FEATURE

HEALTH AT HEART

Few issues raise as many thorny questions as healthcare. How can we improve the quality of care while containing costs? How can we eliminate the health disparities between different populations? And what should healthcare even encompass when research shows that myriad social and economic factors can affect our physical and mental well-being?

Danielle Dooley, MD, MPhil (1995) and Amy Finkelstein, PhD (1995) have been pondering such questions for decades, albeit from different perspectives. Here, a front-row seat to their recent conversation about one of the nation's more critical issues.

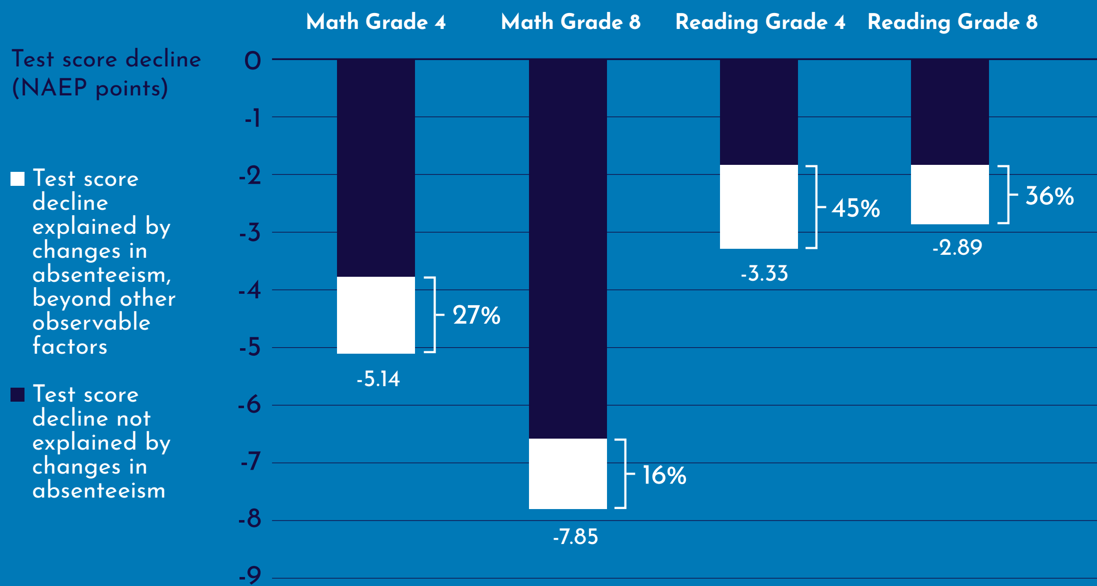
BY ALEXANDER GELFAND

As an economist at MIT and co-scientific director of the Abdul Latif Jameel Poverty Action Lab (J-PAL) North America, a research center that promotes randomized evaluations of domestic policy issues, Amy Finkelstein has studied both health insurance and healthcare delivery. She has conducted randomized controlled trials of programs to support high-need, high-cost patients and expand Medicaid coverage to low-income, uninsured adults; co-authored a book, *We've Got You Covered*, that advocates for providing free basic universal coverage to all Americans; and analyzed universal health insurance programs in other countries. "My particular passion is healthcare delivery and randomized controlled trials: trying to test and learn about what can be most effective in improving population health and cutting out waste in healthcare," she says.

Danielle Dooley is seeing healthcare issues firsthand as a pediatrician at Children's National Hospital in Washington, DC, where she also serves as medical director of Community Affairs and Population Health in the Child Health Advocacy Institute, which advances policy and systems changes to achieve health equity for all children. She has overseen school-based health centers; co-authored numerous publications designed to help clinicians and policymakers understand and address the effects of poverty, racism, gun violence, and justice involvement on child and adolescent health; and continues to see patients on a regular basis. "Over the years, my expertise has really evolved into school health, as well as caring for children and families who have immigrated," she says.

Here the two former London roommates, one a researcher and the other a clinician, discuss what they have learned about healthcare from their respective vantage points—and consider the prospect of working together to further their shared mission of improving healthcare for all.

