

HEALTH POLICY 2000A (FALL 2022)
CORE COURSE IN HEALTH POLICY 2022-2023

CLASS MEETINGS

Tuesday & Thursday, 4:15-5:45pm
Course sessions will take place at 14 Story Street in the 4th floor conference room
*Session location may change based on course needs

INSTRUCTORS

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COURSE OVERVIEW

This yearlong course (Core) is required for doctoral students in health policy and is open to other doctoral students at Harvard. The **purpose** of Core is to provide a foundational, interdisciplinary understanding of health policy for students who will undertake research that advances knowledge and leads to improvements in health.

Learning Objectives

After completing the course, students should be able to:

1. Describe and apply disciplinary frameworks and vocabulary used to formulate research questions in each discipline
2. Understand the methodological approaches that each discipline takes in answering research questions
3. Apply those frameworks in concert with one another to analyze policy tradeoffs and clearly communicate a case for or against specific policy options
4. Identify the interplay between social determinants of health, including racism and other forms of systemic oppression, and health policy
5. Anticipate the effects of policy on health equity, including consequences of health policies and practices that harm underserved groups
6. Practice critical reading of innovative scientific and policy papers from the disciplines that inform health policy

READINGS

Readings for the course will generally consist of journal articles assigned by the lecturer and should be read in advance of each lecture. These readings can be found on Canvas in the course Modules.

The majority of assigned readings are available electronically. Links are provided in the syllabus and on Canvas (under “Modules”), or students can search for the articles using the Harvard Library research website: <https://hollis.harvard.edu>. Some readings are available on the course website. Where readings are not available electronically or on the course website, it is suggested that students use the Harvard Library’s Scan & Deliver service: <http://library.harvard.edu/scan-deliver>.

COURSE REQUIREMENTS

Attendance & Participation:

33%

This course meets twice per week. Students are expected to attend and participate in the 90-minute lecture and discussion sessions. This participation includes reading 3-4 relevant articles assigned by the lecturers prior to each class. If you are unable to attend a lecture, please let the instructor and teaching fellow know by email in advance of the session.

Written Assignments:

67%

There will be short written assignments throughout the year. For more information on the assignments please visit the Canvas page. Due dates are as follows:

- Assignment 1: 10/27
- Assignment 2: 11/22

Human Subjects Training:

To pass the Spring semester, students must complete an online Human Subjects Training Course and present verification. The training can be accessed through the following link: <https://www.citiprogram.org/default.asp>. Complete the Basic Course in the Protection of Human Subjects for Social and Behavioral Research Investigators. For affiliation, please select Harvard University (Cambridge/Allston Campus). Completed training certificates should be e-mailed to the teaching fellow and to Colleen Yout (colleen_yout@harvard.edu) no later than 4/28.

Grades:

Grades will be assigned separately for the first semester and the second semester.

Academic Honesty:

Students must observe Harvard University rules regarding the citation of sources. Any sentences or paragraphs taken verbatim from the writing of any other person or persons, or from your own writing that has been published elsewhere, must be placed in quotation marks and their source must be clearly identified. Changing the wording of a sentence or passage slightly does not evade the requirement for citation. Indeed, whenever you are drawing an important argument or insight from someone else, even if you reword it into your own words, a reference to the source is

required. Including material from others in the assignments without appropriate quotation marks and citations is regarded, as a matter of School and University policy, as a serious violation of academic and professional standards and can lead to a failing grade in the course, failure to graduate, and even expulsion from the University.

Classroom norms

As scholars and policy influencers we need to engage with the full range of perspectives and ideas in health policy. Thus, diversity and inclusion are fundamental to our work and core values of our program. Course instructors share responsibility with students for creating a learning climate that is hospitable to all perspectives, identities and cultures. Please refer to the classroom norms document on Canvas for Core classroom norms.

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Section I: Overview

Session 1 (9/1): Introduction to health policy (D. Cutler)

Session Objectives:

The goal of this class is to think about policymaking (e.g., identifying priority areas, building incremental vs. transformational policies) and how to use evidence in policymaking (e.g., what empirical facts are needed to design good policy).

Session Activity:

A major goal of the ACA was to increase insurance coverage and reduce the uninsured rate. This was particularly important for racial and ethnic minorities and low-income individuals. Over a decade after the signing of the ACA, the U.S. still has far to go to reduce racial and ethnic disparities in health and health care. Please come to class prepared to discuss one policy idea that addresses health equity and the social determinants of health. You will discuss your idea with your classmates in small groups. Each small group will choose one policy idea and outline what information you need to know to optimize and implement your policy. Finally, each group will present its policy to the class.

Required Readings:

- Artiga, S., & Hinton, E. (2019). Beyond health care: the role of social determinants in promoting health and health equity. *Health*, 20(10), 1-13. [<https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>]
- Yearby, R., Clark, B., & Figueroa, J. F. (2022). Structural Racism In Historical And Modern US Health Care Policy: Study examines structural racism in historical and modern US health care policy. *Health Affairs*, 41(2), 187-194. [<https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.01466>]
- CMS Innovation Center Launches New Initiative To Advance Health Equity [<https://www.healthaffairs.org/doi/10.1377/forefront.20220302.855616/>]

Session 2 (9/6): Overview methods session on evidence for policy (L. Hatfield and Z. Song)

Session objectives:

- Explore the pros and cons of randomized controlled trials in health policy
- Understand how different methods can produce different answers to the same question
- Null findings and the problem of how to show that something *doesn't* work
- Studying politically popular ideas, especially ones with strong selection into treatment
- Evolution of beliefs-- are we Bayesian in how we update our priors?
- Navigating scholarly integrity, getting a reputation for one side of an issue

Required readings:

- Baicker K, Cutler D, and Song Z. Workplace wellness programs can generate savings. *Health Affairs*. 2010;29(2):304-311. doi: 10.1377/hlthaff.2009.0626 [[https://www-healthaffairs-org.ezp-prod1.hul.harvard.edu/doi/10.1377/hlthaff.2009.0626](https://www.healthaffairs.org.ezp-prod1.hul.harvard.edu/doi/10.1377/hlthaff.2009.0626)Links to an external site.]
- Song Z, Baicker K. Effect of a Workplace Wellness Program on Employee Health and Economic Outcomes: A Randomized Clinical Trial. 2019;321(15):1491–1501. doi:10.1001/jama.2019.3307 [<https://jamanetwork-com.ezp-prod1.hul.harvard.edu/journals/jama/fullarticle/2730614>Links to an external site.]
- Song Z and Baicker K. Health And Economic Outcomes Up To Three Years After A Workplace Wellness Program: A Randomized Controlled Trial. *Health Affairs*. 2021;40(6): 951-960. doi: 10.1377/hlthaff.2020.01808 [[https://www-healthaffairs-org.ezp-prod1.hul.harvard.edu/doi/full/10.1377/hlthaff.2020.01808](https://www.healthaffairs.org.ezp-prod1.hul.harvard.edu/doi/full/10.1377/hlthaff.2020.01808)Links to an external site.]
- Reif J, Chan D, Jones D, Payne L, Molitor D. Effects of a workplace wellness program on employee health, health beliefs, and medical use: a randomized clinical trial. *JAMA Intern Med*. 2020;180(7): 952–60 [<https://jamanetwork-com.ezp-prod1.hul.harvard.edu/journals/jamainternalmedicine/fullarticle/2765690>Links to an external site.]

