

ANA RODRÍGUEZ-GONZÁLEZ

Department of Economics
School of Economics and Management
Lund University
P.O. Box 7082, SE-220 07 Lund, Sweden

ana.rodriguez_gonzalez@nek.lu.se

ACADEMIC POSITIONS

2020 - present Postdoctoral researcher, Department of Economics, Lund University

OTHER AFFILIATIONS

2020 - Centre for Economic Demography, Lund University
2018 - Center for Research in Health and Economics, Universitat Pompeu Fabra
(CRES-UPF)

EDUCATION

2020 PhD in Economics, Universitat Pompeu Fabra
2015 Master of Research in Economics, Universitat Pompeu Fabra
2014 MSc in Economics and Finance, Barcelona School of Economics
2013 Bachelor in Economics, Universidad Carlos III de Madrid

RESEARCH FIELDS

Applied Microeconomics, Health Economics, Labor Economics, and Family Economics

PUBLICATIONS

“The Long-Run Effects of Cesarean Sections” (with Ana Costa-Ramón, Mika Kortelainen and Lauri Sääksvuori), *Journal of Human Resources*, forthcoming.

“Inequality in Mortality in Spain” (with Libertad González), *Fiscal Studies* (special issue) 42, no. 1 (2021): 103-121.

“It’s About Time: Cesarean Sections and Neonatal Health” (with Ana María Costa-Ramón, Miquel Serra-Burriel and Carlos Campillo-Artero), *Journal of Health Economics* 59 (2018): 46-59.

WORKING PAPERS

“The Impact of the Female Advantage in Education on the Marriage Market”, Lund University, Department of Economics Working Papers, No. 2021:5.

“Inequality in Mortality between Black and White Americans by Age, Place, and Cause, and in Comparison to Europe, 1990-2018” (with Hannes Schwandt, Janet Currie, Marlies Bär, et al.), NBER Working Paper 29203, September 2021.

TEACHING EXPERIENCE

2020-2021 Bachelor and Master thesis supervisor in Health and Labor Economics, Lund University

2020 Lecturer, Health Economics (undergraduate), Lund University

2018, 2020 Master thesis supervisor, UPF Barcelona School of Management
Online Master in Health Economics and Pharmacoeconomics

2018 Causal inference methods for medical research, Hospital Clínic de Barcelona

2014-2017 Teaching Assistant, Universitat Pompeu Fabra
 Courses: Introduction to Microeconomics, Introduction to Game Theory,
 Economics and Analytical Instruments for the Study of Law (Statistics
 and Game Theory)

OTHER WORKING EXPERIENCE

2017-2018	Research Assistant – Universitat Pompeu Fabra Professor Christian Fons-Rosen
2016-2018	Research Assistant – Universitat Pompeu Fabra Professor Enriqueta Camps Cura
SEPT 2012-MAR 2013	Intern – R&D Department, Management Solutions, Madrid
2010	Research Assistant – Universidad Carlos III de Madrid Professor Aurelia Modrego

SCHOLARSHIPS AND AWARDS

2019	Nomination for “La Vanguardia de la Ciencia” award
2018	Second prize of iHEA Student Paper Prize
2017 - 2020	Merit-based scholarship FPI, Spanish Ministry of Economy, Industry and Competitiveness
2016	Teaching Prize for PhD students, UPF
2014-15	Teaching Assistant Scholarship, UPF

PROFESSIONAL ACTIVITIES

Seminars, conferences and workshops

2021 Centre for Economic Demography – Lund University, Universidad de Alicante, SEHO meeting (online), Essen Health Conference (online), ESPE Conference (online)
2020 King’s Business School, University of Exeter Business School
2019 3rd SEHO meeting (Lisbon), iHEA conference (Basel), UPF Applied Lunch Seminar (Barcelona), Barcelona-Paris School of Economics Joint Workshop on “Culture and Preferences” (Paris), Universidad Pablo de Olavide (Sevilla)
2018 32nd ESPE Conference (Antwerp), UPF LPD Breakfast Seminar (Barcelona), UPF Economic History Seminar (Barcelona).
2017 VI Research Workshop on Public Policy and Healthcare Services Evaluation (EvaluAES - Granada), 31st ESPE Conference (Glasgow)
2015 UPF Management and Behavioural Research Breakfast (Barcelona)

Conference and seminar organization

2017 IV Barcelona GSE PhD Jamboree (Barcelona) – co-organizer

Refereeing activity

Health Economics, Journal of Economic Behavior and Organization, Review of the Economics of the Household, International Journal of Health Economics and Management

OTHER

Languages

Spanish (native), Galician (native), English (fluent), Catalan (working knowledge), French (basic).

