

Contents

Preface	23
Acknowledgments	27
1 Introduction	29
What Is Health Economics?	30
Box 1.1 Technological Change and Health Care Costs— Why Rising Health Care Costs Affect All Nations	31
The Relevance of Health Economics	32
The Size and Scope of the Health Economy	32
Health Care’s Share of GDP in the United States	32
Health Care Spending in Other Countries	33
Importance of the Health Economy in Personal Spending	33
Importance of Labor and Capital in the Health Economy	35
Time—The Ultimate Resource	37
The Importance Attached to Economic Problems of Health Care Delivery	37
Inflation	38
Access	39
Quality	39
The Economic Side to Other Health Issues	39
Economic Methods and Examples of Analysis	39
Features of Economic Analysis	40
Scarcity of Resources	40
Rational Decision Making	40
Marginal Analysis	40
Use of Models	40
Two Notable Contributors to Health Economics	41
Does Economics Apply to Health and Health Care?	41
An Example: Does Price Matter?	42
Is Health Care Different?	43
Presence and Extent of Uncertainty	43
Prominence of Insurance	43
Problems of Information	45

Contents

Large Role of Nonprofit Firms	46
Restrictions on Competition	46
Role of Equity and Need	46
Government Subsidies and Public Provision	47
Conclusions	47
Postscript	48
Summary	49
Discussion Questions	49
Exercises	50
2 Microeconomic Tools for Health Economics	55
Scarcity and the Production Possibilities Frontier	56
Box 2.1 There's Scarcity and Then There's Real Scarcity	58
Practice with Supply and Demand	60
The Demand Curve and Demand Shifters	60
The Supply Curve and Supply Shifters	61
Equilibrium	62
Comparative Statics	62
Functions and Curves	63
Linear Functions	63
Demand Functions	64
Derived Demand	65
Consumer Theory: Ideas behind the Demand Curve	65
Utility	66
Indifference Curves	67
Budget Constraints	68
Consumer Equilibrium	68
Individual and Market Demands	70
Elasticities	71
Production and Market Supply	73
The Production Function	73
Production Functions	74
Isocost Curves	77
Cost Minimization or Output Maximization	77
Marginal and Average Cost Curves	78
The Firm Supply Curve under Perfect Competition	79
Monopoly and Other Market Structures	82
Box 2.2 Is Competition Better than Monopoly?	84
Conclusions	85
Summary	85
Discussion Questions	86
Exercises	86
3 Statistical Tools for Health Economics	89
Hypothesis Testing	90

Difference of Means	91
The Variance of a Distribution	92
Standard Error of the Mean	93
Hypotheses and Inferences	94
Box 3.1 Do Cell Phones Cause Cancer?—Positive Reports but Inconsistent Data	95
Regression Analysis	96
Ordinary Least Squares (OLS) Regressions	96
A Simple Regression	97
Estimating Elasticities	98
Multiple Regression Analysis	99
Interpreting Regression Coefficients	100
Box 3.2 Hormone Replacement Therapy—Rigorous Statistics Reveal Surprising Results	101
Dummy Variables	102
Statistical Inference in the Sciences and Social Sciences	103
Conclusions	104
Summary	104
Discussion Questions	104
Exercises	105
4 Economic Efficiency and Cost-Benefit Analysis	109
Economic Efficiency	110
Cost-Benefit Analysis: Background	113
Measuring Benefits and Costs	113
Risk Equity versus Equality of Marginal Costs per Life Saved	115
Box 4.1 When Is Preventative Medicine a Good Investment?	116
Marginal Analysis in CBA	117
Box 4.2 Cookstoves, Global Warming, Health in Developing Countries, and CBA	118
Discounting	118
Box 4.3 Discounting and Global Warming	120
Risk Adjustment and CBA	121
Distributional Adjustments	121
Inflation	121
Valuing Human Life	121
Willingness to Pay and Willingness to Accept	122
Contingent Valuation	122
How Valuable Is the Last Year of Life?	122
Cost-Benefit Analyses of Heart Care Treatment	124
Cost-Effectiveness Analysis	125
Advantages of CEA	126
Cost-Utility Analysis, QALYs, and DALYs	126

