Application Health Economics Boot Camp 2019

Personal Details

Thomas Minten

Economics PhD student at the London School of Economics

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Academic Reference

Johannes Spinnewijn

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PhD Courses Taken

EC441 Microeconomics for MRes students

EC442 Macroeconomics for MRes students

EC443 Econometrics for MRes students

EC534 Public Economics for Research Students

EC536 Economics of Industry for Research Students

EC539 Macroeconomics for Research Students

THOMAS MINTEN

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EDUCATION

MRes/PhD Candidate in Economics, London School of Economics 2015 - 2021
Fields: Public Economics, Industrial Organization, Macroeconomics.
Supervisors: Johannes Spinnewijn and Alwyn Young.
Advisor: Alan Manning.

Master Degree in Economics, Barcelona Graduate School of Economics 2013 - 2014

B.Sc. and M.Sc. Business Engineering *(Summa Cum Laude)*, KULeuven 2008 - 2013
Exchange Semester at the University of Sydney in Fall 2012.
Exchange Semester at the Wharton School, UPenn in Fall 2010.

WORK IN PROGRESS

Economic Mobility of Migrants: Evidence From Three Generations of Migration to the Netherlands

Deductible Choice in the Netherlands with Benjamin Handel, Jonathan Kolstad and Johannes Spinnewijn.

Health Inequality Around the World: Examining the Relationship Between Income and Life Expectancy in Ten High-Income Countries with Michael Stepner, Lorena Di Bono, Yiqun Chen, Raj Chetty, Luke Chu, David Cutler, Andreas Haller, Katja Hofmann, Jonas Minet Kinge, Claus Thustrup Kreiner, Hsien-Ming Lien, Kevin Milligan, Benjamin Milner, Torben Heien Nielsen, Petra Persson, Maria Polyakova, Tammy Schirle, Benjamin Ly Serena, Johannes Spinnewijn, Stefan Staubli, Tzu-Ting Yang, Yuting Zhang and Josef Zweimuller.

Explaining the Wealth-Life Expectancy Gradient: Evidence from the Netherlands with Johannes Spinnewijn (early stages)

RELEVANT POSITIONS

Rosebery Hall Subwarden, LSE	2017-...
Visiting Researcher & Teacher, National Statistics Bureau of Bhutan	2015
Research Assistant to Jan Eeckhout, UPF	2014
Research Assistant to Joep Konings, KULeuven	2013
Research Assistant to Mark Melatos, University of Sydney	2012

PROFESSIONAL ACTIVITIES

Referee	Journal of Public Economics
Seminar Organizer	LSE STICERD Public Economics Student Seminar (2018-2019)

GRANTS AND AWARDS

STICERD PhD Research Grant 2019 (£5000)
STICERD PhD Research Grant 2018 (£5000), with Johannes Spinnewijn
ESRC Studentship 2015-2019

TEACHING ACTIVITIES

EC325 Public Economics Teaching Assistant, LSE	2016-2017, 2018-2019
Stata for MSc Students Teaching Assistant, LSE	2016
International Financial Economics Teaching Assistant, UPF	2014

NON-ACADEMIC RESEARCH

"Crime and Mental Health Issues among the Young Bhutanese People" with L. Dorji, S. Gyeltshen, P. Namgay, T. Dorjee, C. Jamtsho and T. Wangchuk. 2015. *National Statistics Bureau Bhutan Monograph.*

"Child Poverty in Bhutan: Insights from Multidimensional Child Poverty Index and Qualitative Interviews with Poor Children" with S. Alkire, L. Dorji and S. Gyeltshen. 2015. *National Statistics Bureau Bhutan Monograph.*

Relevance to my work

My research in health economics started just over one year ago. After applying for administrative data on health from the Netherlands, I am now involved in three co-authored papers in health economics. Here I will shortly describe these three papers.

The first one, co-authored with Ben Handel, Jon Kolstad and Johannes Spinnewijn, is about consumer choice in health insurance. We study the health insurance deductible choices of all adults in the Netherlands in 2015. Obtaining health care expense estimates using machine learning prediction techniques, we find that most adults do not act as rational decision makers when choosing the deductible of their health insurance contract; take-up of high deductibles is too low, and many individuals choose a deductible that cannot be rationalised under plausible risk aversion. We find large heterogeneity in deductible choice by education, income and wealth, even when conditioning on predicted health care expenses. We study the equity implications of having the option to choose one's own deductible and find that such an insurance market policy mostly benefits high income individuals, and individuals educated in quantitative fields of study. In a counterfactual analysis, we study a scenario of having no deductible choice and a scenario with a targeted deductible choice.

The second project revolves around health inequality in developed nations, and is especially fun to work on. A ambitious project led by Michael Stepner, Raj Chetty and David Cutler, this research studies the sources of cross-national differences in life expectancy using linked income tax and mortality data from Australia, Austria, Canada, Denmark, the Netherlands, New Zealand, Norway, Sweden, Taiwan and the United States. Building on the methods of Chetty et al (2016), we measure inequality in life expectancy by income percentile at age 40 within each country. We show that the gradient between income and life expectancy is significantly steeper in the United States than any of the nine peer countries studied. Men and women with below-median household income live more than two years longer in the nine other countries than in the United States. But life expectancies are similar in all countries for individuals with above-median income. In ongoing work, we examine how well the cross-national variation in the relationship between life expectancy and income is explained by differences in income inequality, progressive taxes and transfers, disease burdens, health behaviors, and health care systems. For this project, I presented our findings from the Netherlands at a special workshop at the NBER, and I am especially proud of three key contributions we were able to make: we suggested an improvement about the methodology of calculating life expectancy across the income distribution, decomposed the life expectancy gap into disease burdens, as well as compared the income gradient in life expectancy with the wealth gradient in life expectancy. These three key contributions are now included in the project.

