mortality, and increases the risk of deleterious health and economic effects into adulthood.⁴ Alarmingly, more than 1 in 4 women giving birth in the United States are below poverty level.⁵

Minimum wage standards are an important

mortality and natality data (i.e., no sampling). They are consistently and comprehensively measured each month, making them ideal for a time-series study lasting several decades. On the basis of these files, we created frequencies and rates of low birth weight (< 2500 g at birth) and postneonatal mortality (28–364 days) by state and month from 1980 through 2011. Postneonatal mortality is largely the result of the conditions in which infants live by contrast to neonatal mortality, which is often the result of a complex mix of genetic and health care delivery factors.³



To assess effects of state-level minimum wages on infant outcomes, we calculated the difference between state-level minimum wage and the federal minimum wage in each

