



The graphic features a blue header with the text "October Newsletter" in white. Below it is a "Read Now" button. To the left is a photo of four people at a conference table. The IHEA logo is in the top right. Social media links for the website and Twitter are at the bottom left.

**IHEA**  
INTERNATIONAL HEALTH  
ECONOMICS ASSOCIATION

## October Newsletter

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## President's Message

One thing that a lot of people have come to appreciate as the COVID-19 episode proceeded is that the state of population health affects the economy. Now to health economists, especially health economists working in Emerging Market Economies, this did not come as much of a surprise. But to the rest of the world, and to much of the rest of the economics profession, with a few notable exceptions, the fact that population health is a factor in how the macroeconomy performs was something of a revelation.

This is clearly a time when health economists can make a concerted effort to convince economic policy makers that health care is not just a cost centre, but is actually a critical input into both short run economic performance and long run economic growth. Health economists know that there is a large literature on these issues, but it is not always clear that economic policy makers in other fields appreciate this, especially in Advanced Market Economies, which had, until COVID-19, tended to think of themselves as somehow protected from serious epidemics. Arguably, it is time for a rethink, and macro-oriented health economists have an important role to play not just in assessing the effects to this point of the COVID-19 pandemic, but also in evaluating the economic response policies that various countries put in place and in designing the economic response which might be put in place to future pandemics.

That means, among other things, sorting out how to put population health into a whole range of economic models which at present neglect it. Those models include long run models of economic growth, but also short run macroeconomic models. If COVID-19, and long COVID-19, are going to be part of lives in countries around the world for the foreseeable far-future, it is a fairly safe bet that aggregate labour productivity will be reduced. That will give a downward shock to the economic growth path, although whether it will slow the rate of growth over the long run will depend on the time series properties of the model and of the level of population health, as well as what we think the drivers of technological change are. Are our current approaches to

assessing the role of population health in models of economic growth suited to the task, econometrically?

At the business cycle level, the reduction in labour productivity is likely to reduce aggregate supply and raise the general price level. The magnitude of that effect is going to be a critical factor in monetary policy in the next few years.

We have got good starting points, of course – there is the work on the difference between the micro and macro estimates of the impact of health on economic growth, and there is good work on how the impact of illness in the labour force differs across industries depending on the nature of the production function. There's a lot of work on population health measurement, so in some areas the issue is a data issue - how to come up with time series, or comparable cross section measures that could enter the aggregate production function. The concept of investment in health clearly passes over very nicely in a conceptual sense: like investment in physical capital stock, investment in health capital will stimulate both Aggregate Demand and Aggregate Supply. And on the downside, as the health capital literature has noted, some health shocks are transitory and others represent a continuing degradation of the productivity of the labour force, even when they don't reduce either the rate of labour force participation or the size of the working age population.

As most health economists realize, the formal dynamics of the accumulation of health capital can be fitted, theoretically at the very least, into models of optimal economic growth. Doing so adds a state variable to the model, which raises its own technical challenges, but perhaps it is time for a health economist to wrap up the remaining loose ends of the two state variable optimal control problem. And pandemic dynamics, with recurring waves, are likely to add a very specific dynamic to long run economic trajectories.

It is clear that health is going to play an ever larger role in macro policy questions in many economies. Not just episodes like the COVID-19 pandemic, but the consequences of the aging population for the productivity of the labour force, where we have an obvious starting point in looking at how the decline in smoking has affected labour productivity over the long run; an impact which might well not show up in short run empirical analysis but which should be there in the cointegrating relations.

It is not just that health economists have a lot to contribute to those areas of economic policy analysis which have tended to see us as siloed away. It is also that in IHEA we have such a broad range of skills, and economists working in so many related aspects that the IHEA conference is probably the best forum for trying out ideas and getting meaningful feedback.

I have been trying to avoid using the expression “never let a crisis go to waste”, but there is an element of that here in the sense that through the COVID-19 crisis, the policy world has been shown, quite squarely, that health is a critical input into macroeconomics on both the aggregate supply and aggregate demand side. So let's lock that notion in, before the whole COVID-19 pandemic is relegated to being nothing more than a negative productivity shock in somebody's Real Business Cycle Model.

