

Minimum Wages and Institutional Living for Adults with Disabilities*

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August 25, 2026

Abstract

This paper examines whether minimum-wage increases affect the residential arrangements of working-age adults with disabilities. Using the 20082024 American Community Survey, we compare changes among adults with and without disabilities within the same state and year following large state minimum-wage increases. Institutional residence among adults with disabilities declines by 0.6 percentage points, while residence in other group quarters increases by 0.3 percentage points, leaving total group-quarters residence largely unchanged. The decline in institutional residence is concentrated among adults with one or two limitations, for whom employment and earnings increase and Supplemental Security Income receipt declines. Adults with three or more limitations experience declining labor-market outcomes and shift from institutions to other group quarters. The results show that residential arrangements are an important and previously overlooked margin of adjustment to minimum-wage policy.

JEL Codes: J38, J14, I38, R21

Keywords: minimum wage, disability, institutional living, deinstitutionalization, group quarters, Supplemental Security Income

*Data are drawn from the IPUMS American Community Survey, a state minimum-wage panel compiled from Vaghul–Zipperer and U.S. Department of Labor sources, and the Census Building Permits Survey. A replication package containing the analysis code and the constructed state minimum-wage and Section 14(c) panels will be deposited in a public archive upon publication; the underlying ACS microdata are available from IPUMS. All errors are our own.

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1 Introduction

Adults with disabilities are substantially more likely than adults without disabilities to live in institutions, less likely to own homes, and hold considerably less wealth (Maroto and Pettinicchio, 2014; Maroto and Pettinicchio, 2015; Reichert, 2022; Hagner and Klein, 2005). Since the Supreme Court’s *Olmstead v. L.C.* (1999) decision, expanding opportunities for people with disabilities to live in the community has been a central objective of U.S. disability policy. Yet relatively little is known about the economic determinants of residential independence. This paper examines whether minimum wages affect where working-age adults with disabilities live.

Minimum-wage increases could affect residential arrangements through competing income and employment channels. For adults who remain employed, a higher wage floor may increase earnings and make community-based living more affordable. If higher minimum wages instead reduce employment, they may weaken the economic resources needed to leave institutional or other group settings. The net effect is therefore theoretically ambiguous and may depend on an individual’s attachment to the labor market.

We study this question using the 2008–2024 American Community Survey and variation in real state minimum wages. Our empirical approach compares changes in residential outcomes among adults with and without disabilities within the same state and year. State-by-year fixed effects absorb changes in housing markets, institutional capacity, and other state-level conditions common to both groups. State-by-disability and year-by-disability fixed effects account for persistent cross-state differences and national trends in the disability gap. Event-study specifications around large minimum-wage increases provide no evidence of differential pretrends.

We find that higher minimum wages reduce institutional residence among adults with disabilities, but the extent to which this decline translates into household residence varies substantially with disability severity. Following a large minimum-wage increase, institutional residence falls by 0.6 percentage points, relative to a baseline rate of 3.0 percent. Residence

in other group quarters rises by 0.3 percentage points, however, leaving total group-quarters residence largely unchanged. An analysis that combines institutional and other group quarters would therefore obscure two precisely estimated effects that move in opposite directions.

This offset becomes larger as the number of reported functional limitations increases. Among adults with one limitation, institutional residence falls without a corresponding increase in other group quarters, producing a decline in total group-quarters residence. Adults with two limitations experience a larger decline in institutional residence, but most of this movement is offset by increased residence in other group quarters. Those who enter households tend to live in households headed by others rather than establish households of their own. Among adults with three or more limitations, institutional residence does not decline and residence in other group quarters increases. Estimates by disability type reveal that movement into household residence is strongest among adults with sensory limitations and weakest among those with self-care limitations.

Changes in labor-market outcomes and program participation follow the same pattern. Among adults with one limitation, employment, the probability of positive earnings, and wage income increase, while Supplemental Security Income receipt declines. Among adults with three or more limitations, earnings and wage income fall, while receipt of public assistance and Social Security increases. Thus, the groups experiencing improved labor-market outcomes are also those most likely to leave group settings for households. The decline in benefit receipt persists when the analysis is restricted to adults already living in the community, indicating that it reflects changes in economic resources rather than differences in payment rules inside institutions due to minimum wage increases.

We also examine two alternative policy channels. First, we consider state repeal of Section 14(c), which permits certified employers to pay some workers with disabilities less than the statutory minimum wage. Second, we examine variation in the local supply of accessible housing produced under the Fair Housing Amendments Act. The residential effects of minimum wages are no larger in states that repealed Section 14(c) or in areas experiencing

greater growth in accessible housing. Although these policies may independently affect community living, neither accounts for the relationship documented here.

This paper contributes to two literatures. Studies of minimum wages and workers with disabilities focus primarily on employment and earnings and document substantial heterogeneity by disability severity and type (Clemens et al., 2025; Chiswick et al., 2025; Yin et al., 2026). A separate literature shows that labor-market conditions and economic resources affect household formation, housing stability, and homeownership (Yamagishi, 2021; Agarwal et al., 2022; Hill, 2025; Nguyen, 2019). We connect these literatures by identifying residential arrangements as a distinct margin of adjustment to minimum-wage policy. The results show that higher wage floors can promote community living among adults with relatively strong labor-market attachment, while offering little comparable benefit to those with more severe disabilities.

The remainder of the paper proceeds as follows. Section 2 provides institutional background and develops the mechanisms linking minimum wages to residential outcomes. Section 3 describes the data, and Section 4 presents the empirical strategy. Section 5 reports the main estimates, robustness checks, and mechanism analyses. Section 6 considers alternative explanations and discusses the implications of the findings. Section 7 concludes.

