

HEALTH CARE IN THE U.S. AND SWEDEN

SPRING 2018

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Class hours: Tuesday & Thursday, 11.30–13.00
Office hours: Tuesday & Thursday, 10.00–11.30, A987

Even before the recent health care reform in the U.S., there was a lot of debate about health care—the spiraling costs, inadequacy, and inequality of delivery. Depending on one’s ideological affinity, the Swedish health care system was held up either as a model of a functioning single-payer system or as a warning of excessive state control over individuals’ health. From the Swedish perspective, on the other hand, health care as a polarizing political issue seems a relic of the past, except for discussions about specific details: there are no debates about fundamental changes to the system. When looking at some of the most common health care indices, this picture of the U.S. as having a health care system in complete disarray and Sweden having a stable, well-functioning health care system appears to be validated:

	<i>Sweden</i>	<i>United States</i>
Life expectancy at birth (years):	82 (4th)	79 (33rd)
Healthy life expectancy at birth (years):	74	70
Infant mortality rate (deaths/1000 before age one):	2.5 (4th)	6.8 (50th)
Adult mortality rate (deaths/1000 between ages 15 & 60):	71	131
Obesity rate (% of population):	17	32
Health expenditure (% of GDP):	9.6	17.6

However, the reality is a lot more complex than these numbers can convey. In this course, we will study each of these health systems in enough detail to beyond simple statistical indicators to get a much deeper understanding of similarities, differences, advantages, and disadvantages of the two systems.

GOOGLE CLASSROOM: The Swedish Program uses the Google Classroom platform for all its courses. On the course Classroom page, you will find the readings, assignments, and lecture notes, as well as links to useful resources for further study. The course platform is also where you will submit your assignments. It also functions as a discussion forum outside of class: you are highly encouraged to participate in extending class discussions by posting questions and links throughout the semester. I will use the course platform to post links to articles and books that are relevant to the class, as well as reminders of deadlines and questions I have for you as a group outside of class.

READINGS: There are two required books for this course, as well as a number of articles and reports. The required books are:

Bodenheimer & Grumbach, *Understanding Health Policy: A Clinical Approach*
Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care*

The other readings will be available for download on the course website. Also, the readings may change to reflect updates in the literature or the interests of the students.

LAPTOPS IN THE CLASSROOM: You are welcome to use a laptop to take notes during lecture. However, please refrain from using the internet while in class: it distracts you and those around you from the classroom discussion, and current research shows that focusing on several tasks at once negatively impacts learning.

GRADING: Your grade will be calculated according to the following breakdown:

<i>Attendance and participation:</i>	10%
<i>Presentations:</i>	20%
<i>Research project:</i>	70%

ATTENDANCE AND PARTICIPATION (10%): Attendance is mandatory; you have to come to lecture to pass this course. One unexcused absence is permitted; any unexcused absence after that will lower your grade one step (e.g., from A to A-). Participation is also an essential component of this course. You are expected to participate in a number of ways: e.g., you can be involved in class discussions and ask questions during lecture, you can be active on the Facebook group, and you can be engaged during in-class activities.

PRESENTATIONS (20%): You will do **two** in-class presentations during the semester (in addition to presenting your research project at the end of the semester). At least one of these must be a mini-case study related to the topic of that day's class. I will give you a list with examples of what these case studies might be. The other presentation is more open-ended: you can present alone or together with one other student; you can present a brief personal history—your own or that of a family member or friend—of an encounter with the health care system that illuminates some aspect of what we talk about in the course; you can explore the different sides of an important issue or concept; you can discuss how the portrayal of health and health care in the media changes our perception of and interaction with health and health care; and so on. The presentations should be about 10–15 minutes in length.

RESEARCH PROJECT (70%): In addition to learning the course material, you will be responsible for an extended individual research project. You are **required** to come talk to me about the research project during the first two weeks of the course. This project should be an in-depth investigation of some aspect of the American and/or Swedish health care systems that we do not cover in class—although you can also explore a specific topic related to health care more generally. The research project should use and incorporate what you have learned in lecture and through the class readings. You will be required to hand in reports of your progress on the project throughout the semester:

2/6: *Research questions (5%).* This is a 1–2-page report stating the questions that will guide your research, as well as a brief introduction to why you want to research this topic. The questions should define your topic and provide a road map for your research. (As your project progresses, the goal is to narrow and refine these questions into a single question that can be used to generate a hypothesis or a thesis for your overall project.) Guidelines for the research questions are on the website.

3/1: *Prospectus and class presentation (15%).* The prospectus is a brief (4–5 pages) statement describing your intended research project. It includes not only a more developed research question, but also a description of your methodology and expected findings. You will be given a detailed list of what to include, to help guide you when writing your prospectus. This week you will also give a very short (2–3 minutes) presentation to the rest of the class, telling them about your research project.

4/3: *Outline of current findings (5%).* At this point, you should have preliminary results for your project—enough to turn in a 1–2 page outline of your final product,

focused on presenting your results to date. I will post sample outlines on the website.

4/24 + 4/26: *Class presentation and executive summary (5%)*. The final week of class will be dedicated to presentations of your research projects. You will give a 10-minute presentation to the class on your project and your findings. You should also prepare a 1-page executive summary of your project and upload it as a doc to the Facebook group.

5/4: *Completed project due (40%)*. Your final research report should be 10–15 pages in length. I will give you a set of guidelines for structuring and formatting your paper, as well as an explanation of the criteria I will use to evaluate your final report.

