

Researchers Examine U.S. Health Policy

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. Sixteen scholars affiliated with leading universities across the country will receive a total of \$2.8 million to support eleven new research projects. The award recipients are:

- Co-principal investigators Peter S. Bearman, Ph.D. (Columbia University), and Hannah Brückner, Ph.D. (Yale University and Columbia University)
- Charles L. Bosk, Ph.D. (University of Pennsylvania)
- Jonathan P. Caulkins, Ph.D. (Carnegie Mellon University)
- M. Robin DiMatteo, Ph.D. (University of California, Riverside)
- Pamela Braboy Jackson, Ph.D. (Indiana University, Bloomington)
- Co-principal investigators Barbara Katz Rothman, Ph.D. (City University of New York, Baruch College), and Rachel Grob, Ph.D. (Sarah Lawrence College)
- Co-principal investigators Jay S. Kaufman, Ph.D. (University of North Carolina at Chapel Hill), and Richard S. Cooper, M.D. (Loyola University)
- David McBride, Ph.D., M.Phil. (Pennsylvania State University)
- Co-principal investigators Kimberly J. Morgan, Ph.D. (George Washington University), and Andrea Louise Campbell, Ph.D. (Massachusetts Institute of Technology)
- Co-principal investigators Thomas H. Rice, Ph.D., and Yaniv Hanoch, Ph.D. (University of California, Los Angeles)
- Jonathan S. Skinner, Ph.D. (Dartmouth University)

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: productivity and technology diffusion in health care; health insurance choices; the politics of Medicare coverage; patient safety and professional responsibility; the use of race and ethnicity in medical treatment; disasters, health care, and the disadvantaged; socioeconomic status and patient and provider communication; health risks of the African-American middle class; drug policy and policy research; prenatal and newborn genetic screening; and adolescent relationships, sexual behavior, and health.

This highly competitive program attracts investigators from a variety of disciplines, including medicine, nursing, public health, economics, sociology, political science, psychology, 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 2005 National Advisory Committee included:

- Paul D. Cleary, Ph.D., Chair (Harvard University)
- Nicholas Christakis, M.D., Ph.D. (Harvard University)
- Susan Dentzer (The NewsHour with Jim Lehrer on PBS)
- Judy Feder, Ph.D. (Georgetown University)
- Sherry A. Glied, Ph.D. (Columbia University)
- Clark C. Havighurst, J.D. (Duke University)
- Bruce G. Link, Ph.D. (Columbia University)
- 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. (Weill Cornell Medical College)
- Alvin R. Tarlov, M.D. (University of Chicago)
- 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 124 projects involving 156 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 Research and Evaluation 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.



Peter S. Bearman,
Ph.D.

The complicated world of adolescent relationships is such a volatile topic that subjecting it to scientific scrutiny is often an invitation to controversy. But understanding and addressing some of today's most pressing public health and societal concerns, including sexually transmitted diseases and unwanted pregnancies, demands an unflinching look at relationships and sexuality in the often turbulent transition from child to adult. Co-investigators **Peter S. Bearman**, Ph.D., professor in the department of sociology and director of the Institute for Social and Economic Research and Policy at Columbia University, and **Hannah Brückner**, Ph.D., assistant professor of sociology and associate director of the Institute for Research on Social Inequalities and the Life Course at Yale University, calmly, objectively, and thoroughly explore the public health and policy implications of adolescent relationships. Their project, *Healthy Adolescent Relationships: Temporal Dynamics, Normative Scripts, and the Transition to Sex*, seeks greater insight into how adolescent relationships develop over time and are influenced by peers, family, and communities. This important work will identify the ingredients of a healthy adolescent relationship and guide efforts to help young people negotiate sexuality within romantic relationships.



Hannah Brückner,
Ph.D.



Charles L. Bosk, Ph.D.

The numbers were shocking: As many as 98,000 people die each year in America from medical errors. That was the attention-grabbing statistic from a groundbreaking 1999 Institute of Medicine report, *To Err is Human: Building a Safer Health Care System*. In the aftermath of the study, most assumed change would be swift and sure. But more than six years later, progress in reducing medical errors remains elusive, which has inspired **Charles L. Bosk**, Ph.D., professor of sociology at the University of Pennsylvania, to probe the disconnect between safety theory and safety practices in the American medical system. His project, *Restarting a Stalled Policy Revolution: Patient Safety, System Error, and Professional Responsibility*, considers what it will take to translate safety policies devel-

oped in academic medical centers into tangible practices at the patient's bedside. Dr. Bosk's 1979 book, *Forgive and Remember: Managing Medical Failure*, remains highly regarded as a definitive analysis of medical ethics and physician culture. His latest project will consider, among other things, how the "systems approach" to dealing with medical errors jibes with the physician's traditional emphasis on individual autonomy and responsibility. Dr. Bosk's insights will help identify those interventions for reducing medical errors that are most likely to succeed.



