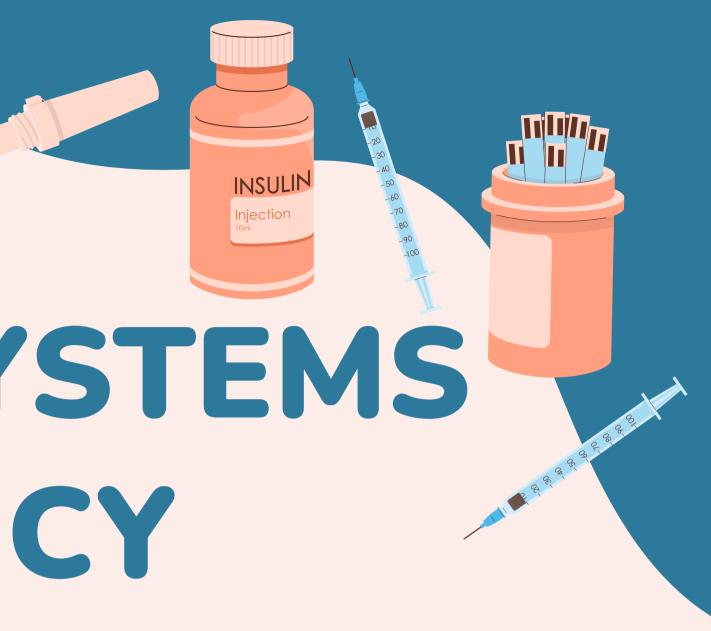
US HEALTH SYSTEMS AND POLICY

Medicine, Ethics, and Healthcare Policy **FOCUS** Cluster

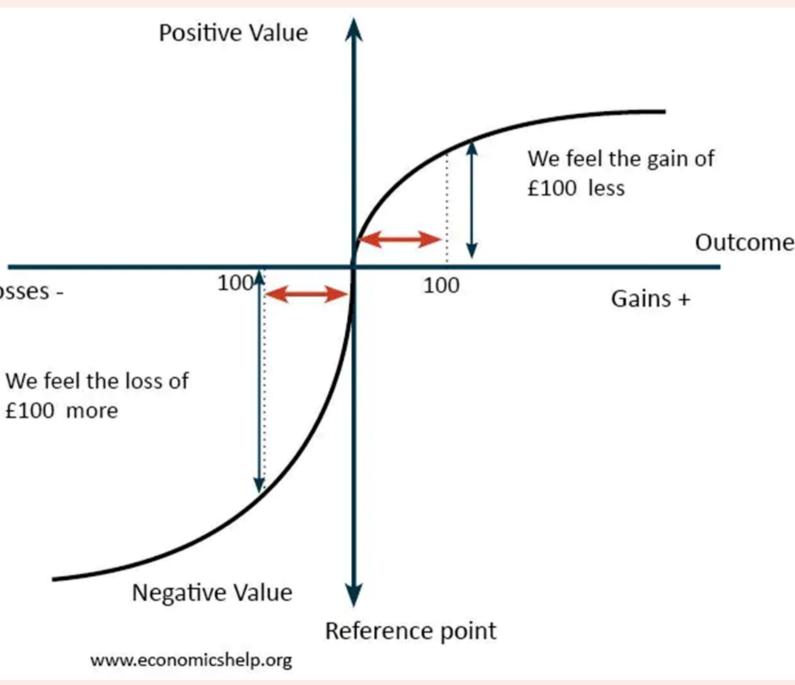


Behavior Change and Function/Health Policy Pills

Mainstream Economics: All participants are rational **Behavioral Economics:** Participants are not always rational **Decision Science:** Loss Aversion, Endowment Effect, Framing, Nudges, etc Health Levers in Behavioral Economics: Guidelines/Checklists, Penalities/rewards, Mandates, Health Policies, etc