In the third project, joint with Johannes Spinnewijn, we want to explore the relationship between income and health using a unique dataset on cancer in the Netherlands. The goal of this research project is to investigate

inequality in cancer incidence, treatment and survival by socio-economic status in the Netherlands. Our proposed research would allow us to document the incidence, treatment and survival of different types of cancer across household wealth, income and education. Due to the individual linkage of many years of cancer diagnosis, these relationships can be studied in a greater level of detail, relative to the previous literature. Moreover, the large sample sizes will allow us to graphically decompose the contribution of different incidence and survival rates to the life expectancy difference between socio-economic groups. Our analysis would thus contribute to two strands of the literature. First, it would provide a more comprehensive and detailed account of the role of socio-economic status in cancer incidence and outcomes. Second, it would contribute to the long-standing debate on the relationship between general life expectancy and the socio-economic status in the Netherlands.

Besides these three projects, I am keeping an eye open for new projects as well as collaborations, which is why the Health Economics Bootcamp will be very useful for me.

Reasons for attending Health Economics Bootcamp

As an health economist who is just starting out, it would be of great benefit to me to attend the health economics research boot camp, as I will be able to (1) digest cutting-edge research from leaders in the field, as well as (2) meet other PhD students like me who are interested in research in health economics.

Learning about recent research in health economics is useful for me, as at the LSE there is no special PhD-level course on health economics. Only a small part of the public economics sequence contains research about health economics, and in the economics department there are few people interested in health economics research. Despite the fact that I read many papers in the literature myself, it would be very helpful to attend the workshop to get an overview of the literature from leaders in the field. Moreover, as I am doing my PhD in Europe, the workshop will allow me to get acquainted more with health care system in the US.

Additionally, it will be useful to meet other PhD students doing research on health economics to get inspired by their work and recent developments. In that sense, the workshop will assist me with my remaining work of my doctorate. Moreover, as I come equipped with good knowledge about the availability of administrative data on health in the Netherlands, I am open to new ideas and collaborations.

THE LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE

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October 10, 2019

Reference Letter Thomas Minten

Dear Member of the Selection Committee,

I am writing regarding Thomas's application to participate in the Health Boot Camp at the NBER this December. I recommend him very enthusiastically. Thomas is a fifth-year in the PhD program at the LSE. I expect him to be on the job market next year. I have known Thomas since he took our graduate course in Public Economics. We started interacting then and I have continued to supervise him since. We are also collaborating on several projects so I know him very well.

Thomas's research is in applied micro economists with a particular focus on health. Thomas is hard-working and has a nice portfolio of projects already. He is hoping to turn one of these projects into his job market paper. Regarding his health research, Thomas and I started now two years ago investigating whether we could get our hands on the administrative data on health insurance choices and claims in the Netherlands. With some detours we managed to get access to impressively comprehensive and granular data through the Central Statistical Bureau in the Netherlands. The bureau links various administrative registers, including tax, social security, employer-employee and education registers, providing detailed information on income, transfers, wealth, education and employment variables. In addition to all this high-quality data – very comparable to for example Scandinavian countries - the Netherlands is exceptional as it has a regulated private health insurance markets, and keeps high-quality, population-wide records of individuals' health insurance choices, health expenses and health diagnoses.

Thomas has now started working on a set of projects with this data. One project – for which we are finishing a first draft - is with Ben Handel, Jon Kolstad and myself studying the social determinants of choice quality. Accounting for individuals' health risk and plausible heterogeneity in risk preferences, we find striking variation in choice quality: individuals with higher income and higher education, but also with more analytical degrees or occupations simply take much better decisions.

Peer effects, within families and firms, have meaningful impact on choice quality as well. As a result we can both analyse the efficiency and equity implications of allowing for choice in health insurance. Another project is an international collaboration - lead by Raj Chetty, David Cutler, and Michael Steppner - comparing the income-life expectancy gradient in different countries. The Dutch context and data provides a unique opportunity to uncover the determinants behind this relationship, which Thomas plans to explore further as well. In particular, we have applied to get all cancer diagnoses data and will analyse the impact of cancer diagnoses on income and other economic variables, but also whether there is heterogeneity in the incidence of cancer and its impact on survival rates along the income distribution, accounting for the type of cancer and stage at which it is diagnosed. Finally, Thomas has a promising parallel agenda studying the integration of immigrants in the Netherlands. He analyzes intergenerational income correlations and how they differ for immigrants depending on the type and generation of migration.

Thomas combines an impressive set of theoretical and empirical skills with strong entrepreneurship and by now a phenomenal knowledge of the Dutch health context and data. He would benefit tremendously from this winter school. First, to compensate for the lack of a proper course in health economics at the LSE and to have the exposure to the leaders and most promising PhD students in the field. Second, he can leverage his knowledge of the Dutch context and data to implement any great ideas that come out of this winter school in practice.

In sum, I believe Thomas has the potential to become one of the young stars in health economics and this winter school can help putting him on the way. He has my strongest support. Please do not hesitate to contact me if you have any further questions.

Sincerely,

Johannes Spinnewijn