

Ten New Research Projects Explore Solutions to America's Pressing Health Care Challenges

With the passage of comprehensive health reform, the United States must redouble efforts to address our most vexing health policy issues. The need for innovative, cross-cutting health policy research is more urgent than ever. The Robert Wood Johnson Foundation (RWJF) recently announced the selection of this year's recipients of the *RWJF Investigator Awards in Health Policy Research* – scholars who will tackle some of America's most difficult health concerns and inform policy on these issues. The winning scholars, affiliated with major institutions across the country, will receive awards of up to \$335,000 to support 10 innovative and cutting-edge research projects. The award recipients are:

- Co-investigators Joel T. Braslow, M.D., Ph.D., University of California, Los Angeles, and John S. Brekke, Ph.D., University of Southern California
- Cynthia A. Connolly, Ph.D., R.N., P.N.P., University of Pennsylvania
- Jennifer L. Hochschild, Ph.D., Harvard University
- James S. Jackson, Ph.D., University of Michigan
- Aaron S. Kesselheim, M.D., J.D., M.P.H., Harvard University and Brigham and Women's Hospital
- Miriam J. Laugesen, Ph.D., Columbia University
- Co-investigators Jens Ludwig, Ph.D., University of Chicago, and Greg J. Duncan, Ph.D., University of California, Irvine
- S. V. Subramanian, Ph.D., M.Phil., Harvard University
- Co-investigators Jason Schnittker, Ph.D., University of Pennsylvania, and Christopher Uggen, Ph.D., University of Minnesota
- Co-investigators Robert L. Wears, M.D., University of Florida, and Kathleen M. Sutcliffe, Ph.D., University of Michigan

This prestigious and highly competitive funding program attracts investigators from a wide range of fields including medicine, nursing, public health, economics, sociology, political science, psychology, history, law, ethics, journalism, communications, public and social policy, and others. A national advisory committee of distinguished experts from fields similar to those of the investigators reviews applications and makes funding recommendations to the Foundation. The members of the 2009-2010 national advisory committee (NAC), which includes seven past Investigator Awardees, are:

- Paul D. Cleary, Ph.D., Yale University, NAC Chair
- Sheila Burke, R.N., M.P.A., Harvard University
- Lawrence Casalino, M.D., Ph.D., Weill Cornell Medical College, 1999 Awardee
- Susan Dentzer, *Health Affairs*

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- Judy Feder, Ph.D., Georgetown University
- Bruce G. Link, Ph.D., Columbia University, 1995 Awardee
- Catherine G. McLaughlin, Ph.D., Mathematica Policy Research, Inc.
- Mark A. Peterson, Ph.D., University of California, Los Angeles, 1994 Awardee
- Jill B. Quadagno, Ph.D., Florida State University, 1999 Awardee
- Jeannette Rogowski, Ph.D., University of Medicine and Dentistry of New Jersey
- Sara Rosenbaum, J.D., George Washington University, 2000 Awardee
- Mark J. Schlesinger, Ph.D., Yale University, 1993 Awardee
- Alvin R. Tarlov, M.D., University of Chicago (retired)
- William A. Vega, Ph.D., University of Southern California
- Keith A. Wailoo, Ph.D., Princeton University, 2001 Awardee

RWJF created the Investigator Awards in Health Policy Research program to support talented researchers throughout the stages of their careers whose cross-cutting and bold new ideas promise to contribute meaningfully to improving U.S. health policy. Funded projects produce enduring insights and sophisticated analyses of pressing problems, potential solutions for improving health and health care, and evidence that can inform policymakers, the media, and the public. Since 1992, the Foundation has supported 167 projects involving 216 investigators.

“Through the Investigators’ program, the Foundation invests in ideas and individuals – investments that pay off long after the research grants have ended,” said Lori Melichar, Ph.D., economist and senior program officer in Research and Evaluation at RWJF. “The books and articles resulting from Investigators’ research contribute to the public discourse in health policy. The program also provides the Investigators with opportunities to join the debate on health policy issues, and influence how policymakers think about the challenges of providing and financing health care and improving the health of the nation.”

David Mechanic, Ph.D., leads the RWJF Investigator Awards program, which is headquartered at the Institute for Health, Health Care Policy, and Aging Research at Rutgers, The State University of New Jersey. “This program supports thinking that is creative and crosses disciplinary boundaries in search of knowledge and solutions to emerging problems or vexing issues that are important for improving the nation’s health and health care,” Mechanic says.