Losses -

£100 more



Housing Wealth and Health

Intersectionopoly Total wealth and rank order

	F	Role					
Team	١	мм	ww	вм	BW	LM	LW
	1	3769	1800	1242	913	1403	600
	2	2236	2354		1030	1010	
	3	3640	1931	2067	1298	2014	
	4	5000	2271	1160	675		723
	5	2291	1804	1274			1394
	6	7750	683	0	322		0
	7		2675	1860	1540	1420	
	8	3125	2144	1515	1256	1887	1156

work

		In the	Second	
Most	2nd most	middle	from last	Last



- *Epigenetics*: study of how your behaviors and environment can cause changes that affect the way your genes
- your environment can change how your body reads a DNA sequence Case Studies: Homeownership in Durham, Asthma rates in Cincinnati, Obesity in San Diego,

PROJECT ROLE FUNCTIONS: NO ONE CAN USE CELL PHONES OR LAPTOPS.

PROJECT MANAGER: MAY TALK AT ALL TIMES TO ANYONE. CANNOT TOUCH BUILDING MATERIALS.

BUILDER1: MAY TALK AT ALL TIMES. CAN HANDLE BUILDING MATERIALS DURING CONSTRUCTION AND DURING INTERMEDIATE ASSESSMENT.

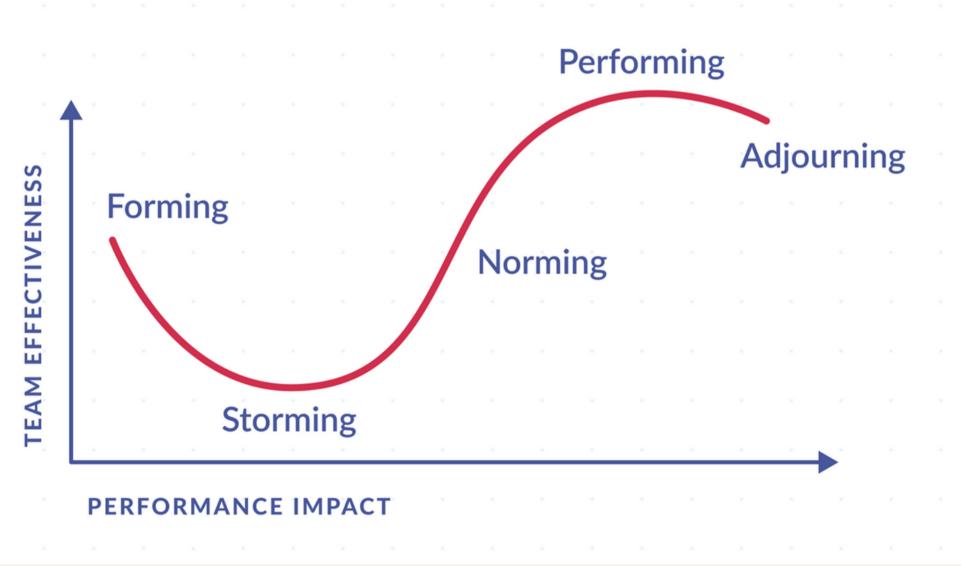
BUILDER[S]2: CANNOT SPEAK DURING BUILDING PROCESS. MAY TALK DURING PLANNING, AND INTERMEDIATE ASSESSMENT. CAN HANDLE BUILDING MATERIALS DURING CONSTRUCTION AND **DURING INTERMEDIATE ASSESSMENT.**

MATERIALS MANAGER: CAN TALK AT ALL TIMES. ONLY PERSON TO TOUCH BUILDING MATERIALS PRIOR TO CONSTRUCTION. CANNOT HELP WITH CONSTRUCTION OR SUPPORT OF TOWER.

CONSULTANT: MAY PROVIDE ADVICE TO THE PROJECT MANAGER AT ANY TIME. CANNOT TOUCH BUILDING MATERIALS OR STRUCTURE.



