# Bank Presence and Health

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### Overview

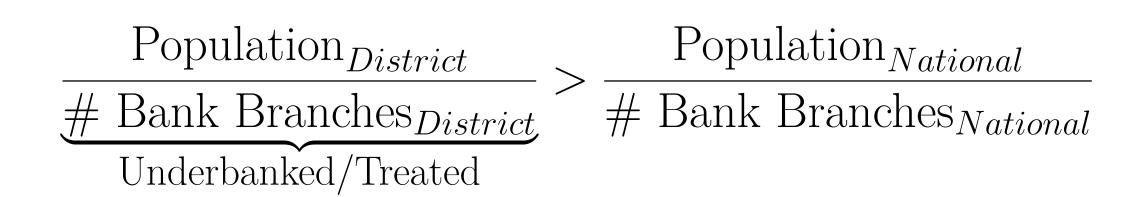
This paper studies how **bank presence** affects **health** of households

- Nationwide natural experiment
- Policy of the Reserve Bank of India (RBI) from 2005 that introduces exogenous variation in bank presence
- Policy incentivizes banks to enter underbanked districts, which have a population-to-branch ratio above the national average
- I compare households in districts just above and just below the national average
- I find a strong and positive effect on: morbidity rates, vaccination rates, pregnancy risks in two data sets
- I highlight two novel aspects of banking contributing to the effect: banks offer health insurance to households and credit to health care providers

# Policy

- Introduced in 2005 by RBI, intact until today
- Objective: Incentivize banks to open branches in underserved locations
- Policy: Banks increase their chance to obtain license for favored location by strengthening presence in underbanked districts

