

This is a sample of the instructor materials for Beaufort B. Longest, Jr., *Health Policymaking in the United States*, Sixth Edition.

The complete instructor materials include the following:

- Test bank
- Course Lesson Plans
- Answers to the chapter-end discussion questions
- PowerPoint slides with presentation content
- PowerPoint slides containing the book's exhibits

This sample includes the Course Lesson Plan, discussion-question answers, and PowerPoint slides for Chapter 1, "Health and Health Policy."

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Unit 1: Health and Health Policy

Unit Learning Objectives

- UO 1: Define health and describe health policy.
 - Define health and describe health determinants.
 - Define public policy and health policy.
 - Identify on an initial basis the important roles of Medicare, Medicaid, and the Patient Protection and Affordable Care Act (ACA) of 2010 in healthcare in the United States.
 - Identify some of the important challenges for health policy.
 - Describe the four forms of health policies.
 - Distinguish between allocative and regulatory categories of health policies.
 - Describe the impact of health policy on health determinants and health.

Readings

Read: *Health Policymaking in the United States*, Chapter 1: Health and Health Policy, and Appendixes 1-3

Unit Activities

In-Class Activity: Course Introduction

Introductions and Class Information:

15 – 20
min

Introduce yourself, discuss general class information (class times, general expectations, and how the course works), and answer any student questions.

Share and discuss the objectives and topics for the course, as well as today's class.

- Course Overview
 - Discuss all course outcomes
 - Discuss the major course topics
- Introduction to Ch. 1 and textbook
 - US healthcare costs: 2015, \$3.2 trillion; 2023, >\$5 trillion
 - US healthcare as “public-private endeavor” (p. 1)
 - Medicare: “providing healthcare for many of the nation’s elderly and people with disabilities” (p. 2)
 - Medicaid: “providing healthcare for some of the nation’s poorer people” (p. 2)

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- The ACA
- Textbook Overview
 - Federal policymaking
 - Ch. 1: “basic definitions” (p. 2)
 - Ch. 2: “context” (p. 2)
 - Ch. 3: “model” (p. 2)
 - Ch. 4: “courts” (p. 2)
 - Ch. 5-9: “components of the policymaking process” (p. 2)
 - Ch. 10: “build[ing...] policy competence” (p. 2)
- Recommendations for online technology tools, engagement ideas

Icebreaker:

Have students introduce themselves (time permitting) and explain what they hope to get out of the course. (Instructor should make this icebreaker relevant to the course being delivered.)

Content Outline: Health and Health Policy

Unit Objectives:

- Define health and describe health determinants.
- Define public policy and health policy.
- Identify on an initial basis the important roles of Medicare, Medicaid, and the Patient Protection and Affordable Care Act (ACA) of 2010 in healthcare in the United States.
- Identify some of the important challenges for health policy.

15 – 20
min

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slides:

Topics:

- Health Defined
- *Health* according to the WHO: “state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (p. 3)
 - Additional definitions found on p. 3, but not as essential to *Health Policymaking*
 - Costs of health: Exhibit 1.1 Health Spending in Selected OECD Countries, 2012
- *Health determinants*: “factors that affect health” (p. 4)
 - *Force field paradigm*: determinants of “environment, lifestyle, heredity, and medical care” (p. 5)
 - Healthy People 2020 health determinants: biology, behaviors, social environment, physical environment, public- and private-sector programs and interventions, and quality health services (p. 5-6)
 - In the US, determinants come from “divers[ity] in

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- age, gender, race/ethnicity, income, and other factors” (p. 7) and “widely shared... values [... of] autonomy, self-determination, and personal privacy,” along with “justice,” “technological rescue,” and “prolonging life” (p. 8)
- *Policy*: “officially or authoritatively made decisions for guiding actions, decisions, and behaviors of others (Longest and Darr 2014)” (p. 9)
 - *Public policy*: Textbook definition: “**authoritative decisions** made in the legislative, executive, or judicial branches of government that are intended to direct or influence the actions, behaviors, or decisions of others” (p. 9, emphasis on p. 10)
 - Exhibit 1.2: Role of Three Branches of Government in Making Policies and “formulation, implementation, and modification” (p. 10)
 - *Health policy*: “authoritative decisions regarding health or the pursuit of health made in the legislative, executive, or judicial branches of government that are intended to direct or influence the actions, behaviors, or decisions of others” (p. 11), Medicare
 - Challenges for health policy (p. 11-12):
 - Affordable, sustainable health care
 - Informed, empowered, engaged patients
 - Evidence-based, safe patient care
 - Accountable delivery system
 - Improvement- and learning-oriented environment
 - Innovations evaluated for effectiveness, then widely and rapidly adopted
 - Reliable information for monitoring quality, cost, and population health
 - Issues with implementing the ACA: “implementation of many aspects of the ACA is proving difficult (Jost 2014; Thompson 2013)... [N]ot only is it challenging to establish the appropriate policies and implement them successfully, but some policies worsen the problems they are intended to address or foster other problems” (p. 12)

In-Class Discussion

- How do you define *health*? How does someone’s age, status, and perspective (e.g., appreciation for exercise) affect his or her definition of health? How do you think the definition of *health* will change in the next 20 years? 15 – 20 min
- What would be on your list of health determinants, and why?
- How would you help solve one of the “challenges for health

policy” covered in the text? Give some examples of how one or more of these challenges have come in the way of advancing population health.

[Instructor Note: These challenges include the following:

- **Patients engaged in their health care—** Drug/medical device companies utilize direct-to-consumer (DTC) advertising to increase patient demand for specific treatments. Some new, expensive treatments have not been adequately proven to be more effective: comparative effectiveness research is needed. These same companies give financial incentives to providers to get them to use these drugs/devices.
- **Safe, evidence-based care—**US medical practice today lacks consistency (geographic variation, urban vs. rural, academic vs. community-based). Medical specialties develop practice guidelines that can be at odds with those of competing specialties. Care incentives can lead to overtreatment, which potentially harms patients (see the ABIM Choosing Wisely campaign at ChoosingWisely.org).
- **Reliable information** on drug/medical device safety has been difficult to get, given the limitations of clinical trial data, lack of transparency, and/or absence of manufacturers’ full disclosures.]

In-Class Activity

Activity: Room for Improvement

15 – 20
min

Divide students into groups of three. The group members should assign themselves as representatives of the judicial, executive, and legislative branches, as shown in Exhibit 1.2.

- Have the groups work to come up with a policy for the classroom. (The policy does not have to be health care-specific.)
- The group members should explain how they would “formulat[e], modify[], and implement[]” (p. 10) this policy.

Note: For online courses, have students complete this activity using the available technology of your choice (e.g., through a discussion board or in a video or text chat).

Follow-up Activity: Re-Group

- Reconvene the groups and have volunteers explain the

following: how they represented the government branches; what policy they created; and how they “formulat[ed], modifi[ed], and implement[ed]” (p. 10) it.

- After hearing from a few groups, students could compare the policies: Which have the greatest chance of succeeding in this classroom, and why? Which are the most ambitious? Which would encounter the most difficulty in implementation?

Content Outline: Session 2 Health and Health Policy

Unit Objectives:

- Describe the four forms of health policies.
- Distinguish between allocative and regulatory categories of health policies.

