

Health Care in the U.S. and Sweden

Spring 2024

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Class hours: Tuesday & Thursday 13.15–14.45

Office hours: Tuesday & Thursday 9.00–10.00, 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):	82.4	79.3
Healthy life expectancy at birth (years):	72.0	69.1
Infant mortality rate (deaths/1000 before age one):	2.4	5.6
Adult mortality rate (deaths/1000 between ages 15 & 60):	53	103
Obesity rate (% of population):	22.1	37.3
Health expenditure (% of GDP):	11.0	17.2

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 is one required book for this course, as well as a number of articles and reports. The required book is:

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 & phones: I *strongly discourage* the use of laptops in the classroom, even for note-taking. [Current research](#) indicates that we are better able to pay attention and retain what we learn if we take notes by hand rather than typing. If you have an accommodation that allows you to take notes on your laptop, you are of course excepted: you should be able to use the note-taking method that best helps you learn. I will post all graphs and tables I put up on the board during class to Classroom so that you will have access to them. However, phone use is *strictly prohibited* during class time (unless I explicitly state otherwise). *If I see you using a phone during class, I will mark you as absent.*

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

<i>Attendance and participation:</i>	15%
<i>Presentations:</i>	30%
<i>Case study reports:</i>	55%

Attendance and participation (15%): Regular attendance is mandatory. An unexcused absence may negatively affect your final grade. Your grade will not be affected if you miss a class due to illness or in the case of a (documented) emergency situation. If you have a personal or family event that conflicts with a class, and cannot be rescheduled, you may ask your instructor for an excused absence. Such a request should be made at least one week prior to the class in question. In addition to attendance, your active participation in class discussions is essential. You should also participate by posting to the course stream in Google Classroom. Please prepare for seminar by writing down the questions you have about the reading or the topic of that day's class.

Presentations (2 x 15%): You will do two in-class presentations during the semester. The first of these, during the first half of the semester (until 3/9), will be a country

case study, and will be a joint presentation with another student. The second presentation, during the second half of the semester (from 3/14) will be on a topic of your choosing related to the topic of the class the day you present. (For example, when we talk about health and inequality, you might present on health outcomes of the uninsured versus Medicaid patients.) You will receive guidelines for both the country case studies and for the individual presentations. The presentation for the country case study should be no more than 20 minutes long, while the one for your individual topic should be no more than 15 minutes long.

Case study reports (country case study: 25%; individual topic: 30%): Each of your presentations will be accompanied by a written report, where you can go into more depth on your topic than during the oral presentation. As with the presentation, the report for the country case study is joint (while the one for the individual topic is, naturally, individual). You will receive guidelines for how to structure each of the reports.

Course learning outcomes: At the end of this course, students should be able to:

- Demonstrate in-depth knowledge about both the general types of health care systems and specific case studies
- Compile independent research on a topic of their choosing into a cogent and compelling narrative
- Prepare clear and concise presentations, both joint and individual
- Produce rigorous, empirically based reports linked to those presentations

Schedule:

1/23 *Introduction to the course*

1/25 *The right to health care*

Reading: Roosevelt, "[The Economic Bill of Rights](#)"
Gawande, "[Is Health Care a Right?](#)"
Reid, *The Healing of America*, prologue + chapters 1–3

1/30 *What is health? What is illness?*

Reading: Foucault, "[The Politics of Health in the Eighteenth Century](#)"
Engel, "[The Need for a New Medical Model](#)"
Wade & Halligan, "[The Biopsychosocial Model of Illness](#)"

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 autonomy case study: Vaccine hesitancy*

Reading: Larson et. al., "[The Vaccine-Hesitant Moment](#)"
Paumgarten, "[The Message of Measles](#)"
Reich, "[I've Talked to Dozens of Parents About Why They Don't Vaccinate: Here's What They Told Me](#)"
Padamsee et. al., "[Changes in COVID-19 Vaccine Hesitancy Among Black and White Individuals in the US](#)"

2/8 *Evaluating health care systems*

Reading: Schneider et. al, "[Mirror, Mirror 2021](#)"
Tikkanen, "[Multinational Comparisons of Health Systems Data, 2020](#)"

2/13 *Health care system types*

Reading: Reid, *The Healing of America*, chapters 4–9

[“Multinational Comparisons of Health Care Systems”](#)

2/15 *Multipayer models in the U.S.*

Reading: Rosenthal, [“Insured, but Not Covered”](#)

Gunja et. al., [“U.S. Health Care from a Global Perspective, 2022”](#)

Collins et. al., [“The State of U.S. Health Insurance in 2022”](#)

2/20 *Single-payer models in the U.S.*

Reading: Reid, *The Healing of America*, chapters 10–13

[Medicare and Medicaid Basics](#)

[“What is Medicaid’s Impact on Access to Care, Health Outcomes, and Quality of Care?”](#)

[“The Struggle for Health Equity”](#)