# Underbanked Districts

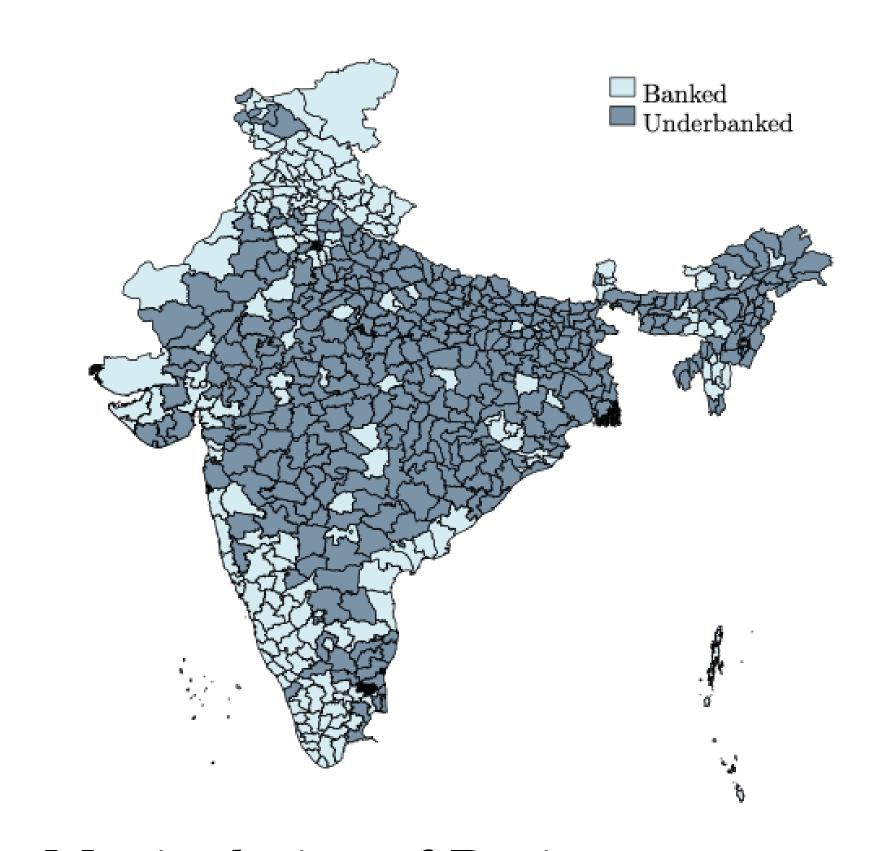


- List of underbanked districts published 2006
- Only names, I reconstruct ratio

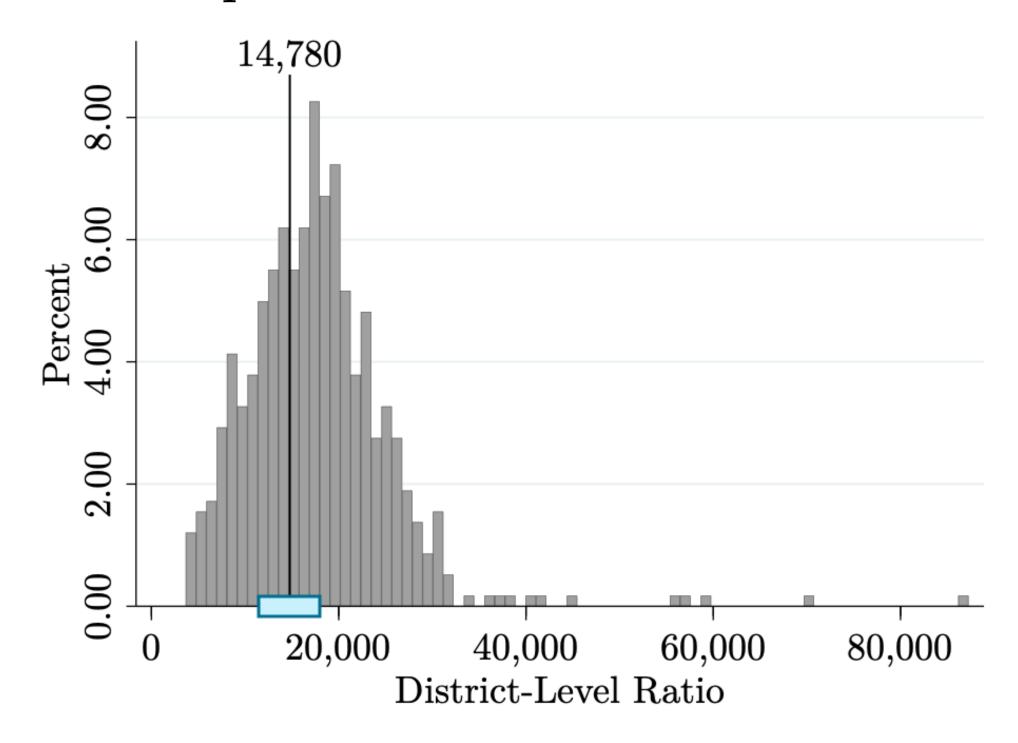
# Regression Discontinuity Design

- Forcing variable: District-level ratio
- Cutoff: National-level ratio
- Fuzzy

#### 375 Underbanked Districts



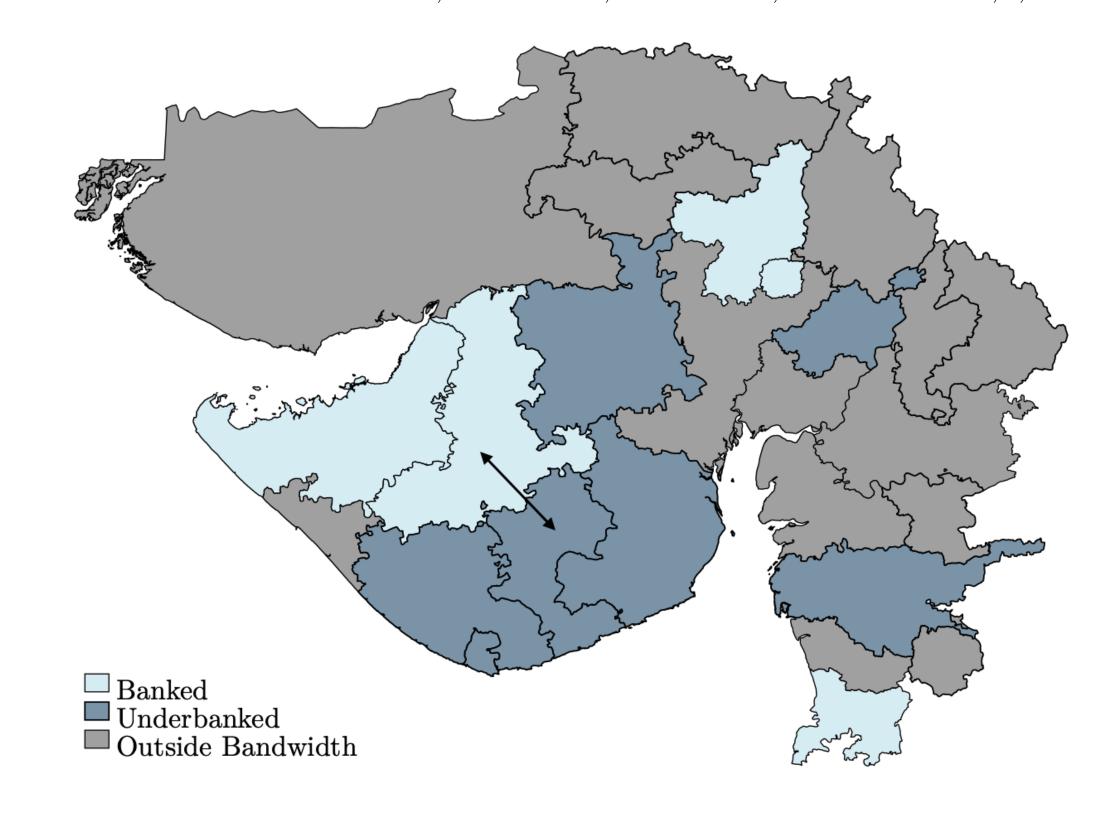