15 – 20
min

Topics:

- Forms of Health Policies
 - Exhibit 1.3: Forms of Health Policies
 - Laws: e.g., National Institute of Biomedical Imaging and Bioengineering Establishment Act of 2000 (Appendix 5), Medicare (program resulting from law)
 - Rules or Regulations: also come from “governmental bodies” (p. 15), *implementation organizations and agencies*; see Appendix 6
 - Other Implementation Decisions: made by same “implementing organizations and agencies” (p. 15); example of Medicare implementation (p. 16); see Appendix 7
 - Judicial Decisions
- Categories of Health Policies
 - Allocative
 - Regulatory
- U.S. health care market: private
 - Ideal market (not US): many informed buyers and sellers; new sellers welcome; sellers’ products equivalent; buyers and sellers have equal power
 - Problems with U.S. market
- Allocative Policies
 - “[P]rovide net benefits to some distinct group... at the expense of others to meet public objectives” (p. 18)
 - Equivalent to *subsidies*
 - E.g., Medicare/Medicaid, ACA
 - Exhibit 1.4: Examples of Health-Related Subsidies Included in the American Recovery and Reinvestment Act of 2009

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- Regulatory Policies
 - “Designed to influence the actions, behaviors, and decisions of others by directive” (p. 19)
 - 5 categories, 4 of “economic regulation” and 1 social (p. 19):
 - 1. Market-entry restrictions
 - 2. Rate- or price-setting controls on health services providers (e.g., Medicare fee schedule)
 - 3. Quality controls on the provision of health services
 - 4. Market-preserving controls
 - 5. Social regulation

In-Class Discussion

- In your opinion, should health care be based on allocative or regulatory policy? Why? 15 – 20 min
- The textbook emphasizes some problematic aspects of the U.S. health care market. What are some good aspects of this market?
- Which of the four health policy forms do you think has the greatest effect? Explain.

In-Class Activity

Activity: Health Policy Category Research

15 – 20 min

Have students select one of the two health policy categories, allocative or regulatory, to research in the library. Encourage them to research that category according to the following prompts:

- How are allocative/regulatory policies used in other services or markets?
- Which foreign countries have allocative health policies? Which have regulatory health policies?
- Which foreign countries have strong health care systems? Which policies—allocative or regulatory—underscore these systems?

Note: This activity requires students to use the institution’s library either in person or online. For online courses, have students complete this activity using the available technology of your choice (e.g., through a discussion board or in a video or text chat).

Content Outline: Session 3 Health and Health Policy

Unit Objectives:

- Describe the impact of health policy on health determinants and health.

15 – 20
min

Topics:

- Health policy and health determinants
- Exhibit 1.5: The Impact of Policy on Health Determinants and Health
- Overview:
 - Physical environments
 - Behavior/biology
 - Social factors
 - Availability/access
- Health Policies and Physical Environments
 - “Harmful agents” (p. 21), e.g. asbestos, Freon, UV rays, cigarette smoke, lead-based paint
 - Result: “Health policies that mitigate environmental hazards” (p. 22)
- Health Policies and Human Behavior and Biology
 - “[M]ajor causes of death in the United States[:] Ranked from highest to lowest by the CDC (2014)... heart disease, cancer, chronic lower respiratory diseases, stroke, accidents, Alzheimer’s disease, diabetes, nephritis/nephritic syndrome/nephrosis, influenza/pneumonia, and suicide” (p. 23)
 - “Behaviors... and genetic predispositions influence many of these causes” (p. 23)...
 - See Appendix 8: smoking-related legislation
- Health Policies and Social Factors
 - “Chronic unemployment, [...no] supportive family structure, poverty, homelessness, and discrimination” (p. 23)
 - The poor have worse health and fewer/weaker health care services
- Health Policies and Health Services
 - Exhibit 1.5: The Impact of Policy on Health Determinants and Health (repeated)
 - “Health services can be preventive, ...acute, ...chronic, ...restorative, ...or palliative” (p. 24)
 - They “require a vast set of resources, including money, workforce, and technology” (p. 25)
- Money
 - Exhibit 1.6: National Health Expenditures (NHE), Aggregate and per Capita Amounts, and Share of

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Gross Domestic Product (GDP) for Selected Calendar Years

- “U.S. spends more on health than does any other country” (p. 25)
- This will continue with increasing unemployment
- Workforce
 - 19 million people work in U.S. health services
 - Change will come due to “nation’s rapidly aging population” (p. 26)
 - Nurse Reinvestment Act of 2002 → helps address need for nurses
 - “Going forward, a comprehensive and integrated national health work- force policy will be needed” (p. 27)
- Technology
 - “application of science to the pursuit of health” (p. 27)
 - “The United States produces and consumes more health-related technology than does any other nation, and it spends far more on it” (p. 28)
 - Examples of FDA’s health and technology laws (p. 28-29)
 - “Paradox”: “as people live longer because of these [tech] advances, they then may need additional health services” (p. 30)
- Health System
 - “[D]ivided into public health and healthcare delivery and financing components” (p. 30)
 - Public health: “produces services on a community-wide or population-wide basis” (30); cities, states, Red Cross, ADA, ACA
 - Healthcare delivery and financing: “provides services primarily to individuals” (30); “adult ambulatory services” (p. 31), “nursing services” (p. 31)
 - Both “heavily influenced by policy” (p. 32)

In-Class Discussion

- In which area do you think health policy can be most effective? Why? 10 – 15 min
- How would you recruit more members of the U.S. workforce to health care services? What about to specific branches within health care services?
- What do you see as the benefits of working in health care, or of being a health policymaker?

In-Class Activity

Activity: Case Study: U.S. Hospitals and the Civil Rights Act of 1964 25 – 35 min

Break students into small groups (3-4) and instruct them to review the Chapter 1 Case Study: U.S. Hospitals and the Civil Rights Act of 1964. Have them summarize the main points of the case before answering the following Discussion questions from p. 44 of *Health Policymaking*:

1. From the case study, provide one example of each of the forms that public policies can take: laws, rules or regulations, other implementation decisions, and judicial decisions.
2. From the case, provide one example of each of the categories of health policies.
3. Why is the Civil Rights Act a health policy as well as a civil rights policy?
4. What environmental forces influenced enactment of the Civil Rights Act?
8. Based on the limited information provided in the case, was the Hill-Burton Act effective policy?

[Instructor Note: This case study is somewhat lengthy (p. 34-43), so you may wish to allow additional time for students to complete it in class, or to assign its reading prior to class. This case study is the sole of its kind in this text; with it, you can encourage students to consider policies' forms and categories. Alternately, encourage students to think about the case in terms of the role of discrimination as a health determinant.]

Note: For online courses, have students complete this activity using the available technology of your choice (e.g., through a discussion board or in a video or text chat).

Follow-up Activity: Case Study Discussion

- Reorganize students into completely new groups and assign each group just 1-2 questions from the case study. Have them share their previous groups' opinions about these questions and perhaps find a new approach.

Outside of Class Work (Homework)

Individual Work: Chapter 1 Review Questions

In Microsoft Word, complete Chapter 1 Review Questions 1-5. For each question, write a thorough and well-reasoned response. Support your response by citing the textbook or Internet research.

1. Define health. What are the determinants of health in humans?
2. Define public policies and health policies.
3. What forms do health policies take? Give an example of each.
4. Compare and contrast the two basic categories of health policies.
5. Discuss the connections among health policies, health determinants, and health.
 - UO 1: Define health and describe health policy

Discussion Board Questions:

- Select one U.S. public-sector health policy to research. You may use a policy mentioned in Chapter 1 of *Health Policymaking*, such as the ACA, but are not required to do so. Name the policy and its major points. What was the impetus for this policy? How was it “formulat[ed], modifi[ed], and implement[ed]” (p. 10)? Explain what its effects have been so far and whether or not you think it is a successful policy.
 - UO 1: Define health and describe health policy
- Reread the Chapter 1 Case Study: U.S. Hospitals and the Civil Rights Act of 1964. In addition to using information from the case study to answer the following questions, you can also use evidence you find by independently researching the Civil Rights Act. First, what was the role played by the courts in forming the Civil Rights Act? Second, what was the role of private-sector actors in implementing the Civil Rights Act? Finally, how did the Civil Rights Act impact American hospitals?
 - UO 1: Define health and describe health policy
- According to Appendix 2 and Appendix 3 of *Health Policymaking*, what are the major characteristics of Medicare and Medicaid? Do you know anyone who has had been affected by the policies of either Medicare or Medicaid? What was his or her experience? How do you think “health” is regarded in each program?
 - UO 1: Define health and describe health policy

Chapter 1

Health and Health Policy

Review Questions

1. Define health. What are the determinants of health in humans?

A careful definition of *health* is important because it gives purpose to any consideration of health policy. Being precise about what causes or determines health is similarly important. As will be discussed more fully later, policy affects health through its impact on the determinants of health.