Session 3 (9/8): Introduction to the U.S. health insurance system (H. Huskamp)

Session Objectives:

- Describe key dimensions of the health insurance system in the U.S.
- Discuss recent changes to coverage and policy options for the future

Required Readings:

- Micah Hartman, Anne B. Martin, Benjamin Washington, Aaron Catlin, and the National Health Expenditure Accounts Team. “National Health Care Spending In 2020: Growth Driven by Federal Spending in Response to the COVID-19 Pandemic.” *Health Affairs* 41, no. 1 (January 1, 2022): 13-25. <https://www.healthaffairs-org.ezp-prod1.hul.harvard.edu/doi/full/10.1377/hlthaff.2021.01763>
- Mahajan, Shiwani, César Caraballo, Yuan Lu, Javier Valero-Elizondo, Daisy Massey, Amarnath R. Annapureddy, Brita Roy, et al. “Trends in Differences in Health Status and Health Care Access and Affordability by Race and Ethnicity in the United States, 1999-2018.” *JAMA* 326, no. 7 (August 17, 2021): 637–48. [<https://jamanetwork-com.ezp-prod1.hul.harvard.edu/journals/jama/article-abstract/2783069>]
- David Blumenthal, Sara R. Collins, and Elizabeth J. Fowler, “The Affordable Care Act at 10 Years – Its Coverage and Access Provisions,” *New England Journal of Medicine* 382, no. 10 (March 5, 2020):963-969. <https://www.commonwealthfund.org/publications/journal-article/2020/feb/aca-at-10-years-effect-health-care-coverage-access>
- Keith, Katie. “Tracking The Uninsured Rate In 2019 And 2020,” October 7, 2020. <https://www.healthaffairs.org/doi/10.1377/hblog20201007.502559/full/>

Optional readings:

- Bustamante, Arturo Vargas, Jie Chen, Lucía Félix Beltrán, and Alexander N. Ortega. “Health Policy Challenges Posed By Shifting Demographics And Health Trends Among Immigrants To The United States.” *Health Affairs* 40, no. 7 (July 1, 2021): 1028–37. [<https://www.healthaffairs-org.ezp-prod1.hul.harvard.edu/doi/full/10.1377/hlthaff.2021.00037>]
- Brooks-LaSure, Chiquita, Elizabeth Fowler, and Gayle Mauser. “Building On The Gains Of The ACA: Federal Proposals To Improve Coverage And Affordability.” *Health Affairs* 39, no. 3 (March 1, 2020): 509–13. [<https://www.healthaffairs-org.ezp-prod1.hul.harvard.edu/doi/10.1377/hlthaff.2019.01411>]

Session 4 (9/13): Equity and health policy (A. McGregor and B. Cook)

Session objectives:

- By the end of this session, students will be able to identify key definitions, conceptual foundations, and empirical strategies (quantitative and qualitative) for measuring and interpreting the unequal distribution of disease, health, and health care in the United States.
- We will explore how social policies, past and present, have impacted present-day health inequities and evaluate how present-day health policy can exacerbate or diminish health inequity.
- We will critically examine the assumptions of quantitative analysis, and discuss the importance of methodological choices for generating evidence to influence health policy.

As you do the readings, please think about the implications for the design of health policies that improve equity and research designs to identify the causes of health inequities

Required readings:

- Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: evidence and interventions. *The Lancet*, 389(10077), 1453-1463.
<https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736%2817%2930569-X.pdf>
- Cook, B. L., McGuire, T. G. & Zaslavsky, A. M. Measuring racial/ethnic disparities in health care: methods and practical issues. *Health Serv Res* 47, 1232–1254 (2012).
<https://onlinelibrary-wiley-com.ezp-prod1.hul.harvard.edu/doi/10.1111/j.1475-6773.2012.01387.x>
- Gillborn, D. (2010). The colour of numbers: surveys, statistics and deficit-thinking about race and class. *Journal of Education Policy*, 25(2), 253-276. [Available in "files"]
- Barton Smith, D. Civil Rights and Medicare: Historical Convergence and Continuing Legacy. in *Medicare and Medicaid at 50: America's Entitlement Programs in the Age of Affordable Care* 21–38 (Oxford University Press, 2015). [Scanned chapter will be available in "files"]

Optional readings:

- Acevedo, A. et al. Impact of the Medicare Shared Savings Program on utilization of mental health and substance use services by eligibility and race/ethnicity. *Health Services Research* 56, 581–591 (2021). <https://onlinelibrary-wiley-com.ezp-prod1.hul.harvard.edu/doi/10.1111/1475-6773.13625>
- Andrasfay, T. & Goldman, N. Reductions in 2020 US life expectancy due to COVID-19 and the disproportionate impact on the Black and Latino populations | *PNAS*. *PNAS* 118, (2021). <https://www-pnas-org.ezp-prod1.hul.harvard.edu/content/118/5/e2014746118>

Session 5 (9/15): Efficiency as a goal of health policy: the marginal value of public funds (T. Layton)

Session objectives:

Economics focuses on the question of how to allocate scarce resources. This is an exercise in constrained optimization. Given a budget constraint, we want to allocate those resources in a way that maximizes social welfare. Most policies involve trade-offs, or "opportunity costs". The primary goal of economics is to provide an internally consistent framework that allows us to assess those trade-offs and determine optimal policy.

- We will start out with a discussion of the concept of efficiency. Efficiency as a goal often generates resistance from many. We'll re-frame efficiency away from "cost minimization" and towards "maximizing the impact of scarce budget dollars".
- To make this concrete, we'll consider the op-ed by Amy Finkelstein about cash versus expanded health insurance.
- Many will say "we should do both". But this view sidesteps the fact that this is often not an option. Often, we have to make hard choices, and we need a framework for doing so. Economics is about developing a (necessarily imperfect) framework for making these hard choices.
- This piece provides an example of how economics can help us determine how to allocate a scarce resource (government spending) in a way that maximizes the welfare of the people we want to help. It also highlights the importance of the ability to estimate the value and the cost of public programs.
- We will then introduce the Marginal Value of Public Funds framework for comparing public programs, using the terrific work of Nathan Hendren to describe this framework and then use it to compare over 100 public programs. Importantly, the MVPF highlights the importance of accounting for "fiscal externalities" when assessing public programs.
- Finally, we will discuss the market as the default mechanism for allocating scarce resources. The market may not be your desired mechanism for allocating healthcare goods and services, but it is the default mechanism: It is always acting in the background, even if there is a large government presence. It is thus important for us to understand how the market works, and economics provides us with a framework for understanding that. Unfortunately, the neo-classical economic framework does not work well in healthcare markets for a variety of reasons. Arrow originally outlined these reasons in 1963, and the field of health economics has spent the following 50-60 years enhancing the economic framework to account for these deficiencies. We will discuss the deficiencies and how modern economics deals with them.

Readings

- Finkelstein, Amy. (2021). Cash Is Better Than Expanded Health Insurance. *The New York Times*, 5.
 - <https://www.nytimes.com/2021/05/13/business/health-insurance-cash-Biden.html>
- Arrow, Kenneth J. (2001). Uncertainty and The Welfare Economics of Medical Care. *Journal of Health Politics, Policy and Law*, 26(5), 851–883.
 - <https://doi.org/10.1215/03616878-26-5-851>
 - https://web.stanford.edu/~jay/health_class/Readings/Lecture01/arrow.pdf

Other Required Materials

- Take the guided tour here: <https://www.policyinsights.org/>
- Econimate Video: “Which Public Policies are Most Effective?”
<https://www.youtube.com/watch?v=qtl6RvuFlWs>

Optional Readings

- Nathaniel Hendren, Ben Sprung-Keyser, A Unified Welfare Analysis of Government Policies, *The Quarterly Journal of Economics*, Volume 135, Issue 3, August 2020, Pages 1209–1318.
 - <https://doi-org.ezp-prod1.hul.harvard.edu/10.1093/qje/qjaa006>

Section II: Health systems

Session 6 (9/20): Comparative health systems (R. Atun)

This session introduces an analytical framework for examination of health systems and contexts within which health systems are situated. The session will use illustrative examples to discuss how the framework is used to examine and compare health system *functions*, namely, ‘Organization and Governance’, ‘Financing’ and ‘Resource Management’, how these functions are used to produce health system *outputs* (*Public Health Services and Individual Health Services*) and achieve a desired balance of *Equity, Effectiveness, Efficiency and Responsiveness*, in order to attain the right level and distribution of health systems *outcomes* of improved *Health, Financial Protection and User Satisfaction*. The session will use empirical cases and discuss various methods used in applying the framework to analyse and measure a health system’s performance in attaining a desired level of outputs and outcomes in relation to set output objectives (e.g. improving equity, efficiency, effectiveness and responsiveness) and outcome targets (e.g. improving financial protection), to compare performance over a period of time (longitudinal benchmarking) or in relation to performance of other health systems (comparative benchmarking).

Learning Objectives:

The reading goals are to be familiarized with an analytical framework for examination of health systems and contexts within which health systems are situated, and how the framework can be used variously to analyze health system performance in producing health system outputs that are equitable, effective, efficient and responsive and attaining improved level and distribution of health system outcomes.

