

AARON SZOTT

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EDUCATION

Ph.D. Economics, University of Maryland at College Park, expected May 2012

Part-time student, Columbia University, September 2002-December 2005

B.A. Sociology, DePaul University, August 1999

DISSERTATION

Determinants and Benefits of Human Capital in Developing Countries

Committee: Professor Judith K. Hellerstein (Chair), Professor Jeanne Lafortune, Professor Raymond Guiteras

FIELDS OF SPECIALIZATION

Primary: Development Economics

Secondary: Labor Economics, Public Economics

PAPERS

“Rainfall Shocks and Human Capital,” *Job Market Paper*.

“The Effect of Maternal Education on Own and Child Health: Evidence from Ghana’s National Health Insurance Scheme”, *work in progress*.

“Take-up and Financial Effects of Health Microinsurance” (with Raymond Guiteras and Harounan Kazianga), *work in progress*.

TEACHING EXPERIENCE

Teaching Assistant, Intermediate Microeconomics, UMD, Fall 2007, Spring 2008, Fall 2009, 2011

Teaching Assistant, Principles of Economics, UMD, Fall 2010, Spring 2011

Instructor, Economic Development of Underdeveloped Areas, UMD, Summer 2010

Instructor, Public Finance, UMD, Summer 2008, 2009

Teaching Assistant, Undergraduate Honors Thesis, UMD, Fall 2006, Spring 2007

RESEARCH EXPERIENCE

Summer Internship, Innovations for Poverty Action (Accra, Ghana office), Summer 2011

Short-term Consultant, East Asia and Pacific Region, World Bank, Spring 2010

Research Assistant, Prof. Christopher McKelvey, UMD, Spring 2009

Research Assistant, Prof. Matthew Neidell, Columbia University, Fall 2005-Summer 2006

REFERENCES

Prof. Judith K. Hellerstein	University of Maryland	hellerst@econ.umd.edu	(301) 405-3545
Prof. Jeanne Lafortune	University of Maryland	lafortune@econ.umd.edu	(301) 405-3486
Prof. Raymond Guiteras	University of Maryland	guiteras@econ.umd.edu	(301) 405-3480

THESIS ABSTRACT

Part I: “Rainfall Shocks and Human Capital” [Job Market Paper]

This paper quantifies the human capital effects of annual rainfall shocks. For school-aged children in rural areas of developing countries, such shocks affect household income and the opportunity cost of time spent learning and so might increase labor supply at the expense of schooling (or vice versa). For preschool-aged children, rainfall shocks affect parents’ abilities to purchase health-promoting goods, the amount of time parents devote to their children’s health, and the disease environment itself. While there is evidence that covariate (including rainfall) shocks do affect both education and health investments in children-which, according to theoretical and empirical evidence, could mean that temporary shocks have permanent effects-there is much less evidence on what the permanent effects of these common shocks are. I provide this kind of evidence by estimating the effects of the number and timing of all the unusually wet and dry years that West African adults experienced over the first 21 years of their lives on their eventual literacy and highest grade completed. My main empirical strategy considers the effects of wet and dry years over three age ranges across locations across cohorts. I find evidence that women’s (men’s) human capital stocks are negatively (positively) affected by both wet and dry years. I argue that wet years caused girls to trade off time spent working against time spent in school (and vice versa for boys), while dry shocks left parents unwilling to finance girls’ school enrollment. Also, I argue that the slack labor demand that dry years resulted in afforded boys the chance to work less and learn more.

Part II: “The Effect of Maternal Education on Own and Child Health: Evidence from Ghana’s National Health Insurance Scheme” [Work in Progress]

Are better-educated people more likely to benefit from new public programs, and if so, would this tendency reflect the causal effect of education? This paper considers whether better-educated Ghanaian women consumed more health care and experienced better (own and children’s) health outcomes following the implementation of an affordable, comprehensive national health insurance scheme in 2005. I use retrospective pregnancy-related health care consumption and children’s health outcome data from the 2008 Ghana Demographic and Health Survey (GDHS) to analyze whether better educated mothers benefited more from the program. The retrospective nature of the data allows for the examination of multiple outcome events per mother and so a test of whether better educated mothers consumed more health care and experienced better outcomes following the program’s implementation. The outcomes I consider include measures of the types of facilities mothers’ children were born in and what kind of care the mother received following each birth, children’s weight at birth, children’s (current) height-for-age and neonatal mortality. The richness of the GDHS data allows for an examination of trends in these outcomes over time as well as multiple placebo checks.

Part III: “Take-up and Financial Effects of Health Microinsurance” (with Raymond Guiteras and Harounan Kazianga) [Work in Progress]

Why is demand for an inexpensive Ghanaian health microinsurance program so low, and do modules designed to teach people about the benefits of that program increase take-up? Also, how does insurance affect the use of health services, health spending and financial security? If knowledge about Ghana’s health insurance program or insurance in general is a barrier to registration, education may be an effective means of increasing insurance uptake and access to health care services. Education could also increase interest in the program and push those who want to register but have not yet done so to sign up. To test the effect of program-related education modules on take-up, we have conducted an experiment whereby individuals were randomly assigned to one of four treatment groups (where all four treatments cover the same educational material but deliver it differently) or a control group. After examining how take-up varies with treatment status, we will use that status as an instrument to identify the effects of health insurance on health care usage and household financial outcomes. Also, the existence of baseline data on individuals’ risk preferences allows us to examine how treatment effects vary with risk aversion.

PERSONAL INFORMATION

Citizenship: U.S.

Gender: Male