The World Health Organization (WHO; www.who.int) defines health as the “state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity,” a definition first appearing in the organization’s constitution in 1946 and continuing unchanged through today (WHO 1946). Other definitions have embellished the original, including one that says health is “a dynamic state of well-being characterized by a physical and mental potential, which satisfies the demands of life commensurate with age, culture, and personal responsibility” (Bircher 2005). Another variation on the definition views health as a “state in which the biological and clinical indicators of organ function are maximized and in which physical, mental, and role functioning in everyday life are also maximized” (Brook and McGlynn 1991). Yet another definition adds the concept of health as a human right by saying health is “a condition of well-being, free of disease or infirmity, and a basic and universal human right” (Saracci 1997). The former European commissioner for health and consumer protection provides a definition with an important expansion by considering good health as “a state of physical and mental well-being necessary to live a meaningful, pleasant, and productive life” and further noting that “good health

is also an integral part of thriving modern societies, a cornerstone of well performing economies, and a shared principle of . . . democracies” (Byrne 2004).

The WHO definition, especially as embellished with considerations of health as a right and as a cornerstone of thriving economies and a key principle of democracies, not only permits consideration of the well-being of individuals and the health of the larger societies they form but also facilitates assessments of the performance of governments in promoting health (Shi 2014). Throughout this book, health is defined as WHO defined it long ago.

Health Determinants

Health determinants can be defined simply as factors that affect health or more formally as a “range of personal, social, economic, and environmental factors that influence health” both at the individual and population levels (US Department of Health and Human Services [HHS] 2014a). The question of what determines health in humans has been of interest for a long time.

An important early theory about the determinants of health was the Force Field paradigm (Blum 1974). In this theory, four major influences, or force fields, determine health: environment, lifestyle, heredity, and medical care. In another conceptualization the determinants are divided into two categories (Dahlgren and Whitehead 2006). One category, named *fixed factors*, is unchangeable and includes such variables as age and gender. A second category, named *modifiable factors*, includes lifestyles, social networks, community conditions, environments, and access to products and services such as education, healthcare, and nutritious food.

The research on determinants of health, which is now extensive, has led to a holistic approach to health determinants. For individuals and populations, health determinants include the physical environments in which people live and work; people’s behaviors; their biology (genetic

makeup, family history, and acquired physical and mental health problems); social factors (including economic circumstances, socioeconomic position, and income distribution; discrimination based on such factors as race/ethnicity, gender, and sexual orientation; and the availability of social networks or social support); and their access to health services.

This inclusive perspective on what factors determine health in humans is clearly reflected in *Healthy People 2020* (www.healthypeople.gov), a comprehensive national agenda for improving health. The following list of health determinants is adapted from its identification and definition of determinants (HHS 2014):

- *Biology* refers to the individual's genetic makeup (those factors with which he is born), family history (which may suggest risk for disease), and physical and mental health problems acquired during life. Aging, diet, physical activity, smoking, stress, alcohol or illicit drug abuse, injury or violence, or an infectious or toxic agent may result in illness or disability and can produce a "new" biology for the individual.
- *Behaviors* are individual responses or reactions to internal stimuli and external conditions. Behaviors can have a reciprocal relationship with biology; in other words, each can affect the other. For example, smoking (behavior) can alter the cells in the lung and result in shortness of breath, emphysema, or cancer (biology), which then may lead an individual to stop smoking (behavior). Similarly, a family history that includes heart disease (biology) may motivate an individual to develop good eating habits, avoid tobacco, and maintain an active lifestyle (behaviors), which may prevent his or her own development of heart disease (biology).

An individual's choices and social and physical environments can shape her behaviors. The social and physical environments include all factors that affect the individual's life—positively or negatively—many of which may be out of her immediate or direct control.

- *Social environment* includes interactions with family, friends, coworkers, and others in the community. It encompasses social institutions, such as law enforcement, the workplace, places of worship, and schools. Housing, public transportation, and the presence or absence of violence in the community are components of the social environment. The social environment has a profound effect on individual and community health and is unique for each individual because of cultural customs, language, and personal, religious, or spiritual beliefs. At the same time, individuals and their behaviors contribute to the quality of the social environment.
- *Physical environment* can be thought of as that which can be seen, touched, heard, smelled, and tasted. However, it also contains less tangible elements, such as radiation and ozone. The physical environment can harm individual and community health, especially through exposure to toxic substances, irritants, infectious agents, and physical hazards in homes, schools, and work sites. The physical environment can also promote good health—for example, by providing clean and safe places for people to work, exercise, and play.
- *Public- and private-sector programs and interventions* can have a powerful and positive effect on individual and community health. Examples include health promotion campaigns to prevent smoking; public laws or regulations mandating child restraints and safety belt use in automobiles; disease prevention services such

as immunization of children, adolescents, and adults; and clinical services such as enhanced mental healthcare. Programs and interventions that promote individual and community health may be implemented by public agencies, such as those that oversee transportation, education, energy, housing, labor, and justice, or through such private-sector endeavors as places of worship, community-based organizations, civic groups, and businesses.

- *Quality health services* can be vital to the health of individuals and communities. Expanding access to services could eliminate health disparities and increase the quality of life and life expectancy of all people living in the United States. Health services in the broadest sense include not only those received from health services providers but also health information and services received from other venues in the community.

2. Define public policies and health policies.

A suitable context is necessary to fully understand what health policy is. First, it is important to realize that policy is made in both the private sector and the public, or governmental, sector. Policy is made in all sorts of organizations, including corporations such as Google, institutions such as the Mayo Clinic, and governments at federal, state, and local levels. In all settings, *policies* are officially or authoritatively made decisions for guiding actions, decisions, and behaviors of others (Longest and Darr 2014). The decisions are official or authoritative because they are made by people who are entitled to make them based on their positions in their entities. Executives and other managers of corporations and institutions are entitled to establish policies for their entities because they occupy certain positions. Similarly, in the public sector, certain people are positionally entitled

to make policies. For example, members of Congress are entitled to make certain decisions, as are executives in government or members of the judiciary.

Policies made in the private sector can certainly affect health. Examples include authoritative decisions made in the private sector by executives of healthcare organizations about such issues as their product lines, pricing, and marketing strategies. Official or authoritative decisions made by such organizations as The Joint Commission (www.jointcommission.org), a private accrediting body for health-related organizations, and the National Committee for Quality Assurance (www.ncqa.org), a private organization that assesses and reports on the quality of managed care plans, are also private-sector health policies. This book focuses on the public policymaking process and the public-sector health policies that result from this process. Private-sector health policies, however, also play vital roles in the ways societies pursue health.

Public Policy

There are many definitions of public policy but no universal agreement on which is best. For example, Peters (2013, 4) defines public policy as the “sum of government activities, whether acting directly or through agents, as those activities have an influence on the lives of citizens.” Birkland (2001) defines it as “a statement by government of what it intends to do or not to do, such as a law, regulation, ruling, decision, or order, or a combination of these.” Cochran and Malone (1999) propose yet another definition: “political decisions for implementing programs to achieve societal goals.” Drawing on these and many other definitions, we define *public policy* in this book as authoritative decisions made in the legislative, executive, or judicial branches of government that are intended to direct or influence the actions, behaviors, or decisions of others.

