

UC Berkeley PhD Program in Health Policy, Job Market Candidates, 2018

<p>Julie Dang</p> <p>Organizations & Management Juliedang48@berkeley.edu M. 209.406.8522</p>	<p><i>Two Shots to Cancer Prevention: Examining Patient, Parent, Provider and Health System Characteristics that Influence Uptake of the Human Papillomavirus Vaccine Among Patients Ages 11-12 of a Primary Care Network</i></p> <p>The uptake of the human papillomavirus (HPV) vaccine remains well below the Healthy People 2020 target of 80%. Increasing the HPV vaccination rates from current levels to 80% could prevent an additional 53,000 future cervical cancer cases in the U.S among girls who are 12 years or younger over the course of their lifetime as well as many additional cases of other HPV-associated cancers, pre-cancers, and genital warts in both sexes. Understanding the current HPV vaccination trends, determining predictors of vaccination, and developing effective evidence based interventions are crucial to accelerating the uptake of the HPV vaccine.</p> <ul style="list-style-type: none"> • Paper 1 identifies patient and provider characteristics associated with HPV vaccine uptake for: 1) patients, ages 11-12; 2) comparing boys with girls; 3) each dose in the vaccine series; and 4) completion of other vaccines targeted for patients, ages 11-12 using electronic medical record and administrative data. • Paper 3 explores the clinic, primary care team and parent level factors that affect uptake of the HPV vaccine through semi-structured key-informant interviews. • Paper 3 is an evaluation of a clinic-based intervention aimed at increasing the HPV vaccine uptake rate among adolescent. The components of the intervention were informed by the findings from papers 1 & 2. 	<p><i>Committee:</i></p> <p>Joan Bloom Hector Rodriguez Mahasin Mujahid Susan Stewart</p>	<p><i>Job Preference:</i></p> <p>Academic research institute/ department Academic w/ teaching</p>	<p><i>Geographical Preference:</i></p> <p>Preference for California, but would be open to other areas if the fit was right.</p>
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<p>Chaoran Guo</p> <p>Health Economics cguo@berkeley.edu (c) 510.693.7018</p>	<p><i>Social Learning in Health Insurance Choices: Evidence from Employer-Sponsored Health Plans</i></p> <p>Research has documented that consumers often have imperfect information about the health insurance plans from which they are asked to choose; but we know less about the <i>sources</i> of that information. Given the difficulty in obtaining reliable information from independent sources, consumers may draw on their peers for recommendations. This paper investigates the role of social learning in health insurance selection, using longitudinal data from the University of California on plan choices of employees and peers in their department. The data from 2011 to 2016 span a major change in the insurance choice set, which aids in the statistical identification of social learning effects among both incumbent employees as well as new hires. I start by documenting the high similarity in plan choices within peer groups, suggesting the possibility of strong peer effects, and then use a variety of approaches to test for potential confounding from unobserved heterogeneity. I employ a discrete choice conditional logit estimator to formally model plan choice behavior, finding that a 10 percentage point increase in the share of peers who select a particular insurance plan will lead to a 14 percentage point increase in the probability that an individual will choose the same plan. This large effect on plan choice is equivalent to lowering the monthly premium by 18 percent. I then use this model to simulate employer strategies that could exploit social learning to better promote the employer’s insurance objectives. For illustration, I conduct counterfactual analyses of incentives to promote adoption of a new consumer-driven insurance. At the actuarially fair premium in this setting, demand for a consumer-driven plan is low, and social learning further discourages take-up. However, with sufficient premium subsidies, the model projects that the social learning effects will</p>	<p><i>Committee</i></p> <p>William Dow Jonathan Kolstad Benjamin Handel Sofia Villas-Boas</p>	<p><i>Job Preference</i></p> <p>Academic with teaching, academic or semi-academic research department or institution, NGOs/non-profit organizations.</p>	<p><i>Geographical Preferences</i></p> <p>Worldwide, no constraints.</p>
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	become positive and can be harnessed by employers to more effectively achieve their cost and insurance coverage goals.			