Contents

QALYs Revisited: Praise and Criticism	128
Are QALYs Consistent with Standard Welfare Economics?	128
Extra-Welfarism	128
What People Think	129
The Ageism Critique	129
How Are QALYs Used for Evaluation	130
Conclusions	130
Summary	131
Discussion Questions	131
Exercises	132
Appendix—Discounting	134
5 Production of Health	137
The Production Function of Health	138
The Historical Role of Medicine and Health Care	140
The Rising Population and the Role of Medicine	140
What Caused the Mortality Rate Declines? Was It Medicine?	142
Box 5.1 Tuberculosis and <i>The Magic Mountain</i>	143
Box 5.2 The Importance of Clean Water	146
What Lessons Are Learned from the Medical Historian?	146
The Production Function of Health in the Modern Day	147
Preliminary Issues	147
The Contribution of Health Care to Population Health:	
The Modern Era	148
Is Health Care Worth It?	149
Box 5.3 Sulfa: A Drug That Really Made a Difference	149
On the Effect of Social Health Insurance	150
Prenatal Care	151
The World's Pharmacies	153
Do Other Measures of Health Care Affect Health?	153
On the Importance of Lifestyle and Environment	153
Cigarettes, Exercise, and a Good Night's Sleep	154
The Family as Producer of Health	155
Social Capital and Health	155
Environmental Pollution	156
Income and Health	156
The Role of Schooling	156
Two Theories about the Role of Schooling	157
Empirical Studies on the Role of Schooling in Health	157
Conclusions	158
Summary	158
Discussion Questions	159
Exercises	159

6	The Production, Cost, and Technology of Health Care	161
	Production and the Possibilities for Substitution	162
	Substitution	162
	What Degree of Substitution Is Possible?	164
	Elasticity of Substitution	164
	Box 6.1 Health Care Professionals: Expanding the Possibilities	165
	Estimates for Hospital Care	166
	Costs in Theory and Practice	167
	Deriving the Cost Function	167
	Cost Minimization	168
	Economies of Scale and Scope	169
	Why Would Economies of Scale and Scope Be Important?	169
	Empirical Cost-Function Studies	171
	Difficulties Faced by All Hospital Cost Studies	171
	Modern Results	173
	Summary: Empirical Cost Studies and Economies of Scale	173
	Technical and Allocative Inefficiency	173
	Technical Inefficiency	173
	Allocative Inefficiency	174
	Frontier Analysis	175
	The Uses of Hospital Efficiency Studies	177
	For-Profit versus Nonprofit Hospitals	178
	Efficiency and Hospital Quality	178
	Are Hospital Frontier Efficiency Studies Reliable?	178
	Box 6.2 Should We Close Inefficient Hospitals?	179
	Performance-Based Budgeting	179
	Technological Changes and Costs	179
	Technological Change: Cost Increasing or Decreasing?	180
	Health Care Price Increases When Technological	
	Change Occurs	180
	Box 6.3 Aspirin, the Wonder Drug at a Bargain	181
	Diffusion of New Health Care Technologies	183
	Who Adopts and Why?	183
	Other Factors That May Affect Adoption Rates	183
	Diffusion of Technology and Managed Care	184
	Conclusions	185
	Summary	185
	Discussion Questions	186
	Exercises	186
7	Demand for Health Capital	189
	The Demand for Health	190
	The Consumer as Health Producer	190