The phrase *authoritative decisions* is crucial in this definition. It specifies decisions made anywhere within the three branches of government—and at any level of government—that are within the legitimate purview (i.e., within the official roles, responsibilities, and authorities) of those making the decisions. The decision makers can be legislators, executives of government (presidents, governors, cabinet officers, heads of agencies), or judges. Part of these roles is the legitimate right—indeed, the responsibility—to make certain decisions. Legislators are entitled (and expected) to decide on laws, executives to decide on rules to implement laws, and judges to review and interpret decisions made by others.

Health Policy

Health policy is but a particular version of public policy. Public policies that pertain to health or influence the pursuit of health are health policies. Thus, we can define public-sector *health policy* as authoritative decisions regarding health or the pursuit of health made in the legislative, executive, or judicial branches of government that are intended to direct or influence the actions, behaviors, or decisions of others.

Health policies are established at federal, state, and local levels of government, although usually for different purposes. Generally, a health policy affects or influences a group or class of individuals (e.g., physicians, the poor, the elderly, children), or a type or category of organization (e.g., medical schools, health plans, integrated delivery and financing healthcare systems, pharmaceutical manufacturers, employers).

At any given time, the entire set of health-related policies made at any level of government constitutes that level's health policy. Thus, a government's health policy is a large set of authoritative decisions made through the public policymaking process. Throughout this book, we

will say much more about health policy and about the context in which and the process through which these decisions are made. Much of what can be said about health policy in the United States is positive. People are healthier because of the impact of many health policies. However, the United States faces significant challenges in its efforts to improve the health of the citizenry. Although many health policies have had enormous benefit (e.g., Medicare for the elderly and those with disabilities, advances in science and technology fostered by public funding) many challenges remain. Policies, which are decisions made by humans, can be good (with positive consequences) or misguided (with negative, unintended consequences).

3. What forms do health policies take? Give an example of each.

Health policies, which we defined earlier as authoritative decisions, take several basic forms (see Exhibit 1.3 in the book): laws, rules or regulations, other implementation decisions, and judicial decisions.

Some policies are decisions made by legislators that are codified in the statutory language of specific pieces of enacted legislation—in other words, laws. Federal public laws are given a number that designates the enacting Congress and the sequence in which the law was enacted. P.L. 89-97, for example, means that this law was enacted by the Eighty-Ninth Congress and was the ninety-seventh law passed by that Congress. (A briefly annotated chronological list of important federal laws pertaining to health can be found in Appendix 4 in the book).

Stemming from laws are rules or regulations established to implement the laws. Whereas laws are policies made in the legislative branch, rules or regulations are policies made in the executive branch. Both are important forms of policies. A third form of public policies include numerous decisions made authoritatively by government officials, organizations, and agencies as

they implement laws and operate government and its programs. Policies in the form of implementation decisions are in addition to formal rules or regulations and are typically made by the same executive branch members who establish rules or regulations. Still other policies are the judicial branch's decisions.

Selective examples of health policies include

- the 2010 federal public law P.L. 111-148, the Patient Protection and Affordable Care Act;
- an executive order regarding operation of federally funded health centers;
- a federal court's ruling that an integrated delivery system's acquisition of yet another hospital violates federal antitrust laws;
- a state government's procedures for licensing physicians;
- a county health department's procedures for inspecting restaurants; and
- a city government's ordinance banning smoking in public places within its borders.

Laws

Laws enacted at any level of government are policies. One example of a federal law is the Food and Drug Administration Amendments Act of 2007 (P.L. 110-85), which amended the federal Food, Drug, and Cosmetic Act to revise and extend the user-fee programs for prescription drugs and medical devices. Another example is the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (P.L. 106-354), which created an optional Medicaid category for low-income women diagnosed with cancer through the Centers for Disease Control and Prevention's (www.cdc.gov) breast and cervical cancer early-detection screening program. State examples include laws that govern the licensure of health-related practitioners and institutions. When laws trigger elaborate efforts and activities aimed at implementing the law, the whole endeavor is called a program. The

Medicare program is a federal-level example. Many laws, most of which are amendments to prior laws, govern this vast program.

Appendix 5 in the book provides an example of a complete federal law, the National Institute of Biomedical Imaging and Bioengineering Establishment Act of 2000. This law established the National Institute of Biomedical Imaging and Bioengineering (www.nibib.nih.gov) to accelerate the development and application of biomedical technologies. Electronic versions of this and other federal laws dating back to 1973, the ninety-third Congress, can be found at www.congress.gov, a website maintained by the Library of Congress that provides access to official federal legislative information.

Rules or Regulations

Another form policies can take is that of rules or regulations (the terms are used interchangeably in the policy context) established by administrative agencies responsible for implementing laws.

Administrative agencies, whether created by the federal Constitution, Congress, or a state legislature, are official governmental bodies authorized and empowered to implement laws. These governmental bodies come in many forms, including agencies, departments, divisions, commissions, corporations, and boards. In this book, we will refer to them most often simply as *implementing organizations and agencies*. In Chapter 4 in the book, which discusses the role of courts in policymaking, these bodies are referred to primarily as administrative agencies because that is the term for them preferred by the legal profession. More information about implementing organizations and agencies is provided in Chapter 7 in the book, and more information about rules and rulemaking is provided in Chapter 8 in the book.

The Administrative Procedures Act of 1946 defined *rule* as “the whole or part of an agency statement of general or particular applicability and future effect designed to implement, interpret, or

prescribe law,” a definition that still stands. Because such rules are authoritative decisions made in the executive branch of government by the organizations and agencies responsible for implementing laws, they fit the definition of public policies. The rules associated with the implementation of complex laws routinely fill hundreds and sometimes thousands of pages. Rulemaking, the processes through which executive branch agencies write the rules to guide law implementation, is an important activity in policymaking and is discussed in detail in Chapter 8 in the book.

Rules, in proposed form (for review and comment by those who will be affected by them) and in final form, are published in the *Federal Register (FR)*; www.gpoaccess.gov/fr, the official daily publication for proposed and final rules, notices of federal agencies, and executive orders and other presidential documents. The *FR* is published by the Office of the Federal Register, National Archives and Records Administration. Appendix 6 in the book contains the summaries of a proposed rule that would revise parts of the Medicare hospital inpatient prospective payment system and a final rule that modifies and updates certain elements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The entire proposed rule and the final rule is available online at the *FR* website.

Implementation Decisions

When organizations or agencies in the executive branch of any level of government implement laws, they must make numerous implementation decisions in addition to establishing rules or regulations needed to implement laws. These decisions, authoritatively made in the implementing organizations and agencies although different from the formal rules that influence implementation,

are policies as well. For example, effectively managing Medicare requires the federal government to undertake a complex and diverse set of management tasks, including the following:

- Implementing and evaluating Medicare policies and operations
- Identifying and proposing modifications to Medicare policies
- Managing and overseeing Medicare Advantage and prescription drug plans, Medicare fee-for-service providers, and contractors
- Collaborating with key stakeholders in Medicare (i.e., plans, providers, other government entities, advocacy groups, consortia)
- Developing and implementing a comprehensive strategic plan to carry out Medicare's mission and objectives
- Identifying program vulnerabilities and implementing strategies to eliminate fraud, waste, and abuse in Medicare

In carrying out these tasks, the Centers for Medicare & Medicaid Services (CMS; www.cms.gov), the agency responsible for implementing the Medicare and Medicaid programs as well as many aspects of the ACA, makes myriad decisions about implementation. Again, because they are authoritative, these decisions are policies.

Examples of implementation decisions can be found in all implementing agencies. For example, the several federal agencies with implementation responsibilities for the Water Quality Improvement Act (P.L. 91-224) establish operational protocols and procedures for dealing with those affected by the provisions of this law. These protocols and procedures are a form of policy because they are authoritative decisions. Appendix 7 in the book provides another example by illustrating an implementation decision made within the federal Food and Drug Administration

(FDA; www.fda.gov)—in this instance, a decision to permit marketing of a medical device to prevent migraine headaches.