Pines et. al., [“A Model for Integrated Care for the Ill and Injured”](#)

Feachem et. al., [“Getting More for Their Dollar”](#)

2/22 *The Swedish health care system*

Reading: [“Health Care in Sweden”](#) Sweden.se Fact Sheet

[International Health Care System Profiles: Sweden](#)

Saltman, [“Swedish Health Care Reforms in Perspective”](#)
[Health Systems in Transition: Sweden](#), chapters 1–3, 5

2/27 *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?”](#)

Villarosa, [“Why America’s Black Mothers and Babies Are in a Life-or-Death Crisis”](#)

2/29 *Health delivery case study: Mental health*

Reading: Druss, [“The Changing Face of U.S. Mental Health Care”](#)

Pollack, "[What Happened to U.S. Mental Health Care after Deinstitutionalization?](#)"

"Mental Health Parity"

Cain, "[How Neoliberalism Is Damaging Your Mental Health](#)"

The Guardian series on mental health in the U.S.: [Part 1](#) | [Part 2](#) | [Part 3](#)

3/5 *Health delivery case study: Health care for immigrants*

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](#)"

3/7 *Health care spending: Cost controls*

Reading: Bai & Anderson, "[Extreme Markup](#)"

Reinhardt, "[Health Care Price Transparency and Economic Theory](#)"

Gawande, "[The Cost Conundrum](#)"

Gawande, "[Overkill](#)"

3/12 *Health care spending case study: The pharmaceutical industry*

Reading: Rajkumar, "[The High Cost of Prescription Drugs](#)"

Kodjak, "[Prescription Drug Costs Driven By Manufacturer Price Hikes, Not Innovation](#)"

Carroll, "[The EpiPen, a Case Study in Health System Dysfunction](#)"

Sanger-Katz, "[How a Common Blood Test Can Cost \\$11 or Almost \\$1,000](#)"

Belluz, "[The Absurdly High Cost of Insulin, Explained](#)"

Stanley, "[Life, Death and Insulin](#)"

Prasad, "[The Human Cost of Insulin in America](#)"

Cefalu et. al., "[Insulin Access and Affordability Working Group: Conclusions and Recommendations](#)"

3/14 *Health care spending case study: Emergency care*

Reading: Rosenbaum: "[The Enduring Role of EMTALA](#)"

Pollitz et. al., "[An Examination of Surprise Medical Bills and Proposals to Protect Consumers from Them](#)"

Sarah Kliff's reporting on ER costs: [ER bills](#) | [Surprise out-of-network costs](#) | [Rationing](#)

Country case study report due!

3/19 *Public health: Differences in health outcomes*

Reading: Muennig & Glied, "[What Changes In Survival Rates Tell Us About US Health Care](#)"

Karanikolos et. al., "[Financial Crisis, Austerity, and Health in Europe](#)"

Avendano & Kawachi, "[Why Do Americans Have Shorter Life Expectancy and Worse Health Than Do People in Other High-Income Countries?](#)"

Squires, "[The Shortening American Lifespan](#)"

3/21 *Public health case study: Health and inequality*

Reading: De Giorgi & Pinkovskiy, "[Health Inequality](#)"
"[Health Gaps](#)"

Woolf 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?](#)"

Pilkington, "[Hookworm, a Disease of Extreme Poverty, Is Thriving in the US South. Why?](#)"

3/25

-4/7

Break: no class!

4/9 *Public health case study: The opioid crisis*

Reading: Kliff, "[The Opioid Epidemic Changed How Doctors Think About Pain](#)"

The Uncertain Hour, season 2, episode 4, "[The Sentence That Helped Set off the Opioid Crisis](#)"

Radden Keefe, "[Empire of Pain](#)"

Seelye, "[1 Son, 4 Overdoses, 6 Hours](#)"

Del Real, "[Opioid Addiction Knows No Color, but Its Treatment Does](#)"

Rabin, "[Overdose Deaths Reached Record High as the Pandemic Spread](#)"

4/11 *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](#)"

4/16 *Public health case study: Nutrition and food*

Reading: Pollan, [The Omnivore's Dilemma](#), chapters 4-7

Nestle, [Food Politics](#), Introduction

Hobbes, "[Everything You Know About Obesity Is Wrong](#)"

Florida, "[It's Not the Food Deserts: It's the Inequality](#)"

Silva, "[Food Insecurity In The U.S. By The Numbers](#)"

4/18 *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](#)"

4/23 *COVID-19 and the future of health care*

Reading: [Ready for the Next Crisis? Investing in Health System Resilience](#), chapter 1

[Global Health and Healthcare Strategic Outlook: Shaping the Future of Health and Healthcare](#)

Arsenault et. al., "[COVID-19 and Resilience of Healthcare Systems in Ten Countries](#)"

Bleser et. al., "[Pandemic-Driven Health Policies To Address Social Needs And Health Equity](#)"

4/25 *Choice topic*

Reading: TBA

5/2 Exam week: individual topic report due!