Time Spent Producing Health	191
Box 7.1 Exercise Technology—FitBits or Smartphones?	191
Labor–Leisure Trade-Offs	192
Trading Leisure for Wages	193
Preferences between Leisure and Income	194
The Investment/Consumption Aspects of Health	195
Production of Healthy Days	195
Production of Health and Home Goods	196
Investment over Time	197
The Cost of Capital	197
The Demand for Health Capital	197
Marginal Efficiency of Investment and Rate of Return	198
The Decreasing MEI	198
Changes in Equilibrium: Age, Wage, and Education	199
Age	199
Wage Rate	200
Education	201
Empirical Analyses Using Grossman’s Model	201
Box 7.2 Rational Addiction	202
Obesity—The Deterioration of Health Capital	203
An Economic Treatment of Obesity	206
Economic Effects	207
Why Has Obesity Increased?	208
Conclusions	209
Summary	210
Discussion Questions	210
Exercises	211
8 Demand and Supply of Health Insurance	213
What Is Insurance?	214
Insurance versus Social Insurance	215
Insurance Terminology	215
Risk and Insurance	216
Expected Value	216
Marginal Utility of Wealth and Risk Aversion	217
Purchasing Insurance	218
The Demand for Insurance	219
How Much Insurance?	219
Changes in Premiums	221
Changes in Expected Loss	222
Changes in Wealth	223
The Supply of Insurance	223
Competition and Normal Profits	224
The Case of Moral Hazard	225

Demand for Care and Moral Hazard	226
Box 8.1 Another Type of Moral Hazard—Health Insurance and Insecticide-Treated Bed Nets in Ghana	228
Effects of Coinsurance and Deductibles	228
Health Insurance and the Efficient Allocation of Resources	229
The Impact of Coinsurance	229
Box 8.2 Got Insurance? You Still May Pay a Steep Price for Prescriptions	231
The Demand for Insurance and the Price of Care	233
The Welfare Loss of Excess Health Insurance	233
Income Transfer Effects of Insurance	236
Conclusions	239
Summary	239
Discussion Questions	240
Exercises	240
9 Consumer Choice and Demand	243
Applying the Standard Budget Constraint Model	245
Box 9.1 What Happens to Costs When Patients Participate in Medical Decision Making?	245
The Consumer’s Equilibrium	246
Demand Shifters	247
Health Status and Demand	249
Two Additional Demand Shifters—Time and Coinsurance	250
The Role of Time	250
The Role of Coinsurance	252
Issues in Measuring Health Care Demand	254
Individual and Market Demand Functions	255
Measurement and Definitions	255
Differences in the Study Populations	255
Data Sources	256
Experimental and Nonexperimental Data	256
Box 9.2 Oregon’s Health Insurance Experiment	256
Empirical Measurements of Demand Elasticities	257
Price Elasticities	257
Individual Income Elasticities	259
Income Elasticities across Countries	259
Insurance Elasticities	260
Impacts of Insurance on Aggregate Expenditures	262
Other Variables Affecting Demand	262
Ethnicity and Gender	262
Box 9.3 Disparities in Health Care: A National Priority	263
Urban versus Rural	264

Contents

Education	264
Age, Health Status, and Uncertainty	264
Conclusions	265
Box 9.4 How Much Will That Hospitalization Cost Me?	266
Summary	266
Discussion Questions	267
Exercises	268
10 Asymmetric Information and Agency	271
Overview of Information Issues	272
Asymmetric Information	273
On the Extent of Information Problems in the Health Sector	273
Asymmetric Information in the Used-Car Market:	
The Lemons Principle	274
Application of the Lemons Principle: Health Insurance	276
Inefficiencies of Adverse Selection	277
The Affordable Care Act and Adverse Selection	278
Experience Rating and Adverse Selection	279
The Agency Relationship	280
Agency and Health Care	280
Box 10.1 What Happens When the Patient Is a Medical Expert?	280
Consumer Information, Prices, and Quality	282
Consumer Information and Prices	282
Consumer Information and Quality	283
Other Quality Indicators	284
Box 10.2 Quality Rankings and Health Care Outcomes	285
Conclusions	286
Summary	287
Discussion Questions	288
Exercises	289
11 The Organization of Health Insurance Markets	291
Loading Costs and the Behavior of Insurance Firms	292
Impacts of Loading Costs	292
Insurance for Heart Attacks and Hangnails	294
Loading Costs and the Uninsured	294
Employer Provision of Health Insurance: Who Pays?	295
Box 11.1 Employers Shift More Health Care Costs to Employees—How You Feel Depends on Where You Sit	297
Spousal Coverage: Who Pays?	297
How the Tax System Influences Health Insurance Demand	299
Who Pays the Compensating Differentials?—Empirical Tests	301
Other Impacts of Employer Provision of Health Insurance	302