Required Readings:

- Atun R, et al. Universal health coverage in Turkey: enhancement of equity. *Lancet* 2013; 382: 65-99. [<https://www.sciencedirect-com.ezp-prod1.hul.harvard.edu/science/article/pii/S014067361361051X?via%3Dihub>]
- Atun R, Andrade LOM, Almeida G, et al. Health system reform and universal health coverage in Latin America. *Lancet* 2015; 385(9974):1230-47 [[http://ezp-prod1.hul.harvard.edu/login?url=http://dx.doi.org/10.1016/S0140-6736\(14\)61646-9?nosfx=y](http://ezp-prod1.hul.harvard.edu/login?url=http://dx.doi.org/10.1016/S0140-6736(14)61646-9?nosfx=y)]
- Geldsetzer P, Manne-Goehler J, Marcus M-E, [et al] ... Atun R[†], Vollmer S[†], Jaacks LM[†]. The state of hypertension care in 44 low- and middle-income countries: a cross-sectional study of individual-level nationally representative data from 1.1 million adults. *The Lancet* 2019; Jul 11. pii: S0140-6736(19)31243-7. [<https://www.sciencedirect-com.ezp-prod1.hul.harvard.edu/science/article/pii/S0140673619309559>]
- Rocha R, Atun R, Massuda A, Rache B, Spinola P, Nunes L, Lago M, Castro MC. Effect of socioeconomic inequalities and vulnerabilities on health-system preparedness and response to COVID-19 in Brazil: a comprehensive analysis. *Lancet Glob Health*. 2021 Jun;9(6):e782-e792. doi: 10.1016/S2214-109X(21)00081-4. Epub 2021 Apr 12. PMID:

33857500; [[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(21\)00081-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00081-4/fulltext)]

Optional Reading:

- Hone T, Rasella D, Barreto M, Atun R, Majeed A, Millett C. Large Reductions in Amenable Mortality Associated with Brazil's Primary Care Expansion and Strong Health Governance. *Health Affairs* 2017;36(1):149-158. [<http://ezp-prod1.hul.harvard.edu/login?url=http://dx.doi.org/10.1377/hlthaff.2016.0966?nosfx=y>]
- Geldsetzer P, Haakenstad A, James EK, Atun R. Non-technical health care quality and health system responsiveness in middle-income countries: a cross-sectional study in China, Ghana, India, Mexico, Russia, and South Africa. *J Glob Health*. 2018 Dec;8(2):020417. doi: 10.7189/jogh.08.020417. [<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6189548/>]
- Tirgil A, Dickens WT, Atun R. Effects of expanding a non-contributory health insurance scheme on out-of-pocket healthcare spending by the poor in Turkey. *BMJ Glob Health*. 2019 Aug 31;4(4):e001540. doi: 10.1136/bmjgh-2019-001540. eCollection 2019. [<https://gh-bmj-com.ezp-prod1.hul.harvard.edu/content/4/4/e001540Links to an external site.>]
- Tirgil A, Gurol-Urganci I, Atun R. Early experience of universal health coverage in Turkey on access to health services for the poor: regression kink design analysis. *J Glob Health*. 2018 Dec;8(2):020412. doi: 10.7189/jogh.08.020412
 - [<https://www.ncbi.nlm.nih.gov.ezp-prod1.hul.harvard.edu/pmc/articles/PMC6150612/Links to an external site.>]
- Atun R, Moore G. Building a High Value Health System. *Oxford University Press*. Oxford, 2021. ISBN 978-0-19-752854-9 (Chapters 1 and 2)
 - Chapter 1: <https://oxford-universitypressscholarship-com.ezp-prod1.hul.harvard.edu/view/10.1093/oso/9780197528549.001.0001/oso-9780197528549-chapter-1Links to an external site.>
 - Chapter 2: <https://oxford-universitypressscholarship-com.ezp-prod1.hul.harvard.edu/view/10.1093/oso/9780197528549.001.0001/oso-9780197528549-chapter-2Links to an external site.>

Session 7 (9/22): Health system quality (M. Kruk)

Session objectives:

- Define health system quality in global contexts and identify a handful of useful metrics
- Discuss theory and evidence on more and less effective means for improving quality at scale

Required readings:

- Kruk, M. E., et al. (2018). "High-quality health systems in the Sustainable Development Goals era: time for a revolution." Lancet Glob Health 6(11): e1196-e1252. [[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30386-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30386-3/fulltext) (Links to an external site.)]
 - Please read the Executive summary + Panel 9 + Section 5
- Leslie, H. H., et al. (2016). "Training And Supervision Did Not Meaningfully Improve Quality Of Care For Pregnant Women Or Sick Children In Sub-Saharan Africa." Health Aff (Millwood) 35(9): 1716-1724. [<https://www.healthaffairs-org.ezp-prod1.hul.harvard.edu/doi/full/10.1377/hlthaff.2016.0261>Links to an external site.]
- Dixon-Woods, M. and G. P. Martin (2016). "Does quality improvement improve quality?" Future Hosp J 3(3): 191-194. [<https://www-ncbi-nlm-nih-gov.ezp-prod1.hul.harvard.edu/pmc/articles/PMC6465806/Links to an external site.>]

Optional readings:

- Kruk, M. E., et al. (2018). "Mortality due to low-quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries." Lancet 392(10160): 2203-2212. [[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31668-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31668-4/fulltext) (Links to an external site.)]

Session 8 (9/27): Introduction to ethical frameworks for allocating scarce resources (D. Jones)

Session Objectives:

For as long as we can tell, there has been more demand for health care services, and more providers eager to provide them, than there have been resources to pay for it all. Through the 19th century, this was managed through a mix of market mechanisms (fee for service) and charity (both formal and informal). With the increasing complexity of health care and health care financing in the 20th century, experts have taken a more deliberate approach to questions of resource allocation (also known as rationing). In this session we will explore the history and ethics of allocating scarce resources in health care.

Required Readings:

- Annas, George J. “The Prostitute, the Playboy, and the Poet : Rationing Schemes for Organ Transplantation.” American Journal of Public Health 72 (1985): 187-189. [<https://www.ncbi-nlm-nih-gov.ezp-prod1.hul.harvard.edu/pmc/articles/PMC1645985/pdf/amjph00278-0081.pdf>Links to an external site.]
 - Annas describes a classic case: rationing of renal dialysis in the 1960, before Congress acted to provide Medicare coverage for people with chronic kidney disease. What was the Seattle solution and where did it go awry? Scholars spent the subsequent decades arguing about the right (or better vs. worse) ways to ration.
- Brock, Dan W. “Health Care Resource Prioritization and Rationing: Why Is It So Difficult?” Social Research 74 (2007): 125-148. [<https://www-proquest-com.ezp-prod1.hul.harvard.edu/docview/209671946/fulltextPDF/B32C3D0E3D147A3PQ/1?accountid=11311>Links to an external site.]
 - Dan Brock provides a useful review of the key issues.
- Persad G, Wertheimer A, Emanuel EJ. Principles for Allocation of Scarce Medical Interventions. Lancet 2009; 373: 423-31. [[http://ezp-prod1.hul.harvard.edu/login?url=http://dx.doi.org/10.1016/S0140-6736\(09\)60137-9?nosfx=y](http://ezp-prod1.hul.harvard.edu/login?url=http://dx.doi.org/10.1016/S0140-6736(09)60137-9?nosfx=y)Links to an external site.]
 - Persad et al. (2009) developed this thinking into a set of actionable principles. What are their values? Are they the right ones? Are you convinced by their arguments? All the while, an ugly truth persisted in the US: health care is often rationed by ability to pay for it (i.e., the rich get more care than the poor), even though rationing by wealth has never been on ethicists’ lists of the right way to ration. COVID pulled these scholarly debates into the public spotlight.
- Persad, Govind, Monica E. Peek, and Ezekiel J. Emanuel. “Fairly Prioritizing Groups for Access to COVID-19 Vaccines.” JAMA 324 (27 October 2020): 1601-1602. [<https://jamanetwork.com/journals/jama/fullarticle/2770684> (Links to an external site.)]
 - Persad et al. (2020) revisited their 2009 framework to offer recommendations for rationing COVID vaccines.

