

*Beyond Obamacare: Life, Death, and Social Policy*, by James S. House  
Instructor Study Guide

Chapter 1

- 1.1. What is America's "paradoxical crisis" of health care and health, and why is it paradoxical?
- 1.2. How and why could a developed nation that spends 50 to 100 percent more on health care and insurance than any other developed nation have worse population health than these other developed nations and some developing ones as well?
- 1.3. What is and should be the relation between domestic health policy and broader social/public policy?

Chapter 2

- 2.1. What are the goals of health care reform in general and the Affordable Care Act or Obamacare in particular?
- 2.2. In what way and to what extent has, can, and will Obamacare contribute to resolving America's paradoxical crisis of health care and health?
- 2.3. To what extent and why is each of the following a major problem with American health policy: (1) lack of access to health care and insurance; (2) levels of spending on health care and insurance; and (3) declining levels of population health relative to other nations and even absolutely?

Chapter 3

- 3.1. What is the "biomedical paradigm?" To what extent, when, and why did it occur? What is the "epidemiologic transition" and how does it relate to the "biomedical paradigm?" What does all of this tell us about the role of health care in producing population health? About how we should think about health policy?
- 3.2. How do "risk factors" differ from more deterministic etiological agents of individual and population health? How do the theory and evidence for psychosocial risk factors differ from that for biomedical ones? In what way has the discovery of psychosocial risk factors altered our understanding of health care and health policy?

- 3.3. What is the evidence that health care and insurance are not the major determinants of health, that they are less important than is generally assumed in health policy and practice? If this is true, why do we, as individuals and as a society, still tend to believe in the great efficacy and importance of health care and insurance as determinants of health?

#### Chapter 4

- 4.1. What is meant by the “rectangularization” and “compression” of mortality, morbidity, and disability/functional limitations? Why are these useful and important in thinking about population health and health policy?
- 4.2. How and why have social disparities in health between individuals varied over time and place in terms of both the actual nature of such disparities and the attention/approach to them in both research and policy?
- 4.3. Education and income are both indicators of socioeconomic position or status. How and why are they related to each other and to health? How and why is it important for science and policy to consider them as separate concepts and phenomena rather than as components of a single concept of socioeconomic position?
- 4.4. To what extent are observed social disparities in health by socioeconomic position or race-ethnicity a function of the effects of these variables on health or of the operation of some third factor that shapes both health and socioeconomic position, race-ethnicity, or gender?
- 4.5. Why and how, if at all, is the issue of causality more important or problematic when we move from more basic research toward more applied social policy in the area of health? To what extent are there or should there be different standards and modes of causal inference for applied policy versus basic research? For interventions directed at individuals versus populations?
- 4.6. Why are socioeconomic disparities in health so large—and still growing larger—in the United States?

#### Chapter 5

- 5.1. What is the relationship between socioeconomic differences and racial-ethnic and gender differences in health? What pathways, processes, or mechanisms account for or explain socioeconomic, racial-ethnic, and gender differences in health?

- 5.2. How and why, if at all, are social disparities in health important to both scientific understanding and public policy regarding population health and the issues involved in health care reform?

## Chapter 6

- 6.1. What evidence do we have that demand-side health policy is more effective in improving health than supply-side policy?
- 6.2. What is required to implement demand-side health policy in the United States? In terms of health research, education of health professionals, and health practice and policy?
- 6.3. What are HIA and HiAP, and why are they important to a new demand-side health policy? What are the strengths and weaknesses of current efforts at HIA and HiAP?