2 Background

Independent living as a policy objective. U.S. disability policy has long treated community living as a central objective. The Supreme Court’s *Olmstead v. L.C.* (1999) decision held that unjustified institutional segregation of people with disabilities violates the Americans with Disabilities Act. Subsequent initiatives extended this emphasis on integration to employment. The Employment First movement and the 2014 Workforce Innovation and Opportunity Act promoted competitive integrated employment in place of sheltered or segregated work (Kaye, 2012). Despite these reforms, working-age adults with disabilities remain

several times more likely than adults without disabilities to live in institutions and substantially less likely to own homes ([Table 1](#)).

Residential settings differ in both cost and degree of independence. Leaving an institution for another group-quarters setting does not necessarily entail forming a household. Living in another person’s household allows individuals to share fixed costs, while maintaining a separate household generally requires greater financial resources. Policies that affect employment and income may therefore influence both whether adults leave institutions and the residential arrangements they enter.

Section 14(c) and the subminimum wage. Section 14(c) of the 1938 Fair Labor Standards Act authorizes certified employers to pay workers with disabilities less than the statutory minimum wage when their disabilities affect productivity in a particular job. The program is concentrated among adults with intellectual and developmental disabilities and has contracted sharply, from approximately 424,000 workers in 2001 to 40,000 by late 2024 (U.S. Government Accountability Office, [2023](#); U.S. Government Accountability Office, [2025](#)). Because participation is now limited and geographically concentrated, state repeal does not closely measure individual exposure to subminimum-wage employment. We therefore treat repeal as a secondary policy channel rather than a source of identifying variation. [Figure A1](#) documents the program’s scale and geographic concentration.

Minimum wages and independent living. A higher minimum wage can affect residential arrangements through opposing income and employment channels. Among workers who remain employed, higher wages may expand the set of community-based arrangements they can afford. If a higher wage floor instead reduces employment, the resulting loss of earnings may make leaving an institution or another group setting less feasible. The net effect on residential independence is therefore theoretically ambiguous.

The relative importance of these channels should vary with labor-market attachment. As shown in [Table 1](#), employment is highest among adults reporting a single limitation and

declines substantially as the number of limitations increases. Employment is also relatively high among adults with sensory disabilities and lower among those with cognitive, mobility, or self-care limitations. Positive income effects should therefore be most likely among adults with one limitation and those with sensory disabilities. Adverse employment effects may be more consequential among adults with multiple limitations and disability types associated with weaker baseline labor-force attachment.

Public benefits provide an additional margin of adjustment. Supplemental Security Income provides cash assistance to individuals who meet disability and income criteria, and benefits decline as countable income rises. A minimum-wage increase may therefore raise labor income while reducing SSI receipt, with the net effect depending on the size of the earnings gain. Employment losses may instead increase reliance on public benefits without providing the resources needed to enter a community-based household. Because disability-program participation responds to earnings capacity and labor-market conditions (Autor and Duggan, 2003; Maestas et al., 2013), changes in earnings and benefit receipt provide complementary evidence on the channels linking minimum wages to residential outcomes.

Related literature. Recent research on minimum wages and workers with disabilities documents substantial heterogeneity in employment effects. Clemens et al. (2025) find that large minimum-wage increases reduce employment among individuals with severe disabilities. Chiswick et al. (2025) document employment losses among young adults with cognitive disabilities but little effect among those with physical or sensory disabilities. In more specialized labor-market settings, Kim et al. (2025) find minimal employment changes among workers in the federal AbilityOne program, while Yin et al. (2026) show that eliminating Section 14(c) reduces subminimum-wage employment without producing broader employment losses. These studies examine employment, hours, earnings, and program participation rather than residential outcomes.

Research on deinstitutionalization instead emphasizes the legal and policy environment

governing community living and the financing incentives that shape institutional versus community placement (Olmstead v. L.C., 1999; Kaye, 2012; Grabowski, 2007). Related work documents large disability gaps in homeownership and net worth (Maroto and Pettinicchio, 2014; Reichert, 2022). A separate literature shows that wages, employment, housing costs, and debt affect household formation and coresidence (Kaplan, 2012; Matsudaira, 2016; Lee and Painter, 2013; Dettling and Hsu, 2018; Bleemer et al., 2014). This paper links these areas by examining institutional residence and household formation as potential margins of response to minimum-wage policy among working-age adults with disabilities.

3 Data

Sample. We use the 2008–2024 one-year American Community Survey samples obtained from IPUMS USA and restrict the sample to adults ages 25–64. We exclude 2020 from the main analysis because pandemic-related changes in data collection and nonresponse limit its comparability with other survey years.

The ACS identifies six types of functional difficulty: cognitive, ambulatory, independent-living, self-care, hearing, and vision. We classify respondents as having a disability if they report at least one of these difficulties; respondents reporting none form the comparison group. For analyses by disability type, we combine hearing and vision difficulties into a *sensory* category and ambulatory and independent-living difficulties into a *mobility* category, while retaining cognitive and self-care difficulties as separate categories. These categories follow common classifications in disability policy and provide sufficiently large samples for estimating residential outcomes. Because they are not mutually exclusive, respondents with multiple types of limitations may enter more than one category. Each category is compared with adults reporting no disability.

Outcomes. Our primary outcomes distinguish among institutional group quarters, other group quarters, and household residence. Institutional group quarters include nursing and

residential care facilities, correctional facilities, and psychiatric hospitals. Other group quarters include group homes, shelters, college dormitories, and military barracks. The ACS public-use files distinguish between institutional and other group quarters but do not identify the specific type of facility.

For household residents, we use information on relationship to the householder and housing tenure to measure different dimensions of residential independence. The ACS designates one member of each occupied housing unit as the householder, defined as the person in whose name the unit is owned or rented. We refer to this person as the household head. We distinguish household heads from adults living in households headed by relatives or nonrelatives and classify household heads by whether they rent or own their housing.