- Fink, Sherry. “The Rationing of a Last-Resort Covid Treatment. Links to an external site.” New York Times, 12 July 2021. [<https://www.nytimes.com/2021/07/12/us/covid-treatment-ecmo.html> (Links to an external site.)]
 - Fink describes the dilemmas of ECMO rationing. Despite the renewed effort by ethicists to demonstrate just ways to allocate resources, financial considerations remain prominent (i.e., which countries have high vaccine rates at the moment?).
- Sayeed, Sadath A., and Lauren Taylor. “A Pandemic Induced Reckoning: Bioethics and Justice (Links to an external site).” University of Toronto Medical Journal 98 (January 2021): 13-16. [<https://www.utmj.org/index.php/UTMJ/article/view/1397/1279> (Links to an external site.)]
 - Sayeed and Taylor offer a critique of the bioethical discourse that has led to this state of affairs. What do you think should be done?

Session 9 (9/29): Introduction to health decision science and cost-effectiveness analysis (N. Menzies)

Session Objectives:

This session introduces conceptual frameworks that have been used to facilitate optimal policy choice for health and healthcare. These frameworks assess the optimality of a given policy based on its likely consequences, as compared to the consequences of other policies that might be adopted. One challenge of comparing policies is the task of achieving fair comparisons between different kinds of health improvements. Another challenge is the need to trade-off spending on health against consumption or other use of resources. This session discusses cost-effectiveness analysis as one widely used way to resolve these challenges.

Required Reading:

- Weinstein MC, Stason WB. Foundations of cost-effectiveness analysis for health and medical practices. *N Engl J Med* 1977;296(13):716-21. [<http://www.nejm.org.ezp-prod1.hul.harvard.edu/doi/full/10.1056/NEJM197703312961304>]
- Gold MR, Stevenson D, Fryback DG. HALYS and QALYS and DALYS, Oh My: similarities and differences in summary measures of population Health. *Annual Review of Public Health* 2002;23(1):115-134. [<https://www.annualreviews.org/doi/pdf/10.1146/annurev.publhealth.23.100901.140513>]

Supplementary Articles:

- Doubilet P, Weinstein MC, McNeil BJ. Use and misuse of the term "cost effective" in medicine. *N Engl J Med* 1986;314(4):253-6. [<http://www.nejm.org.ezp-prod1.hul.harvard.edu/doi/full/10.1056/NEJM198601233140421>]
- Brazier J. Valuing health states for use in cost-effectiveness analysis. *Pharmacoeconomics* 2008;26:769-779. [<http://ezp-prod1.hul.harvard.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=34479204&site=ehost-live&scope=site>]

Session 10 (10/4): Technology assessment and resource allocation (A. Pandya)

Session objectives:

Cost-effectiveness analysis is used widely in most high-income countries to guide decisions about payment and reimbursement of medical services. In the US, use of cost-effectiveness analysis using quality-adjusted life years as the measure of health improvement is forbidden from policy decision making by the Affordable Care Act. It is used mainly behind the scenes in the private insurance sector, by medical professional organizations in guideline formulation, and to evaluate prevention programs such as vaccination.

Key questions for this session (including the readings):

- Can and should cost-effectiveness information be explicitly used in US health care decision-making, and if so, how?
- How should decision-makers weigh outcomes that are not fully captured by conventional cost-effectiveness analysis (such as distributional equity or budgetary impact)?

Required readings:

- Pandya A. Adding cost-effectiveness to define low-value care. JAMA. 2018; 319(19):1977-1978. [<https://jamanetwork-com.ezp-prod1.hul.harvard.edu/journals/jama/article-abstract/2679461> [Links to an external site.](#)]
- Hoch JS, Trenaman L, Hearney SM, Dewa CS. How Economic Decision Modeling Can Facilitate Health Equity. AMA J Ethics. 2021;23(8):E624-630. doi: 10.1001/amajethics.2021.624. [<https://journalofethics.ama-assn.org/article/how-economic-decision-modeling-can-facilitate-health-equity/2021-08> [\(Links to an external site.\)](#)]
- Bilinski A, Neumann P, Cohen J, Thorat T, McDaniel K, Salomon JA. When cost-effective interventions are unaffordable: Integrating cost-effectiveness and budget impact in priority setting for global health programs. PLoS Med. 2017; 14 (10): e1002397f [<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5624570/pdf/pmed.1002397.pdf> [\(Links to an external site.\)](#)]

Optional readings:

- Sanders GD, Neumann PJ, Basu A, et al. Recommendations for Conduct, Methodological Practices, and Reporting of Cost-effectiveness Analyses: Second Panel on Cost-Effectiveness in Health and Medicine. JAMA. 2016 Sep 13;316(10):1093-103. [<https://www.ncbi.nlm.nih.gov/pubmed/27623463> [Links to an external site.](#)]
- Asaria M, Griffin S, Cookson R. Distributional Cost-Effectiveness Analysis: A Tutorial. Med Decis Making. 2016 Jan;36(1):8-19. doi: 10.1177/0272989X15583266. Epub 2015 Apr 23 [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4853814/pdf/10.1177_0272989X15583266.pdf [\(Links to an external site.\)](#)] [\(Links to an external site.\)](#)

- Neumann PJ, Rosen A, Weinstein MC: Medicare and Cost-Effectiveness Analysis. NEJM 2005; 353:1516-1522. [<http://www.nejm.org.ezp-prod1.hul.harvard.edu/doi/full/10.1056/NEJMs050564>Links to an external site.]
- Pandya A, Griffin S, Walker S. Responding to Health-Improving but Cost-Ineffective Care. JAMA Health Forum. 2021;2(3):e210229. doi:10.1001/jamahealthforum.2021.0229. [<https://jamanetwork.com/journals/jama-health-forum/fullarticle/2777531> (Links to an external site.)]

Session 11 (10/6): Ethical Issues in Universal Health Coverage (O. Norheim)

Goals for the session:

- Learn about the ethical basis for efforts to achieve universal health coverage (UHC) under the Sustainable development Goals
- Apply this knowledge in a discussion of goals and criteria for actual priority setting

Required Reading:

- World Health Organization Consultative Group on Equity and Universal Health Coverage: *Making Fair Choices on the Path to Universal Health Coverage* (WHO, 2014). CHAPTER 3 ONLY.
- Verguet S, Hailu A, Eregata GT, Memirie ST, Johansson KA, Norheim OF. Toward universal health coverage in the post-COVID-19 era. *Nature Medicine* 2021 Mar;27(3):380-387.

Recommended Reading:

- Norheim, OF. Ethical priority setting for universal health coverage: challenges in deciding upon fair distribution of health services. *BMC Med* 2016; 14: 75
- Voorhoeve, Edejer, et al, “Three Case Studies in Making Fair Choices on the Path to Universal Health Coverage.” *Health and Human Rights Journal* 18(2), December 2016, pp. 11-22.

Breakout session:

- A critical examination of criteria for priority setting used by various governments

Section III: Health insurance in the U.S.: coverage and market structure

Session 12 (10/11): Private insurance markets and adverse selection (T. Layton)

Session Objectives:

We will discuss the economics of insurance, starting with the motivation for insurance as a means for providing risk protection and improving welfare by equalizing marginal utility in good and bad states of the world. We will then discuss the key market failures affecting insurance markets and causing markets to fail to deliver first-best outcomes. Specifically, we will focus on the economic concepts of moral hazard and adverse selection. The Cutler-Zeckhauser reading lays out the key conceptual issues around the value of insurance and the problem of moral hazard. The Einav and Finkelstein reading lays out the economics of adverse selection in the simple case where insurance contracts are assumed to be fixed, including its primary consequences for prices and welfare. The Cutler-Reber and Washington Post readings provide a case study and an accessible explainer of the problems caused by adverse selection in this context. Finally, the Geruso and Layton reading discusses the economics of adverse selection in the more complicated case where contracts are endogenous (i.e., can respond to adverse selection) and lays out the economics of the various policies used to combat selection-related inefficiencies.

The optional readings provide an overview of more recent advances in the economic literature on adverse selection. Chetty and Finkelstein provide a deeper overview of the economics of social insurance. Marone and Sabety study the question of whether any of this literature is relevant at all by asking whether we should even have any choice in health insurance. Geruso et al. study interactions between selection on the intensive (more vs. less generous insurance) and extensive (insurance vs. uninsurance) margins.