### No Manipulation of Ratio



# Regression Specification

Underbanked<sub>d,s</sub> =  $\alpha_0 + \alpha_1 \text{Above}_{d,s} + \alpha_2 \text{DistRatio}_{d,s}$ + $\alpha_3 \text{DistRatio}_{d,s} \text{Above}_{d,s} + \lambda X_{d,s} + \mu_s + \nu_{d,s}$ 

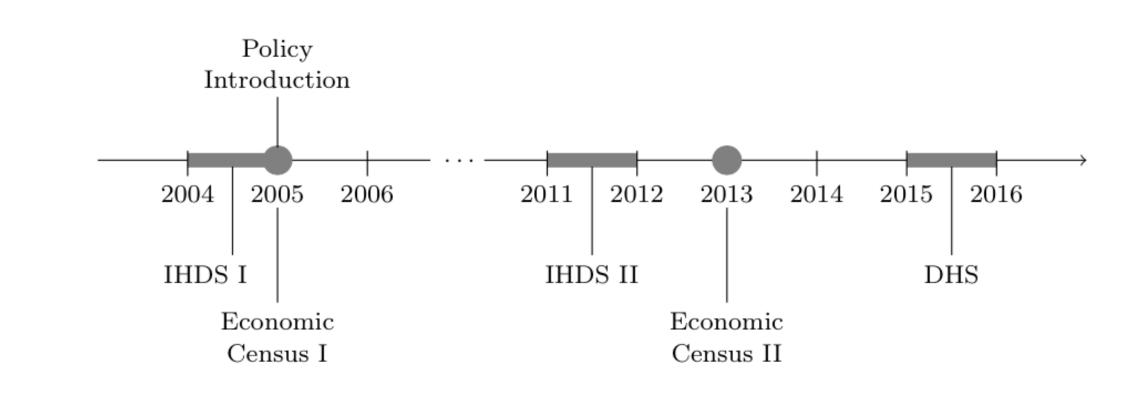
 $y_{h,d,s} = \beta_0 + \beta_1 \text{Underbanked}_{d,s} + \beta_2 \text{DistRatio}_{d,s}$  $+ \beta_3 \text{DistRatio}_{d,s} \text{Above}_{d,s} + \gamma X_{d,s} + \eta_s + \epsilon_{h,d,s}$ 



