

Jacqueline Anne Fiore

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CITIZENSHIP

U.S. Citizen

EDUCATION

Ph.D. Economic Analysis and Policy, Tulane University, expected 5/2018
Department: Economics
Dissertation: The Short-Term Costs of the 2014 Medicaid Expansion
Committee: Alan Barreca (Chair), Patrick Button, Michael Darden

M.S. Economic Analysis and Policy, Tulane University, 8/2015

M.S. Epidemiology, George Washington University, 1/2007

B.A. Communication, University of Delaware, 5/2002

RESEARCH INTERESTS

Health Economics, Program Evaluation, Epidemiology & Health Policy

PROFESSIONAL EXPERIENCE

9/2015 - present	PhD Fellowship	Tulane University/RAND worked remotely
7/2011 - 7/2013	Data Management & Biostatistics Core Leader	Michigan State University Blantyre, Malawi, Africa
7/2011 - 7/2013	Business Owner	Mandala Guesthouse Blantyre, Malawi, Africa
12/2006 - 5/2011	Project Manager	The Emmes Corporation Rockville, MD, USA
12/2010 - 1/2011	Consultant - Proposal Coordinator	Concern Worldwide worked remotely
7/2006 - 10/2006	Research Associate	Becker & Associates Consulting Washington, DC, USA
8/2005 - 5/2006	Research Assistant	George Washington University Rockville, MD, USA
9/2003 - 8/2005	Research Analyst	ICF Bethesda, MD, USA
9/2002 - 9/2003	Marketing Specialist	Health Right Inc. Washington, DC, USA

WORKING PAPERS

Fiore, Jacqueline. The Impact of the Affordable Care Act's Medicaid Expansion on Medicaid Spending by Health Care Service Category. New Orleans, LA: Tulane Working Paper, 2017. <https://ideas.repec.org/p/tul/wpaper/1706.html>. (*submitted*)

Abstract. The 2014 Medicaid expansion revised Medicaid eligibility provisions to allow for low-income, non-elderly adults to be eligible for Medicaid in those states which opt for this change. During the first two years after the expansion, there were more than 10.7 million newly eligible Medicaid enrollees nationwide. I investigate the short-term impact the 2014 Medicaid expansion had on Medicaid spending by the government. Using data from the Centers for Medicare and Medicaid Services on all Medicaid expenditures over a seventeen year period, I apply a difference-in-differences design to exploit the variation among states electing to participate in the expansion and the health care services they offer. These data allow me to study the economic impact of the expansion on all possible health care services. Among the 21 services assessed, I find that after the expansion became effective, five services utilized by the target population for the reform experienced a statistically significant increase in average Medicaid spending: dental services (211 percent), clinic services (101 percent), outpatient hospital services (77 percent), physician and surgical services (35 percent), and inpatient hospital services (17 percent). This implies that the new adult group may be healthier and seeking more routine or preventive care compared to the traditional Medicaid population. The increase in routine and preventive care has the potential to result in better health outcomes and fewer medical emergencies in the future, ultimately lowering Medicaid spending by the state and federal government over the long term.

Fiore, Jacqueline. The Impact of Subsidized Antimalarials on Treatment Seeking Behavior. New Orleans, LA: Tulane Working Paper, 2017. <https://ideas.repec.org/p/tul/wpaper/1717.html> (*draft*)

Abstract. I investigate the effect of the first multi-country antimalarial subsidy on the type and source of treatment taken for children under five years of age reporting a fever. I use nationally representative, cross-sectional survey data from sixteen malaria endemic African countries over a ten year period. My research design exploits the within country variation in malaria treatment subsidies. Artemisinin-based Combination Therapies (ACTs) are the recommended first line treatment for uncomplicated malaria. Overall, the ACTs subsidy achieved two of its main objectives. Among children reporting a fever, countries offering subsidized ACTs showed a statistically significant 8.1 percentage point increase in ACTs taken from private sector outlets compared to countries not participating in the subsidy. To complement these results, the ACTs subsidy was associated with a decrease of 10.7 percentage points in children taking lesser effective antimalarial monotherapies from any source for participating countries. However, the effect of the ACTs subsidy was not consistent among the four countries participating in the subsidy. Uganda showed the desired response with the greatest magnitude to the subsidy whereas no significant effect was observed in Ghana. The mixed results among countries participating in the ACTs subsidy may be due to differences in ACTs availability, price, market share, and supporting interventions.

Fiore, Jacqueline, Craig A. Bond and Shanthi Nataraj. Database of Potential Sources of Information on Fisheries, Tourism, and Oil Spill Claims. Santa Monica, CA: RAND Corporation, 2017. <https://www.rand.org/pubs/tools/TL248.html>. (*RAND publication*)

Abstract. The objective of the Database of Potential Sources on Fisheries, Tourism, and Oil Spill Claims is to make users aware of sources of information that may be less widely known than standard databases of economic activity such as those published by the U.S. Census Bureau. Users will thus have a potentially wider range of resources to integrate for their own studies and projects. The database was built using sources that the Consortium for Resilient Gulf Communities was able to identify through a variety of channels.