We construct three related outcomes. Household headship indicates whether an individual maintains a household, regardless of tenure. Residence in an owner-occupied unit measures access to owned housing, regardless of whether the individual heads the household. Homeownership, our primary ownership measure, indicates that an individual heads an owner-occupied household. These measures capture distinct margins: an adult who leaves an institution for a rented apartment becomes a household head but not a homeowner, while an adult who joins an owner-occupied household gains access to owned housing without becoming its head. To examine potential mechanisms, we also consider employment, annual earnings, and public-benefit receipt.

Table 1 reports weighted descriptive statistics. Panel A divides adults into mutually exclusive categories based on the number of limitations reported, which we use as a measure of disability severity. Panel B reports statistics by disability type; these categories overlap. Employment declines and institutional residence rises sharply with the number of limitations. The measures of headship and ownership also diverge. Adults reporting one limitation are more likely than adults without disabilities to head a household, 0.540 compared with 0.510, but less likely to head an owner-occupied household, 0.302 compared with 0.326. Among household heads, the share who own their homes declines from 64 percent among adults

without disabilities to 46 percent among those reporting three or more limitations.

Minimum wage. Our primary treatment variable is the log real effective state minimum wage. The effective minimum is the higher of the state and federal statutory minimum wages. We average the monthly effective minimum wage over each calendar year and deflate it using the CPI-U. Minimum-wage data for 2008–2022 come from the Vaghul–Zipperer state minimum-wage series. We extend the series through 2024 using statutory minimum-wage data from the U.S. Department of Labor.

As an alternative measure of how strongly the minimum wage binds, we construct a state-year Kaitz index equal to the annual effective minimum wage divided by median annual earnings among full-time workers in the state. The index measures the wage floor relative to the state wage distribution rather than its statutory level alone.

Table 1: Descriptive statistics, adults 25–64, ACS 2008–2024

	By number of limitations				By type of limitation			
	No disability	One	Two	Three+	Sensory	Cognitive	Mobility	Self-care
Institution	0.009	0.030	0.037	0.058	0.034	0.054	0.038	0.062
Other group quarters	0.003	0.012	0.027	0.038	0.014	0.041	0.026	0.040
Lives with family	0.403	0.349	0.373	0.372	0.342	0.374	0.370	0.375
Lives with nonrelatives	0.074	0.068	0.072	0.070	0.067	0.080	0.068	0.068
Rents home	0.184	0.238	0.253	0.251	0.230	0.256	0.251	0.233
Owns home	0.326	0.302	0.237	0.212	0.313	0.195	0.248	0.223
Employed	0.788	0.503	0.267	0.141	0.487	0.270	0.249	0.155
Observations (millions)	23.0	1.7	0.7	0.8	1.1	1.3	2.1	0.6

Notes. Weighted means; observation counts are unweighted person-years. The six residence categories are mutually exclusive and sum to one within each column.

4 Empirical strategy

We use a staggered-treatment design based on large increases in state minimum wages. A state becomes treated in the first year its real minimum wage reaches at least 25 percent above its 2008 level. Twenty-three states cross this threshold between 2015 and 2024, spanning the wave of state minimum-wage increases adopted after 2012. States that never cross the threshold, most of which remain at or near the federal minimum, serve as never-treated comparisons; states that cross later also contribute observations before treatment.

We use this discrete treatment rather than the log minimum wage to facilitate an assessment of pre-treatment trends. State minimum wages are highly persistent, making distributed leads and lags of the continuous measure strongly collinear. The threshold-based treatment supports a conventional event-study specification and isolates the states in which the residential response is concentrated. As an alternative, the minimum wage can be entered continuously as the log real effective rate, so that coefficients are interpreted per log point rather than as the effect of crossing a threshold. [Appendix B](#) sets out that specification and reports its estimates.

A difference-in-differences specification estimated only among adults with disabilities would combine disability-specific responses with broader effects of minimum-wage increases on housing markets and residential arrangements. We therefore use adults without disabilities in the same state and year as an additional comparison group and estimate

$$y_{ist} = \beta (D_i \times \text{Post}_{st}) + \mu_{st} + \delta_{sD} + \theta_{tD} + \varepsilon_{ist}, \quad (1)$$

where D_i indicates membership in the disability group under study and Post_{st} equals one beginning in the year state s crosses the threshold. State-by-year fixed effects, μ_{st} , absorb housing-market conditions, institutional capacity, the main effect of minimum-wage policy, and other state-year factors common to adults with and without disabilities. State-by-disability fixed effects, δ_{sD} , absorb persistent cross-state differences in the disability gap,

while year-by-disability fixed effects, θ_{tD} , absorb national changes in that gap. The coefficient β measures the change in the disability gap after a state crosses the threshold relative to contemporaneous changes in states that have not crossed.

Our main specification, [Equation \(1\)](#), is a triple-difference model using variation across disability status, states, and time. Comparing adults with and without disabilities within the same state and year also addresses an important concern in the minimum-wage literature: states that raise their minimum wages may differ from other states in time-varying ways that bias conventional two-way fixed-effects estimates (Allegretto et al., [2017](#)). Previous studies address this concern using contiguous county pairs, census-division-by-period effects, or state-specific trends. Our state-by-year fixed effects instead absorb all state-level changes common to the two disability groups. Identification therefore depends on the absence of unobserved state-year shocks that differentially affect the residential outcomes of adults with disabilities when the minimum wage increases.