Audrey Laporte BA MA PhD  
President, International Health Economics Association

# Congress



## Diversity in Health Economics

15th IHEA World Congress  
Cape Town, July 8-12, 2023

### Call for Pre-Congress Session proposals: IHEA 2023 Congress, Cape Town

A program of pre-congress sessions will take place on Saturday July 8th and Sunday July 9th, 2023 at the Cape Town International Convention Centre (CTICC). The sessions provide an opportunity to take advantage of health economists coming together from around the world. These sessions are organized and coordinated by the person or organization submitting the proposal, after review by IHEA and the Local Organizing Committee. Sessions may be open or closed depending on the nature of the meeting, but should preferably be open for congress delegates to join.

All rooms will be equipped with a computer, data projector, screen and microphone. Flip charts can be made available on request. A hybrid event is also possible for an additional charge. Rooms with a range of seating capacity are available and sessions can be scheduled for two hours, a half day, or a full day. The cost to session organizers is as presented below. Two-day sessions are also possible; the cost is double that for a single day. Mid-morning and afternoon beverages will be provided for all pre-congress session participants. Participants can purchase lunch at one of the CTICC coffee shops or restaurants. These prices are based on the venue hire, IT support and catering costs associated with holding these sessions. Any surplus generated from the pre-congress sessions will be used to assist in covering the costs of the core congress and to keep registration fees for the congress as low as possible.

### **Pre-Congress Session Costs (U.S. Dollars: \$USD)**

Venue capacity	2 hours	1/2 day	Full day
35	1,225	1,750	3,500
50	1,750	2,500	5,000
70	2,450	3,500	7,000
100	3,500	5,000	10,000
200	N/A	10,000	20,000

Proposals for pre-congress sessions should be submitted using this online form at any stage before **January 16th, 2023**; acceptance of proposals may close before that date as available space will be allocated on a first come, first served basis. Proposals should provide the following information:

- Name, institutional affiliation and contact details of session organizer
- Session title
- A description of the intended audience for the session
- Session length (Two hours, half day or full day, or two-days)
- Required room size, preferred seating arrangements and equipment requirements
- Preferred session date (Saturday July 8th or Sunday July 9th, noting that scheduling will be done on a first come, first served basis)
- Description of session format (e.g. training workshop, mini-conference with open call for peer-review of abstracts, organized session, meeting, etc.) and whether the session will be open to all delegates or by invitation only
- Description of the session content (up to 500 words), indicating the aim of the session, a brief description of the content of the session (either the names of presenters and their presentation topics if an organized session, or the topics on which abstracts will be elicited if a mini-conference) and the structure of the session, including how participation from attendees will be promoted
- A 50-word overview of the session that will be posted on the Congress website and in the program
- Billing details (name, organization and contact details for invoice)

IHEA encourages pre-congress session organizers to seek sponsorship to cover the costs of their session, rather than charging participants, to facilitate access to these sessions particularly for congress delegates with limited financial resources such as delegates from low- and middle-income countries, students and early career researchers. Sponsors of pre-congress sessions will be listed on the congress website and acknowledged in the session.

Overviews of accepted sessions will be listed on the congress website, included in informational emails sent to congress participants and the congress program. Session organizers are encouraged to advertise their session through other websites, and listservs. Congress delegates will have an opportunity to register for these sessions in advance.

### **The Adam Wagstaff Prize**

Would you like your research considered for the Adam Wagstaff Award for Outstanding Research on the Economics of Healthcare Financing and Delivery in Low- and Middle-Income Countries? Submit an abstract for the 2023 IHEA Congress!

The Adam Wagstaff prize will be awarded to the best IHEA congress paper on the economics of healthcare financing or delivery in a low- or middle-income country(ies) that is written and presented by a researcher from a low- or middle-income country (LMIC). This prestigious prize is awarded to honour Adam's lifelong commitment to research that analyzes, promotes and monitors health system efficiency and equity in LMICs and improves the health of the world's poorest.

If you meet the criteria below, you need to submit an abstract for the 2023 IHEA Congress and indicate that you wish for your paper to be considered for this award. If your abstract is accepted by the Scientific Committee for oral presentation at the Congress, you will be invited to submit a *full paper* for review by the selection committee.