Judicial Decisions

Judicial decisions are another form of policy. An example in the health domain is the US Supreme Court's 2005 decision not to hear an appeal filed by six health insurers in a bid to stop a class-action lawsuit brought by more than 600,000 doctors who claimed the companies underpaid them for treating patients. This decision allowed a lower court's ruling to stand, meaning that a class-action suit could proceed in federal court. Another example is the Supreme Court's 2008 *MetLife v. Glenn* decision regarding how federal courts reviewing claims denials by plan administrators under the Employee Retirement Income Security Act "should take into account the fact that plan administrators (insurers and self-insured plans) face a conflict of interest because they pay claims out of their own pockets and arguably stand to profit by denying claims" (Jost 2008, w430). These decisions are policies because they are authoritative and direct or influence the actions, behaviors, or decisions of others.

Although the judicial branch of government has played an important role in health policy for decades, its role is increasingly relevant. For example, the US Supreme Court (www.supremecourt.gov) ruled in 2012 that the ACA was indeed constitutional. This ruling was a crucial milestone for the law, permitting it to proceed (Liptak 2012). Recognizing the vital role played by the judiciary in health policy, Chapter 4 in the book is devoted to this topic.

4. Compare and contrast the two basic categories of health policies.

All policies, whether law, rule or regulation, implementation decision, or judicial decision, can be categorized in various ways. One approach divides policies into distributive, redistributive, and regulatory categories (Birkland 2001). Sometimes the distributive and redistributive categories are combined into an allocative category; sometimes the regulatory category is subdivided into competitive regulatory and protective regulatory categories. For our purposes, all of the various forms of health policies fit into two basic categories—allocative or regulatory.

In market economies, such as that of the United States, the presumption is that private markets best determine the production and consumption of goods and services, including health services. Of course, when markets fail, as the financial markets in the United States and worldwide began to do in 2008, government intervention becomes essential. In market economies, government generally intrudes with policies only when private markets fail to achieve desired public objectives. The most credible arguments for policy intervention in the nation's domestic activities begin with the identification of situations in which markets are not functioning properly.

The health sector is especially prone to situations in which markets function poorly. Theoretically perfect (i.e., freely competitive) markets, which do not exist in reality but provide a standard against which real markets can be assessed, require that

- buyers and sellers have sufficient information to make informed decisions,
- a large number of buyers and sellers participate,
- additional sellers can easily enter the market,
- each seller's products or services are satisfactory substitutes for those of its competitors,
and
- the quantity of products or services available in the market does not swing the balance of power toward either buyers or sellers.

The markets for health services in the United States violate these requirements in several ways. The complexity of health services reduces consumers' ability to make informed decisions without guidance from the sellers or other advisers. Entry of sellers into the markets for health services is heavily regulated, and widespread insurance coverage affects the decisions of buyers and sellers. These and other factors mean that markets for health services frequently do not function competitively, thus inviting policy intervention.

Furthermore, the potential for private markets on their own to fail to meet public objectives is not limited to production and consumption. For example, markets on their own might not stimulate sufficient socially desirable medical research or the education of enough physicians or nurses without policies that subsidize certain costs associated with these ends. These and similar situations provide the philosophical basis for the establishment of public policies to correct market-related problems or shortcomings.

The nature of the market problems or shortcomings directly shapes the health policies intended to overcome or ameliorate them. Based on their primary purposes, health policies fit broadly into allocative or regulatory categories, although the potential for overlap between the two categories is considerable.

Allocative Policies

Allocative policies provide net benefits to some distinct group or class of individuals or organizations at the expense of others to meet public objectives. Such policies are, in essence, subsidies through which policymakers seek to alter demand for or supply of particular products and services or to guarantee certain people access to them. For example, government has heavily subsidized the medical education system on the basis that without subsidies to medical schools,

markets would undersupply physicians. Similarly, government subsidized the construction of hospitals for many years on the basis that markets would undersupply hospitals in sparsely populated or low-income areas.

Other subsidies have been used to ensure that certain people have access to health services. A key feature of the ACA is its subsidization of health insurance coverage for millions of people. Preceding the ACA and continuing into the future, however, the Medicare and Medicaid programs have been massive allocative policies. Medicare expenditures will be more than \$1 trillion in 2023, and Medicaid expenditures could surpass \$918 billion by then (Sisko et al. 2014).

Federal funding to support access to health services for Native Americans, veterans, and migrant farmworkers and state funding for mental institutions are other examples of allocative policies that are intended to help individuals gain access to needed services. Although some subsidies are reserved for the people who are most impoverished, subsidies such as those that support medical education, the Medicare program (the benefits of which are not based primarily on financial need), the expansive subsidies in the ACA, and the exclusion of employer-provided health insurance benefits from taxable income illustrate that poverty is not necessarily a requirement.

Some of the provisions of the American Recovery and Reinvestment Act of 2009 (P.L. 111-5) provide examples of allocative policy. This law, enacted in response to the global financial crisis that emerged in 2008, contains many health-related subsidies. Exhibit 1.4 in the book lists some examples.

Regulatory Policies

Policies designed to influence the actions, behaviors, and decisions of others by directive are regulatory policies. All levels of government establish regulatory policies. As with allocative

policies, government establishes such policies to ensure that public objectives are met. The five basic categories of regulatory health policies are

1. market-entry restrictions,
2. rate- or price-setting controls on health services providers,
3. quality controls on the provision of health services,
4. market-preserving controls, and
5. social regulation.

The first four categories are variations of economic regulation; the fifth seeks to achieve such socially desired ends as safe workplaces, nondiscriminatory provision of health services, and reduction in the negative externalities (side effects) associated with the production or consumption of products and services.

5. Discuss the connections among health policies, health determinants, and health.

From government's perspective, the central purpose of health policy is to enhance health or facilitate its pursuit. Of course, other purposes may be served through specific health policies, including economic advantages for certain individuals and organizations. But the defining purpose of health policy, as far as government is concerned, is to support the people in their quest for health.

Health policies affect health through an intervening set of variables called health determinants (see Exhibit 1.5 in the book). Health determinants, in turn, directly affect health. Consider the role of health policy in the following health determinants and, ultimately, its impact on health through them:

- Physical environments in which people live and work

- Behavioral choices and biology
- Social factors, including economic circumstances; socioeconomic position; income distribution within the society; discrimination based on factors such as race/ethnicity, gender, or sexual orientation; and the availability of social networks or social support
- availability of and access to health services

(There is extensive discussion of how health policies impact each of the health determinants on pages 21–33 in the book. This material is not repeated here.)

CASE STUDY

U.S. Hospitals and the Civil Rights Act of 1964

This case is based on an article written by Emily Friedman (2014) and is reproduced with her permission. As noted in the introductory paragraph to the case in the book, the Civil Rights Act of 1964 (P.L. 88-352) is a landmark civil rights policy in the United States. It is also important health policy because it addresses an important determinant of health: discrimination. This case study of the act's emergence and subsequent impact provides vivid examples of many of the concepts and features of health policymaking presented in the book. For example, the case illustrates the formulation, implementation, and modification phases of policymaking. It illustrates both public- and private-sector policy. It also illustrates the various forms that public policy takes: laws, rules and regulations, implementation decisions, and judicial decisions. The case includes examples of health policy emerging from the work of legislative bodies, executive branch employees, and the courts. It shows how policy is influenced by and, in turn, influences the larger environment in which policymaking occurs. Most important, the case illustrates the extraordinary role that policy

can play in human health as well as the sometimes equally extraordinary difficulties policies face in achieving their intended impact. Written in the summer of 2014, this case looks back 50 years and more.