We estimate [Equation \(1\)](#) separately for each disability group using state-by-year-by-group cell means. Regressions are weighted by the sum of ACS person weights in each cell, and standard errors are clustered by state. We do not include individual covariates, so the estimates capture reduced-form changes in group means rather than changes conditional on individual characteristics. For the coefficient of interest, the cell-mean estimator is numerically equivalent to the corresponding weighted individual-level regression.^{[1](#)}

The identifying assumption is that, absent a large minimum-wage increase, the disability gap in residential outcomes would have evolved similarly in treated and comparison states. We assess this assumption using the event-study analogue of [Equation \(1\)](#). Let t_s^* denote the first treated year in state s and let $E_{st}^k = \mathbf{1}[t - t_s^* = k]$ denote the corresponding event-time indicators. We estimate

¹We verify this equivalence for the institutional-residence specification. In the full individual-level sample, the estimated coefficient matches the cell-mean estimate to eight decimal places. The state-clustered standard error differs by approximately one percent and is slightly larger in the cell-mean specification, indicating that aggregation does not overstate precision.

$$y_{ist} = \sum_{k \in K} \beta_k (D_i \times E_{st}^k) + \mu_{st} + \delta_{sD} + \theta_{tD} + \varepsilon_{ist}, \quad (2)$$

where $K = \{\leq -4, -3, -2, 0, 1, 2, 3, \geq 4\}$ and $k = -1$ is omitted. Each β_k measures the disability gap in event year k relative to the year before treatment and to contemporaneous changes in comparison states. The endpoints are binned, so observations more than four years from treatment remain in the sample. Event-time indicators enter only through their interaction with D_i because their main effects are absorbed by μ_{st} . For states that never cross the threshold, every E_{st}^k equals zero, and these states contribute through the fixed effects as never-treated comparisons. Fixed effects, weighting, and clustering otherwise follow [Equation \(1\)](#).

5 Results

5.1 Main results

[Table 2](#) reports triple-difference estimates for six mutually exclusive and exhaustive residence categories. The estimates within each column therefore sum to zero, showing both whether adults move out of institutions and where that movement leads.

Pooling all adults with disabilities, a large minimum-wage increase reduces institutional residence by 0.6 percentage points and increases residence in other group quarters by 0.3 percentage points. The remaining movement is concentrated among adults living with family, whose share rises by 0.4 percentage points. Thus, the aggregate decline in institutional residence reflects only a modest net movement out of group quarters, with the clearest household destination being a family member’s home.

This pattern varies sharply with disability severity. Among adults reporting one limitation, institutional residence falls by 0.6 percentage points, with little offsetting movement into other group quarters. The corresponding increase in household residence is spread across

living with family and heading a rented or owned household, although the individual destination estimates are imprecise. Among adults reporting two limitations, institutional residence falls by 0.7 percentage points, but a 0.5 percentage-point increase in other group quarters offsets most of that decline. Within households, residence with family or nonrelatives rises by a combined 1.0 percentage point, while household headship falls by 0.8 percentage points, driven primarily by a decline in homeownership. Among adults reporting three or more limitations, institutional residence does not change significantly, while residence in other group quarters rises by 0.9 percentage points. No household category increases significantly, and residence with nonrelatives declines by 0.4 percentage points.

The results therefore reveal a clear severity gradient. For adults with one limitation, the decline in institutional residence translates primarily into greater household residence. At two limitations, much of the institutional decline is redirected toward other group quarters, and the remaining household adjustment favors living in someone else's home rather than maintaining one's own. For adults with three or more limitations, there is no evidence of movement from group quarters into households. Aggregating institutional and other group quarters would obscure this progression from community-based household residence toward other congregate settings as disability severity increases.

Table 2: The minimum wage and where adults with disabilities live

	All disabilities	One limitation	Two limitations	Three or more
<i>Group quarters</i>				
Institution	−0.006*** (0.001)	−0.006*** (0.001)	−0.007*** (0.003)	−0.005 (0.003)
Other group quarters	+0.003*** (0.001)	+0.001 (0.001)	+0.005** (0.002)	+0.009*** (0.003)
<i>Non-household head</i>				
Lives with family	+0.004* (0.002)	+0.003 (0.002)	+0.006* (0.003)	+0.004 (0.004)
Lives with nonrelatives	−0.000 (0.001)	−0.001 (0.001)	+0.004 (0.003)	−0.004* (0.002)
<i>Household head</i>				
Rents home	−0.000 (0.002)	+0.001 (0.002)	−0.002 (0.004)	−0.001 (0.007)
Owns home	−0.001 (0.002)	+0.002 (0.003)	−0.006* (0.003)	−0.003 (0.003)

Notes. Triple-difference estimates from [Equation \(1\)](#) relative to adults with no disability. State-clustered standard errors in parentheses. Categories are mutually exclusive and exhaustive. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

[Figure 1](#) presents event-study estimates for institutional residence by disability severity. The pre-treatment coefficients are jointly insignificant for adults reporting one, two, and three or more limitations, with p -values of 0.67, 0.18, and 0.20, respectively, providing no evidence of differential pretrends. Among adults with one limitation, institutional residence begins to decline in the treatment year and falls by 0.7 percentage points four or more years after treatment. Among adults with two limitations, the decline emerges more gradually and

reaches 0.6 percentage points after four or more years, although the event-time estimates are less precise. For adults with three or more limitations, the estimated path remains close to zero throughout the event window. The event-study and triple-difference estimates together show a consistent severity gradient: institutional residence declines immediately and persistently among adults with one limitation, more gradually among those with two limitations, and not at all among those with three or more. The event studies therefore reinforce the main estimates while providing no evidence that they reflect differential pretrends.