Fiore, Jacqueline, Craig A. Bond and Shanthi Nataraj. Estimating the Effects of the Deepwater Horizon Oil Spill on Fisheries Landings: A Preliminary Exploration. Santa Monica, CA: RAND Corporation, 2017. https://www.rand.org/pubs/working_papers/WR1173.html. (*RAND publication*)

Abstract. What were the direct impacts of the 2010 Deepwater Horizon (DH) oil spill on the Gulf fisheries industry? This paper reports results from an ex-post analysis of the spill using publicly available, routinely collected data on landings, revenues, and fishing effort for select fish species in the Gulf. Our methods examine the overall impact of the oil spill as well as changes that occurred over time. A key contribution of our work is that it goes beyond simple pre-post analysis and applies various identification strategies that have been developed in the econometric literature, in order to identify the causal effects of the spill. Nevertheless, the limitations of the data preclude many strategies. Investigation of the short and longer term dynamics of the Gulf fisheries has important implications for understanding the resilience of Gulf communities in the face of large-scale environmental events like DH. The dynamic path of certain indicators, such as fisheries landings and revenues, can provide information about the resilience of fisheries to oil spill events at the sectoral level, aggregating the various physical, policy, and behavioral responses that combine to form the latent resilience construct. These interim findings may help stakeholders, policy-makers, and researchers define the impacts of environmental disasters over time, understand the dynamics of response, and plan for future uncertain events.

Babbage, Jonathan, **Jacqueline Fiore**, Juan Gutierrez, Andy Bauleni, Atupele Kapito-Tembo, Miriam K Laufer, Don Mathanga, Themba Mzilahowa, Clarissa Valim, Mundi Ziwawo, Terrie E Taylor. Clinical Research Studies in Developing Countries Part I: Guidance for Server Set-up for a Central Data Management System and Electronic Data Capture Software. 2017. (*submitted*)

Abstract. This is a comprehensive “how to” guide for designing an environment for offline electronic data capture (EDC) in a developing country. Based on our experience in Malawi, we provide guidance on setting-up local servers, customizing EDC software, and using a centralized data management (CDM) system. A primary challenge researchers have faced with implementing a CDM system with EDC in developing countries is the need to collect data on the electronic device in an offline environment that will synchronize to a centralized server when a network connection is available. For our studies, this required a team with a high level of technical knowledge to build the framework for offline EDC and synchronization. We also had to customize the EDC software to meet technical requirements. We developed generalized plugins for a customized barcode linkage system and blinded specimen data entry process that can be applied to EDC software for clinical research studies.

Fiore, Jacqueline, Jonathan Babbage, Juan Gutierrez, Andy Bauleni, Atupele Kapito-Tembo, Miriam K Laufer, Don Mathanga, Themba Mzilahowa, Clarissa Valim, Mundi Ziwawo, Terrie E Taylor. Clinical Research Studies in Developing Countries Part II: Guidance for Electronic Data Capture Hardware and Software, Quality Assurance, Quality Control, and Personnel. 2017. (*submitted*)

Abstract. This is a comprehensive “how to” guide for electronic data capture (EDC) hardware and software selection, measures for quality assurance and quality control, the necessary study personnel to manage data operations, and operating costs. Traditionally, clinical research conducted in developing countries relied on paper-based data collection (PDC) and double-data entry of case report forms. We developed a research capacity in Malawi that used EDC in the field with in-country servers to store the data. All of our data were collected electronically, with the exception of paper-based tracking forms used for quality control. Over a five year period, we collected a total of 250,000 records associated with 100,000 human subjects across five epidemiological studies on malaria in Malawi. Data were collected in health facilities and at the household. We review the advantages and disadvantages of EDC and address concerns specific to the developing country setting.

SKILLS

General: Regression analysis, clinical research, program management and evaluation
Computer: Proficient in Stata, ^LA^TE^X, REDCap, Open Data Kit, MS Office
Languages: Fluent in English and conversational in Spanish

PRESENTATIONS AT CONFERENCES AND WORKSHOPS

2017 Gulf of Mexico Oil Spill and Ecosystem Conference, New Orleans, Louisiana
2016 Annual Workshop on Research Design for Causal Inference, Chicago, Illinois
2016 Consortium for Resilient Gulf Communities Annual Meeting, Mobile, Alabama
2015 Consortium for Resilient Gulf Communities Annual Meeting, New Orleans, Louisiana
2012 International Center of Excellence for Malaria Research Annual Meeting, Goa, India
2011 International Center of Excellence for Malaria Research Annual Meeting, Victoria Falls, Zambia
2009 Malaria Vaccine Clinical Trial Start-up Workshop, Ouagadougou, Burkina Faso
2009 Malaria Vaccine Clinical Trial Start-up Workshop, Balhongin, Burkina Faso
2009 Site Assessment Workshop: Capabilities for Conducting Clinical Trials, Navrongo, Ghana
2009 Site Assessment Workshop: Capabilities for Conducting Clinical Trials, Kintampo, Ghana
2009 Malaria Vaccine Clinical Trial Start-up Workshop, Legon, Ghana

AWARDS

2016 J.E. Land Fund School of Liberal Arts Travel Award, Tulane University
2016 Gulf of Mexico Research Initiative Scholar, research program funded by BP
2016 Department of Economics Travel Award, Tulane University
2015 Department of Economics Stewardship Award, Tulane University
2014 Graduate Student Studies Association Travel Award, Tulane University
2013 – 2018 School of Liberal Arts Doctoral Fellowship, Tulane University

VOLUNTEER WORK

2017 – 2018 Volunteer handler for therapy dog with the Visiting Pet Program of New Orleans
2011 – 2013 Co-founder of the Blantyre Children's Parks Project in Blantyre, Malawi

PROFESSIONAL AFFILIATIONS

American Economic Association
American Society for Tropical Medicine and Hygiene