

INVESTIGATOR AWARDS IN Health Policy Research

The National Advisory Committee of the Robert Wood Johnson Foundation's (RWJF) Investigator Awards in Health Policy Research program has completed its selection of this year's award recipients. Eleven scholars affiliated with leading universities across the country will receive a total of \$2.5 million to support nine new policy projects. The award recipients are:

- Lawrence D. Brown, Ph.D. (Columbia University)
- Cathy J. Cohen, Ph.D. (University of Chicago)
- Eugene R. Declercq, Ph.D. (Boston University)
- R. Adams Dudley, M.D., M.B.A. (University of California, San Francisco)
- Co-principal investigators Jose J. Escarce, M.D., Ph.D., and Leo S. Morales, M.D., Ph.D. (University of California, Los Angeles)
- Co-principal investigators Mark A. Hall, J.D. (Wake Forest University), and Carl E. Schneider, J.D. (University of Michigan)
- Harold S. Luft, Ph.D. (University of California, San Francisco)
- Robert J. Sampson, Ph.D. (Harvard University)
- Margaret M. Weir, Ph.D. (University of California, Berkeley)

The researchers will address some of the most challenging policy issues facing America today, as well as wide-ranging concerns about the nation's health and health care system. Their topics include: reconfiguring the health care system, federalism and strategies for reform in American health policy, performance reporting and quality-based purchasing initiatives, the law and ethics of consumer-directed health care, aspects of community life that affect well-being, a political history of modern U.S. health policy, the health attitudes and behaviors of African American youth, the health of Mexican immigrants, and the role of cesarean sections in maternity care.

This highly competitive program attracts investigators from a variety of disciplines, including medicine, nursing, public health, economics, sociology, political science, history, law, ethics, journalism, and public and social policy. Applications are reviewed by a National Advisory Committee of distinguished experts from fields similar to those of the investigators. Members of the 2004 National Advisory Committee included:

- Alvin R. Tarlov, M.D., Chair (Rice University)
- Paul D. Cleary, Ph.D. (Harvard University)
- Susan Dentzer (The NewsHour with Jim Lehrer on PBS)
- Sherry A. Glied, Ph.D. (Columbia University)
- Clark C. Havighurst, J.D. (Duke University)
- Lawrence R. Jacobs, Ph.D. (University of Minnesota)
- Sherman A. James, Ph.D. (Duke University)
- Bruce G. Link, Ph.D. (Columbia University)
- Nicole Lurie, M.D., M.S.P.H. (RAND)
- Christina H. Paxson, Ph.D. (Princeton University)
- Mark A. Peterson, Ph.D. (University of California, Los Angeles)

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- Mark J. Schlesinger, Ph.D. (Yale University and Rutgers)
- Kevin A. Schulman, M.D., M.B.A. (Duke University)
- Rosemary A. Stevens, Ph.D., M.P.H. (University of Pennsylvania)
- William A. Vega, Ph.D. (University of Medicine and Dentistry of New Jersey)

RWJF created the Investigator Awards in Health Policy Research in 1992 to expand society's understanding of difficult health problems and the complexities of health care financing and delivery in the United States, and to encourage researchers whose cross-cutting and innovative ideas promise to inform and improve policymaking. Since 1992, the Foundation has supported 113 projects involving 140 investigators. "The Investigator Awards program has encouraged innovative approaches to address pressing health and health care issues facing our country, from racial and ethnic disparities in care to public health challenges," says David Colby, Ph.D., deputy director of the Health Care Group and senior program officer at RWJF.

The Investigator Awards program is led by David Mechanic, Ph.D., and headquartered at the Institute for Health, Health Care Policy, and Aging Research at Rutgers, The State University of New Jersey. "This program brings together some of the nation's most talented scholars addressing in depth the most vexing issues affecting health and health care in the United States," Dr. Mechanic says.

A brief description of each new investigator and project follows.



Lawrence D. Brown,
Ph.D.

Lawrence D. Brown, Ph.D., professor of health policy and management at Columbia University's Mailman School of Public Health, explores the political and historical forces that have shaped the federal government's growing role in health care delivery and financing since 1945. In his Investigator Award project, *Expanding Arenas: A Political History of Modern U.S. Health Policy*, Dr. Brown examines the rise and evolution of four policy "arenas" that he uses to categorize federal interventions in health care: subsidy, financing, reorganization, and regulation. In an era often described as the end of "big government," Dr. Brown aims to explain why government's role in health care continues to grow and to assess the prospects for health care reform in light of the political forces and obstacles that all reform proposals face.