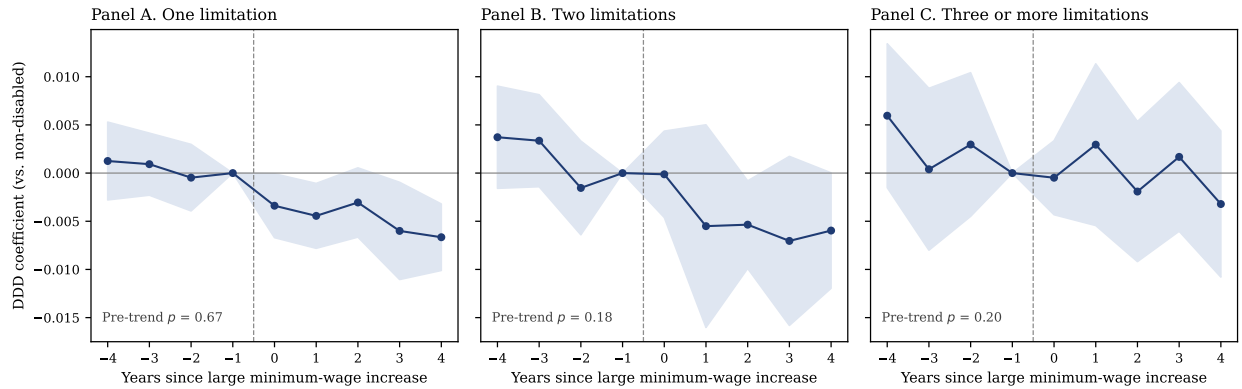


Figure 1: Event-study estimates for institutional residence from Equation (2); $k = -1$ is omitted. Bands show 95% confidence intervals based on state-clustered standard errors.

5.2 Heterogeneity by disability type

Table 3 examines whether the severity gradient extends across disability types, which differ substantially in baseline labor-market attachment.

Table 3: The minimum wage and where adults with disabilities live, by type of limitation

	Sensory	Cognitive	Mobility	Self-care
<i>Group quarters</i>				
Institution	−0.007*** (0.002)	−0.008*** (0.002)	−0.005** (0.002)	−0.005 (0.003)
Other group quarters	+0.000 (0.002)	+0.004** (0.002)	+0.006*** (0.001)	+0.010*** (0.003)
<i>Non-household head</i>				
Lives with family	+0.005 (0.003)	+0.003 (0.003)	+0.005* (0.003)	+0.005 (0.005)
Lives with nonrelatives	−0.002 (0.002)	+0.000 (0.002)	−0.000 (0.002)	−0.003 (0.002)
<i>Household head</i>				
Rents home	+0.000 (0.003)	+0.003 (0.003)	−0.002 (0.004)	−0.005 (0.007)
Owns home	+0.003 (0.003)	−0.002 (0.002)	−0.003 (0.002)	−0.002 (0.003)

Notes. Triple-difference estimates from [Equation \(1\)](#) relative to adults with no disability. State-clustered standard errors in parentheses. Disability-type categories overlap. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

The results follow the ordering by baseline employment. Among adults with sensory limitations, institutional residence declines by 0.7 percentage points, with no change in other group quarters. Among adults with self-care limitations, institutional residence does not change significantly, while residence in other group quarters rises by 1.0 percentage point. Adults with cognitive and mobility limitations fall between these cases. Institutional residence declines by 0.8 and 0.5 percentage points, respectively, while other group-quarters

residence increases by 0.4 and 0.6 percentage points.

The household categories are less precisely estimated, and no individual household destination increases significantly for any disability type. The continuous specification in [Appendix B](#) provides suggestive evidence about the destination of adults with sensory limitations: homeownership increases by 0.016 and residence in a household headed by a relative increases by 0.018. Because these findings are not robust to the discrete treatment design, we interpret them cautiously.

5.3 Robustness

[Table 4](#) assesses the sensitivity of the institutional-residence estimates. Among adults reporting one limitation, the estimates range from -0.003 to -0.006 and are significant at the one percent level in all eight specifications. Among adults reporting two limitations, they range from -0.005 to -0.009 and are significant at the five percent level or better throughout. The results are robust to defining treatment using thresholds of 15, 20, or 30 percent above the 2008 minimum wage; controlling for the state incarceration rate interacted with disability status; excluding California or the five largest states; and allowing the disability gap to vary by region and year. Wild-cluster bootstrap p -values for the baseline estimates are less than 0.001 and 0.008, respectively. The results for adults reporting three or more limitations are less robust. Estimates range from -0.002 to -0.007 , but the baseline estimate is statistically insignificant, the wild-cluster bootstrap p -value is 0.157, and statistical significance varies across specifications.

Table 4: Robustness of the institutional-residence estimate

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Baseline	15%	20%	30%	Incarc.	Drop CA	Drop big 5	Region×yr	Wild p
One limitation	−0.006*** (0.001)	−0.003*** (0.001)	−0.005*** (0.001)	−0.005*** (0.001)	−0.005*** (0.001)	−0.005*** (0.001)	−0.005*** (0.001)	−0.004*** (0.001)	< 0.001
Two limitations	−0.007*** (0.003)	−0.005** (0.002)	−0.007*** (0.002)	−0.009*** (0.003)	−0.005** (0.003)	−0.008*** (0.003)	−0.008** (0.003)	−0.006** (0.003)	0.008
Three or more	−0.005 (0.003)	−0.005* (0.003)	−0.005 (0.003)	−0.006* (0.003)	−0.004 (0.003)	−0.007** (0.003)	−0.004 (0.003)	−0.002 (0.003)	0.157

Notes. Triple-difference estimates for institutional residence. State-clustered standard errors in parentheses. Column (9) reports wild-cluster bootstrap p -values for the baseline estimates. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

We also adjust for multiple testing across the eighteen severity-by-residence estimates in Table 2. Under both the Holm and Romano–Wolf procedures, the institutional decline among adults reporting one limitation remains significant at the one percent level, with an adjusted p -value of 0.001. The remaining estimates do not survive adjustment, including the institutional decline among adults reporting two limitations, which has an unadjusted p -value of 0.008. Because the six residence categories form an exhaustive decomposition of a single residential outcome, we view these adjustments as conservative and report them as a sensitivity analysis. The evidence is strongest for adults reporting one limitation, while the result for those reporting two limitations is stable across specifications but less robust to adjustment for multiple testing.