Role of Absenteeism in Test Score Declines 2019-2022



Council of Economics *Source:* CEA and NCES calculations in NAEP score points. *Note:* Control variables include race/ethnicity, gender, English language proficiency, free and reduced price home, and disabililty status. Students self-report days absent over the past month. As of September 1, 2023 at 3:44pm.

Amy, you and your colleague Liran Einav argue that we should scrap our current health insurance system and replace it with one in which everyone automatically gets free basic coverage. Why not just try to improve the system we already have?

AF: What we have now is a system that was never deliberately constructed and planned, but that grew up haphazardly as well-intentioned policymakers tried to plug specific gaps. We wound up with a patchwork system in which the whole is less than the sum of its parts—and that's what made us think that to do this right, we need to start over and build a solid foundation with automatic universal basic coverage.

We spent a lot of time thinking about the problem that we are trying to solve with health insurance policy. And the more we looked at the history of what we have been attempting to do here in the US, as well the underlying philosophy and psychology in other countries, it became clear that there is a fundamental social contract: We are not going to stand idly by when people are desperately ill and unable to afford access to lifesaving care. But the way we have gone about trying to achieve that has not been very effective. So our point, which has been recognized by people across the political spectrum, is that we should just formalize that commitment and fund it up front through universal basic coverage.

Danielle, how large does insurance loom for you as a physician in the clinic?

DD: I'm in my 20th year in practice, and I see every day in my work that insurance shapes everything about kids' trajectories and outcomes in ways both good and bad. At the practice level, every day, you are grappling with, "What is this kid's insurance status? What can they access? What can they not access?" So I think the work Amy does is really critical because your insurance status and type are a determinant of your health; it fundamentally determines what kids are going to have access to, from basic immunizations to mental health care.

You've written about the effects of many other social determinants of health, such as racism and poverty. How do you address such factors, which often lie beyond the scope of standard medical care but can nonetheless lead to significant health inequities?

DD: People now need, expect, and want all those social determinants of health to be addressed. It's a very hard time to be a clinician—partly because of the social fallout from the pandemic, but also because the complexity of families' lives and their social needs is often overwhelming. And that's what we face in the exam room every day: I can see you for your strep throat, but I've also got to be thinking about, "Is your family able to get you to school? Are they able to get food on the table?"

Because education is one of the most critical determinants of health for kids, I'm really focused on chronic school absenteeism. Before the pandemic, 15% of kids were chronically absent nationally. It's now closer to 30%. In my city, it's a real crisis: A quarter of kids were chronically absent before the pandemic, and almost 50% were chronically absent in the past year. My premise is that we really need school attendance data integrated into pediatric primary care, so we have a pilot going with DC public schools where our practice conducts outreach to students and families that are struggling with school attendance.

AF: I would love to hear more about what kind of outreach you're doing, and if you've ever had any interest in trying to build a "test and learn" environment to try different interventions and see which are most effective. That's exactly the kind of thing that J-PAL North America is designed to do: figure out which strategies are most effective.

I hadn't previously heard of any data linking school absenteeism to healthcare records, and I almost immediately started thinking that you could see the channels going both ways: that a health crisis could provoke absenteeism, and an absenteeism crisis could in turn lead to health problems.

DD: Oh, definitely. If you cut kids off from school, they're not getting their school meals; they're not getting their physical activity; they're not getting their social-emotional learning, their interactions with peers, their potential connections to supportive adults. The impact is really profound.

Amy, you suggest a complete overhaul of the health insurance system. What about healthcare delivery? What's the best way to advance health equity and improve the efficacy and efficiency of care: radical reform or carefully targeted programs?

AF: We don't yet know what we could do at scale to be super effective; if you made me king of the world, I couldn't be sure how to dramatically improve population health without increasing healthcare spending. So unless and until the day comes when we really do find some major overhaul that would be valuable, we actually say that we should take a more cautious approach and engage in what my MIT colleague Esther Duflo, who shared the 2019 Nobel Prize in Economics, argues for, which is the economist as plumber: tinkering, going in, and fixing the taps where you can. When we find something that works, and we've tested it rigorously, let's try to expand it.