Cathy J. Cohen, Ph.D.

Young African Americans face serious health risks and other vulnerabilities resulting from social disadvantage. The higher prevalence of HIV/AIDS, obesity, type 2 diabetes, homicide, and teen pregnancy in this population is well documented. Yet little is known about the attitudes of African American youth toward health, healthy living, and the health care system. **Cathy J. Cohen, Ph.D.**, a professor of political science at the University of Chicago, explores how these youth think about their health, their attitudes toward the health care establishment, their political views, and how those views and the influence of new cultural forms such as hip-hop music affect their decision-making processes in such areas as health, politics, and sexuality. Her project, *Race, Politics, and Adolescent Health: Understanding the Health Attitudes and Behaviors of African American Youth*, should produce new insights into behaviors often viewed by other segments of the American public and the news media as indulgent, deviant, and risky. The results of Dr. Cohen's research should help inform policymakers as they develop more targeted and effective public health interventions for this overlooked and understudied population.



Eugene R. Declercq, Ph.D.

In 2003, cesarean sections accounted for 27.6 percent of all births in the U.S. — the highest rate yet recorded in America and higher than rates in most other industrialized countries. **Eugene R. Declercq, Ph.D.**, professor and assistant dean for doctoral education at Boston University's School of Public Health, uses cesarean sections as a case study to address broader policy questions common to the U.S. health care system: overuse of a costly surgical procedure, disparities in terms of who receives the procedure, the impact of evidence in changing medical practice, the impact of physician fear of malpractice lawsuits, the role of consumers and other interest groups in shaping health care policy and practice, and the role of government in financing quality care and containing costs. Dr. Declercq's project, *Public Interest and Private Policy: The Cesarean Imperative in U.S. Maternity Care*, examines trends in cesarean births, outcomes of elective cesareans, women's attitudes toward maternity care, the views of obstetricians, the debate over malpractice reform, and the role of government initiatives. His work aims to influence maternity care practice and shed light more generally on health care policymaking in America.



R. Adams Dudley,
M.D., M.B.A.

Health care performance measurement and reporting is receiving a great deal of attention as a way to encourage providers to deliver better care. Yet several murky areas remain about what to measure, how to measure it, and how best to use health care performance measures. **R. Adams Dudley, M.D., M.B.A.**, associate professor of medicine, health policy, epidemiology, and biostatistics at the University of California, San Francisco, considers several key policy and technical issues in his project, *Improving the Performance of Performance Reporting and Quality-Based Purchasing Initiatives*. These issues include prioritizing possible measures, reconciling the varied measurement preferences of stakeholders, tackling risk adjustment and performance grading, and addressing special cases such as safety net and rural providers. Partnering with the National Quality Forum, Consumers Union, the Leapfrog Group, the National Business Coalition on Health, the Blue Cross/Blue Shield Association, and the American Hospital Association, Dr. Dudley proposes to help design more effective performance reporting and incentive programs that could actually improve the quality of U.S. health care.



Jose J. Escarce,
M.D., Ph.D.

Hispanics are the largest and fastest-growing ethnic group in the U.S. Nearly 60 percent are of Mexican origin, many of them recent immigrants. Despite the size and continued growth of this population, large gaps remain in our understanding of the factors that affect the health and health behaviors of Mexican immigrants. Co-investigators Professor **Jose J. Escarce, M.D., Ph.D.**, and Assistant Professor **Leo S. Morales, M.D., Ph.D., M.P.H.**, of the David Geffen School of Medicine at the University of California, Los Angeles, examine the health of Mexican immigrants by assessing the relative importance of acculturation and cohort effects. Their project, *The Health of Mexican Immigrants in the U.S.: Acculturation or Cohort Effects?*, explores the "Hispanic paradox" — that is, the phenomenon of immigrants of low socioeconomic status who nevertheless are healthy and exhibit healthy behaviors. The co-investigators also examine apparent health declines among Mexican immigrants who have lived in the U.S. for many years and have become acculturated. Drs. Escarce and Morales analyze health trends in Mexico, the types of individuals who migrate, health differences among immigrants who arrived here over various time periods, and changes in immigration policy to assess future demands on the delivery and financing of U.S. health care.



Leo S. Morales,
M.D., Ph.D., M.P.H.



Mark A. Hall, J.D.

