

UC Berkeley PhD Program in Health Policy, Job Market Candidates, 2023

<p>Calvin Chiu Health Economics calvin_chiu@berkeley.edu</p>	<p>Empowering adolescent school girls with SKILLZ to increase HIV testing and contraceptive uptake: results from a cluster randomized trial in Zambia</p> <p>My dissertation examines innovative ways to increase uptake of reproductive, maternal, neonatal, child and adolescent (RMNCAH) health services in low- and middle-income countries. In Paper 1, I analyzed large-scale administrative data from Kenyan pharmacies and found that COVID-19 was negatively associated with sales of sexual and reproductive health products. In addition, prices were higher during COVID-19, potentially suggesting that pharmacies were deliberately increasing prices in response to reduced demand to maintain revenues, inadvertently decreasing women’s access to critical sexual and reproductive health products even further. In Paper 2, I evaluated the impact of SKILLZ, a peer-led, sports-based program for empowering adolescent girls, using a cluster-randomized controlled trial across 46 schools in Lusaka, Zambia. I surveyed randomly sampled Grade 11 girls (N=2,153) at baseline, 6, and 12 months and found large increases in self-reported uptake of HIV testing and contraception. In Paper 3, I combined health outcomes from household survey data from a randomized controlled trial of a proactive community health worker (CHW) outreach program in Mali with administrative data documenting all CHW visits to estimate implementation fidelity and explore the association between number of CHW visits and under-5 mortality.</p>	<p><i>Committee:</i> William Dow (Chair) Lia Fernald Jenny Liu Stefano Bertozzi</p>	<p><i>Geographical preference:</i> Open (United States, global)</p> <p><i>Job preference:</i> Academic with teaching, academic or semi-academic research department or institution</p>
<p>Rachel Ross Organizations & Management rachel.ross@berkeley.edu</p>	<p>Patient-Centered Innovation and Clinician Network Influences on Chronic Disease Prevention and Management</p> <p>This dissertation examines various dimensions of patient-centered care in the United States health care system. Emphasizing both patient-provider and provider-provider relationships, this body of work investigates patient engagement efforts in outpatient care settings and patterns of provider interactions in community health centers, as well as how these dynamics relate to patient outcomes. The first paper examines the adoption of decision aids (DAs) for breast cancer screening, drawing upon survey data from a nationally representative sample of physician practices in the U.S. The findings from these analyses indicate that while technological advancements, participation in payment reform activities, and having a culture of innovation</p>	<p><i>Committee:</i> Hector Rodriguez (Chair) Amanda Brewster Emmeline Chuang Stephen Shortell</p>	<p><i>Geographical preference:</i> Open (United States, West Coast)</p> <p><i>Job Preference:</i> Academic with teaching, academic or semi-academic research department or institution, postdoctoral fellowship</p>

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	<p>are associated with more frequent use of DAs, system-owned and large practices are less likely to implement them. Furthermore, greater technological capacity is associated with increased mammography use, but practices' frequency of DA use is not. The second paper employs social network analysis to understand how patterns of care changed in Federally Qualified Health Center (FQHC) settings during the COVID-19 pandemic. Both network density and network clustering decreased significantly during the pandemic period, suggesting that there were fewer connections and less tightly knit groupings of healthcare providers in the COVID period as compared to the pre-COVID period. The third paper considers how these changing clinician network characteristics are associated with variation in patient outcomes.</p>		
<p>Pooja Suri Health Economics pooja_suri@berkeley.edu</p>	<p>Maternal health decision-making in multigenerational households: barriers, influences, and interventions using evidence from field experiments in India</p> <p>Health-seeking behaviors and health outcomes are strongly determined by barriers to information, and how information is learned. My research is focused on maternal and child health, particularly the peri-pregnancy period in low-and-middle income countries. Women in LMICs are often members of multigenerational household units and health-related decisions are collective. Factors like prior beliefs, social norms, intergenerational and spousal bargaining, as well as the manner of delivery of information can impact health behaviors significantly. In Paper 1, utilizing survey data I collected from 551 mother-caregiver dyads in India, I investigate the roles of spouses, mothers, and mothers-in-law in postpartum care and decision-making. Findings reveal that birthing women consider their spouses first, and then themselves, primary decision-makers. Surprisingly, mothers-in-law perceive themselves as primary decision-makers, despite the birthing women seldom reporting them as such. Paper 2 focuses on the mother-in-law's central role in prenatal care through a randomized controlled trial (RCT), also in India. Information delivery was randomized at the individual level (pregnant woman vs. pregnant woman and mother-in-law), and at the group level (groups of pregnant women vs. groups of pregnant women and mothers-in-law). Results show that individual information delivery, particularly in isolation from peers, significantly increases prenatal care visits. Peer effects and social norms dominate, with no increase</p>	<p><i>Committee:</i> William Dow (Chair) Lia Fernald Edward Miguel Arun Chandrasekhar</p>	<p><i>Geographical preference:</i> Open (United States, West Coast, remote) <i>Job Preference:</i> Academic with teaching, academic or semi-academic research department or institution, postdoctoral fellowship</p>

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	<p>in prenatal care visits observed in group scenarios. Paper 3 explores the association between spousal involvement and postpartum outcomes, including mental well-being using survey data from an existing RCT in India. Maternal mortality continues to remain high globally and has recently increased domestically. This thesis provides evidence that we need to reconsider health policies to account for the often-overlooked role of support, household dynamics, and peer effects to improve access and outcomes in perinatal care.</p>		
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