## Chapter 7

- 7.1. What is the evidence that education, literacy, and educational interventions at different points in the life course have significant and substantial effects on health? How does this evidence affect our understanding of the cost-effectiveness of current education policy and health policy?
- 7.2. What are the mechanisms or pathways by which education, literacy, and educational interventions at various stages of the life course affect health? How and why is understanding the nature of these mechanisms and pathways important for educational and health policy?
- 7.3. From the perspective of their effect on health, what kind of education policies should be prioritized in the United States? How would they differ, if at all, from what might be prioritized if you were thinking only of the effects of education on labor market and earnings outcomes, or on the global economic competitiveness of the United States? How would adding health to these other consequences of education alter cost-benefit analyses of policies and expenditures on education?
- 7.4. The direction of causality between income and health is seen as especially vexing by many analysts, particularly economists. Why is this issue of such concern and importance, especially from a policy perspective? How would you characterize the evidence for causal effects of income and income policies on health over the life course?

- 7.5. What are the mechanisms through which income and income policy have effects on health? How do they vary as a function of other factors such as age, gender, or income level? How are they different from the mechanisms through which other aspects of socioeconomic positions (such as education, occupation, and wealth) operate?
- 7.6. How would one describe the shape of the relationship of income to health? Based on what evidence? What are the implications of this for understanding issues of causality, mechanisms, and policy relating income to health?
- 7.7. What were the salutary impacts of the Civil Rights Acts of 1964 and 1965 on the health of black women? Why did these salutary effects not also extend to black men? To what extent are similar gains in civil rights for women in this period (and some of the same legislation) relevant for understanding trends in health for both black and white women?
- 7.8. Similarly, what was the impact of school desegregation on the subsequent socioeconomic determinants of health of African-Americans? In what ways is this analysis of civil rights policy enacted in the 1950s to 1970s relevant to current civil rights policies and their relation to health and other things?
- 7.9. How and why are the relations between levels or changes in population rate of employment or GDP growth generally procyclically related to population levels of mortality or other indicators of ill health, and how convincing is the evidence for these relationships?
- 7.10. How and why are employment and income levels generally inversely related to health at the level of individuals, and how convincing is the evidence for this relationship? What other characteristics of individuals, households, or their broader socioeconomic context may modify these relationships?
- 7.11. What kinds of macroeconomic and employment policies might best mitigate the adverse effects of employment and income on health at the aggregate and individual levels? Can some policies, or set thereof, do both? How well do current policies approximate what might be ideal policy in these regards? Would your answers to all of the above vary depending on whether you were thinking about economic upturns versus downturns at the aggregate or individual level?
- 7.12. How empirically strong and theoretically meaningful is the evidence for the impacts of residential context on health?

- 7.13. From a policy perspective, one can modify the residential contexts of people by either improving residential contexts or moving individuals from worse to better contexts. What are the pros and cons of each approach?
- 7.14. Despite the early and somewhat variable state of knowledge regarding the impact of residential contexts on health, there is a great deal of interest in research and policy in the area. What do you think accounts for the level of interest, and how justified do you think it is?
- 7.15. A major issue in social policy is whether efforts to supplement material resources and income are better accomplished by simply providing income supplementation with no strings attached, or whether such income supplementation should be conditional on other things (for example, practices with respect to health, education, or fertility), or should only occur via targeted provision of resources for specific purposes (such as money for food, education, housing, or health care). What are the pros and cons of each approach?

## Chapter 8

- 8.1. What are the major determinants of health? How does one answer this in relation to spending on health care and insurance or the ways in which we might reduce such spending (or slow its increase)?
- 8.2. What is the evidence that healthy people spend less on health care and insurance, both annually and over their lifetimes, than less healthy people? What are the implications of this for health policy?
- 8.3. How might greater consideration of health effects alter the current discussion of the fiscal problems of Social Security in the United States and the policy options for solving these fiscal problems?

## Chapter 9

- 9.1. How may have public policies in non-health areas, whether intentionally or inadvertently, affected social and health disparities by socioeconomic position, race-ethnicity, or gender?
- 9.2. How can and should issues of the political feasibility and causal certainty of given policy interventions in different societies affect the translation of research knowledge into policy? How has that affected both private and public analyses, recommendations, and actions in

terms of prioritizing nonbiomedical approaches to improving population health and reducing health care expenditures?

- 9.3. What are the strengths and weaknesses of the argument for focusing public policy more on health rather than health care, and particularly on education?