Non-technical writing

[El funesto saldo de 2020: La mortalidad por covid-19 en perspectiva histórica \(ii\)](#), with Libertad González. *Nada es Gratis*, February 16 2021.

[La mortalidad por covid-19 en perspectiva histórica](#), with Libertad González. *Nada es Gratis*, April 15 2020.

[¿Por qué es el coronavirus más letal entre los hombres?](#), with Libertad González. *Nada es Gratis*, March 31 2020.

[“¿Será cuestión de hora? Cesáreas y salud neonatal”](#), joint with Ana María Costa-Ramón. *Blog Economía y Salud*, AES, March 20 2019.

[“Cesáreas no programadas y salud neonatal”](#), joint with Ana María Costa-Ramón. *Nada es Gratis*, February 5 2019.

[“The causal impact of cesarean sections on neonatal health”](#), joint with Ana María Costa-Ramón. *The Barcelona GSE Voice*, Barcelona Graduate School of Economics, July 2 2018.

[“Mind the \(Gender\) Gap”](#), joint with Ana María Costa-Ramón and Dimitria Gavalyugova. *The Barcelona GSE Voice*, Barcelona Graduate School of Economics, March 8 2016.

PAPERS

Publications

“[The Long-Run Effects of Cesarean Sections](#)” (with Ana Costa-Ramón, Mika Kortelainen and Lauri Sääksvuori), *Journal of Human Resources*, forthcoming.

This paper analyzes the long-term effects of potentially avoidable C-sections on children’s health. Using Finnish administrative data, we document that physicians perform more unplanned C-sections during their regular working hours on days that precede a weekend or public holiday and use this exogenous variation as an instrument for C-sections. We supplement our instrumental variables results with a differences-in-differences estimation that exploits variation in birth mode within sibling pairs and across families. Our results suggest that avoidable unplanned C-sections increase the risk of asthma, but do not affect other immune-mediated disorders previously associated with C-sections.

Media coverage: [La Vanguardia](#), [El Periódico](#), [YLE](#).

“[Inequality in Mortality in Spain](#)” (with Libertad González), *Fiscal Studies* (special issue) 42, no. 1 (2021): 103-121.

We analyze the evolution of mortality rates in Spain by age and sex between 1990 and 2018. We compare municipalities, ranked by socioeconomic status (SES) and grouped into bins of similar population size, to study changes in levels but also in inequality in mortality across the SES spectrum. We document large decreases in mortality rates throughout the period for all age groups, including children, even after 2000, and continuing after the Great Recession. These declines are stronger for boys and men, who had higher mortality rates to begin with. We find that inequality in mortality across municipalities was low among the young by 2018, while it was higher among adult men and older women. Inequality in fact increased over the period for older men. We explore the role of different causes of death and find that this increase in inequality is driven by stronger improvements in cancer-related mortality among men living in richer areas. These improvements are not found among women given their increases in mortality due to lung cancer.

“[It’s About Time: Cesarean Sections and Neonatal Health](#)” (with Ana María Costa-Ramón, Miquel Serra-Burriel and Carlos Campillo-Artero) *Journal of Health Economics* 59 (2018): 46-59.