Required reading:

- David Cutler and Richard Zeckhauser, “The Anatomy of Health Insurance,” Chapter 11 in *Handbook of Health Economics*, Eds. A.J. Culyer and J.P. Newhouse, North-Holland, 2000. [<http://www.sciencedirect.com.ezp-prod1.hul.harvard.edu/science/article/pii/S1574006400801705>]
 - **Note: Focus on Sections 2 and 3**
- Liran Einav and Amy Finkelstein, “Selection in Insurance Markets: Theory and Empirics in Pictures,” *Journal of Economic Perspectives*, 25(1) 115-138, 2011. [<http://pubs.aeaweb.org/doi/pdfplus/10.1257/jep.25.1.115>]
- Michael Geruso and Timothy Layton, “Selection in Health Insurance Markets and Its Policy Remedies,” *Journal of Economic Perspectives*, 31(4): 23-50, 2017. [<http://ezp-prod1.hul.harvard.edu/login?url=http://dx.doi.org/10.1257/jep.31.4.23?nosfx=y>]

- David Cutler and Sarah Reber, “Paying for Health Insurance: The Tradeoff Between Competition and Adverse Selection,” *Quarterly Journal of Economics*, Vol. 113, No. 2, pp. 433-466, May 1998. [<https://academic-oup-com.ezp-prod1.hul.harvard.edu/qje/article/113/2/433/1915723?login=true>]
- For an accessible explanation of an adverse selection "death spiral," see: Soffen, K. “How the Senate bill could send the health insurance market into a death spiral.” *Washington Post*. 23 June 2017. [<https://www.washingtonpost.com/news/wonk/wp/2017/06/23/republicans-say-the-health-insurance-market-is-in-a-death-spiral-their-bill-could-make-it-really-happen/>]

Optional reading:

- Geruso, Michael and Layton, Timothy J. and McCormack, Grace and Shepard, Mark, The Two Margin Problem in Insurance Markets (May 3, 2019). [<https://ssrn-com.ezp-prod1.hul.harvard.edu/abstract=3385492>]
- Marone, Victoria and Sabety, Adrienne. When Should There Be Vertical Choice in Health Insurance Markets? (August 2021). [https://victoriamarone.github.io/files/Marone_JMP_Vertical_Choice.pdf]
- Chetty, R. & Finkelstein, A. Social Insurance: Connecting Theory to Data. in *Handbook of Public Economics* vol. 5 111–193 (2013). [http://www.rajchetty.com/chettyfiles/handbook_soc_ins.pdf]
- Through the end of section 2

Session 13 (10/13): Politics, public opinion, and health policy in the U.S. (A. McIntyre)

Session Objectives:

- Characterize structural political factors and attitudes toward government in the United States that inhibit efforts at large-scale health reform.
- Describe smaller-scale and less politically volatile opportunities to improve coverage by targeting administrative processes.
- Develop an understanding of the policy feedback process: how policy design can mediate public opinion and political behavior, with implications for future policy.

Key takeaways:

- Results from public opinion surveys should be used with care; policy views often are not strongly held and can be highly malleable.
- Public opinion is only one part of the politics of coverage policy; structural features of the policymaking process (including the privileged position of some stakeholders relative to others) are also important on a first-order basis.

Required readings.

- [SKIM] Steinmo, S., & Watts, J. (1995). It's the institutions, stupid! Why comprehensive national health insurance always fails in America. *Journal of Health Politics, Policy and Law*, 20(2), 329-372. [[Files > Readings on Canvas](#)]
- McIntyre, A., Blendon, R. J., Benson, J. M., Findling, M. G., & Schneider, E. C. (2022). Popular... to a Point: The Enduring Political Challenges of the Public Option. [[Revise and resubmit at Milbank Quarterly—Files > Readings on Canvas](#)]
- Michener, J. (2019). Medicaid and the Policy Feedback Foundations for Universal Healthcare. *The ANNALS of the American Academy of Political and Social Science*, 685(1), 116-134. [<https://journals-sagepub-com.ezp-prod1.hul.harvard.edu/doi/full/10.1177/0002716219867905>]

Optional readings:

- Blendon, R. J., & Benson, J. M. (2001). Americans' views on health policy: a fifty-year historical perspective. *Health Affairs*, 20(2), 33-46. [<https://www-proquest-com.ezp-prod1.hul.harvard.edu/docview/204641011?accountid=11311&pq-origsite=primo>]
- Campbell, A. L. (2011). Policy feedbacks and the impact of policy designs on public opinion. *Journal of Health Politics, Policy and Law*, 36(6), 961-973. [<https://doi-org.ezp-prod1.hul.harvard.edu/10.1215/03616878-1460542>]
- Grogan, C. M., & Park, S. E. (2017). The racial divide in state Medicaid expansions. *Journal of Health Politics, Policy and Law*, 42(3), 539-572. [<https://doi-org.ezp-prod1.hul.harvard.edu/10.1215/03616878-3802977>]
- Haeder, S. F., Sylvester, S. M., & Callaghan, T. (2021). Lingering Legacies: Public Attitudes about Medicaid Beneficiaries and Work Requirements. *Journal of Health Politics, Policy and Law*, 46(2), 305-355. [[Files > Readings on Canvas](#)]

Session 14 (10/18): Congressional, policymaking, and representation (A. Campbell)

Session Objectives:

- Understand the legislative process, focusing on passage of the 2010 Affordable Care Act
- Characterize the incentives facing advocates, coalition leaders, and legislators as they navigate the structural features of the legislative process and competing political pressures from stakeholders, electoral constituencies, and other political actors
- Develop an understanding of the role of economic and political inequalities among stakeholders and elite misperception of public opinion in undermining democratic representation and health equity

Key takeaways:

- Policy reform is hampered by structural features of the legislative process that create a bias toward the status quo and toward privileged interests.
- The effects of these structural features are exacerbated in the present era by political polarization and political competition (“teamship”) between the evenly divided political parties.
- Both the ACA’s passage and its redistributive nature are significant feats; nonetheless its ability to address health inequities is hampered by the chronic limitations of Congressional policymaking as well as the new complications presented by the pronounced polarization and even party divide of the contemporary Congress.

Required readings.

- Oberlander, Jonathan. 2010. “Long Time Coming: Why Health Reform Finally Passed.” *Health Affairs* 29(6): 112-6.
- Cohn, Jonathan. 2010. “How They Did It: The Inside Account of Health Care Reform’s Triumph.” *The New Republic*, June 10, pp. 14-25.
- Arnold, R. Douglas. 1990. *The Logic of Congressional Action*. New Haven: Yale University Press. Ch. 4-5 (pp. 60-118).
- Lee, Frances E. 2009. *Beyond Ideology: Politics, Principles, and Partisanship in the U.S. Senate*. Chicago: University of Chicago Press. Ch. 1 (pp. 1-23).
- [SKIM] Crosson, Jesse M., Alexander C. Furnas, and Geoffrey M. Lorenz. 2020. “Polarized Pluralism: Organizational Preferences and Biases in the American Pressure System.” *American Political Science Review* 114(4): 1117-37.
- [SKIM] Broockman, David E., and Christopher Skovron. 2018. “Bias in Perceptions of Public Opinion among Political Elites.” *American Political Science Review* 112(3): 542-63.

Optional readings:

- Lee, Frances E. 2016. *Insecure Majorities: Congress and the Perpetual Campaign*. Chicago: University of Chicago Press. Ch. 1.
- Gilens, Martin. 2012. *Affluence and Influence: Economic Inequality and Political Power in America*. New York: Russell Sage and Princeton University Press. Ch. 3 (pp. 70-96).

- Kaiser Family Foundation. 2013. “Summary of the Affordable Care Act.”

Session 15 (10/20): Consumer choice and behavioral economics in health care (A. Sinaiko)

Learning Goals:

- To examine when and why the rational (e.g. neoclassical) model of consumer health insurance choice fails.
- To spark your thinking about, in a choice-based market like the US health insurance market, potential policies that can harness the value of competition while minimizing inefficiencies and inequities.

