

# Dominique Araya Vergara

## Office Address

Department of Economics  
The Ohio State University  
1945 N High St., 410 Arps Hall  
Columbus, OH 43210

<https://www.dominiquearaya.com/>  
[araya.46@osu.edu](mailto:araya.46@osu.edu)  
+ 1 650 300 9579

## Citizenship and Visa Status

Chile (F-1 visa)

## Education

Ph.D. Economics, Stanford University, 2024

Dissertation: "Essays on Health Economics"

Committee: Petra Persson (co-chair), Neale Mahoney (co-chair), Maya Rossin-Slater

M.A. Economics, Pontificia Universidad Catolica de Chile, 2017

B.A. Economics, Pontificia Universidad Catolica de Chile, 2016

## Teaching and Research Fields

Primary fields: Applied Microeconomics, Health Economics

Secondary fields: Public Economics

## Research Papers

"Does Relative Earnings Position within School Affect ADHD Diagnosis? Evidence from Entry to Junior High and High School" (with Kurt Lavetti) (**Job Market Paper**)

Around 7% of US school-age children are diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). As ADHD has no biomarker, diagnosis rests on judgments of children's behavior, often relative to school peers. Using Utah's insurance claims linked with parental earnings and school attendance boundaries, we show that children's household earnings position relative to students in their school and grade-cohort (within-school-cohort rank) negatively correlates with their probability of ADHD diagnosis, even after holding household earnings fixed. To estimate causal effects of rank on diagnosis, we exploit changes in peer composition at the transitions to junior high and high school, when several schools' catchment areas merge, and peers change. We compare children with similar household earnings and pre-transition rank who end up with different school-cohort peers and thus different earnings ranks. A 10 percentage-point higher rank in junior high decreases diagnosis probability by 8.4%, relative to the mean. In high school, the effect is concentrated among those younger in their grade, consistent with prior evidence on relative age and ADHD diagnosis; a 10 percentage-point increase in rank reduces diagnosis probability by 15%. Part of the rank effect operates through physicians: higher rank moves children toward primary care providers with a lower propensity-to-diagnose. An instrumental variable design that exploits providers' exits shows that the observed differences in propensity-to-diagnose reflect causal differences in provider behavior rather than patient selection. ADHD diagnosis depends not only on a child's economic circumstances but on those of their classmates.

"The Costs of Administrative Transitions on Child Mortality: Evidence from a Decentralization Reform" (with [Fernanda Rojas-Ampuero](#))

Reject and Resubmit, Journal of Human Resources

In the 1980s, a policy reform in Chile shifted the administration of public services from a centralized to a local system, placing municipalities in charge of primary care establishments. We exploit the reform's staggered implementation and pre-reform utilization rates to study how differential exposure affected child mortality and birth outcomes. We combine birth records with archival data on the dates when

each primary care establishment was transferred to its local municipality. Our results indicate that greater exposure to the reform led to higher infant mortality during the implementation period, accompanied by worse birth outcomes, including low birth weight. Consistent with disruption during the transition, municipalities that transferred most of their establishments within two months experienced greater increases in infant mortality.

#### **“The Impacts of Hospital Financial Incentives on Patient and Provider Responses and Outcomes”**

I study a government program designed to encourage preventive surgeries in public hospitals through an age-based, non-linear incentive scheme, using administrative data from Chile. By exploiting age thresholds, I provide evidence that public hospitals reallocate surgeries toward healthier patients in the incentivized age range, at the expense of sicker patients outside of it. Additionally, I show that high-income patients with access to both public and private hospitals respond by opting out of the public system when they fall outside of the incentivized age range. Motivated by these facts, I develop and estimate a dynamic model of hospital and patient responses to financial incentives that allows me to quantify the effects of alternative policies and explore how they differ by patient income. My estimates suggest that eliminating the non-linearity in incentives reduces the long-run incidence of patient health complications by as much as 13.8% among low-income patients. Among high-income patients, the impacts on downstream health are much smaller, as they maintain access to care regardless of the incentive scheme by being able to access both public and private providers. These results suggest that provider financial incentives may have significant consequences for health disparities.