<p><u>Lauren Harris</u></p> <p>Politics and Policy lakharris@gmail.com M. 510-701-3224</p>	<p><i>The Implementation of a Global Hotline for Safe Abortion</i></p> <p>My dissertation investigates the factors that have impeded and facilitated the implementation of a Global Hotline for Safe Abortion in Latin America, a project that aims to connect women from countries with restrictive abortion laws with information about the medications and services available to them. I use a combination of ethnographic methods, surveys of women from urban and rural areas, in-depth interviews of national hotlines throughout the world, and those involved directly and indirectly in the implementation of the Global Hotline. The dissertation is organized into three main sections. The first assesses the barriers that other hotlines in developing countries have faced when trying to help women access safe abortion in restrictive settings and the mediating roles that environmental or contextual factors have played. The second section investigates Nicaraguan women’s knowledge of safe methods of abortion, their use of these methods, and whether or not they would trust a hotline to give them this knowledge. The third section explores the legal, political, technical, and funding challenges that influenced the implementation of the hotline. I conclude by delineating potential solutions for improving the implementation and effectiveness of the hotline, as well as recommendations for practitioners and researchers working within comparable social and political contexts.</p>	<p><i>Committee</i></p> <p>Malcolm Potts Hector Rodriguez Julianna Deardorff Ann Swidler</p>	<p><i>Job Preference</i></p> <p>Academic w/ teaching (preference for liberal arts college, teaching-focused institution) non-profit, consulting .</p>	<p><i>Geographical Preferences</i></p> <p>Preference for west coast, but willing to move worldwide for the right opportunity</p>

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<p><u>Vanessa B. Hurley</u></p> <p>Organizations & Management <u>vbhurley@berkeley.edu</u></p> <p>(c) 707-217-8917</p>	<p><i>Collaborative Learning Across Health Organizations and Systems to Improve Patient-Centered Care</i></p> <p>The three papers composing my dissertation concern the organizational predictors and outcomes associated with physician practice and health system participation in quality improvement collaboratives (QICs). The first paper leverages data from the National Survey of Physician Organizations to understand how system ownership and Accountable Care Organization affiliation are associated with the propensity for physician practices to participate in QICs. I find that larger practice size, greater health information technology functionality, and Accountable Care Organization (ACO) affiliation were positively associated with participation in a QIC. Notably, practice use of quality improvement methods such as Lean, Six Sigma, and Plan-Do-Study-Act cycles mediated the association between ACO affiliation and QIC participation. The latter two papers take up the topic of learning within a collaborative by exploring the implementation of shared decision making (SDM) for patients with arthritis of the hip and knee within health systems belonging to the High Value Healthcare Collaborative (HVHC). The second paper examines the impact of decision aid (DA) exposure for hip or knee osteoarthritis on patient treatment uncertainty and pain before and after exposure to DAs. The third paper interrogates whether patients' treatment uncertainty and surgical utilization post-SDM differs across high versus low SDM systems (as measured by high use of DAs at the system level).</p>	<p><i>Committee</i></p> <p>Hector Rodriguez Stephen Shortell Ming Leung Lucy Savitz</p>	<p><i>Job Preference</i></p> <p>Academic with teaching or semi-academic with research emphasis</p>	<p><i>Geographical Preferences</i></p> <p>None</p>
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<p>Sarah Lewis</p> <p>Organizations & Management sarah_lewis@berkeley.edu (c) 248-743-7619</p>	<p><i>Multilevel influences on racial and ethnic disparities in women's health in two metropolitan areas</i></p> <p>My dissertation uses several data sources to examine neighborhood and individual effects on women's health disparities. Neighborhood level measures of social disorder and cohesion are hypothesized to mediate these effects. The first study focuses on women giving birth in the Detroit metropolitan area. Studies linking neighborhood blight to health outcomes are scarce, so the city of Detroit provides an opportunity to study this phenomenon via a unique survey dataset, which captures neighborhood physical deterioration at a point in time (2014). In addition to linking blight to traditional Census-derived neighborhood variables such as poverty rate, racial concentration, socioeconomic status (SES) and education level, this study