Staggered treatment timing creates an additional concern because conventional event-study estimates may compare earlier-treated states with later-treated states when effects vary over time. Applying the Callaway and Sant’Anna (2021) group-time estimator to the disability gap in institutional residence yields an aggregate effect of −0.007 (0.003) among adults reporting one limitation, similar to the event-study estimates in Figure 1.

Measuring the minimum wage continuously rather than as a threshold crossing preserves the pattern reported above. Institutional residence declines for adults reporting one and

two limitations, and residence in other group quarters rises with the number of limitations ([Table B1](#)); the ordering across disability types is likewise unchanged ([Table B2](#)). Estimated separately by threshold-crossing status, the effect on institutional residence among adults reporting one limitation is -0.016 per log point in states that cross the threshold and statistically indistinguishable from zero elsewhere, indicating that the residential response is concentrated in states with large increases. The continuous estimates for household destinations are larger and more often significant than their discrete counterparts, and we treat that difference as a reason for caution rather than support; [Appendix B](#) reports the full set.

Employment among the most limited. The static specification associates higher minimum wages with lower employment among adults reporting three or more limitations, but the event-study estimates exhibit differential pretrends. A joint test of the three pre-treatment coefficients rejects for this group ($p = 0.01$), while the corresponding tests do not reject for adults reporting one or two limitations ($p = 0.30$ and $p = 0.47$). Pretrend tests do not reject for any severity group when residential outcomes are used. We therefore do not interpret the employment estimate for adults with three or more limitations as causal and treat it only as suggestive evidence of heterogeneity.

Composition and measurement. The analysis raises two measurement concerns. First, minimum-wage changes could alter reported disability status and thereby change the composition of the disability groups. Reported sensory disability does not respond to the minimum wage, making compositional changes unlikely to explain the estimates for that group. Reported prevalence increases for several more severe disability types, however, warranting greater caution when interpreting those estimates.

Second, the public-use ACS does not distinguish nursing and residential-care facilities from correctional and psychiatric institutions. We therefore cannot directly rule out reduced incarceration as an explanation for the decline in institutional residence (Fone et al., [2023](#)). Two findings make a purely correctional interpretation less likely. In the continuous specifica-

tion, the decline among adults with sensory limitations is accompanied by greater household headship and homeownership and less shared housing with nonrelatives. These outcomes are constructed from separate ACS questions. In addition, controlling for the state incarceration rate interacted with disability status leaves the institutional-residence estimates largely unchanged (Vera Institute of Justice, [2024](#)).

6 Mechanisms

[Table 5](#) examines whether changes in economic resources correspond to the residential responses documented above. Among adults reporting one limitation, employment increases by 0.009, the probability of having earnings by 0.005, and wage income by 0.060 inverse-hyperbolic-sine units, while Supplemental Security Income receipt declines by 0.012. None of these outcomes changes significantly among adults reporting two limitations. Among adults reporting three or more limitations, the probability of having earnings declines by 0.013 and wage income by 0.149, while public-assistance and Social Security receipt increase by 0.009 and 0.015, respectively. This ordering parallels the residential estimates: economic outcomes improve for the group whose residence in group quarters declines and deteriorate for the group whose residence in other group quarters increases. The alignment is consistent with, but does not by itself establish, an income mechanism. Moreover, the estimates for adults with three or more limitations warrant caution given the employment pretrends discussed in [Section 5.3](#).

Table 5: Earnings, employment, and benefit receipt by disability severity

	One limitation	Two limitations	Three or more
Employed	+0.009*** (0.002)	−0.004 (0.006)	−0.006 (0.005)
Has earnings	+0.005** (0.002)	−0.007 (0.005)	−0.013*** (0.005)
Wage income (IHS)	+0.060** (0.027)	−0.079 (0.057)	−0.149*** (0.050)
SSI receipt	−0.012*** (0.004)	−0.008 (0.005)	−0.010 (0.007)
Public assistance	+0.000 (0.002)	+0.001 (0.003)	+0.009* (0.004)
Social Security	−0.001 (0.002)	+0.007 (0.004)	+0.015** (0.005)

Notes. Triple-difference estimates relative to adults with no disability; state-clustered standard errors in parentheses. Wage income is inverse-hyperbolic-sine transformed. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Benefit receipt. Institutional residence may mechanically affect SSI eligibility or payment status. Recipients in Medicaid-covered institutions generally receive a reduced personal-needs payment rather than the full community benefit. Restricting the sample to adults observed in the community reduces this concern. Among adults reporting one limitation, the estimated decline in SSI receipt remains -0.012 , identical to the full-sample estimate. The earnings estimates are smaller and no longer individually significant in this subsample, so this exercise supports the benefit result rather than the earnings result.

Concurrent state policies. States may adopt other policies alongside minimum-wage increases. For adults reporting one limitation, estimates over the common 2008–2021 sample without additional controls are -0.011 for SSI receipt, $+0.008$ for having earnings, and $+0.089$ for wage income, each significant at the one percent level. Adding disability-interacted controls for the state earned income tax credit, Medicaid expansion, unemployment and poverty rates, gross state product per capita, and Medicaid home- and community-based services spending attenuates the estimates to -0.006 , $+0.005$, and $+0.062$, respectively. The SSI and wage-income estimates remain significant at the ten percent level, while the estimate for having earnings does not. The state earned income tax credit accounts for the largest share of the attenuation. These results suggest that concurrent policies explain part, but not all, of the association between minimum wages and economic resources.

Institutional labor costs. An alternative explanation is that minimum-wage increases raise labor costs for institutional providers, leading them to reduce capacity and discharge residents. Nursing and residential-care facilities employ substantial numbers of low-wage workers, so a higher wage floor raises their operating costs directly. This mechanism would produce the same decline in institutional residence as an income mechanism while carrying a different interpretation: residents would be leaving because providers contract rather than because community living has become affordable.

