NBER Digital Economics and AI Tutorial Application

February 11-12, 2026
Stanford University

Contact Information

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Graduate Study

I am a fifth-year PhD candidate in Economics at Georgia State University (enrolled Fall 2021, expected graduation May 2026). I have completed all coursework, including Advanced Microeconomics, Econometrics sequence, Health Economics, Labor Economics, and Public Economics. My fields are Health Economics (primary), Labor Economics, and Public Economics. I passed comprehensive exams in May 2023 and defended my dissertation proposal in Spring 2025.

Research Interests and Current Projects

My research examines how healthcare infrastructure affects population health outcomes, with growing interest in how digital platforms and AI tools can improve healthcare access and delivery. My job market paper, "Mental Healthcare Facilities and Mortality: Evidence from Local Access and Insurance Expansion," provides causal evidence that mental health facilities reduce mortality, with important implications for telehealth and digital mental health interventions.

I am particularly interested in three intersections of digital economics and healthcare:

1. Digital Health Platforms and Traditional Infrastructure: My current work shows physical facilities and insurance are complements in reducing mortality. I want to examine whether digital mental health platforms (BetterHelp, Cerebral, Talkspace) substitute for or complement traditional facilities, particularly in mental health professional shortage areas affecting 65 million Americans. Key questions include: Do digital platforms reduce the mortality cost of facility closures? How do hybrid models combining digital and in-person care affect treatment adherence?

2. AI in Healthcare Delivery: My research documents that facility closures cause 10x more harm than openings provide benefit, suggesting relationship continuity matters crucially. I am interested in whether AI-assisted therapy can maintain therapeutic relationships during provider transitions, how algorithmic matching between patients and providers affects treatment outcomes, and whether AI can identify at-risk patients before crisis events occur.

3. Data and Prediction in Health Policy: My work identifies striking heterogeneity; elderly populations show 3.5x average treatment response. I want to explore how machine learning can improve targeting of health interventions, predict which communities are most vulnerable to facility closures, and optimize resource allocation across geographic areas. Can predictive models identify "mental health deserts" before they form?

Dissertation

Title: "Essays on Health, Public, and Development Economics"
Committee: James Marton (Chair), Lauren Hoehn-Velasco, Keith Teltser

Chapter 1 (Job Market Paper): Examines causal effects of mental health facilities on mortality using within-county variation and heterogeneity-robust estimators. I find a 10% increase in facilities reduces mental/behavioral disorder mortality by 2.5%, but effects are asymmetric; closures harm 10x more than openings help. Insurance expansion amplifies effectiveness by 26%.

Chapter 2: Analyzes how ACA insurance expansion affects emergency medical service supply using a triple-difference design. Medicaid expansion increased ambulance availability by 13.5 percentage points while private marketplace components reduced it by 7.4 percentage points, revealing how payment structures shape healthcare infrastructure.

Chapter 3: Evaluates Nigeria's Free Maternal and Child Health Program using mother fixed effects, finding a 14% reduction in under-five mortality. Effects concentrate in areas with existing healthcare infrastructure, demonstrating complementarity between financial access and physical infrastructure.

Relevance to Digital Economics and AI

While my current research uses traditional econometric methods, the questions I address are increasingly relevant to digital economics. Mental health apps reached 26 million users in 2024, yet we lack causal evidence on their effectiveness relative to traditional care. My identification strategies such as exploiting facility closures, insurance expansion shocks, and within-county variations could be adapted to study digital health platform adoption and effectiveness.

The heterogeneous treatment effects I document (elderly, less-educated, and rural populations show 2- 3x larger responses) provide a foundation for understanding how AI can personalize healthcare delivery. My finding that insurance and facilities are complements suggests digital platforms may similarly require complementary policies to maximize impact.

Attending this tutorial would help me extend my research agenda to examine how digital technologies reshape healthcare markets, particularly regarding the access inequities my current work documents. The intersection of my health economics expertise with digital economics methods could contribute to understanding how technology can address healthcare market failures while potentially creating new ones through algorithmic bias or digital divides.

I am eager to learn from leading researchers about frontier methods in digital economics and AI, particularly regarding platform competition, algorithmic decision-making, and causal inference with high-dimensional data. This knowledge would enable me to contribute to the emerging literature on digital health economics as I begin my academic career.