#### Data

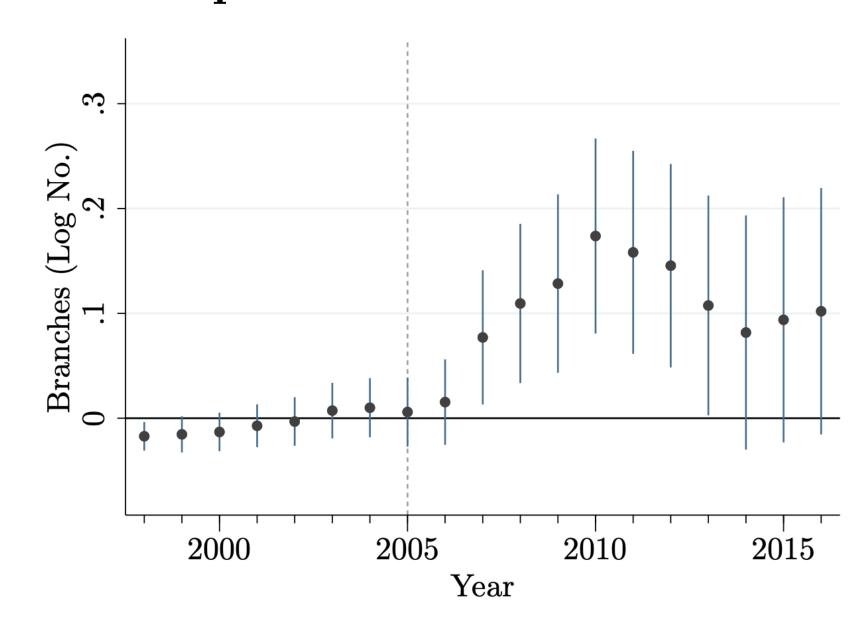
- Indian Human Development Survey
   IHDS I (2004/2005) & II (2011/2012)
- Demographics and Health Survey DHS (2015/2016)
- Economic Census I (2005) & II (2013)

#### Timeline



## Results

### 1. Banks Open Branches

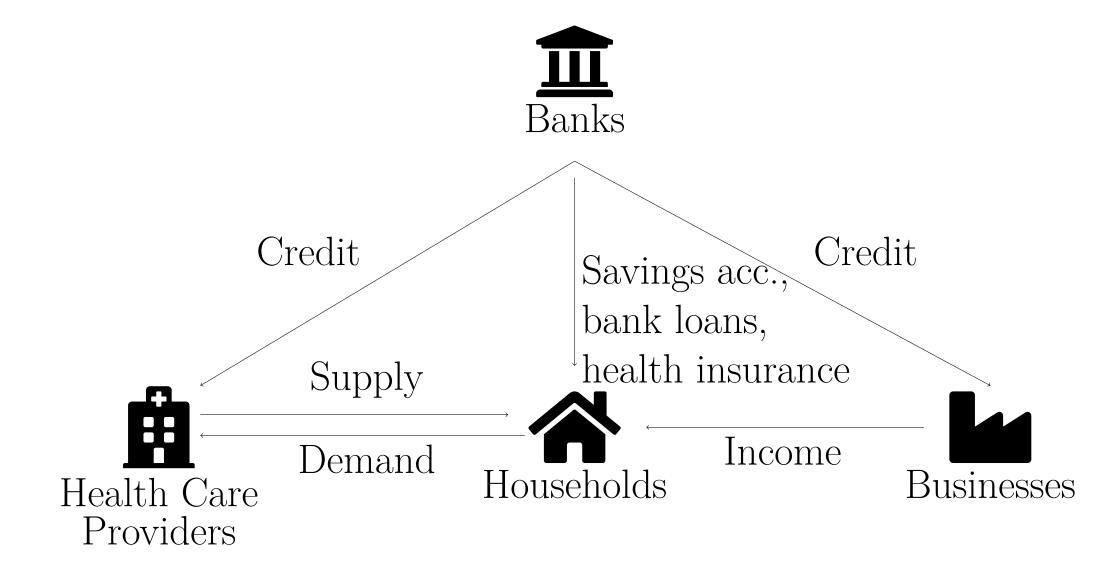


# 2. Health Improves

	Days ill	Days missed	Medical
	(non-chronic)	due to illness	expenses
	(log no.)	(log no.)	$(\log Rs)$
	(1)	(2)	(3)
Treated	-0.29**	-0.44***	-0.88**
	(0.12)	(0.13)	(0.35)
Control Mean	0.82	0.58	2.12
Mean Change (%)	-25.21	-35.40	-58.56
Bandwidth	2,658	2,513	2,948
Efficient Obs.	12,968	$12,\!421$	14,576
Observations	32,280	33,346	32,983

(SE), p < 0.1, p < 0.05, p < 0.05, p < 0.01. IHDS (2011/2012). Household level.

### 3. Mechanisms



I highlight two novel aspects of banking

- Banks offer health insurance
- Banks offer credit to health care providers