New developments in health insurance, designed in part to contain costs, require patients to take greater responsibility for making medical spending decisions. The mechanisms of this new “consumer-directed health care” model — health savings accounts, high-deductible catastrophic coverage, and tiered provider networks and pharmacy benefits — have broad policy implications that may challenge the doctor-patient relationship, the doctrine of informed consent, the medical malpractice standard of care, and other tenets of health care law and ethics. Co-investigators **Mark A. Hall, J.D.**, Fred D. and Elizabeth L. Turnage Professor of Law and Public Health at Wake Forest University, and **Carl E. Schneider, J.D.**, Chauncey Stillman Professor of Law and Professor of Internal Medicine at the University of Michigan, seek to better understand how law and ethics can and should respond to consumer-directed health care. Their project, *The Law and Ethics of Consumer-Directed Health Care*, probes a range of possible effects on medical practice and treatment relationships when cost-sharing by patients plays a greater role in medical decision-making.



Carl E. Schneider, J.D.



Harold S. Luft, Ph.D.

In *Reconfiguring the U.S. Health Care System: Function, Form, and Feasibility*, **Harold S. Luft, Ph.D.**, Caldwell B. Esselstyn Professor of Health Policy and Health Economics at the University of California, San Francisco, searches for workable approaches to reorganizing American health care. Recognizing the daunting nature of this task, Dr. Luft starts with what works well, considers how key functions can be reorganized and financed, and examines how to engage and influence multiple stakeholders and use new technologies to promote change. Along the way, he tackles serious challenges: the difficulties for patients in navigating the health care system; fragmented payment systems and their added costs; the often-conflicting concerns and needs of providers, insurers, and the pharmaceutical industry; political realities; diagnostic and treatment uncertainties; and the role of interest groups. Yet Dr. Luft believes it is possible to think more creatively about solutions that could allow most stakeholders to be “winners.” He plans to produce a book that focuses more on the health care system’s actors and processes than on costs and coverage, and explores a series of options for reconfiguring the U.S. health care system.



Robert J. Sampson,
Ph.D.

Medical care in the United States tends to focus on individuals, while our public health system (local, county, state, national) focuses on the health of various populations. After more than a decade of studying human development at the community level, **Robert J. Sampson, Ph.D.**, Henry Ford II Professor of the Social Sciences at Harvard University, turns his attention to the neighborhood foundations of well-being and the geographic concentration of compromised health. His Investigator Award project, *The Community Context of Well-Being: A Longitudinal Study of Social Mechanisms and Neighborhood Processes*, explores social aspects of neighborhood life that relate to health, such as cohesion, informal social controls, spatial diffusion of network ties, leadership connectivity, and moral cynicism, among others. The project links several sets of original data to study social mechanisms and institutional processes as they change over time across Chicago neighborhoods. By identifying these mechanisms, Dr. Sampson aims to better understand how and why communities matter for health and to develop advanced methods of monitoring community health and well-being that can be used to inform the design of more effective and localized interventions.



Margaret M. Weir, Ph.D.

American health policy is a quintessential example of “marble cake” federalism: a complex mix of responsibilities shared between states and the federal government. **Margaret M. Weir**, Ph.D., professor of political science and sociology at the University of California, Berkeley, probes the interplay between state and federal political arenas in her Investigator Award project, *Federalism and Strategies for Reform in American Health Policy*. Her study focuses on the interest groups and organizations that disseminate ideas, shape agendas and policy alliances, and operate in health care reform debates. She analyzes the roles played by organized medicine, the hospital industry, AARP, governors, state legislators, the AFL-CIO, foundations, and others in the aftermath of the failed reform efforts of the 1950s, 1970s, and 1990s. Dr. Weir’s project will shed light on how policy capacities are built in the states, how the federal government can best promote state initiatives to improve access to quality health care, and how state activity can influence federal efforts. Her work should provide policymakers with a better understanding of how state and federal action may best be combined to improve access to health care.

Stay Tuned

The results of these and other projects funded through the Investigator Awards program will appear in future issues of this publication. For more information about the program and its investigators and for past issues of this publication, please visit our web site at www.ihhpar.rutgers.edu/rwjf or contact the National Program Office by email at depdire@ifh.rutgers.edu.

The Robert Wood Johnson Foundation

Established in 1972, the Robert Wood Johnson Foundation is the nation's largest philanthropy devoted exclusively to health and health care. It concentrates its grantmaking in four goal areas:

- To assure that all Americans have access to basic health care at reasonable cost.
- To improve the quality of care and support for people with chronic health conditions.
- To promote healthy communities and lifestyles.
- To reduce the personal, social, and economic harm caused by substance abuse — tobacco, alcohol, and illicit drugs.

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