I find the case very useful when assigned to students in the second class after they have read Chapter 1, with direction to respond to a selection of the following review questions:

Discussion Questions

1. *From the case study, provide one example of each of the forms that public policies can take: laws, rules or regulations, other implementation decisions, and judicial decisions.*

- Laws: Civil Rights Act of 1964 or the Hill-Burton Act of 1946
- Rules or regulations: Numerous rules and regulations are implicit in the case as to how the Civil Rights Act of 1964 or the Hill-Burton Act of 1946 were to be implemented.
- Implementation decisions: The decision by the general counsel of the Department of Health, Education, and Welfare that Hill-Burton Hospitals could not deny admission to any person to the part of the hospital that used federal funds, but patients could be denied access to other areas.
- Judicial decisions: *Brown vs. Board of Education*, in which the Supreme Court declared that segregating public school was unconstitutional. Another example from the case is *Simkins vs. Moses H. Cone Memorial Hospital*.

2. *From the case, provide one example of each of the categories of health policies.*

- Allocative: Hill-Burton Act, which provided funds for the construction and improvement of hospitals. Another example is the Social Security Amendments of 1965, which established the Medicare and Medicaid programs.
- Regulatory: The Civil Rights act is an example of regulation in that one of its purposes was to regulate racial equality in healthcare settings. Parts of Social Security Amendments of 1965 are also an example of a regulatory policy. Under this law, in order to receive federal funding, hospitals had to be in compliance with Title VI of Civil Rights Act of 1964.

3. Why is the Civil Rights Act a health policy as well as a civil rights policy?

The Civil Rights Act is a health policy because it addresses an important determinant of health, discrimination. The act led to improved access to quality healthcare for the minority population.

4. What environmental forces influenced enactment of the Civil Rights Act?

The strongest pressures came from years of work by African-American physicians, the NAACP, and the courts. These efforts reached a high point when as noted in the case, George Simkins, D.D.S., a North Carolina African-American dentist who had been denied privileges at Moses H. Cone Memorial Hospital, working with the NAACP, and with support from the Department of Justice, successfully recruited African-American patients and other practitioners to join his suit, *Simkins vs. Moses H. Cone Memorial Hospital*, which was filed in district court on February 12, 1962. The decision favored the plaintiffs, essentially removing the separate-but-equal provision of the Hill-Burton Act.

5. Discuss the role played by the courts in the Civil Rights Act.

The courts have three overlapping roles in policymaking: referee, meaning giver, and rights protector. Regarding the Civil Rights Act, the courts played all three roles. In *Eaton vs. Board of Managers of the James Walker Memorial Hospital* in 1956, the separate-but-equal provision of the Hill-Burton Act of 1946 was unsuccessfully challenged. The courts, at both the district and appeals level, acted as meaning givers. By ruling in favor of the plaintiffs in *Simkins vs. Moses H. Cone Memorial Hospital* in 1962, the courts again acted in their roles as meaning givers and extended their role to include rights protector. This decision overruled the separate-but-equal provisions of the Hill-Burton Act. Both cases also illustrate the courts' role as referee in determining which provisions in different laws prevail and in determining if correct decisions were made in lower courts.

6. *Discuss the impact of the Civil Rights Act on American hospitals.*

In effect, the Civil Rights Act, specifically Title VI of the act, is the key to much of the ongoing progress toward racial equality in American hospitals. As noted in the case, the key provision of Title VI read: "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." Although implementation of the law was challenging and proceeded with mixed results at times, the law impacted virtually every aspect of American life, including the nation's hospitals.

7. *Discuss the role of private-sector actors in implementing the Civil Rights Act.*

Private-sector actors were instrumental in both opposition to and support of the implementation of the Civil Rights Act. For example, while some hospitals desegregated in a straightforward manner,

others refused to comply with Title VI and continued to impose separate but equal policies until the government intervened. Certain private-sector actors took important actions in support of the law's implementation. For example, Blue Cross Blue Shield would not pay for patients eligible for Medicare unless hospitals complied with Title VI. The American Hospital Association, and its leadership, lent their support of the law's implementation.

8. Based on the limited information provided in the case, was the Hill-Burton Act effective policy?

The Hill-Burton Act was effective policy in that massive funding for hospital construction and modernization was made available to hospitals all over the United States through the policy. The act contained a provision requiring equal treatment of all patients. However, the act also contained a separate-but-equal provision, which permitted continued segregation in the nation's hospitals. The act was not effective at assuring equal treatment of all patients. The separate-but-equal provision of the act was finally struck down by court ruling in the *Simkins vs. Moses H. Cone Memorial Hospital* case in 1964. Thereafter, hospitals receiving funds through Hill-Burton would have to desegregate.

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Chapter 1

Health and Health Policy

Learning Objectives

- Define health and describe health determinants
- Define public policy and health policy
- Begin to appreciate the important historical roles of Medicare and Medicaid in healthcare in the United States
- Begin to appreciate the important role of the Patient Protection and Affordable Care Act (ACA) of 2010 in healthcare in the United States
- Identify some of the important challenges for health policy
- Understand the four forms of health policies
- Distinguish between allocative and regulatory categories of health policies
- Understand the impact of health policy on health determinants and health

Health Defined

- *Health* according to the WHO
 - Complete physical, mental, social well-being
 - Not simply absence of illness
- Cost of health
 - Resources reflect value nations place on health
 - Exhibit 1.1

Exhibit 1.1

Health Spending in Selected OECD Countries, 2012

Country	Total Health Spending	
	Per Capita	Percent of GDP
Australia	\$3,997	9.1%
Canada	\$4,602	10.9%
Czech Republic	\$2,077	7.5%
Denmark	\$4,698	11.0%
France	\$4,288	11.6%
Germany	\$4,811	11.3%
Israel	\$2,304	7.3%
Japan	\$3,649	10.3%
Netherlands	\$5,099	11.8%
New Zealand	\$3,172	10.0%
Norway	\$6,140	9.3%
Poland	\$1,540	6.8%
Spain	\$2,998	9.4%
Sweden	\$4,106	9.6%
Switzerland	\$6,080	11.4%
United Kingdom	\$3,289	9.3%
United States	\$8,745	16.9%
OECD median	\$3,484	9.3%

Source: Data from OECD (2014).