To be eligible for consideration for this prize:

- This award is intended for early career researchers (ECRs)/recent graduates, not those currently studying.
- The paper must focus on the economics of healthcare financing or delivery in a LMIC. The research should be policy-relevant in that it should provide insights into how to improve healthcare financing or delivery. Papers with an equity focus are encouraged.
- The first author of the paper (or corresponding author where authors are listed alphabetically) and *presenter* at the congress must be a citizen of a LMIC (using the World Bank country income classification). Co-authors on the paper are not restricted to LMIC citizens.
- The main author and presenter at the congress must have submitted their doctorate or have completed their doctorate within the last seven full-time equivalent years.
- To be considered for the award, a full paper must be available three months before the congress and be submitted with a personal statement of 500-words outlining your future career plans at the time of application.
- Submitters should be willing to commit to contributing to health economics in LMICs if they win this award. This could take the form of mentoring researchers with very limited experience, co-supervising a (post-)graduate student, serving on the Award Committee in future, or related activity, depending on the skills and preferences of the Awardee.

Please see more detailed information on eligibility criteria, frequently asked questions on these criteria (FAQs), and nature of the award [here](#).

## Call for Nominations for the Student Paper Prize

**Deadline:** January 13, 2023

The International Health Economics Association (IHEA) is pleased to invite nominations for the Annual Student Paper Prize in Health Economics. Nominations should include a brief letter of nomination (250-words max) and a copy of the paper (preferably PDF).

A student is defined as someone currently studying (full or part time) at a higher education institution, at either Masters or Doctoral level. In addition, students who have completed their

studies in the year previous to the announcement qualify as long as the paper was written while registered as a student. Papers can be published or unpublished, but must be in comparable format to a published paper in the Journal of Health Economics or Health Economics, at a maximum length of 8,000 words. Self-nomination is acceptable. Papers should be in English. If a submitted paper has more than one author, the student contribution must be at least 75% overall and an accompanying letter must be signed by co-authors to support this, stating the nature of their contribution (conceptualization, analysis, writing etc.). A joint student paper with 50-50 contributions is acceptable. Previous winners are not eligible. Papers will be reviewed by an International Committee chaired by Professor Tinna Laufey Ásgeirsdóttir.

The Prize will be complimentary registration for the 2023 IHEA Congress to present the paper in a Student Prize Special Organised Session chaired by the IHEA President, or Chair of the Prize Committee, a cash prize and the offer (if the author wishes, and the paper is unpublished) of potential fast track publication in Health Economics, subject to editorial approval. The papers in 2nd and 3rd place will receive a small cash prize and free registration for the 2023 IHEA Congress. They will be invited to give brief presentations at the IHEA Congress Student Prize Special Organized Session.

Please submit nominations, and address queries by email to: [ta@hi.is](mailto:ta@hi.is)

## Upcoming Webinars

### **Skills Workshop: Developing Context Relevant Health Economics Case Studies As Active Learning Material**

**Date:** November 1 @ 7:00 AM - 8:00 AM EDT

**Presenters:** Di McIntyre (University of Cape Town) and Heather Brown (University of Lancaster)

Case studies (exercises, simulations, games, etc.) are powerful tools to promote active learning. They can assist in developing a good understanding of complex concepts or methods, developing skills to apply these concepts and methods and promoting analytic thinking and interpretation. This virtual workshop will illustrate different types of case studies and will provide guidance on developing your own case studies that are relevant to your context and tips on how to use case studies in your courses.

Register [here](#).

### **Student-Athlete Preferences For Sexual Violence Reporting: A Discrete Choice Experiment**

**Date:** November 7 @ 3:00 PM - 4:00 PM EST

**Featuring:** Alice Ellyson, Acting Assistant Professor | Department of Pediatrics | School of Medicine, University of Washington

**Background:** Sexual violence (SV) is prevalent among US college athletes, but formal reports are rare. Little is known about adaptations to institution-level reporting policies and procedures that could facilitate reporting.

**Methods:** We conducted a discrete choice experiment (DCE) survey with 1,004 student-athletes at ten Division I NCAA member institutions to examine how attributes of the reporting system influence the decision to formally report SV to their institution. Changes in utility values were estimated using multinomial logistic regression and mixed multinomial logistic regression and can be compared to understand preferences.