Cesarean sections have been associated in the literature with poorer newborn health, particularly with a higher incidence of respiratory morbidity. Most studies suffer, however, from potential omitted variable bias, as they are based on simple comparisons of mothers who give birth vaginally and those who give birth by cesarean section. We try to overcome this limitation and provide credible causal evidence by using variation in the probability of having a c-section that is arguably unrelated to maternal and fetal characteristics: variation by time of day. Previous literature documents that, while nature distributes births and associated problems uniformly, time-dependent variables related to physicians’ demand for leisure are significant predictors of unplanned c-sections. Using a sample of public hospitals in Spain, we show that the rate of c-sections is higher during the early hours of the night compared to the rest of the day, while mothers giving birth at the different times are similar in observable characteristics. This exogenous variation provides us with a new instrument for type of birth: time of delivery. Our results suggest that non-medically indicated c-sections have a negative and significant impact on newborn health, as measured by Apgar scores, but that the effect is not severe enough to translate into more extreme outcomes.

Awards: Best Oral Communication Prize in 2017 Spanish Health Economics Association (AES) Conference, Second prize of 2018 iHEA Annual Student Paper Prize, Nominated for the 2019 “La Vanguardia de la Ciencia” award (science award from newspaper La Vanguardia).

Media coverage: [La Vanguardia](#), [El Periódico](#), [ABC](#), [20 minutos](#), [La Razón](#), [CCMA](#).

Working papers

“[The Impact of the Female Advantage in Education on the Marriage Market](#)”, Lund University, Department of Economics Working Papers, No. 2021:5.

In recent years, the traditional gender gap in educational attainment in favor of men has been reversed in many countries. This development may have far-reaching consequences for the family, challenging traditional patterns of union formation and potentially affecting marriage and fertility outcomes. I study the implications of the female advantage in education on family formation through changes in the marriage market. My empirical strategy exploits the gradual implementation of a large school reform in Finland that increased women's relative level of education. I analyze the reduced-form relationship between marriage market exposure to the reform and marriage and fertility outcomes. The results show that in marriage markets with a larger female advantage in education men had fewer children and were less likely to be in a couple by age 40. I provide suggestive evidence that these results are mostly driven by the mismatch between the distributions of educational attainment of men and women, and that they might have negative consequences for low-educated men's health behaviors and mental health.

[“Inequality in Mortality between Black and White Americans by Age, Place, and Cause, and in Comparison to Europe, 1990-2018”](#) (with Hannes Schwandt, Janet Currie, Marlies Bär, James Banks, Paola Bertoli, Aline Bütikofer, Sarah Cattan, Beatrice Zong-Ying Chao, Claudia Costa, Libertad Gonzalez, Veronica Grembi, Kristiina Huttunen, René Karadakic, Lucy Kraftman, Sonya Krutikova, Stefano Lombardi, Peter Redler, Carlos Riumallo-Herl, Kjell Salvanes, Paula Santana, Josselin Thuilliez, Eddy van Doorslaer, Tom Van Ourti, Joachim Winter, Bram Wouterse and Amelie Wuppermann), NBER Working Paper 29203, September 2021.

Although there is a large gap between Black and White American life expectancies, the gap fell 48.9% between 1990-2018, mainly due to mortality declines among Black Americans. We examine age-specific mortality trends and racial gaps in life expectancy in rich and poor U.S. areas and with reference to six European countries. Inequalities in life expectancy are starker in the U.S. than in Europe. In 1990 White Americans and Europeans in rich areas had similar overall life expectancy, while life expectancy for White Americans in poor areas was lower. But since then even rich White Americans have lost ground relative to Europeans. Meanwhile, the gap in life expectancy between Black Americans and Europeans decreased by 8.3%. Black life expectancy increased more than White life expectancy in all U.S. areas, but improvements in poorer areas had the greatest impact on the racial life expectancy gap. The causes that contributed the most to Black mortality reductions included: Cancer, homicide, HIV, and causes originating in the fetal or infant period. Life expectancy for both Black and White Americans plateaued or slightly declined after 2012, but this stalling was most evident among Black Americans even prior to the COVID-19 pandemic. If improvements had continued at the 1990-2012 rate, the racial gap in life expectancy would have closed by 2036. European life expectancy also stalled after 2014. Still, the comparison with Europe suggests that mortality rates of both Black and White Americans could fall much further across all ages and in both rich and poor areas.

Updated: September 2021