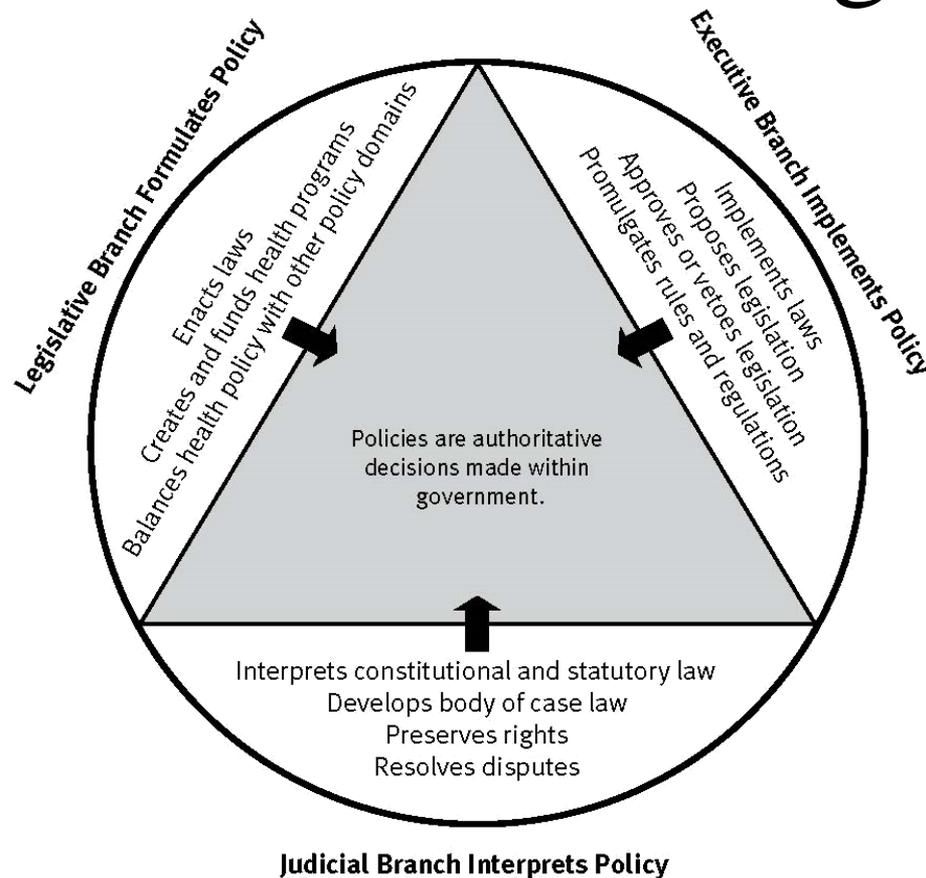
Health Determinants

- Health determinants
 - Factors affecting health
 - Specific determinants defined differently by various organizations
 - Force Field paradigm (1974)
 - *Healthy People 2020*

What Is Health Policy?

- Policy
 - Authoritative decision
 - Guides action, decision, and behavior
- Public policy
 - Policies enacted by legislative, judicial, or executive branches of government
 - Exhibit 1.2
- Health policy
 - Policies regarding health or pursuit of health

Exhibit 1.2 Roles of Three Branches of Government in Making Policies



Challenges for Health Policy

- Affordable, sustainable healthcare
- Informed, empowered, engaged patients
- Evidence-based, safe patient care
- Accountable delivery system
- Improvement- and learning-oriented environment
- Innovations evaluated for effectiveness, then widely and rapidly adopted
- Reliable information for monitoring quality, cost, and population health

Forms of Health Policies

- Laws
 - National Institute of Biomedical Imaging and Bioengineering Establishment Act of 2000
 - Medicare
- Rules or regulations
 - Also come from governmental bodies, implementation organizations, and agencies
- Other implementation decisions
- Judicial decisions

Categories of Health Policies

- Categories of health policies
 - Allocative
 - Regulatory
- US healthcare market: private
 - Ideal market (not United States): many informed buyers and sellers; new sellers welcome; sellers' products equivalent; buyers and sellers have equal power
 - Problems with US market

Allocative and Regulatory Policies

- Allocative policies
 - Provide net benefits to some distinct group
 - Equivalent to *subsidies*
 - Exhibit 1.4
- Regulatory policies
 - Designed to influence the actions, behaviors, and decisions of others by directive
 - Five categories: four of economic regulation, one social

Exhibit 1.4

Examples of Health-Related Subsidies Included in the American Recovery and Reinvestment Act of 2009

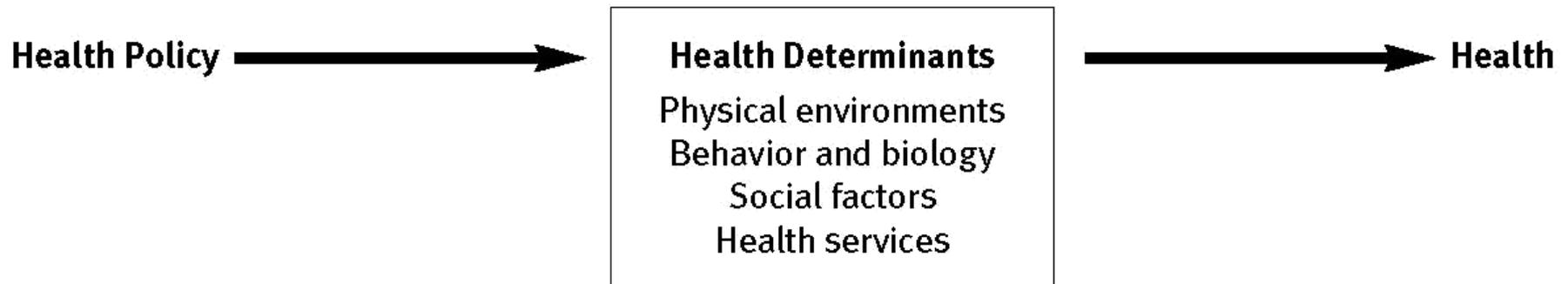
Program or Investment Area	Amount and Purpose of Funding
Continuation of health insurance coverage for unemployed workers	\$24.7 billion to provide a 65% federal subsidy for up to 9 months of premiums under the Consolidated Omnibus Budget Reconciliation Act. The subsidy will help workers who lose their jobs to continue coverage for themselves and their families.
Health Resources and Services Administration	\$2.5 billion, including \$1.5 billion for construction, equipment, and health information technology at community health centers; \$500 million for services at these centers; \$300 million for the National Health Service Corps (NHSC); and \$200 million for other health professions training programs.
Medicare	\$338 million for payments to teaching hospitals, hospice programs, and long-term care hospitals.
Medicaid and other state health programs	\$87 billion for additional federal matching payments for state Medicaid programs for a 27-month period that began October 1, 2008, and \$3.2 billion for additional state fiscal relief related to Medicaid and other health programs.
Prevention and wellness	\$1 billion, including \$650 million for clinical and community-based prevention activities that will address rates of chronic diseases, as determined by the secretary of health and human services; \$300 million to the Centers for Disease Control and Prevention for immunizations for low-income children and adults; and \$50 million to states to reduce health care-associated infections.

Source: Steinbrook, R. 2009. "Health Care and the American Recovery and Reinvestment Act." *New England Journal of Medicine* 360 (11): 1057–60. Copyright © 2009 Massachusetts Medical Society. All rights reserved. Used with permission.

The Impact of Health Policy on Health Determinants and Health

- Health policy and health determinants
 - Exhibit 1.5
 - Overview:
 - Physical environments
 - Behavior/biology
 - Social factors
 - Availability/access

Exhibit 1.5 The Impact of Policy on Health Determinants and Health



Health Policies and Physical Environments

- Harmful agents
- Examples:
 - Asbestos
 - Freon
 - UV rays
 - Cigarette smoke
 - Lead-based paint
- Result: health policies that mitigate environmental hazards

Health Policies and Human Behavior and Biology

- Major causes of death in the United States, ranked from highest to lowest by the CDC (2014):
 - heart disease, cancer, chronic lower respiratory diseases, stroke, accidents, Alzheimer's disease, diabetes, nephritis/nephritic syndrome/nephrosis, influenza/pneumonia, and suicide
- Behaviors and genetic predispositions influence many of these causes

Health Policies and Social Factors

- Social factors that can affect health include:
 - Chronic unemployment
 - Absence of supportive family structure
 - Poverty
 - Homelessness
 - Discrimination
- The poor have worse health and fewer/weaker healthcare services

Health Policies and Health Services

- Health services can be:
 - Preventive
 - Acute
 - Chronic
 - Restorative
 - Palliative
- Require a vast set of resources, including money, workforce, and technology

Money

- United States spends more on health than does any other country
- Increasing expenditures reflect higher prices
- Higher prices reduce access to health services
- Increase in uninsured will continue with increasing unemployment
- Exhibit 1.6

Exhibit 1.6 National Health Expenditures (NHE), Aggregate and per Capita Amounts, and Share of Gross Domestic Product (GDP) for Selected Calendar Years

	2008	2012	2019 ^a	2023 ^a
NHE (billions)	\$2,412	\$2,793	\$4,043	\$5,159
NHE personal healthcare (billions)	2,017	2,360	3,413	4,360
Government public health activities (billions)	71.5	75.0	102.1	123.9
NHE per capita	7,936	8,915	12,131	14,944
NHE as percentage of GDP	16.4%	17.2%	18.1%	19.3%

Source: Data abstracted from Sisko et al. (2014).