SCHEDULE:

- 1/23 *Introduction to the course*
- 1/25 *Is there a right to health care?*
Reading: Roosevelt, “The Economic Bill of Rights”
Reid, *The Healing of America*, prologue + chapters 1–3
- 1/30 *What is health?*
Reading: Foucault, “The Politics of Health in the Eighteenth Century”
- 2/1 *Who decides about my health?*
Reading: Hartzband, “How Medical Care Is Being Corrupted”
Crews, “Talking Back to Prozac”
Lombardo, “Medicine, Eugenics, and the Supreme Court”
Drum, “My Life to Leave”
- 2/6 *Health care systems I*
Reading: Reid, *The Healing of America*, chapters 4–9
Research questions due!
- 2/8 *Health care systems II*
Reading: Squires & Anderson, “U.S. Health Care from a Global Perspective”
Squires, “Health Systems Data, 2013”
Schoen & Osborn, “2013 International Health Policy Survey”
- 2/13 *The U.S. health care system: coverage*
Reading: Bodenheimer & Grumbach, *Understanding Health Policy*, chapters 2–3, 5–6
Rosenthal, “Insured, but Not Covered”
- 2/15 *The U.S. health care system: cost and quality*
Reading: Reid, *The Healing of America*, chapters 10–13
“The State of U.S. Health 1990–2010”
Weitz, *The Sociology of Health, Illness, and Health Care*, chapter 8
Reinhardt, “Health Care Price Transparency and Economic Theory”
- 2/20 *The Swedish health care system*
Reading: “Health Care in Sweden” Sweden.se Fact Sheet
Saltman, “Swedish Health Care Reforms in Perspective”
Health Systems in Transition: Sweden, chapters 1–3, 5
- 2/22 *Health delivery case study: maternity care*
Reading: Rosenthal, “American Way of Birth, Costliest in the World”

Thomas, “Trusting Women, Respecting Birth: Prenatal Care in Sweden”

Johanson et. al., “Has the Medicalization of Childbirth Gone Too Far?”

2/27 *Health delivery case study: mental health*

Reading: Druss, “The Changing Face of U.S. Mental Health Care”
“Mental Health Parity”

The Guardian series on mental health in the U.S.

Patana: “Mental Health Analysis Profiles: Sweden”

3/1 *Health care spending: cost controls*

Reading: Bodenheimer & Grumbach, *Understanding Health Policy*, chapters 8–9

Bai & Anderson, “Extreme Markup”

Gawande, “The Cost Conundrum”

Gawande, “Overkill”

Prospectus due!

3/6 *Health care spending case study: the pharmaceutical industry*

Reading: Angell, “The Truth About the Drug Companies”

Angell, “Drug Companies and Doctors”

Chimonas & Kassirer, “No More Free Drug Samples?”

“Prescription Drug Trends”

“Pharmaceutical Costs” Chartpack

3/8 *Public health: differences in health outcomes*

Reading: Muennig & Glied, “What Changes In Survival Rates Tell Us”

Nordic Health Care Systems, chapter 10 (only sections on Sweden)

Karanikolos et. al., “Financial Crisis, Austerity, and Health in Europe”

Wolf & Aron, “The U.S. Health Disadvantage”

Radley et. al., *Rising to the Challenge*

3/13 *Public health case study: gender medicine*

Reading: Infographic: “How Sex and Gender Influence Health and Disease”

From Women’s Health to Gender Medicine, p. 9–16, 161–180

DeCola, “Gender Effects on Health and Healthcare”

Regitz-Zagrosek, “Sex and Gender Differences in Health”

Martin, “For Transgender Patients, a Growing Fight Over Health

Coverage”

3/15 *Public health case study: health and inequality*

Reading: De Giorgi & Pinkovskiy, “Health Inequality”

“Health Gaps”

Wolf et. al., “How Are Income and Wealth Tied to Health and

Longevity?”

“What is Medicaid’s Impact on Access to Care, Health Outcomes, and Quality of Care?”

3/20 *Public health case study: nutrition and food*

Reading: Pollan, “You Are What You Grow”

Stuckler & Nestle, “Big Food, Food Systems, and Global Health”

Stuckler et. al., “Manufacturing Epidemics”

Fields, “In Dialysis, Life-Saving Care at Great Risk and Cost”

3/22 *Public health case study: the built environment*

Reading: Jackson, “The Impact of the Built Environment on Health”

Frumkin, "Healthy Places"
Northridge et. al., "The Built Environment and Health"
"The Hidden Health Costs of Transportation"
Hutchinson, "How Trees Calm Us Down"

4/3 *Public health case study: the opioid crisis*

Reading: TBA

Outline of current findings due!

4/5 *Health delivery case study: immigrant care*

Reading: Footracer, "Immigrant Health Care in the United States"

Okie, "Immigrants and Health Care"

Artiga et. al., "Health Coverage and Care for Immigrants"

Gray & van Ginneken, "Health Care for Undocumented Migrants:
European Approaches"

4/10 *Health delivery case study: prison care*

Reading: Cloud, "Public Health in the Age of Mass Incarceration"

Bechelli et. al., "Breaking Down Silos Between Health Care and
Criminal Justice"

Kutscher, "Rumble Over Jailhouse Healthcare"

4/12 *The future of health care in the United States*

Reading: TBA

4/24 **Presentations of research projects**

+ 4/26 **Executive summaries due!**

5/2 **Exam week: final project due!**