Reading guide:

- What do consumers say they want to know when they are choosing plans (e.g., what do they say they value?)
- What are some of the drivers of consumers' health insurance choice challenges?
- What is behavioral economics? Why is the behavioral economics literature important to health insurance choices?
- How do the biases and heuristics that commonly impact health insurance choices contribute to inefficiencies and inequities in health insurance coverage?
- How can we leverage findings from behavioral economics to improve health insurance markets?

Required Readings:

- Beshears J, Choi JJ, Laibson D, Madrian BC. How Are Preferences Revealed? *Journal of Public Economics* 2008. 92: 1787-1794. [<https://www-sciencedirect-com.ezp-prod1.hul.harvard.edu/science/article/pii/S0047272708000728>]
- Ericson KM and Snyder J. The Questionable Value of Having A Choice of Levels of Health Insurance Coverage. *Journal of Economic Perspectives* 2017. 31(4): 51-72. [<https://www-proquest-com.ezp-prod1.hul.harvard.edu/docview/1958238875?accountid=11311&pq-origsite=primo>]
- **Please read pages 67-76 only** -- Lubalin JS and Harris-Kojetin LD. What Do Consumers Want and Need to Know in Making Health Care Choices? *Medical Care Research & Review* 1999. 56(1): 67-102. [<https://journals-sagepub-com.ezp-prod1.hul.harvard.edu/doi/pdf/10.1177/1077558799056001S04>]
- Sinaiko AD and Hirth RA. Consumers, Health Insurance and Dominated Choices. *Journal of Health Economics* 2011; 30:450-457. doi:10.1016/j.jhealeco.2010.12.008. [<https://www-sciencedirect-com.ezp-prod1.hul.harvard.edu/science/article/pii/S016762961100004X>]

Optional Readings:

- Madrian BC and Shea DF. The Power of Suggestion: Inertia in 401(k) Participation and Savings Behavior. *The Quarterly Journal of Economics* 116(4): 1149-1187.
 - There are many empirical analyses of consumer health insurance choice in real-world settings, presenting evidence of different biases and heuristics that affect

health insurance choices. This Madrian and Shea article is the classic article from the savings literature illustrating the power of defaults in a similar context – choice of retirement savings plans.

- Loewenstein G, Asch DA, Volpp KG. Behavioral Economics Holds Potential To Deliver Better Results for Patients, Insurers, and Employers. *Health Affairs* 32(7): 1244-1250. [\[https://www.healthaffairs-org.ezp-prod1.hul.harvard.edu/doi/pdf/10.1377%2Fhlthaff.2012.1163 \]](https://www.healthaffairs-org.ezp-prod1.hul.harvard.edu/doi/pdf/10.1377%2Fhlthaff.2012.1163)
 - There are many articles that apply findings from behavioral economics to policies that aim to improve health behaviors (e.g. smoking cessation, weight loss, adherence to chronic condition maintenance medications). This paper provides an overview of these ideas.

Session 16 (10/25): Mental health parity (H. Huskamp)

Session Goals:

- Review history of financing arrangements for mental health and substance use disorder (MHSUD) services.
- Discuss role of moral hazard and adverse selection in insurance markets for MHSUD services, and legislative and regulatory efforts to ensure parity in coverage for MHSUD vs. other types of health care services.

Required Readings:

- [SKIM AS BACKGROUND]: Frank, R.G., Glied, S.A. Better But Not Well: MentalHealth Policy in the United States since 1950. Baltimore: The Johns Hopkins UniversityPress; 2006, Chapter 4: Health Care Financing and Income Support. <https://muse-jhu-edu.ezp-prod1.hul.harvard.edu/books/9780801889103>
- Huskamp, HA. Mental Health Insurance Parity – How full is the glass? [Files > Readings]
- Pestaina, K., “Mental Health Parity at a Crossroads,” August 18, 2022, <https://www.kff.org/private-insurance/issue-brief/mental-health-parity-at-a-crossroads/>

Optional Reading:

- Departments of Labor, Health and Human Services, and the Treasury, 2022 MHPAEA Report to Congress: Realizing Parity, Reducing Stigma, and Raising Awareness: Increasing Access to Mental Health and Substance Use Disorder Coverage, <https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/mental-health-parity/report-to-congress-2022-realizing-parity-reducing-stigma-and-raising-awareness.pdf>

Session 17 (10/27): The Oregon health insurance experiment: methods insights (M. Landrum)

Session Objectives:

- To discuss the role of experimental evidence in health policy
- To identify methodological strengths and weakness of the OHE

Required Videos:

- RAND and the Moral Hazard: Healthcare Triage #10 [<https://www.youtube.com/watch?v=q0OtUbDYdxw>]

Required Readings:

- A Note on Moral Hazard [*File > Readings*]
- Baicker, Katherine, Sarah L. Taubman, Heidi L. Allen, Mira Bernstein, Jonathan H. Gruber, Joseph P. Newhouse, Eric C. Schneider, Bill J. Wright, Alan M. Zaslavsky, and Amy N. Finkelstein. “The Oregon Experiment — Effects of Medicaid on Clinical Outcomes.” *The New England Journal of Medicine* 368 (May 1, 2013): 1713–22. [<https://www-nejm-org.ezp-prod1.hul.harvard.edu/doi/10.1056/NEJMs1212321>]
- Taubman, Sarah L., Heidi L. Allen, Bill J. Wright, Katherine Baicker, and Amy N. Finkelstein. “Medicaid Increases Emergency-Department Use: Evidence from Oregon’s Health Insurance Experiment.” *Science* 343, no. 6168 (January 17, 2014): 263–68. [https://www-jstor-org.ezp-prod1.hul.harvard.edu/stable/42914667?seq=1#metadata_info_tab_contents]

Optional:

- The RAND Health Insurance Experiment: A Retrospective at 40 Years [https://www.youtube.com/watch?v=HtoUs_4OYV]
- Allen, Heidi, Katherine Baicker, Sarah Taubman, Bill Wright, and Amy Finkelstein. “The Oregon Health Insurance Experiment: When Limited Policy Resources Provide Research Opportunities.” *Journal of Health Politics, Policy and Law* 38, no. 6 (December 1, 2013): 1183–92. <https://doi.org/10.1215/03616878-2373244>. [<https://read-dukeupress-edu.ezp-prod1.hul.harvard.edu/jhpl/article/38/6/1183/13609/The-Oregon-Health-Insurance-Experiment-When>]

Session 18 (11/1): Preferences and tradeoffs in health insurance decisions (D. Wright)

Learning Goals:

- To introduce the concepts of preferences, utility, and heuristics in the context of health plan choice
- To explore outcomes other than financial efficiency that need to be maximized in a consumer's utility function

Reading Guide:

- This literature in the context of Anna Sinaiko's lecture. Specifically, what are the common heuristics people use to make decisions and biases people have in decision making and which (other than cheapest plan) may apply to health insurance decision making?
- What is the difference between values and preferences highlighted in the Witteman paper?
- The role of uncertainty-- how decision making about treatment may differ from decision making about insurance.
- Weaknesses of values clarification methods.
- Do outcomes like decisional conflict and decision regret matter with respect to health insurance choice and how?
- How do the authors integrate values and preferences into decision making tools? (Politi)

Required Readings:

- [NYT confusion vs. choice \[nytimes.com\]](#)
- Witteman, H. O., Ndjaboue, R., Vaissou, G., Dansokho, S. C., Arnold, B., Bridges, J. F., ... & Jansen, J. (2021). Clarifying values: an updated and expanded systematic review and meta-analysis. *Medical Decision Making*, 41(7), 801-820. [Files]
- Wright DR, Sinaiko AD, Galbraith AA. "You Can't Always Get What You Want: Preferences and Trade-offs for Health Insurance Plan Decisions?" JAMA Health Forum. Published online July 17, 2020. [<https://jamanetwork-com.ezp-prod1.hul.harvard.edu/journals/jama-health-forum/fullarticle/2768694?resultClick=1>Links to an external site.] [jamanetwork-com.ezp-prod1.hul.harvard.edu]

Supplemental readings:

- [Why Aren't More People Comparison Shopping for Health Plans? \[nytimes.com\]](#)
- Witteman, H. O., Julien, A. S., Ndjaboue, R., Exe, N. L., Kahn, V. C., Fagerlin, A., & Zikmund-Fisher, B. J. (2020). What helps people make values-congruent medical decisions? Eleven strategies tested across 6 studies. *Medical Decision Making*, 40(3), 266-278.