The two explanations differ in a testable respect. If provider costs drive the result, the decline should be concentrated in states where the minimum wage binds most strongly on care employers. Where average pay in the sector already exceeds the new floor by a wide margin, an increase adds little to provider costs and creates no pressure to reduce capacity. We measure exposure as full-time annual earnings at the state minimum wage divided by average annual pay in nursing and residential-care facilities, standardized across state-years, and interact it with treatment. Higher values indicate that the minimum wage sits closer to prevailing pay in the sector.

The interaction is $+0.000$ (0.001) for adults reporting one limitation, with the effect at mean exposure estimated at -0.002 (0.002). The interaction is statistically indistinguishable from zero ($p = 0.72$) and carries the opposite sign from the prediction of the cost mechanism. Institutional exits occur at similar rates in states where the wage floor presses on care providers and in states where it does not.

Two qualifications apply. The interaction is a null result with a confidence interval spanning -0.002 to $+0.003$, so it does not establish the absence of a cost channel, only that the data provide no evidence of one. Sectoral wage data are available for 2014–2023, which reduces the estimation sample to 918 cells and yields less precision than the main estimates. The test complements the community-resident restriction reported above: adults observed in the community were not discharged from any facility, so the decline in benefit receipt among them cannot reflect provider capacity decisions.

Related disability and housing policies. Repeal of the Section 14(c) subminimum wage does not significantly moderate the residential effect. The interaction is closest to zero for adults with cognitive disabilities, the group most likely to include workers exposed to Section 14(c) ([Table A1](#)). Growth in accessible housing under the Fair Housing Amendments Act also does not moderate the effect under any of three measures of the accessible housing stock. Minimum-wage increases likewise do not increase residence in covered units for any disability group ([Table A2](#)).

7 Discussion

The results identify residential arrangements as an additional margin of response to minimum-wage policy. Among adults with relatively strong labor-market attachment, higher minimum wages are associated with improved economic outcomes and lower institutional residence. This alignment is more consistent with changes in adults’ own resources than with the supply-side mechanisms we examine: the residential response does not increase with wage pressure

on institutional providers, Section 14(c) repeal, or growth in accessible housing. These tests do not establish formal mediation, but they narrow the set of plausible explanations.

The heterogeneity is important for interpreting the aggregate effect. Institutional residence declines when all adults with disabilities are pooled, but the increase in other group quarters offsets much of that change. The offset is smallest among adults with one limitation and those with sensory limitations, who have relatively high baseline employment, and largest among adults with multiple or self-care limitations. Analyses that combine all disability groups or all forms of group quarters would therefore obscure substantial differences in residential adjustment.

The findings also illustrate the limits of minimum-wage policy as an instrument for promoting community living. Adults with weaker labor-market attachment do not experience a detectable decline in institutional residence, and their residence in other group quarters increases. These groups may require policies that operate more directly through accessible housing, home- and community-based services, or supported employment. The absence of significant interactions with Section 14(c) repeal or accessible housing growth does not imply that these policies have no independent effects; it indicates only that they do not explain or amplify the minimum-wage effects estimated here.

The decline in SSI receipt also complicates the welfare interpretation. In many states, SSI eligibility provides a pathway to Medicaid, which finances services that support community living. Higher earnings may increase disposable income while reducing access to SSI and potentially Medicaid. The ACS does not identify Medicaid eligibility pathways or whether individuals leaving SSI retain coverage through buy-in or employed-with-disabilities programs. Substitution from benefits toward earnings therefore cannot be interpreted as an unambiguous welfare improvement.

Several limitations qualify the results. First, the design identifies the effect of minimum wages on the disability gap in residential outcomes, not their total effect on housing. State-by-year fixed effects absorb changes in rents, housing supply, and household formation common

to adults with and without disabilities. Second, the mechanism estimates do not separately identify the contributions of wages, employment, benefit withdrawal, and concurrent state policies. Third, the public-use ACS does not distinguish group homes from shelters, dormitories, and other noninstitutional group quarters, limiting interpretation of the increases among adults with more severe disabilities. Finally, the household destinations are imprecisely estimated, and the employment estimates for adults with three or more limitations exhibit differential pretrends.

Linked administrative data on earnings, SSI, Medicaid enrollment, service use, and residential histories would allow the mechanisms and welfare consequences to be assessed more directly. Such data could determine whether adults who substitute earnings for SSI retain health coverage and supportive services and could distinguish transitions into community-based settings from transitions into less stable forms of group residence.

8 Conclusion

Using the 2008–2024 American Community Survey, this paper shows that large state minimum-wage increases reduce institutional residence among working-age adults with disabilities relative to adults without disabilities in the same state and year. The decline is concentrated among adults with one or two limitations and is accompanied, most clearly among those with one limitation, by increased employment and earnings and reduced SSI receipt. Adults with three or more limitations experience no detectable decline in institutional residence and instead become more likely to reside in other group quarters. These differences largely offset in the aggregate, making total group-quarters residence appear unchanged. The findings identify residential arrangements as a previously overlooked margin of minimum-wage policy while also showing its limits: a higher wage floor may support community living among adults able to benefit through the labor market, but it is not a substitute for the disability-specific supports needed to advance the integration objective established by *Olmstead v. L.C.*

(1999).

A Section 14(c) and related disability and housing policies

This section documents the scale of the Section 14(c) program and reports the moderation tests for subminimum-wage repeal and for growth in the accessible housing stock.

