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Personal Information: Date of birth: July 8th, 1979. Citizenship: Argentinean

Education:

Ph.D. Candidate in Economics. Universidad Carlos III de Madrid. 2007 - present
M.S. in Economic Analysis. Universidad Carlos III de Madrid. 2005-2007
B.S., Economics, Universidad Nacional de Córdoba (UNC), with highest honors, 1998- 2003

Ph.D. Thesis:

Thesis Title: "Essays in Applied Health Economics"
Expected Completion Date: June 2011

References:

Matilde Pinto Machado (Advisor)
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Felix Lobo
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Teaching and Research Fields:

Primary fields: Health Economics, Applied Microeconometrics, Economics of Education.
Secondary fields: Labor Economics.

Teaching Experience:

Teaching Assistant at Universidad Carlos III de Madrid (undergraduate courses)
2010/2011 Economics of Education
2009/2010 Economics of Education and Econometrics III
2008/2009 Health Economics
2007/2008 Health Economics, Labor Economics, Game Theory
2006/2007 Econometrics I, Labor Economics, Statistics II
2005/2006 Public Economics I, Microeconomics I

Teaching Assistant at Universidad Nacional de Córdoba (undergraduate courses)
1999-2005 Economics I and II (Department of Economics), Microeconomics I (Department of Economics), Mathematics II (Department of Economics and School of Mathematics)

Research Experience and Other Employment:

2003-2005 IERAL de Fundación Mediterránea (Argentina), Junior Researcher
2003-2005 Institute of Economics and Finance (UNC, Argentina), Research Assistant

Seminar/Conference Presentations

EEA 2010 (Annual Meeting of the European Economic Association), Glasgow (UK)
ESPE 2010 (Annual Meeting of the European Society for Population Economics), Essen (Germany)
Graduate Students Society - Multidisciplinary Workshop Series, Tilburg University, March 2010
ESPE 2009 (Annual Meeting of the European Society for Population Economics), Sevilla (Spain)
AAEP 2004 (Reunión Anual de la Asociación Argentina de Economía Política). Bs. Aires (Argentina)

Other Conference Participation

19th European Workshop on Econometrics and Health Economics (discussant), Lausanne (Switzerland), September 2010.
18th European Workshop on Econometrics and Health Economics (discussant), Cagliari (Italy), September 2009
2009 ENTER Jamboree (discussant), University College London (UCL), London (UK), February 2009

Refereeing Activity

Health Economics

Computer Skills

Stata, Matlab

Other

Cemfi Summer School 2010, Course in Program Evaluation. Prof. Victor Lavy. September 2010.
Co-Organizer SOS Seminar (Students Seminar), Department of Economics, UC3M.
First Place in the Econometric Game 2009 (Amsterdam) with the Carlos III's Econometric Team.

Honors, Scholarships, and Fellowships:

2007-2011 FPI (Ministry of Education of Spain) Graduate Fellowship
2009-2010 Teaching Award, Department of Economics, Universidad Carlos III de Madrid
2005-2007 Universidad Carlos III de Madrid Graduate Fellowship
2004 Outstanding Student Prize 2004, Universidad Nacional de Córdoba

Languages

Spanish (native), English (fluent)

Research Papers:

"The effect of Medicaid on Children's Health: a Regression Discontinuity Approach" (Job Market Paper)

In this paper I estimate the impact of Medicaid on children's health care utilization and their subsequent health outcomes. I estimate the causal effects using a Regression Discontinuity (RD) design. I exploit the discontinuity generated by Medicaid's eligibility rule, based on family income, on program participation rates. In contrast with a standard regression discontinuity approach, here there are multiple eligibility thresholds that vary across states. This allows me to estimate heterogeneous effects of the program at different income thresholds. Using data from the Panel Study of Income Dynamics (PSID) and its Child Development Study (CDS) supplement, I find that the

effects of Medicaid on measures of children's health are heterogeneous depending on the family income level. Negative impacts of Medicaid are generally observed for children of higher-income families - 185 and 250% of the poverty line-, while generally null or positive effects are observed for poorer children- with family income lower than 185% of the poverty line. A possible explanation for the heterogeneous impacts is the differential effect of Medicaid on health care utilization. While I find that Medicaid increases the use of preventive medical care among children with low family income, no significant effects are observed among those with higher income. Also, if higher-income families are switching from a private health insurance that allowed them to have access to better quality of health care than the public program, then Medicaid may have negative effects on children's health outcomes.

“Spillovers of Health Education at School on Parents' Physical Activity” (joint with L. Berniell and N. Valdés) – UC3M Economic Series 2010, Working Paper 10-31

To prevent modern diseases such as obesity, cancer, cardiovascular conditions and diabetes, which have reached epidemic-like proportions in the last decades, many health experts have called for students to receive Health Education (HED) at school. Although this type of education aims mainly to improve children's health profiles, it might affect other family members as well. This paper exploits state HED reforms as quasi-natural experiments to estimate the causal impact of HED received by children on their parents' physical activity. We use data from the Panel Study of Income Dynamics (PSID) for the period 1999-2005 merged with data on state HED reforms from the National Association of State Boards of Education (NASBE) Health Policy Database, and the 2000 and 2006 School Health Policies and Programs Study (SHPPS). To identify the spillover effects of HED requirements on parents' behavior we use a “differences-in-differences-in-differences” (DDD) methodology in which we allow for different types of treatments. We find a positive effect of HED reforms at elementary school on parents' probability of doing light physical activity. The implementation of HED for the first time increases fathers' probability of engaging in physical activity in 14 percentage points, although it does not seem to affect mothers' probability of being physically active. We find evidence of two channels that may drive these spillovers. We conclude that information sharing between children and parents as well as the specialization of parents in doing typically-male or female activities with their children may play a role in generating these indirect effects and in turn in shaping healthy lifestyles within the household.

“Estimating a dynamic stochastic discrete choice model of health prevention decisions. An application to flu vaccination”

In this paper I study the determinants of individuals' prevention decisions with special emphasis on two aspects: the effects of prevention on the evolution of individual's future health stock and the existence of habit persistence. I construct a dynamic model of individual primary prevention decisions using a human capital approach, where individuals' health stock is the result of a stochastic health production process that may be affected by individuals' preventive decisions. Individuals face a trade-off between the long-run benefits of using prevention measures, i.e. the higher expected health stock which increases expected utility, and the monetary and non-monetary costs related to prevention. I estimate dynamic probit models, using data from the Medicare Current Beneficiary Survey for the period 2001-2004, to disentangle the relative importance of health risks, habit persistence, and unobserved heterogeneity on individual behavior regarding vaccination decisions. Results suggest that individuals who had experienced with the vaccine in the previous year are, on average, between 12 to 14 percentage points more likely to take the vaccine than those who did not take it the previous year as predicted by the model. Individuals' choices also depend on unobserved heterogeneity, which accounts for a substantial share of the total variance of the error term. I also find that the probability of vaccination increases as age increases and as health deteriorates. At advanced ages, however, there is a slow down in vaccination propensities only for individuals in good health.