quantifies the association between neighborhood blight and disparities in low birth weight using four years of hospital claims data. Semi-structured interviews with local thought leaders provide qualitative insight into these findings. Breast cancer is the most commonly diagnosed cancer in women, with significant histologic, health care access-related and outcome disparities. Therefore self-reported quality of life (QOL) among breast cancer survivors provides insight into the needs of a large population. As measured by the quality of interactions with and trust in neighbors, social cohesion's effect on QOL is not well studied among cancer survivors. Individual survey responses regarding perceived neighborhood cohesion are hypothesized to positively affect mental and physical QOL among breast cancer survivors regardless of neighborhood SES.</p>	<p><i>Committee</i></p> <p>Joan Bloom Ann Keller Lonnie Snowden Salma Shariff-Marco</p>	<p><i>Job Preference</i></p> <p>Academic or semi-academic (health system, non-profit, consulting) research position</p>	<p><i>Geographical Preferences</i></p> <p>None</p>

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<p><u>Kathryn McDonald</u></p> <p>Organizations & Management</p> <p>kathmcd@stanford.edu</p> <p>(c) 650-723-0559</p>	<p><i>Ambulatory Care Organizations: Improving Diagnosis</i></p> <p>My dissertation drew from three different data sources to explore organizational factors related to improving diagnostic work performance by medical teams in health care organizations, specifically those delivering outpatient care. Drawing from my experience on a National Academies of Medicine (NAM) committee on improving diagnosis and reducing diagnostic error, I recognized the pivotal role of ambulatory care organizations in improving diagnosis. The first project, recently published in <i>Implementation Science</i>, was a qualitative field study of specialty clinic vulnerabilities related to diagnosing cancer, and organizational responses needed to make population management of those at risk more robust. The second project, a multivariable regression analysis of a national survey of outpatient clinics, found associations between health information technologies, patient safety culture and medical office problems that could lead to diagnostic errors. The final project merged data streams from surveys of primary care teams and their patients to analyze organizational influences on time pressure stressors and found consequences for diagnostic safety and chronic care support. All three projects contribute support to the conceptual theory proposed by the NAM committee, and provide meaningful insights to organizations aiming to improve frontline diagnostic teamwork.</p>	<p><i>Committee</i></p> <p>Stephen Shortell Hector Rodriguez Thomas Rundall Urmimala Sarkar</p>	<p><i>Job Preference</i></p> <p>Tenured or senior researcher; to build programs in patient-centered quality, safety, organizations, measurement, coordination</p>	<p><i>Geographical Preferences</i></p> <p>Will consider most mid- to large-sized cities (worldwide)</p>
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<p><u>Gordon Shen</u></p> <p>Organizations & Management Gordon.shen@sph.cuny.edu (o) 646.364.0249</p>	<p><i>Health Care Management Innovations in Low- and Middle-Income Countries</i></p> <p>My research objective is to use mixed-methods research designs to demonstrate how understudied phenomena in public health can advance organization theory, as well as generate new ones. The diffusion of management innovations across cultures is a dominant theme in my research agenda. As management scholarship is gradually expanding its geographical coverage from developed economies to emerging markets, I have been studying how diffusion processes unfold in the health care industry of low- and middle-income countries. I have examined channels through which innovations are communicated through diverse cases of performance-based financing, China-Africa health assistance, and deinstitutionalization of mental health care. A project I led as a postdoctoral fellow examines kaizen adoption in Ethiopia. I am currently the PI of a project examining private equity investments in hospitals located in emerging markets, and how fund managers are changing hospital operations. Lastly, I am planning a future project on management quality among Sino-African friendship hospitals across sub-Saharan Africa. These three projects are emblematic of my current research agenda.</p>	<p><i>Committee</i></p> <p>Lonnie Snowden Stephen Shortell Todd LaPorte Heather Haveman</p>	<p><i>Job Preference</i></p> <p>Academic with teaching, academic or semi-academic research department or institution</p>	<p><i>Geographical Preferences</i></p> <p>No geographical preference</p>
