GRANT GRAZIANI

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BUSINESS ADDRESS:

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RESEARCH AND TEACHING FIELDS:

PRIMARY	SECONDARY
Behavioral Economics	Health Economics
Labor Economics	

EDUCATION:

	DEGREE	DATE	FIELD
University of California, Berkeley	Ph.D	May 2020	Economics
Columbia University	B.A.	May 2011	Economics-Statistics

Courses: Microeconomic Theory I & II, Macroeconomic Theory I & II, Econometric Theory I & II, Psychology and Economics: Theory, Psychology and Economics: Applications, Applied Econometrics, Labor Economics Theory I & II, Economic History

JOB MARKET PAPER

"Physician Quality and Patient Race: Evidence from Primary Care"

Racial disparities in health outcomes in the US are large, persistent and for black Americans, largely due to chronic conditions that can be managed by primary care. One commonly referenced explanation for these disparities is that minority patients tend to be treated by lower quality providers. Additionally, a growing body of evidence shows that even holding a provider fixed, patients of different races are treated differently. I utilize administrative data for the universe of primary care patients in the Veterans Health Administration to test both hypotheses. First, I show that disparities in healthcare utilization are not explained by patients of different races being treated by different primary care providers. Second, I show using a two-way fixed effect model that a given PCP's quality is not constant across their black and white patients. I do this by developing a novel measure of PCP quality, predicted one-year survival. Further, I show that PCPs of low quality for black patients are more likely to practice at healthcare facilities where more black patients seek care. However, conditional on a facility, PCPs that treat more black patients are of higher quality for these patients.

PUBLICATIONS:

"Does Diversity Matter for Health? Experimental Evidence from Oakland" with Marcella Alsan and Owen Garrick. ***American Economic Review*** – Vol. 109, No. 12, December 2019, pp. 4047-4111.

We study the effect of physician workforce diversity on the demand for preventive care among African-American men. In an experiment in Oakland, California, we randomize black men to black or non-black male medical doctors. We use a two-stage design, measuring decisions before (pre-consultation) and after (post-consultation) meeting their assigned doctor. Subjects select a similar number of preventives in the pre-consultation stage, but are much more likely to select

every preventive service, particularly invasive services, once meeting with a racially concordant doctor. Our findings suggest black doctors could reduce the black-white male gap in cardiovascular mortality by 19%.

"Workers' Spending Response to the 2011 Payroll Tax Cuts" with Basit Zafar and Wilbert van der Klaauw. ***American Economic Journal: Economic Policy*** – Vol. 8, No. 4, November 2016, pp. 124-159.

This paper investigates workers' spending response to the 2011 payroll tax cuts. Respondents were surveyed at the beginning and end of 2011, which allows the comparison of ex ante and ex post reported use of the extra income. While workers on average intended to spend 14 percent of their tax cut income, they ex post reported spending 36 percent of the funds. This pattern of higher spending ex post is shared across all demographic groups. Differences across workers in this shift to greater ex post spending are largely unexplained by differences in either present bias or unanticipated shocks, so in the end the upward revision in spending remains a puzzle.

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WORK IN PROGRESS:

"Provider Practice Styles and Patient Race: Evidence from Primary Care"

In the US, racial disparities in health outcomes are large and persistent. Much of these disparities is due to mismanagement of chronic conditions, where primary care and provider practicing styles play prominent roles. In my current work, I leverage the large administrative dataset of the Veterans Health Administration to answer two broad research questions. First, do primary care providers differ in their ability to treat patients of different races? If so, what predicts these differences? Second, do patients of different races sort to PCPs who have better outcomes for their race? The data include the universe of healthcare utilization from approximately 10 million patients over 18 years. Each patient is assigned to one of approximately 23,000 PCPs. Roughly 60% of the patients switch PCPs at some point over the 18-year period. This panel structure allows for the estimation of two-way fixed effect models that can separately identify provider quality or practicing style from latent patient health and preferences. Similar models have been used by labor economists and health economists when patient (or worker) mobility is high. With these estimated PCP fixed effects in hand, further questions regarding patient sorting to high quality PCPs and predictors of PCP quality can be answered.

"The Impact of Physician Density: An Event Study Approach"

Among the many barriers to accessing healthcare in the US, public discourse often refers to low physician density, especially in rural and low-income urban areas. To address this, county and sub-county regions can apply to be designated as a Medically Underserved Area (MUA) and/or a Healthcare Professional Shortage Area (HPSA). These federally recognized designations allow for federal financial support to encourage physicians to practice in such areas. In this project, I use an event study approach to first estimate the causal impact of these federal policies on physician density and then estimate the impact of physician density on health and economic outcomes.

"Estimating the Impact of Hospital Integration in the American South"

Leveraging a new identification strategy, I estimate the impact of the legally mandated racial integration of American hospitals in 1964 on both agricultural productivity and poverty-related

outcomes. I use a difference in differences design to estimate the causal impacts. As a control group, newly digitized documents from the National Archives identify southern counties that had racially integrated hospitals prior to the passage of the Civil Rights Act, which mandated that all hospitals provide integrated facilities.

PROFESSIONAL EXPERIENCE:

RESEARCH:

BD-Step Postdoctoral Research Fellow – Dept of Veterans Affairs (July 2020-present)
Postdoctoral Research Fellow – Stanford School of Medicine (July 2020-present)
Research Assistant for Reed Walker at Haas School of Business – UCB (2015-2017)
Research Assistant for Ben Handel at Department of Economics – UCB (2015-2016)
Research Assistant for Amy Finkelstein at the NBER (2013-2014)
Research Assistant for Heidi Williams at the NBER (2012-2013)
Research Associate at the Federal Reserve Bank of NY – Microeconomics Group (2011-2012)

TEACHING:

Instructor, Department of Economics, UCB
- Psychology and Economics Summer 2019
- Psychology and Economics Summer 2018
- Psychology and Economics Summer 2017

Teaching Assistant, Department of Economics, UCB
- Intermediate Microeconomics (Professor Stefano DellaVigna) Spring 2020
- Pedagogy Workshop (Professor Martha Olney) Fall 2019
- Intermediate Microeconomics (Lecturer Emily Yang) Spring 2019
- Intermediate Microeconomics (Lecturer Stephen Bianchi) Fall 2018
- Pedagogy Workshop (Professor Martha Olney) Spring 2018
- Intermediate Microeconomics (Professor Stefano DellaVigna) Spring 2017
- Psychology and Economics (Lecturer Raymond Hawkins) Fall 2016
- Intermediate Microeconomics (Lecturer Stephen Bianchi) Spring 2016
- Psychology and Economics (Professor Dan Acland) Fall 2015

FELLOWSHIPS AND AWARDS:

2020: BD-Step Postdoctoral Fellowship (Dept. VA)
2017-2018 Dissertation Completion Fellowship (UCB)
2016 Outstanding GSI Award
2015 Honorable Mention – NSF Graduate Research Fellowship
2014 Economics Department Fellowship (UCB)
2011 Economics Department Honors (Columbia)
2011 Statistics Department Honors (Columbia)
2011 Latin Honors *cum laude* (Columbia)

OTHER INFORMATION:

Affiliations: American Economic Association
Languages: English (fluent)
Citizenship: USA