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Urban issues in Health Economics: Guest editors' introduction

This issue of *Regional Science and Urban Economics* features a range of rigorous econometric analyses that can inform health policy design and development. It provides a selection of papers presented at the VI Health Econometrics Workshop held on July 17–19, 2018, at the University of Bergamo (Italy). The workshop was funded and organized by the Inter-University Research Centre on Public Services at the University of Milan-Bicocca (Italy), the University Brunel London (UK), in conjunction with the University of Bergamo (Italy) that acted as the local organizer of the event. In the spirit of initiatives such as the Annual Health Econometrics Workshop and the European Workshop on Econometrics and Health Economics, the purpose of this biannual meeting is to provide a forum where policy makers, economists, regional and urban scientists and econometricians discuss the use of statistical and econometric methods to address issues in health economics. The theme of the VI Health Econometrics Workshop was “Health Economics and Policy,” with a specific focus on explaining geographical variations of health care performance.”

The workshop and special issue invited empirical (applied econometrics) papers that (a) evaluate current or past health policies; (b) undertake analyses which shed light on important health policy questions. This issue presents 7 contributions which cover a wide variety of topics in health economics and went through the usual refereeing process of *Regional Science and Urban Economics*. An important goal of the workshop and special issue is to improve the highlight the role of location as an influence on health outcomes and to illustrate the potential for collaboration between urban and health economists.

Several studies in this special issue are devoted to understanding the effects of economic, health and social reforms on health and health care. Baltagi et al. (2019) use the 1997 reform of increased age for compulsory schooling from 5 to 8 years old to analyze the impact of education on health outcomes in Turkey. The authors find that once they control for the endogeneity of education, the effect of education on health outcomes and behavior is statistically insignificant, at least for low levels of schooling. Using administrative data, Depalo (2019) investigates the effects on health care of the Italian economic recovery plan, finding a reduction in hospitalization and an increase in mortality: the lower the decrease in expenditures, the less severe are the consequences on health outcomes. Di Novi et al. (2019) estimate the causal impact of fiscal decentralization on health disparities in Italy. Results show that fiscal

decentralization, by making regional governments more accountable, reduces health inequalities, although this pattern is more evident in richer regions. Gihleb et al. (2020) study how the implementation of operational prescription drug monitoring programs have affected neonatal health outcomes in the United States. The authors find that the introduction of these programs has dramatically reduced the proportion of babies born with neonatal abstinence syndrome, while it has no effect on other outcomes such as birth weight, premature births, and infant mortality.

Balia et al. (2020) investigate the willingness to travel longer distances to hospitals in order to improve the quality of treatment, finding that patients are willing to travel at least 14 km for a clinical quality increase from the 75th to the 25th percentile, with a substantial effect for younger and more educated patients. Using an instrumental variable approach, Moscone et al. (2020) compare the quality of public and private hospitals in Italy and show that they generally do not differ in quality or waiting times.

By exploiting exogenous shocks to commuting time, Jacob et al. (2019) investigate the impact on well-being of increased commuting, finding that increases in commuting time decreases well-being for women but not for men, with women in full-time work in managerial or professional occupations being most affected.

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