A brief description of each new investigator project follows.



Joel T. Braslow, M.D.,
Ph.D.



John S. Brekke, Ph.D.

Based on concepts of personal strength and empowerment, the Recovery Movement has become the major driving force of American mental health policy, and like similar efforts over the last two hundred years, recovery-oriented transformation promises dramatic hope for the care, treatment, and lives of those with severe mental illness. For their Investigator Award project, Joel T. Braslow, M.D., Ph.D., Frances M. O'Malley Chair in Neuroscience History at the University of California, Los Angeles, and John S. Brekke, Ph.D., Frances Larson Professor of Social Work Research and Associate Dean of Research at the University of Southern California, focus on the California Mental Health Services Act, a massive mental health policy endeavor and the largest effort to date aimed at a statewide recovery-oriented transformation. The investigators will describe the impact of California's mental health reform initiative in Los Angeles County and analyze how state and county policies, clinician practices, and cultural values shape treatment of mental illness. Their project, *From the Curative Asylum to the Broken System: Understanding Hopes and Realities in Mental Health System Transformation*, will also evaluate how networks of clinics, which provide integrated medical and social services and move patients from higher to lower levels of care as they recover, impact patients' outcomes and experiences. Drs. Braslow and Brekke will integrate the Los Angeles County experience with lessons learned from the past to examine whether the Recovery Movement provides a sound basis for viable mental health policy or whether alternative approaches hold promise for better meeting the complex needs of people with chronic mental illness. Project findings will help inform policy changes under consideration by states and counties throughout the country.



Cynthia A. Connolly,
Ph.D., R.N., P.N.P.

The growing use of pharmaceuticals in children raises complex and troubling policy issues. How can we conduct research on safety and efficacy, ensure patient safety, provide access to promising treatments, and encourage private sector innovation and product development – all the while protecting children? Cynthia A. Connolly, Ph.D., R.N., P.N.P., an associate professor of nursing at the University of Pennsylvania, probes the many dimensions of this dilemma through a historical lens. Her project, *A Prescription for Healthy Childhood: A History of Children and Pharmaceuticals in the United States*, addresses four major health policy issues: how beliefs about children and their place in American society informed policy debates surrounding pharmaceuticals for children; how stakeholders have responded to debates about use, testing, advertising, and regulation of pharmaceuticals for children; how ideas about children's best interests shifted over time and shaped health policy; and how politics and legislative and regulatory choices led to reforms with both intended and unintended consequences. Dr. Connolly's findings will shed light on current controversies such as the escalating use of behavioral drugs in children, off-label prescribing of anti-depressants, use of over-the-counter products, and the appropriate role of drug studies in children to ensure safety and efficacy. Her research should help expand our understanding of the costs, benefits, risks, coverage, and access issues associated with children's pharmaceuticals.



Jennifer L. Hochschild,
Ph.D.

The use of genomics in medicine has the potential to transform concepts of racial identity – making it immaterial, highly salient, or possibly both in different circumstances. Treatment for genetic diseases may eventually be tailored to fit an individual's genome, in which case the patient's self-defined race will not matter. Alternatively, genomic medicine may result in treatments that are licensed only for people of a particular race, as in the case of BiDil, an FDA-approved drug for treating congestive heart failure only in African Americans. Jennifer L. Hochschild, Ph.D., Henry LaBarre Jayne Professor of Government at Harvard University, and colleague Maya Sen, J.D., will explore the growth of politics, ideologies, and policies in this rapidly evolving field. Their study, *Genomics, Medicine and Race: Political Valences and Health Policy Implications*, will examine the growth of individuals' direct access to their own or family members' genetic information; how genetic information is changing the practice of medicine; and the extent to which genetic medicine affects how Americans think about their race and ethnicity. They will focus on how government can support genomic research while protecting citizens from risks, and how policymakers' beliefs or partisan affiliations can influence their opinions about regulation, funding, prohibitions, and acceptable risks. They will conduct a national survey of 5,000 people, as well as 100 in-person interviews with key players in the field from genomic scientists to legislators and judges. Their project will lead to policy options addressing the appropriate role of race in drug approval, improvements in medical diagnosis and treatment, and guidelines for legitimate use of information from individual DNA profiles.



James S. Jackson, Ph.D.