<p><u>Zachary Wagner</u></p> <p>Health Economics zwagner@berkeley.edu (c) 541.517.3447</p>	<p><i>Working With Community Health Workers to Increase Use of ORS and Zinc to Treat Child Diarrhea In Uganda: A Cluster Randomized Controlled Trial</i></p> <p>Diarrhea remains the second leading cause of death among children, although nearly all deaths could be prevented with the use of oral rehydration salts (ORS). There is little evidence demonstrating why ORS use remains low and what can be done increase use. Although community health workers (CHWs) are often tasked with increasing ORS use, little is known about how CHWs should distribute these products to maximize</p>	<p><i>Committee</i></p> <p>William H. Dow Paul J. Gertler David I. Levine John M. Colford</p>	<p><i>Job Preference</i></p> <p>Academic with teaching, academic or semi-academic research department or institution</p>	<p><i>Geographical Preferences</i></p> <p>No geographical preference</p>

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	<p>coverage. We hypothesized that price and lack of convenience are important barriers to ORS use, and therefore examined two key features of ORS distribution: 1) charging vs. free distribution and 2) home delivery vs. client retrieval. We used a village-clustered randomized design across 118 villages in Uganda to experimentally vary the price and convenience of accessing ORS from CHWs. Villages were randomized to one of four groups: 1) a novel preemptive home delivery intervention (Free+Delivery) made ORS free and conveniently available inside the home when a child came down with diarrhea; 2) a preemptive home sales intervention (Home Sales) made accessing ORS conveniently available at the home, but not free; 3) a free upon retrieval intervention (Vouchers) made ORS free but not convenient; 4) a control group had CHWs carry out their normal activities. This design allowed us to evaluate the impact of competing CHW distribution strategies as well as to examine the causal effect of price (Free+Delivery vs. Home Sales) and convenience (Free+Delivery vs. Vouchers) on ORS use. The first result is that Free+Delivery increased the share of cases treated with ORS by 21 percentage points (36%) relative to the control group. Second, Free+Delivery increased ORS use by 12 percentage points (18%) relative to Home Sales, suggesting that price is an important barrier to use. Third, we found no evidence that convenience was an important barrier. Free+Delivery did not do a worse job of targeting higher risk cases or lead to increased wastage relative to the other groups. Moreover, Free+Delivery was extremely cost effective from a donor perspective at only \$64 per DALY averted, relative to the status quo. The results suggest that price is an important barrier to ORS use in Uganda, that substantial gains in ORS coverage can be made if CHWs distribute the products for free as opposed to charging, and that free distribution is highly cost effective.</p>			
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<p>Jessica Watterson</p> <p>Organizations & Management jwatterson@berkeley.edu (c) 360.201.4410</p>	<p><i>Influences on the effectiveness of information technology innovations in primary health care</i></p> <p>My dissertation uses multiple data sources to examine the factors that influence the effectiveness of health information technology (HIT) innovations. While earlier theoretical and empirical work has focused mostly on understanding the factors that lead staff or patients to use an HIT innovation, less is understood about whether and how this use leads to improved healthy behaviors or health outcomes. The first paper is a mixed-methods study of a diabetes care management text-messaging intervention for low-income, Latino patients. We examine both the implementation and impact of the program, and find some evidence of improvements to blood glucose (HbA1c) among participants. The second paper studies the relationship between the ease of use of electronic health records (EHR) and relational coordination among primary care team members. Support is found for the hypothesis that ease of use contributes to better team coordination through use of the EHR. The third paper studies the relationship between a text-messaging intervention for pregnant women in Samoa and antenatal care attendance. Minimal evidence is found for the effectiveness of this intervention, and implementation data is used to discuss these results in the context of other mHealth research. The three papers provide support for an overall conceptual model that draws upon earlier theoretical and empirical literature, and helps us to better understand the effectiveness of HIT innovations in a broad range of settings.</p>	<p><i>Committee</i></p> <p>Hector Rodriguez Stephen Shortell Adrian Aguilera Julia Walsh</p>	<p><i>Job Preference</i></p> <p>Academic or semi-academic research department or institution, NGOs/non-profit organizations</p>	<p><i>Geographical Preference</i></p> <p>Worldwide</p>
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