**Results:** Student-athletes preferred the availability of substance use amnesty policies (estimated utility mean=1.29, SD=-1.28) as well as higher probabilities of students perpetrating SV being found in violation of code of conduct policies (estimated utility of 50% mean=1.44, SD=-0.93; estimated utility of 70% mean=1.74, SD=-1.16) with consistently estimated with positive values across student-athletes. While anonymous reporting and survivor-initiated investigations were preferred by student-athletes on average, sizeable deviations from mean estimated utilities suggest considerable valuation heterogeneity between student-athletes. Student-athletes with prior SV experiences were more likely to opt-out of formally reporting in the DCE paired choice, had lower estimated utility values for all attributes, and had less between-person heterogeneity. Findings were robust to a variety of sensitivity analyses.

**Conclusions:** Changes to reporting policies and procedures (e.g., implementing substance use amnesty policies) may be a promising institution-level intervention to increase formal reporting of SV among student-athletes. More research is needed to understand preference heterogeneity between students and generalize these findings to broader student populations.

Register [here](#).

## **Skills Workshop: Innovative Techniques For Student Assessments**

**Date:** November 18 @ 8:00 AM - 9:00 AM EST

**Presenters:** Femi Ayadi (University of Houston – Clear Lake), Neha Batura (University College London) and Frikkie Booysen (University of the Witwatersrand)

All certificated courses require some form of student assessment. Assignments, tests and exams have been the main assessment techniques, despite their limitations in assessing whether learning outcomes have been met. This webinar will explore innovative approaches that enable more comprehensive and continuous assessment techniques that deepen learning over a course or module. The webinar will particularly focus on assessments that include a reflective component, such as in portfolios, which stimulate students to think about what they have learnt and what they have and have not yet accomplished.

Register [here](#).

## ***Discrimination Against Doctors: A Field Experiment***

**Date:** November 21 @ 12:00 PM - 1:00 PM EST

Discrimination against doctors is important but scantly studied. I reported on a field experiment which observes that customers discriminate against Black and Asian doctors when they choose healthcare providers, and that this can be substantially reduced by supplying information on physician quality. I evaluated customer preferences in the field with an online platform where cash-paying consumers can shop and book a provider for medical procedures based on a novel experimental paradigm. Actual paying customers evaluate doctor options they know to be hypothetical to be matched with a customized menu of real doctors, preserving incentives. Racial discrimination reduces patient willingness-to-pay for Black and Asian doctors by 12.7% and 8.7% of the average colonoscopy price respectively; customers are willing to travel 100-250 miles to see a white doctor instead of a Black doctor, and somewhere between 50-100 to 100-250 miles to see a white doctor instead of an Asian doctor. Providing signals of doctor quality reduces this willingness-to-pay racial gap by about 90%. Willingness-to-pay penalties on minority doctors are multiples of actual average racial quality differences and even the difference between doctors in highest and lowest quality levels. This field evidence shifts the focus beyond traditional taste-based and statistical discrimination to include behavioral mechanisms like biased beliefs and deniable prejudice. Discrimination against Black doctors are higher for non-college-graduate customers and residents in ZIP codes that voted for the 2020 presidential candidate on the political right. Actual booking behavior allows cross-validation of incentive compatibility of the stated preference elicitation.

Register [here](#).

### ***Valuing Health For Children, Adults, And Caregivers: Lessons Learned From COVID-19***

**Date:** November 23 @ 9:00 AM - 10:00 AM EST

**Presenter:** Professor Lisa Prosser (University of Michigan)

This webinar will start with an overview of concepts in measuring the spillover effects of illness in family members for cost-effectiveness analysis. Preliminary results for spillover effects on health-related quality of life (HRQoL) in parents of children with COVID-19 illness will be presented, along with losses in HRQOL for children and adults with COVID-19. How uncertainties associated with COVID-19 illness were incorporated, and broader implications for valuation frameworks will also be discussed.

Register [here](#).

### **Did You Know**

IHEA is committed to promoting ethical collaborative research practices in projects which involve researchers from different countries and with different levels of experience, and encouraging greater age, gender and regional diversity in presenters at its biennial congress. IHEA encourages the presentation of research based on primary data by local researchers from the country which is the subject of the research, and assesses this actively through the abstract submission system.

**View all upcoming events online [here](#).**

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