- **Applied example:** Politi, Mary C, Kuzemchak, Marie D, Liu, Jingxia, Barker, Abigail R, Peters, Ellen, Ubel, Peter A, Kaphingst, Kimberly A, McBride, Timothy, Kreuter, Matthew W, Shacham, Enbal, & Philpott, Sydney E. (2016). Show Me My Health Plans. *MDM Policy & Practice*, 1(1), 238146831667999.
doi.org/10.1177/2381468316679998 [[doi.org](https://doi.org/10.1177/2381468316679998)] [*File link in Canvas Module*]
- **Applied example:** Politi MC, Grant RL, George NP, et al. Improving Cancer Patients' Insurance Choices (I Can PIC): A Randomized Trial of a Personalized Health Insurance Decision Aid. *Oncologist*. 2020;25(7):609-619.
doi:10.1634/theoncologist.2019-0703
[\[https://theoncologist.onlinelibrary.wiley.com/doi/full/10.1634/theoncologist.2019-0703?sid=vendor%3Adatabase\]](https://theoncologist.onlinelibrary.wiley.com/doi/full/10.1634/theoncologist.2019-0703?sid=vendor%3Adatabase) [[theoncologist.onlinelibrary.wiley.com](https://theoncologist.onlinelibrary.wiley.com/doi/full/10.1634/theoncologist.2019-0703?sid=vendor%3Adatabase)]

Section IV: Social stratification and health

Session 19 (11/3): LGBTQ+ health, policy, and research (A. McDowell)

Learning objectives:

- Discuss racism, minority stress, and intersectionality as they relate to LGBTQ+ health
- Examine state and federal level policies that affect LGBTQ+ communities
- Describe methodological challenges in studying LGBTQ+ health policy and discuss key areas for future research

Questions to guide your reading:

- Which metrics or outcomes should we use to assess the impact of policies that affect LGBTQ+ communities?
- What are the pros and cons of studying the effect of a single policy versus a group of policies (i.e., a policy environment) in the context of LGBTQ+ health?
- How can we explore whether policies worsen or improve health inequities within the LGBTQ+ community? What do we know about the impact of existing policies on LGBTQ+ individuals with minoritized ethnoracial identities?

Required Readings:

- Agénor M, Pérez AE, Solazzo AL, et al. Assessing Variations in Sexual Orientation- and Gender Identity-Related U.S. State Laws for Sexual and Gender Minority Health Research and Action, 1996–2016. *LGBT Health*. 2022;9(3):207-216. doi: [10.1089/lgbt.2021.0157](https://doi.org/10.1089/lgbt.2021.0157)
- Lett E, Abrams MP, Gold A, Fullerton FA, Everhart A. Ethnoracial Inequities in Access to Gender-Affirming Mental Health Care and Psychological Distress among Transgender Adults. *Soc Psychiatry Psychiatr Epidemiol*. 2022;57(5):963-971. doi: [10.1007/s00127-022-02246-6](https://doi.org/10.1007/s00127-022-02246-6)
- McDowell A, Raifman J, Progovac AM, Rose S. Association of Nondiscrimination Policies with Mental Health Among Gender Minority Individuals. *JAMA Psychiatry*. 2020;77(9):952-958. doi: [10.1001/jamapsychiatry.2020.0770](https://doi.org/10.1001/jamapsychiatry.2020.0770)

Optional Readings:

- Agénor M. Future Directions for Incorporating Intersectionality into Quantitative Population Health Research. *Am J Public Health*. 2020;110(6):803-806. doi: [10.2105/AJPH.2020.305610](https://doi.org/10.2105/AJPH.2020.305610)
- Charlton BM, Hatzenbuehler ML, Jun HJ, et al. Structural Stigma and Sexual Orientation-Related Reproductive Health Disparities in a Longitudinal Cohort Study of Female Adolescents. *J Adolesc*. 2019;74:183-187. doi: [10.1016/j.adolescence.2019.06.008](https://doi.org/10.1016/j.adolescence.2019.06.008)

- Lett E, Dowshen NL, Baker KE. Intersectionality and Health Inequities for Gender Minority Blacks in the U.S. *Am J Prev Med*. 2020;59(5):639-647.
doi:[10.1016/j.amepre.2020.04.013](https://doi.org/10.1016/j.amepre.2020.04.013)

Session 20 (11/8): Quasi-experimental methods to measure the impact of racial injustice on health (L. Hatfield)

Learning objectives:

By the end of this session, students will be able to

- Identify mechanisms and health impacts of racism in the carceral system
- Explain and critically evaluate the causal and statistical assumptions of this study
- Propose policy solutions to address police violence and its direct and indirect health consequences

Required Readings

- Bor J, Venkataramani AS, Williams DR, Tsai AC. Police killings and their spillover effects on the mental health of black Americans: a population-based, quasi-experimental study. The Lancet. 2018;392(10144):302-310. [<https://www.sciencedirect.com.ezp-prod1.hul.harvard.edu/science/article/pii/S0140673618311309>]

Session 21 (11/10): Rising inequality in mortality by income, education, and place (E. Meara)

Over the last several decades, differences in mortality and life expectancy in the United States have widened along multiple dimensions. Using the assigned readings, we will first characterize major trends over recent decades to summarize what is known about changes by income, by education, and across U.S. states and regions. We will consider the nature of evidence presented in each paper – What methods have been used and what are the strengths and weaknesses of such an approach? What inference can we make from these approaches about the source of inequality in mortality? We will also touch upon whether explanations for inequality grounded in economic frameworks (i.e. utility maximization) yield different hypotheses from those grounded in public health. We will spend the rest of our time considering support for (and against) key hypotheses to explain trends in mortality and life expectancy. **Please come to class prepared to share one hypothesis you think has support or one not covered in the articles that should be explored further to understand growing inequality in mortality and life expectancy.** As a bonus, think about a policy, current, historical, or hypothetical, that you think might mitigate inequalities.

Learning objectives:

- Characterize inequality in mortality and life expectancy by income, education, and place
- Consider hypotheses consistent with the uneven changes in mortality/life expectancy observed
- Weigh evidence supporting institutions (i.e. policies) versus culture to explain

Questions to guide your reading:

1. What does it mean that adults in the 99th percentile of income have higher life expectancy than adults in the 90th percentile?
2. How does the area (commuting zone) where people live affect differences in life expectancy at the bottom of the income distribution and at the top?
3. What are the leading explanations to explain why deaths of despair increase more for non-Hispanic non-Latinx White middle aged adults compared with other groups?
4. How does the income in a state compare to mortality rates in that state (circa 2016?)
5. How did state income compare to mortality rates in a state historically (circa 1990? Circa 1970?)
6. Do you agree with the authors of these papers regarding conclusions about what drives inequality in mortality or life expectancy

Required Readings

- Chetty, Stepner, Abraham, Lin, Scuderi, Turner, Bergeron and Cutler, 2016 The Association Between Income and Life Expectancy in the United States, 2001-2014 <https://jamanetwork.com/journals/jama/article-abstract/2513561>
- Case, Anne, & Deaton, Angus. (2015). Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century. *Proceedings of the National Academy*

of Sciences - PNAS, 112(49), 15078–15083. [<http://ezp-prod1.hul.harvard.edu/login?url=https://www.jstor.org/stable/26466527>]

- Couillard, Foote, Gandhi, Meara and Skinner, (2021) *Journal of Economic Perspectives*, Rising Geographic Disparities in US Mortality [<https://pubs.aeaweb.org/doi/pdfplus/10.1257/jep.35.4.123>]

Optional Readings

- Case & Deaton “Morbidity and Mortality in the 21st Century” *Brookings Papers on Economic Activity*, 2017 [<https://www.brookings.edu/wp-content/uploads/2017/08/casetextsp17bpea.pdf>]

Session 22 (11/15): Access to and quality of care for people with disabilities (L. Iezzoni)

Session Objectives:

1. Discuss the roles of structural and interpersonal discrimination against people with disabilities (i.e., ableism) as determinants of health care access and outcomes
2. Consider ways that disability civil rights laws have affected health and health care equity for people with disabilities
3. Identify opportunities and challenges for health policy to promote health equity for people with disabilities

As you prepare for the class and read the materials:

- (1) consider the mechanisms through which people with disabilities are denied the same opportunities for health and well-being as others – it may help to think back to the Camara Jones [paper](#). that Alecia and Ben discussed on September 14th;
- (2) map out in your mind the ways in which health policies (provider regulations, payment, coverage, etc.) negatively affect health equity for people with disabilities and what reforms might have the biggest impact on access and outcomes, including patient experience.

