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
Housing Wealth and Health

Intersectionsopoly Total wealth and rank order

<table>
<thead>
<tr>
<th>Team</th>
<th>Role</th>
<th>WM</th>
<th>WW</th>
<th>BM</th>
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Epigenetics: study of how your behaviors and environment can cause changes that affect the way your genes work

- 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.
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

![ THINK -> OUTLINE -> WRITE -> PROOFREAD ]

## Table of Components and Points

<table>
<thead>
<tr>
<th>Component/Content</th>
<th>Possible Points</th>
<th>Points</th>
<th>Comments</th>
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<td>Title, audience, author, date, peer assessor</td>
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<td>Format (exec summary, background, analysis, recommendation, sources)</td>
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<td>Executive summary (concise, summarizes core message arguments, and recommendation)</td>
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<td>Problem definition (concise, specific)</td>
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<td>Analysis (policy options &amp; facts, counterarguments)</td>
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<td>Recommendation (single, actionable)</td>
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Team Debates:

Through this exercise we were tasked with the challenge of drafting 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’s 2.0 Policy Package

- Affordable Housing Trusts
- Complete Streets
  - Earned Sick Leave
  - Eco-Friendly Purchasing
  - Flavored Tobacco Restrictions
  - Greenspace
- Healthy Food Purchasing
- Healthy Rental Housing
- High-Quality, Accessible Pre-K
- Legal Support for Renters
  - Safer Alcohol Sales
  - Smoke-Free Indoor Air

- Develop a project plan— Gantt Chart
- Develop our own ranking
- Interview CBO— Policy importance? Impact? Barriers? What’s missing?