Jonathan P. Caulkins,
Ph.D.

America's drug problem is more severe than that of any other developed country, whether measured by number of addicts, overdose deaths, drug-related HIV-infections, or drug-related violence. That's why it's critical for America's drug control strategies to be firmly rooted in objective evidence of what works and what doesn't work, and, also, when certain policies are appropriate and when they are not. Unfortunately, that is often not the case. **Jonathan P. Caulkins, Ph.D.**, professor of operations research and public policy at Carnegie Mellon University, brings in evidence and analytical methods from several academic disciplines to understand why it's so difficult to eradicate the scourge of illegal drugs, and why so many efforts to combat drug use have a negligible impact. His project, *Synthesizing Lessons for Drug Policy and Policy Research*, seeks to inform the increasingly polarized debate on fighting drug abuse with a fresh approach that offers practical steps for confronting the problem. He is particularly interested in the fact that drug policies tend to be static while they need to be dynamic, designed from the onset to evolve in response to changes in the nature of the threat.



M. Robin DiMatteo,
Ph.D.

So much medical information delivered in the mass media — from public health campaigns to drug commercials — concludes by advising the audience to "talk to your doctor." Sounds simple enough, but in fact, research is beginning to suggest that doctor-patient communications can be highly variable, particularly when doctors and patients come from different socio-economic backgrounds. **M. Robin DiMatteo, Ph.D.**, distinguished professor of psychology at the University of California, Riverside, is especially interested in the communication breakdown that occurs when patients are from a disadvantaged background. Her project, *Ethnicity, Social Class, and the Primary Care Medical Visit: The Process of Provider-Patient Communication*, considers the extent of communication disparities and how they might affect health care outcomes. Dr. DiMatteo also examines whether training programs for physicians and patients can help close the communication gap and enhance physician-patient partnerships. Her project should produce new insights into the use of effective communication as a means of reducing disparities in the delivery of primary care.



Pamela B. Jackson,
Ph.D.

Although life expectancy and overall health have improved in recent years for many Americans, African-Americans continue to experience higher morbidity and mortality rates than whites from heart disease, cancer, stroke, diabetes, and other medical conditions. Many of these disparities exist even when comparing middle-income African-Americans to lower-income whites. **Pamela Braboy Jackson, Ph.D.**, associate professor of sociology at Indiana University, Bloomington, examines this perplexing divide in her project, *Explaining Elevated Health Risks of the Black Middle Class*. Her work considers the physical and mental health conditions that may be associated with race/ethnicity, gender, and socio-economic status, the role of stressors, and the benefits of psychosocial supports. Dr. Jackson aims to develop an explanation of these patterns, analyzing the many groups within the African-American population and the stress that they experience from racial discrimination, residential segregation, and job discrimination. Her findings should help clarify which African-Americans are most at risk of poor health, the importance of social factors in determining health outcomes, and how interventions might be targeted to those most likely to benefit.



Barbara Katz Rothman,
Ph.D.

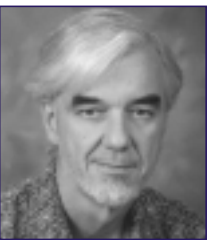


Rachel Grob, Ph.D.

Genetics and genetic testing are often discussed as revolutionizing modern medicine, but so far this revolution has largely occurred in the world of medical care for pregnant women and newborns. Co-investigators **Barbara Katz Rothman**, Ph.D., professor of sociology at City University of New York, and **Rachel Grob**, Ph.D., associate dean of graduate studies at Sarah Lawrence College, examine the expansion of genetic screening and testing for pregnant women and newborns, the differences between optional services and mandatory screening requirements, and the unintended consequences of screening and testing. Their project, *Heel Sticks and Amnios: Disjunctures and Discrepancies in Prenatal and Newborn Genetic Screening*, considers a number of controversial issues, including whether it's useful to screen for rare or untreatable conditions; the lack of informed consent, counseling and follow-up in newborn screening; effects of testing and screening on families; and the various forces that are shaping public policy in this area including the influence of emotional appeals from parents of affected children.



Jay S. Kaufman, Ph.D.



Richard S. Cooper, M.D.