Required 7-minute video: “Inequality in cancer care for people with disabilities”

<https://youtu.be/bIKTcNv17RI>

Required readings:

- Iezzoni, Lisa I., Sowmya R. Rao, Julie Ressler, Dragana Bolcic-Jankovic, Nicole D. Agaronnik, Karen Donelan, Tara Lagu, and Eric G. Campbell. “Physicians’ Perceptions Of People With Disability And Their Health Care.” *Health Affairs* 40, no. 2 (February 1, 2021): 297–306. [<https://www.healthaffairs-org.ezp-prod1.hul.harvard.edu/doi/10.1377/hlthaff.2020.01452>Links to an external site.]
- Iezzoni LI, Rao SR, Ressler J, Bolcic-Jankovic D, Agaronnik N, Lagu T, Pendo E, Campbell EG. US physicians’ knowledge about the Americans with Disabilities Act and accommodation of patients with disability. *Health Affairs*. 2022;41:96-104. [<https://www.healthaffairs-org.ezp-prod1.hul.harvard.edu/doi/full/10.1377/hlthaff.2021.01136>]
- Lagu T, Haywood C, Reimhold K, DeJong C, Iezzoni LI. “I am not the doctor for you.” Physicians’ attitudes about caring for people with disabilities. *Health Affairs*. 2022;41(10):1387-95. [<https://www.healthaffairs-org.ezp-prod1.hul.harvard.edu/doi/10.1377/hlthaff.2022.00475>]
- Iezzoni LI, McKee MM, Meade MA, Morris MA, Pendo E. Have almost 50 years of disability civil rights achieved equitable care? *Health Affairs*. 2022;41(10):1371-8. [<https://www.healthaffairs-org.ezp-prod1.hul.harvard.edu/doi/10.1377/hlthaff.2022.00413>]

Session 23 (11/17): Commodification: selling eggs, organs, and other things. (G. Cohen)

[TF note: Glenn cold calls during this session--he is a law professor and that is usually the style of teaching in law classes--so please come prepared having done the readings and ready to engage!]

Learning Goals:

- Students will learn how to reason ethically through a difficult question, when compensation commodifies, and use it to shape policy-setting for the law.

Required Readings:

- In Re Baby M, 537 A.2d 1227 (N.J. 1988) [File linked in Canvas]
- Margaret Jane Radin. *Contested Commodities*. Cambridge: Harvard University Press, 1996. [File Linked in Canvas]
 - **pp. 131-140 (Beginning of chapter on Prostitution and Baby Selling only until “A Special Case of Commissioned Adoptions”)**
- Elizabeth S. Anderson, Is Women’s Labor a Commodity? 19 *Phil. & Pub. Affairs* 71 (1990) [<http://www.jstor.org.ezp-prod1.hul.harvard.edu/stable/2265363>]
- Cécile Fabre, *Whose Body Is It Anyway? Justice and the Integrity of the Person*. New York : Oxford University Press, 2006. [<http://www.oxfordscholarship.com.ezp-prod1.hul.harvard.edu/view/10.1093/0199289999.001.0001/acprof-9780199289998-chapter-6>]
 - **Chapter 6 (Organ Sales)**
- I. Glenn Cohen, Note: The Price of Everything, The Value of Nothing: Reframing the Commodification Debate, 117 *Harv. L. Rev.* 689 (2003) [<http://www.jstor.org.ezp-prod1.hul.harvard.edu/stable/3651950>]

Session 24 (11/22): Characterizing variation. Disparities in health care (L. Hatfield)

Note: if you only read one of the two readings, please read the Gillborn paper!

Learning Objectives:

- By the end of the session, students should be able to:
 - Describe methods to apportion variance between and within groups
 - Interpret and critically evaluate analyses that aim to quantify the effects of social determinants of health

Required Readings:

- Gillborn, D. (2010). The colour of numbers: surveys, statistics and deficit-thinking about race and class. *Journal of Education Policy*, 25(2), 253-276. [<https://www-tandfonline-com.ezp-prod1.hul.harvard.edu/doi/full/10.1080/02680930903460740>]
- Cook B, Zuvekas S, Chen J, Progovac A, Lincoln A. Assessing the Individual, Neighborhood, and Policy Predictors of Disparities in Mental Health Care. *Med Care Res Rev*. 2017;74(4):404-430. [<https://journals-sagepub-com.ezp-prod1.hul.harvard.edu/doi/full/10.1177/1077558716646898>]

(11/24) Thanksgiving holiday

Session 25 (11/29): Disability policy (N. Maestas)

Session objectives:

1. Understand the major federal and state policies that provide income support and access to health insurance and other services for people with disabilities
2. Understand the insurance-incentive tradeoffs and potential for moral hazard in this unique context
3. Describe current policy challenges and pathways for improving program design
4. Tour the research frontier in this area

Required Reading:

- Maestas, Nicole (2019). "Identifying Work Capacity and Promoting Work: A Strategy for Modernizing the SSDI Program." *The ANNALS of the American Academy of Political and Social Science*, 686:93-120. [<https://journals-sagepub-com.ezp-prod1.hul.harvard.edu/doi/full/10.1177/0002716219882354>]
- Maestas Nicole, Mullen Kathleen J., Strand Alexander. "Does Disability Insurance Receipt Discourage Work? Using Examiner Assignment to Estimate Causal Effects of SSDI Receipt." *American Economic Review* 103(5): 1797-1829. [<http://pubs.aeaweb.org.ezp-prod1.hul.harvard.edu/doi/pdfplus/10.1257/aer.103.5.1797>]
 - [Focus on the quasi-experimental design, be prepared to discuss strengths and limitations]
- Daly, Mary C. and Mark Duggan (2019). SKIM. "When One Size Does Not Fit All: Modernizing the Supplemental Security Income Program." *The ANNALS of the American Academy of Political and Social Science*, 686: 229-249. [<https://journals-sagepub-com.ezp-prod1.hul.harvard.edu/doi/full/10.1177/0002716219884072>]
 - [Skim this one, provides background for Longmore article]
- Longmore, Paul K. "Ch. 13. Why I Burned My Book" in *Why I Burned My Book and Other Essays on Disability*. Philadelphia: Temple University Press, 2003. Print.
 - [Read pp. 230-246, skim the rest].
 - File linked in Canvas

Optional reading:

- Autor, David and Mark Duggan, "The Rise in Disability Reciprocity and the Decline in Unemployment," *Quarterly Journal of Economics*, 2003, 118(1), 157-206. [<https://doi-org.ezp-prod1.hul.harvard.edu/10.1162/00335530360535171>]
- Liebman, Jeffrey B. "Understanding the Increase in Disability Insurance Benefit Receipt in the United States." *The Journal of Economic Perspectives* 2 (2015): 123-149. [https://www-aeaweb-org.ezp-prod1.hul.harvard.edu/jep/app/2902/29020123_corr.pdf]
- Maestas Nicole, Mullen Kathleen J., Strand Alexander. The Effect of Economic Conditions on the Disability Insurance program: Evidence from the Great Recession. *Journal of Public Economics*, 199 (2021): 104410. [<https://www-sciencedirect-com.ezp-prod1.hul.harvard.edu/science/article/pii/S0047272721000463?>]

- Burkhauser, Richard V., and Mary Daly. "The Economic Status of People with Disabilities (Ch. 1)," in *The declining work and welfare of people with disabilities: What went wrong and a strategy for change*. AEI Press, 2011, 10-20. [[Library](#)]
- Deshpande, Manasi, and Yue Li. "Who is screened out? Application costs and the targeting of disability programs." *American Economic Journal: Economic Policy* (2019): 213-48. [<https://www-aeaweb-org.ezp-prod1.hul.harvard.edu/articles?id=10.1257/pol.20180076>]

Session 26 (12/2): Testimony Presentations