#### **“Sorting on Survival Gains Under Cost Exposure” (with [Wei Xiong](#))**

This paper examines whether patients choose private care based on expected survival gains, when government-sponsored health care is capacity constrained and access to private providers entails cost exposure. We estimate marginal treatment effects of private surgical care on mortality while allowing for unobserved sorting on gains. Using individual-level hospital discharge data from Chile, we exploit a continuous instrument to identify heterogeneity in the mortality effect of private care along patients' propensity to select into private care. We find negative sorting: cost exposure screens out precisely the patients with the largest expected mortality reductions. Our finding highlights the central role of financial protection in allocating high-risk patients to life-saving medical capacity.

### **Research in Progress**

#### **“The Life-course of Native American Health Disparities: Evidence from Population-Wide Claims Data” (With Cynthia Colen, Kurt Lavetti and Trevon Logan)**

This paper documents the age trajectory of chronic conditions by race, with special focus on American Indians. We exploit Utah's administrative insurer data, which covers virtually all adults under 65 in the state, regardless of employment. The data covers nearly the entire American Indian population in Utah, both on and off reservations, allowing us to study an urban American Indian population largely missed by other data sources. We show that disparities in chronic health conditions emerge at age 30 for American Indian men and by the mid-20s for American Indian women, far earlier than Black-White gaps. The sharpest and earliest divergence is in chronic mental health conditions (depression, bipolar disorder, and schizophrenia). Given these age patterns, interventions targeted at "older age" conditions might arrive too late for American Indians.

#### **“More Than Just Mom: Cascading Effects of the Child Penalty” (with Kurt Lavetti, [Yolunda Nabors](#), and Maya Rossin-Slater)**

### **Conference and Seminar Presentations**

2026

Population Association of America's Annual Meeting, Essen Health Conference, American Sociological Association's Annual Meeting, 2026 Annual Health Econometrics Workshop, Southern Economic association's Annual Workshop, OSU Applied Microeconomics Seminar

2025 American Society of Health Economists' Annual Conference

### Research Experience and Other Employment

|                 |                                                                                             |
|-----------------|---------------------------------------------------------------------------------------------|
| 2024-now        | The Ohio State University, Postdoctoral Researcher                                          |
| 2022-2023       | Stanford University, research assistant for Professor Maya Rossin-Slater                    |
| 2019            | Stanford University, research assistant for Professor Petra Persson and Rebecca Diamond     |
| 2018, 2013-2015 | Pontificia Universidad Catolica de Chile, research assistant for Professor Jeanne Lafortune |
| 2015-2017       | Pontificia Universidad Catolica de Chile, research assistant for Professor Nicolas Figueroa |

### Professional Activities

Referee for: Journal of Health Economics

### Honors, Scholarships, and Fellowships

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|------|------------------------------------------------------------------------------|
| 2023 | Bradley Graduate and Postgraduate Fellowship                                 |
| 2018 | Best Graduated Engineer, Business Engineering, Chilean Engineers Association |
| 2018 | Raul Yver O. Prize, PUC (Best Student, Economics Institute)                  |
| 2018 | Academic Excellence Award, M.A. in Economics, PUC, Chile                     |
| 2017 | Academic Excellence Scholarship for Master's Studies, CONICYT, Chile         |
| 2017 | Maximum Distinction for Thesis, M.A., PUC, Chile                             |

### Teaching Experience

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|-----------|------------------------------------------------------------------------------------------------------------|
| 2020-2023 | Econ 1: Principles of Economics, Stanford University, teaching assistant for Professors                    |
| 2014-2017 | Contract Theory, Pontificia Universidad de Chile, teaching assistant for Professor Joaquin Poblete         |
|           | Microeconomics I (x2), Pontificia Universidad Catolica de Chile                                            |
|           | Microeconomics II (x2), Pontificia Universidad Catolica de Chile, teaching assistant for                   |
|           | Fundamentals of Management of Businesses, Pontificia Universidad Catolica de Chile, teaching assistant for |
|           | Professor Joaquin Poblete                                                                                  |

### References

Professor Petra Persson  
Economics  
Stanford University  
(650) 723-4116  
[perssonp@stanford.edu](mailto:perssonp@stanford.edu)

Professor Maya Rossin-Slater  
Health Policy  
Stanford University  
(650) 723-7264  
[mrossin@stanford.edu](mailto:mrossin@stanford.edu)

Professor Kurt Lavetti  
Economics

The Ohio State University  
[lavetti.1@osu.edu](mailto:lavetti.1@osu.edu)