Despite well-known physical health disparities between blacks and whites, a puzzling research paradox shows no major differences in mental health disorders between the racial groups. **James S. Jackson, Ph.D.**, Daniel Katz Distinguished University Professor of Psychology and Director of the Institute for Social Research at the University of Michigan, will explore the reasons behind these seemingly conflicting findings. His study, *Race Difference in Physical and Mental Health Disparities: Biological Mechanisms and Behavioral Change*, will consider the connection between mental and physical health and examine how the effects of stressful living conditions combined with unhealthy behaviors may create the patterns of health disparities that many policymakers and health care providers find perplexing. Using the Affordances Framework, a new and complex way of thinking about disparities, Dr. Jackson will analyze how available coping strategies, such as overeating, smoking, and alcohol and drug use, may lead to non-compliance with medical advice contributing to the onset and course of chronic diseases in blacks, while buffering the downward spiral toward mental illness. Dr. Jackson believes the framework offers a fundamentally different approach to how we might view the root causes of disparities (especially in cardiovascular disease and type 2 diabetes), if blacks and other highly stressed population groups preserve their mental health by continuing to engage in unhealthy behaviors, rather than adhering to recommended lifestyle changes. His findings should produce information that can enhance understanding and guide the design of more effective interventions and programs for reducing health disparities.



Aaron S. Kesselheim, M.D., J.D., M.P.H.

How can the engine of pharmaceutical innovation in the United States, sluggish now despite substantial investment, be jump-started again? Whether the right pathway involves increased government support of basic research or a transformation of industry product development and clinical trial work, patent law will play a key role. **Aaron S. Kesselheim, M.D., J.D., M.P.H.**, an assistant professor of medicine at Harvard Medical School (based in the Division of Pharmacoepidemiology and Pharmacoeconomics, Department of Medicine, Brigham and Women's Hospital), explores a number of questions related to this issue, including how basic, translational, and product development research combine to create breakthrough drugs and how patent-based incentives facilitate or impede drug development. His project, *Sources of Transformative Innovation in Medication Development*, will identify the most transformative drugs that have emerged in the past 25 years, examine their scientific origins, and assess the intellectual, social, and financial factors that influenced their development. Dr. Kesselheim also will analyze whether patents have rewarded the most important contributors to new pharmaceutical breakthrough products and test an alternative to the current patent system. His project addresses whether new legal or resource-allocation strategies are needed to reinvigorate pharmaceutical innovation and how possible reforms might encourage drug development, apportion rewards more appropriately, and help contain research costs.



Miriam J. Laugesen, Ph.D.

Two decades after Congress reformed Medicare physician payment, Medicare costs continue to rise, physicians are still paid for each service provided to each patient, and payment incentives remain skewed toward highly specialized, procedure-oriented care. Although spending for physician services exceeded annual targets from 2003 to 2010, Congress postponed nine scheduled cuts in physician fees. Clearly, Medicare's system for paying physicians needs fixing. In a project titled *The Politics of Relative Values: Physicians and Medicare Fees*, **Miriam J. Laugesen, Ph.D.**, assistant professor of health policy and management at Columbia University's Mailman School of Public Health, examines why Medicare payment reforms fell short of their original objectives to contain costs and equalize payment gaps between primary care physicians and specialists. Her study will investigate the impact of the Resource-Based Relative Value Scale (RBRVS) implemented in 1992 for determining Medicare's fee schedule for physician services, including the role of physicians' participation in the scheduled reviews of the RBRVS, a largely undocumented process. Dr. Laugesen's findings will address the strengths and limitations of the process used to determine Medicare physician fee levels, as well as the future role of physicians in determining payment policies. Her project should provide policymakers with a better understanding of possible payment reforms that are technically and politically feasible and could encourage more coordinated, effective, and better compensated primary care for Medicare beneficiaries.



Jens Ludwig, Ph.D.



Greg J. Duncan, Ph.D.