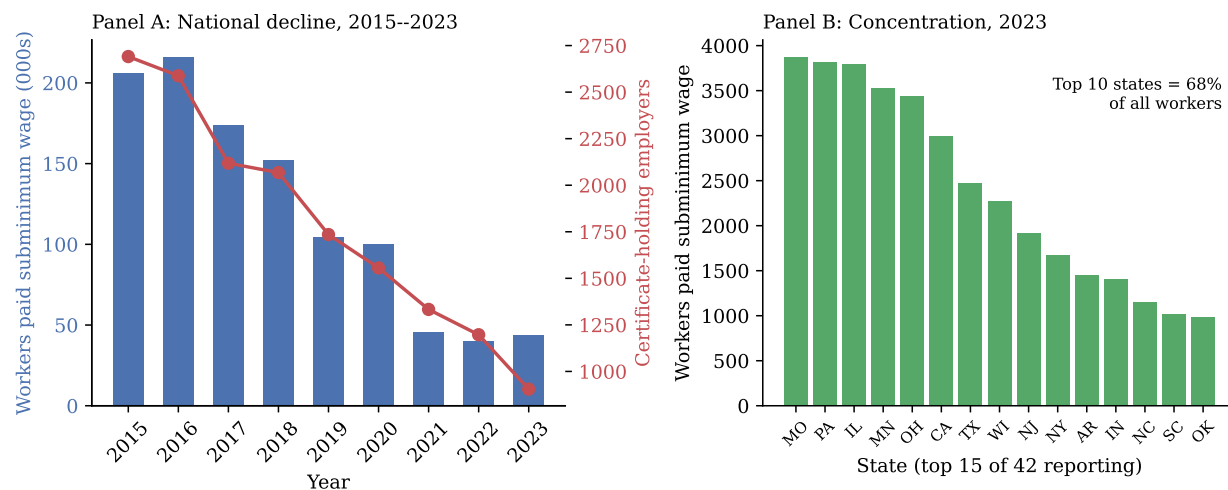


Figure A1: Section 14(c) workers and certificate-holding employers over time (Panel A) and workers by state in 2023 (Panel B). Source: Authors' calculations from U.S. Department of Labor records.

Table A1: Section 14(c) repeal and minimum-wage effects

	Group quarters	Employed
All disabilities	+0.009 (0.006)	−0.026** (0.011)
Cognitive/intellectual	−0.003 (0.011)	+0.003 (0.013)
Mobility	+0.015* (0.008)	−0.017 (0.012)
Sensory	+0.004 (0.008)	−0.053** (0.022)

Notes. Coefficients on disability $\times$ log minimum wage $\times$ Section 14(c) repeal; state-clustered standard errors in parentheses. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table A2: Minimum wages and accessible housing

	Coefficient on ($\cdot \times \ln MW$)	
<i>Panel A. Moves into an FHAA-covered dwelling</i>		
Sensory	−0.000	(0.003)
Mobility	−0.001	(0.002)
Cognitive	−0.002	(0.004)
<i>Panel B. Sensory homeownership, by dwelling type</i>		
Owens an FHAA-covered unit	+0.000	(0.001)
Owens an ordinary unit	+0.016**	(0.008)
Owens a home (total)	+0.016**	(0.008)

Notes. Triple-difference estimates per log point of the real minimum wage. FHAA-covered units are in buildings with five or more units built since 1990. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

B The continuous minimum-wage specification

The continuous specification replaces the discrete treatment in [Equation \(1\)](#) with the log real effective minimum wage:

$$y_{ist} = \beta (D_i \times \ln W_{st}) + \mu_{st} + \delta_{sD} + \theta_{tD} + \varepsilon_{ist}.$$

The coefficients are therefore effects per log point of the real minimum wage. [Table B1](#) and [Table B2](#) preserve the ordering of the discrete estimates while using all observed minimum-wage variation.

Table B1: Continuous specification by disability severity

	All disabilities	One limitation	Two limitations	Three or more
<i>Group quarters</i>				
Institution	−0.013*** (0.003)	−0.013*** (0.002)	−0.019*** (0.005)	−0.009 (0.007)
Other group quarters	+0.009*** (0.002)	+0.004** (0.002)	+0.009** (0.004)	+0.021*** (0.006)
<i>Non-household head</i>				
Lives with family	+0.011** (0.005)	+0.006 (0.004)	+0.015* (0.009)	+0.015 (0.009)
Lives with nonrelatives	−0.004* (0.002)	−0.002 (0.003)	+0.001 (0.004)	−0.015*** (0.004)
<i>Household head</i>				
Rents home	−0.008 (0.005)	−0.005 (0.005)	−0.008 (0.007)	−0.014 (0.014)
Owns home	+0.006 (0.005)	+0.009* (0.005)	+0.003 (0.008)	+0.003 (0.006)

Notes. Triple-difference estimates per log point of the real minimum wage; state-clustered standard errors in parentheses. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table B2: Continuous specification by disability type

	Sensory	Cognitive	Mobility	Self-care
<i>Group quarters</i>				
Institution	−0.017*** (0.004)	−0.021*** (0.005)	−0.010** (0.004)	−0.006 (0.006)
Other group quarters	−0.001 (0.003)	+0.013*** (0.004)	+0.013*** (0.003)	+0.024*** (0.006)
<i>Non-household head</i>				
Lives with family	+0.018*** (0.006)	+0.010 (0.008)	+0.011* (0.006)	+0.009 (0.009)
Lives with nonrelatives	−0.009*** (0.003)	−0.005 (0.003)	−0.005* (0.003)	−0.010** (0.004)
<i>Household head</i>				
Rents home	−0.007 (0.006)	−0.001 (0.006)	−0.011 (0.007)	−0.017 (0.017)
Owns home	+0.016** (0.008)	+0.003 (0.006)	+0.002 (0.005)	+0.000 (0.009)

Notes. Triple-difference estimates per log point of the real minimum wage; state-clustered standard errors in parentheses. Type categories overlap. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

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