

BIG DATA IN HEALTH AND LABOR ECONOMICS

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Increasing usage of **register data** which (i) cover full population, (ii) longitudinal, (iii) individual linkage across registers.

E.g. registers on: demographics (incl. multigenerational), income tax, firms and establishments, schools, unemployment benefits, treatments for unemployed, in-patient and out-patient, prescriptions.

Includes info on intermediaries (health care workers, caseworkers).

Methodological issues: economists are interested in *causal effects*, e.g. between individual economic conditions and individual health.

Registers don't necessarily provide exogenous variation in causes \Rightarrow often use contextual info or panel data methods or merge with RCTs.

Registers do provide info on markers for certain outcomes. Helps to identify "vulnerable" groups. Furthermore: study dynamic pathways to understand the mechanisms.