^aProjected.

Workforce

- 19 million people work in US health services
- Change will come due to nation's rapidly aging population
- Nurse Reinvestment Act of 2002 → helps address need for nurses
- Going forward, a comprehensive and integrated national health workforce policy will be needed

Technology

- Application of science to the pursuit of health
- United States produces, consumes, and spends more on health-related technology than any other nation
- Examples of FDA's health and technology laws
- Paradox: extended lifespan due to these tech advances yields need for more health services

Health System

- Divided into public health and healthcare delivery and financing components
 - Public health produces services on a community-wide or population-wide basis
 - Healthcare delivery and financing provides services primarily to individuals
 - Both heavily influenced by policy

Summary

- Health Defined
- Defining Health Policy
- Forms of Health Policies
- Categories of Health Policies
- The Impact of Health Policy on Health Determinants and Health

Review Questions

1. Define health. What are the determinants of health in humans?
2. Define public policies and health policies.
3. What forms do health policies take? Give an example of each.
4. Compare and contrast the two basic categories of health policies.
5. Discuss the connections among health policies, health determinants, and health.

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New Zealand	\$3,172	10.0%
Norway	\$6,140	9.3%
Poland	\$1,540	6.8%
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Sweden	\$4,106	9.6%
Switzerland	\$6,080	11.4%
United Kingdom	\$3,289	9.3%
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Source: Data from OECD (2014).

Exhibit 1.2 - Roles of Three Branches of Government in Making Policies

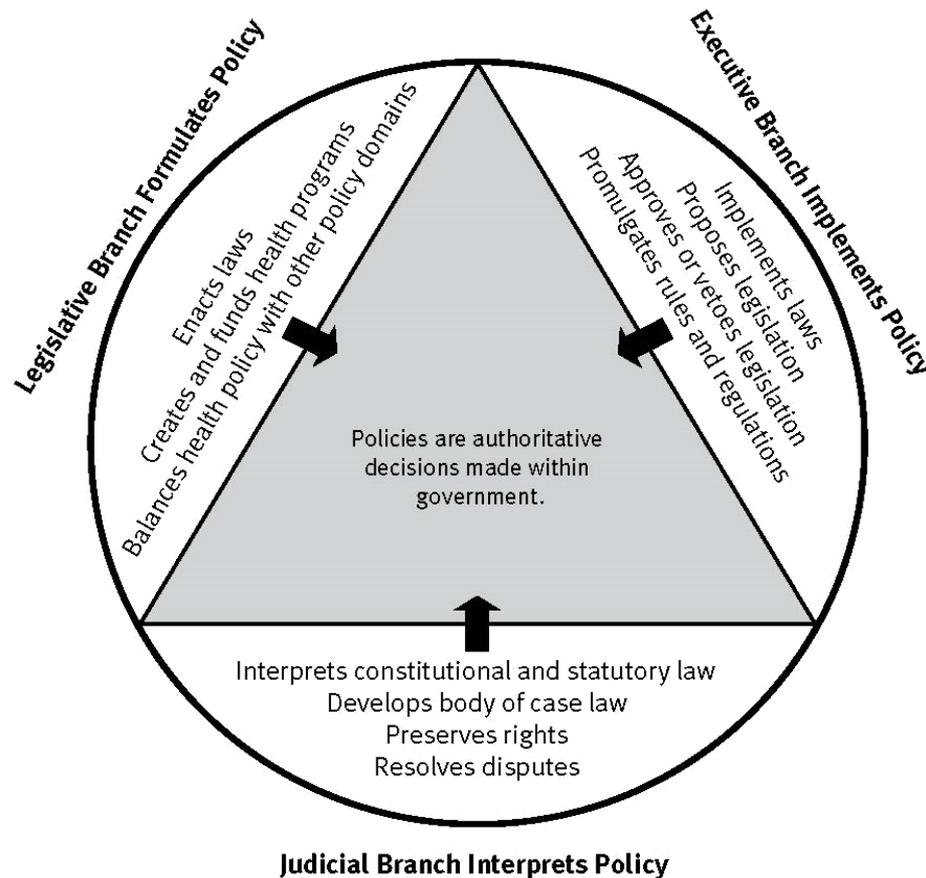


Exhibit 1.3 - Forms of Health Policies

Laws

Rules or Regulations

Other Implementation Decisions

Judicial Decisions

Exhibit 1.4

Examples of Health-Related Subsidies Included in the American Recovery and Reinvestment Act of 2009

Program or Investment Area	Amount and Purpose of Funding
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Medicare	\$338 million for payments to teaching hospitals, hospice programs, and long-term care hospitals.
Medicaid and other state health programs	\$87 billion for additional federal matching payments for state Medicaid programs for a 27-month period that began October 1, 2008, and \$3.2 billion for additional state fiscal relief related to Medicaid and other health programs.
Prevention and wellness	\$1 billion, including \$650 million for clinical and community-based prevention activities that will address rates of chronic diseases, as determined by the secretary of health and human services; \$300 million to the Centers for Disease Control and Prevention for immunizations for low-income children and adults; and \$50 million to states to reduce health care-associated infections.

Source: Steinbrook, R. 2009. "Health Care and the American Recovery and Reinvestment Act." *New England Journal of Medicine* 360 (11): 1057–60. Copyright © 2009 Massachusetts Medical Society. All rights reserved. Used with permission.

Exhibit 1.5 - The Impact of Policy on Health Determinants and Health

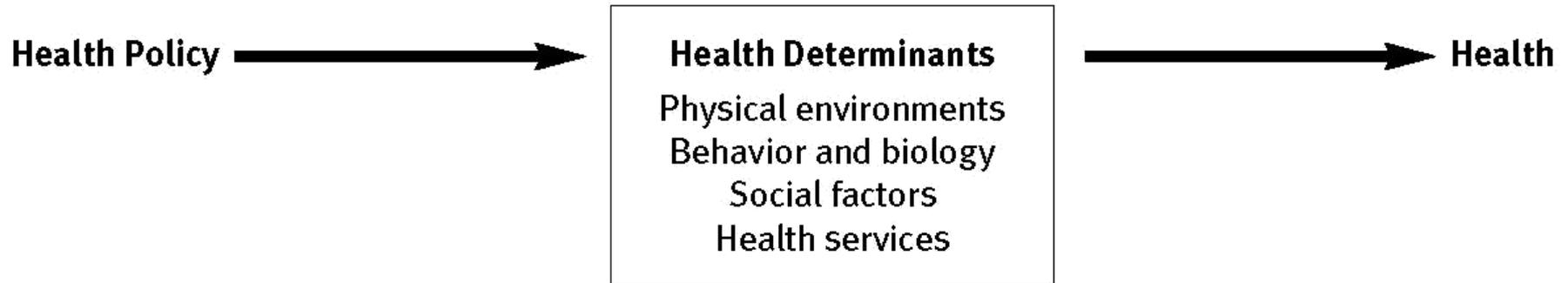


Exhibit 1.6 - National Health Expenditures (NHE), Aggregate and per Capita Amounts, and Share of Gross Domestic Product (GDP) for Selected Calendar Years

	2008	2012	2019 ^a	2023 ^a
NHE (billions)	\$2,412	\$2,793	\$4,043	\$5,159
NHE personal healthcare (billions)	2,017	2,360	3,413	4,360
Government public health activities (billions)	71.5	75.0	102.1	123.9
NHE per capita	7,936	8,915	12,131	14,944
NHE as percentage of GDP	16.4%	17.2%	18.1%	19.3%

Source: Data abstracted from Sisko et al. (2014).

^aProjected.