Increasingly, what we try and do is not just test a program but test alternative versions of it. For example, people at J-PAL North America have done work on outreach to encourage people to enroll in health insurance where they've said, "Let's look at text messaging versus personalized phone calls versus other ways of reaching people." So it's not just thumbs up or thumbs down, but relative efficacy. Where is the greatest bang for the buck?

In that respect, people like Danielle are the unsung heroes of the story—practitioners who are not only committed clinicians working hard day to day in their communities, but who are also committed to a data-driven approach to figuring out what can be most effective. The more we learn, the better we can deploy whatever resources we have towards the most effective programs and policies.

Danielle, what does the path forward look like to you?

DD: I wish I had all the answers. I do believe that partnerships with people like Amy are critical because those of us who are practitioners can think of the idea or make the connection to the community, but we do not have the bandwidth, the time, or often the support to do the evaluations that need to be done. So we need researchers like Amy who are willing to partner with communities and community practitioners. If we are going to fix the system, the solutions have to come out of the community; they have to be informed by people in the community.

But I think the other reality is that people in healthcare have to be involved in public policy. It's hard because we have such a shortage of people in practice, but we've just got to be at the table in some of these public health and public policy roles. And in order to amplify that work, we've got to partner with researchers and thought leaders like Amy and her team, who can help demonstrate evidence-based interventions.

AF: I'd love to see if we can partner together.

DD: We definitely need to talk some more!

Danielle G. Dooley, MD, MPhil, FAAP is a general pediatrician at Children's National Hospital in Washington, DC, and associate professor of pediatrics at the George Washington University School of Medicine and Health Sciences. She serves as Medical Director for Community Affairs and Population Health in the Child Health Advocacy Institute with a focus on school health and legislative advocacy. She received a BS degree in political science from the Massachusetts Institute of Technology, an MPhil degree in community health from the University of Edinburgh as a Marshall Scholar, and an MD degree from Columbia University College of Physicians and Surgeons as a National Health Service Corps Scholar. She completed her residency in pediatrics at the Johns Hopkins Hospital Children's Center. She is a member of the Council on Foreign Relations.

Top Health Reasons Kids Miss Too Much School

- > Asthma
- > Oral health and dental plan
- > Influenza
- > Anxiety
- > Depression
- > Parents' physical or mental health
- > Type I and II diabetes mellitus
- > Seizure disorders
- > Obesity

Over **80% of health outcomes** are driven by the impact of socioeconomic and environmental factors—such as being exposed to trauma, not having stable housing, or not having access to food, transportation, and healthcare.

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3 Things Healthcare Providers Need to Know

✓ Students who do not graduate high school have greater health risks as adults. The less education adults have, the more likely they are to smoke, be overweight, have diabetes, and die prematurely of certain chronic conditions.

✓ Youth who attend shool regularly are less likely to engage in behaviors associated with poor health outcomes such as substance use or high-risk sexual behaviors.

✓ Not earning a high school diploma is associated with increased mortality risk or lower life expectancy.

Source: Children's National Hospital, Child Health Advocacy Institute

Amy Finkelstein is the John & Jennie S. MacDonald professor of economics at the Massachusetts Institute of Technology. She is the co-founder and co-scientific director of J-PAL North America, a research center at MIT that facilitates randomized evaluations of important domestic policy issues. She is also the founding editor of American Economic Review: Insights *and the co-director of the Economics of Health Program at the National Bureau of Economic Research. She is a member of the National Academy of Sciences and of the Institute of Medicine, and a fellow of the American Academy of Arts and Sciences and of the Econometric Society. Finkelstein's areas of specialization are public finance and health economics. From 2008-2020 she served as co-director of the Public Economics Program at the National Bureau of Economic Research. She received her PhD in economics from MIT in 2001; an MPhil in economics from Oxford, where she studied as a Marshall Scholar, in 1997; and an A.B. in government summa cum laude from Harvard in 1995. Prior to joining the MIT faculty in 2005, she was a junior fellow at the Harvard Society of Fellows.*