In 2000, roughly 8 million Americans – a disproportionate number of them minorities – lived in neighborhoods with poverty rates of more than 40 percent, and also suffered alarmingly high rates of poor health outcomes. In a new book, **Jens Ludwig**, Ph.D., McCormick Foundation Professor of Social Service Administration, Law, and Public Policy at the University of Chicago, and **Greg J. Duncan**, Ph.D., Distinguished Professor of Education at the University of California, Irvine, will explore how various “place-based” public policies might improve health and other outcomes for some of the nation’s most disadvantaged families living in some of our most distressed urban neighborhoods. Their book will focus on lessons from one of the most ambitious randomized environment experiments ever undertaken, the five-city U.S. Department of Housing and Urban Development’s Moving to Opportunity program. Through a random lottery, some very low-income families living in public housing were offered a chance to relocate to less distressed areas. Using a range of outcomes data, the investigators expect to produce “gold standard” evidence illuminating the ways in which changing neighborhoods affect health and well-being. Their study, *Neighborhood Effects on Health*, will also analyze the costs and benefits of mobility and community-level interventions and has the potential to inform a wide range of health, education, community development, and other social policies.



S. V. Subramanian, Ph.D.,
M.Phil.

Although health outcomes vary dramatically across neighborhoods, we lack an in-depth understanding of the interrelationship between neighborhood environments and the health of their residents. In an effort to grasp this, **S. V. Subramanian**, Ph.D., M.Phil., a geographer and associate professor in the Department of Society, Human Development, and Health at Harvard University, will use empirical data from three long-range studies: the Framingham Heart Study, the Health and Retirement Survey, and the National Longitudinal Study of Adolescent Health. In his project, *Neighborhood Disadvantage and Health: a Lifecourse Perspective*, Dr. Subramanian will examine the complex interaction between environment and health across an individual’s lifespan. The study also will look at the possibility that residents’ health status may influence their choice of neighborhood. He will explore whether neighborhood socioeconomic disadvantage correlates with the degree of resources such as accessibility to parks and recreational facilities, health care services, public transport, food environment, and educational opportunities. Results should help advance our understanding of the role of neighborhoods in health and of the potential to improve quality of life in disadvantaged neighborhoods through investments in infrastructure and other community resources.



Jason Schnittker, Ph.D.



Christopher Uggen,
Ph.D.

State and federal correctional facilities in the United States house over 2 million people, more than all other nations, and release nearly 650,000 inmates each year. What effect does incarceration have on the health and health care of current and former inmates, and what role does it play in health disparities, since black Americans are incarcerated at much higher rates than whites? **Jason Schnittker**, Ph.D., an associate professor of sociology at the University of Pennsylvania, and **Christopher Uggen**, Ph.D., Distinguished McKnight Professor of Sociology at the University of Minnesota, will study this exceedingly important but neglected issue, especially with respect to the health of people after they are released. In their project, *The Effects of Incarceration on the Health of Individuals, Families, and Communities*, Drs. Schnittker and Uggen will explore the impacts of incarceration on mental and physical health, on families and children, and on health and health care quality at local and state levels. Using an assortment of datasets, they will take a close look at risk factors such as unemployment, marital instability, stigma, chronic stress, discrimination, neighborhood segregation, and access to health care. In the end, they will outline the health policy implications of incarceration, with the goal of informing debates on criminal justice reform and on strategies for improving the health of current and former inmates and their families.



Robert L. Wears, M.D.



Kathleen M. Sutcliffe,
Ph.D.

Since publication of the Institute of Medicine's landmark 1999 report *To Err is Human*, patient safety has become the shibboleth for health care providers nationwide. Yet, patient safety today means something much different – and much less radical – than it did 20 years ago, when the movement's pioneers focused on cross-disciplinary efforts to reduce health care hazards and harms. **Robert L. Wears, M.D.**, professor of emergency medicine at the University of Florida Health Science Center, and **Kathleen M. Sutcliffe, Ph.D.**, Gilbert and Ruth Whitaker Professor of Business Administration at the University of Michigan Ross School of Business, are examining the subtle issues around how patient safety has been transformed, and, in essence, become medicalized – controlled by health care organizations and professionals in ways that ensure their continued authority over care processes. Part of the study, *Medicalizing Patient Safety*, will explore changes in the numbers and proportions of prominently involved clinicians and safety scientists and in patient safety research content and methodologies. The researchers believe that the policy implications from this project will fall into two broad areas: building the human capital to support collaborations between clinical and safety scientists, and expanding the reach and aims of safety research and implementation activities. Findings will identify options for advancing progress in patient safety and for investing in promising avenues of research.

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The products resulting from these projects will be listed on the RWJF Investigator Awards program Web site. For more information about the program and its investigators and for past issues of this publication, please visit our Web site at www.investigatorawards.org.

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