U.S. HEALTH CARE DELIVERY INITIATIVE





WHAT WE PROVIDE



Matchmaking with researchers



Technical assistance

Evaluation funding

Health care shapes the quality of life of every American. Every year, the United States spends about \$3 trillion on health care. Yet, health outcomes are comparatively poor and stark disparities in access and quality remain. Rapidly rising health care costs are compounded by a fragmented and inefficient health delivery system that is often difficult to access. For

many low-income individuals, the health care system causes severe financial strain without significantly improving health and well-being.

The J-PAL U.S. Health Care Delivery Initiative (HCDI) aims to improve health care delivery as a strategy to reduce poverty. The initiative supports policymakers and practitioners in rigorously evaluating innovative approaches to health care delivery and in identifying evidence-based solutions to pressing health care challenges. Based at J-PAL North America, a research center at the Massachusetts Institute of Technology (MIT), the initiative provides:

- Partnership development between policymakers, practitioners, and researchers to spur policy-relevant research
- Technical assistance in identifying and scoping opportunities for rigorous evaluation of innovative programs
- Targeted research funding
- Trainings and resources for researchers and policymakers regarding rigorous evaluation
- · Academic-led syntheses of existing evidence on key policy topics

HCDI studies are exclusively randomized controlled trials (RCTs).

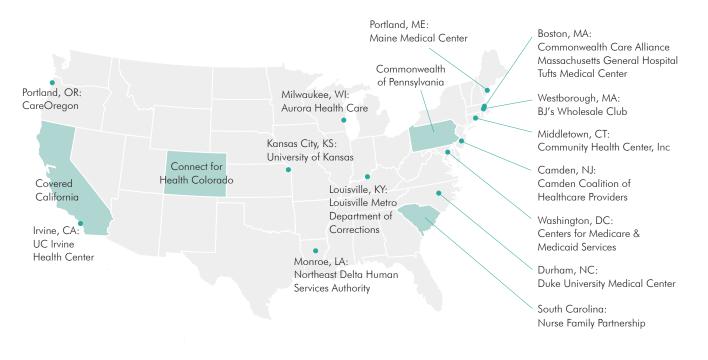
SELECT STUDIES LAUNCHED SINCE 2013

Research supported by the initiative includes studies of:

- The Nurse-Family Partnership's nurse home visiting program, which seeks to improve birth and long term outcomes for low income, first-time mothers and their children;
- The Camden Health Coalition of Healthcare Providers' pioneering care coordination program for high-need, highcost patients;
- Interventions assessing how cost and quality information provided to consumers on the California and Colorado health insurance exchanges impacts individual decision making;
- Distribution of informational letters to suspected overprescribers of opioid pain relievers and other high-risk controlled substances, in partnership with the Centers for Medicare and Medicaid Services and the White House Social and Behavioral Sciences Team; and
- Workplace wellness programs at BJ's Wholesale Club and at a large employer in the Midwest that incentivize workers to participate in programs promoting a healthy diet, exercise, and stress reduction.

To learn more about this initiative, please visit povertyactionlab.org/HCDI. If you have further questions or would like to discuss a potential proposal, please email initiative manager Anna Spier at aspier@mit.edu.

PAST AND PRESENT J-PAL NORTH AMERICA HEALTH SECTOR PARTNERS



THE COMPETITION

The J-PAL Health Care Delivery Innovation Competition supports health care organizations and government health agencies in the United States in developing compelling and reliable evidence of the impact of innovative programs.

Selected applicants will receive technical assistance from J-PAL staff on study design and feasibility, connections with J-PAL's network of academic researchers, and training opportunities to learn more about impact evaluation.

Applicants that collaborate with a researcher from J-PAL's network to design a high-quality evaluation are eligible to jointly apply for funding to cover the costs of evaluation, typically in the range of \$150,000 to \$300,000. For more information about how and when to apply, visit povertyactionlab.org/hcdi-innovation-competition.

WHY RANDOMIZED CONTROLLED TRIALS (RCTs)?

RCTs are widely recognized as a credible and convincing method for estimating program impact. In these studies, a sample of eligible program participants is randomly separated into two groups: one group that is offered the program and one group that is not offered the program. This "random assignment" ensures that, with a large enough sample, these two groups are similar on average before the start of the program.

When outcomes are measured after the program (and the study is properly designed and implemented), the only difference between the two groups is that one was offered the program and the other was not. Any differences in outcomes can thus be attributed directly to the program.

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ABOUT J-PAL NORTH AMERICA

J-PAL North America is a regional office of the Abdul Latif Jameel Poverty Action Lab (J-PAL) based at the Massachusetts Institute of Technology (MIT). J-PAL is a global network of affiliated researchers who use randomized evaluations to answer critical policy questions in the fight against poverty. Our mission is to reduce poverty by ensuring that policy is informed by scientific evidence. J-PAL North America was established with support from the Alfred P. Sloan Foundation and the Laura and John Arnold Foundation. The U.S. Health Care Delivery Initiative launched with funding from the Laura and John Arnold Foundation and the Robert Wood Johnson Foundation.