Team Function and Culture







International Health Systems Canada, China, Germany, India, Kenya, Singapore, South Korea, Sweden

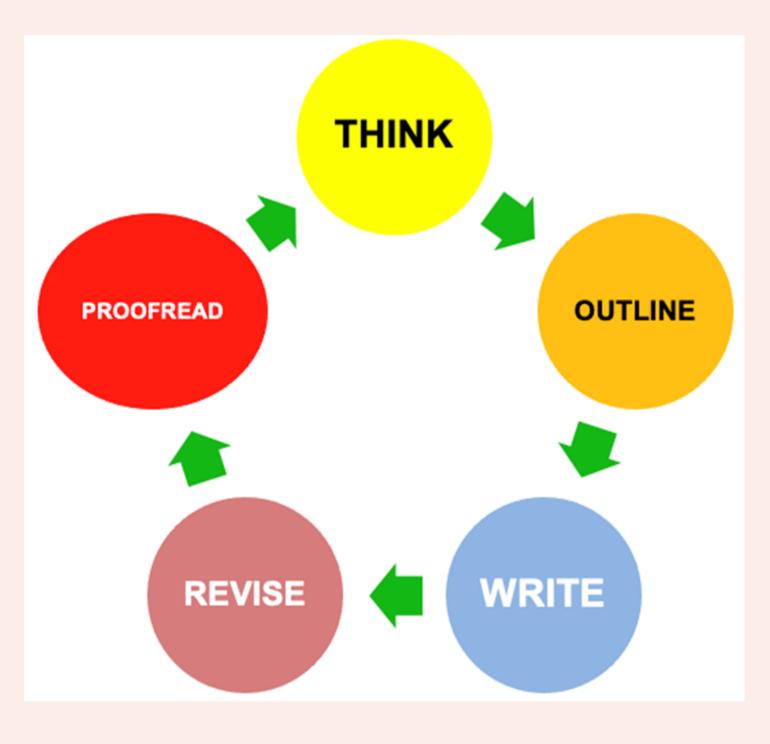


Considered:

- Structure
- Process of healthcare
- Outcomes
- Key lessons for the U.S.

Mandatory Universal Healthcare? More local dispensaries? Ways to lower drug costs? **Consistent EMR?**

Health Policy Briefs



Component/content Title, audience, author, date, p assessor Format (exec summary, background, analysis, recommendation, sources) Professional tone (facts, not opinions; avoid "spin", biased/inflammatory language, casual/colloquial language) Quality of writing (spelling, grammar, punctuation, syntax, use active voice) Executive summary (concise, summarizes core message arguments, and recommendation) Problem definition (concise, specific) Analysis (policy options & facts counterarguments) Recommendation (single, actionable) Sources (3-7 credible sources in consistent format) Total points

	Possible	Points	Comments
	Points		
peer	1		
	1		
e,	2		
ζ,	2		
	2		
	4		
s,	5		
	2		
in	1		
	20		

Team Debates:

Through this exercise we were tasked with the challenge of drafting and and preparing arguments through research and critical thinking while analyzing thoughts and viewpoints that differed from our own



Categories

- Market Forces v. Social Justice
- Individual v. Population Health
- Trust v. Mistrust the Gov't
- Affordability v. Quality at any Cost

Things to consider: What are the benefits? What are the drawbacks? Implementation barriers?

Community Health Project



cityhealth

CityHealth's 2.0 Policy Package



- Affordable Housing Trusts
- Complete Streets
- Earned Sick Leave
- Eco-Friendly Purchasing
- Flavored Tobacco Restrictions
- Greenspace
- Develop a project plan- Gantt Chart
- Develop our own ranking
- Interview CBO— Policy importance? Impact? Barriers? What's missing?

- Healthy Food Purchasing
- <u>Healthy Rental Housing</u>
- High-Quality, Accessible Pre-K
- Legal Support for Renters
- Safer Alcohol Sales
- Smoke-Free Indoor Air