Views about the importance of race in clinical medicine have come full circle in the past five years as the field of “pharmacogenomics” has ushered in the promise of medical treatments tailored to a patient’s particular genetics. **Jay S. Kaufman**, Ph.D., associate professor of epidemiology at the University of North Carolina at Chapel Hill, and **Richard S. Cooper**, M.D., professor and chairman of the department of epidemiology and preventive medicine at Loyola University, examine the re-emergence of race as a surrogate for genetic factors that can determine risk of disease, prognosis, and response to treatment. Their project, *Use of Racial/Ethnic Identity in Medical Evaluations and Treatments*, looks to published studies and surveillance data on health disparities among U.S. racial and ethnic groups for evidence that race should be a factor when considering health interventions. They want to determine whether policies that link race and ethnicity to medical care are scientifically justifiable and to quantify their costs and benefits. Drs. Kaufman and Cooper consider the implications of recruiting patients into clinical trials based on race, federal requirements for reporting trial data by racial group, approving therapies for specific racial/ethnic groups, and using race as a factor in determining therapy and drug dosage.



David McBride, Ph.D.,
M.Phil.

As Hurricane Katrina so bluntly demonstrated, natural disasters take their heaviest toll on the lives and health of minorities and the poor. **David McBride**, Ph.D., M.Phil., professor of African and African-American studies and faculty associate of the Center for Health Care and Policy Research at Pennsylvania State University, studies the impact of recent disasters on the health and health care of poor and underserved populations in major U.S. cities. His project, *Disasters, Recovery, and Health Care for Disadvantaged Urban Populations*, looks at natural disasters and other environmental mishaps of the last 30 years. He is particularly interested in how health care systems and public agencies at the state, local, and federal levels respond to such crises and the role of community and civic organizations in providing assistance. Case studies of select cities provide insight into how communities perceive and interact with those providing aid. The goal is to inform future disaster preparation, response, and recovery efforts.



Kimberly J. Morgan,
Ph.D.



Andrea L. Campbell,
Ph.D.

Few are happy with it, politicians on the right and left criticize it, but the fact remains that the Medicare Prescription Drug Improvement and Modernization Act of 2003 ushered in the greatest expansion of Medicare coverage in the program's history. Its lukewarm support, combined with its dramatic impact, make the act a fascinating subject for anyone interested in the politics of modern health care. **Kimberly J. Morgan, Ph.D.**, assistant professor of political science at George Washington University, and **Andrea Louise Campbell, Ph.D.**, associate professor of political science at the Massachusetts Institute of Technology, seek to understand why the Bush administration crafted and backed such a hotly debated and expensive piece of legislation and whether there will be political consequences from its passage. Their project, *The Medicare Modernization Act of 2003: Ideologies, Interests, and Policy Feedbacks in the Contemporary Politics of Medicare*, focuses on how the drive to inject market forces into federal entitlements produced such a dramatic expansion of the Medicare program and how ideology, special interests, and public opinion shaped the law. The investigators analyze the law's effect on voting, special interests, public opinion, and access to Medicare.



Thomas H. Rice, Ph.D.



Yaniv Hanoch, Ph.D.

With all the new options now available to Medicare recipients, both seniors and policymakers are asking a relatively simple question: is "more" the same as "better"? Are the many choices producing better health care decisions, or do they so confound seniors that they are more likely to make bad decisions that hurt their quality of care? Co-investigators at the University of California, Los Angeles, **Thomas H. Rice, Ph.D.**, a professor of health services, and **Yaniv Hanoch, Ph.D.**, a visiting assistant professor of health services, are studying the decision process employed by the elderly as they grapple with the multitude of options available under the new Medicare prescription drug benefit and managed care plans. *Manacled Competition: Limiting Health Insurance Choices for the Elderly* is an effort to understand whether more choice will boost enrollment in Medicare drug plans and managed care, or whether better choices are made when there are fewer options available. Drs. Rice and Hanoch consider how age-related cognitive changes, number of choices, and different types of information affect decision-making. Their work should guide efforts aimed at helping seniors make better use of their coverage options under Medicare.



Jonathan S. Skinner,
Ph.D.

As U.S. health care spending continues to escalate, there is a vigorous debate about whether that extra cash is purchasing better health. Some feel that increased spending is driven by innovations in medical technology that significantly improve outcomes. Others believe health care costs are rising because money is being wasted on unnecessary treatment. **Jonathan S. Skinner, Ph.D.**, John French Professor of Economics and a professor of community and family medicine at Dartmouth College, believes that the relationship of cost to quality of care depends on where one lives and on who provides the care. He sees productivity and availability of technology as varying dramatically among different regions and providers. Dr. Skinner's project, *Productivity and Technology Diffusion in Health Care*, analyzes the treatment of heart attack patients since 1986, the use of cardiac stents, how variations in technology lead to health care disparities, and the link between technological progress and health care costs. Dr. Skinner's work should offer revealing insights into how medical technology is distributed through the health system and the effects on expenditures and health outcomes.

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 depdir@ifh.rutgers.edu.

The Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful, and timely change. The Foundation seeks to:

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

For more than 30 years, the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in your lifetime.

For more information, visit www.rwjf.org.

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