Box 11.2 For Many with Pre-Existing Conditions, Obamacare's Flaws are Only a Small Price to Pay	303
Employer-Based Health Insurance and Labor Supply	304
Health Insurance and Retirement	304
Health Insurance and Mobility	305
The Market for Insurance	306
The Market for Private Insurance	306
Insurance Practices	308
Health Insurance Markets Since the 1980s	309
The Uninsured: An Analytical Framework	309
Box 11.3 Counting the Uninsured	310
Box 11.4 Why Being Insured Matters	311
The Working Uninsured	311
The Impacts of Mandated Coverage	312
Impacts of the Affordable Care Act on the Uninsured	314
Elements of the ACA	314
Evidence on the Impact of the ACA on the Uninsured	314
Conclusions	316
Summary	317
Discussion Questions	317
Exercises	318
12 Managed Care	321
What Is the Organizational Structure?	323
What Are the Economic Characteristics?	324
The Emergence of Managed Care Plans	325
Employer-Sponsored Managed Care	326
Medicaid and Medicare Managed Care Plans	328
Managed Care Contracts with Physicians	328
Managed Care Contracts with Hospitals	329
Development and Growth of Managed Care—Why Did It Take So Long?	330
Federal Policy and the Growth of Managed Care	330
The Economics of Managed Care	331
Modeling Managed Care	331
Modeling Individual HMOs	332
How Much Care?	332
What Types of Care?	333
Framework for Prediction	334
Where Managed Care Differs from FFS—Dumping, Creaming, and Skimping	334
Equilibrium and Adverse Selection in a Market with HMOs	335
How Does Managed Care Differ?—Empirical Results	337
Methodological Issues—Selection Bias and Quality of Care	337

Comparative Utilization and Costs	338
The RAND Study—A Randomized Experiment	338
More Recent Evidence	339
Box 12.1 What Do HMOs Actually Do?	340
Growth in Spending	341
Competitive Effects	342
Theoretical Issues	342
Managed Care Competition in Hospital Markets	344
Managed Care Competition in Insurance Markets	345
Managed Care and Technological Change	345
The Managed Care Backlash	346
Box 12.2 Pay-for-Performance	348
Accountable Care Organizations (ACOs)	349
Managed Care and the Affordable Care Act	350
Conclusions	351
Summary	351
Discussion Questions	353
Exercises	353
13 Nonprofit Firms	357
An Introduction to Nonprofits	358
Why Nonprofits Exist and Why They Are Prevalent in Health Care	358
Nonprofits as Providers of Unmet Demands for Public Goods	359
The Public Good–Private Good Aspect of Donations	360
Relevance to Health Care Markets	361
Nonprofits as a Response to Contract Failure	362
Applications of Contract Failure to Health Care	362
Financial Matters and the Nonprofit	363
Summary of the Reasons for the Prevalence of Nonprofits	363
Models of Nonprofit Hospital Behavior	363
The Quality–Quantity Nonprofit Theory	363
The Profit-Deviating Nonprofit Hospital	365
The Hospital as a Physicians’ Cooperative	367
Maximizing Net Revenue per Physician	367
A Comparison of the Quantity–Quality and the Physicians’ Cooperative Theories	368
Competition from Home Care and Outpatient Care	370
The Evidence: Do Nonprofit Hospitals Differ from For-Profit Hospitals?	371
Summary of Models of Hospital Behavior	372
What Causes Conversion of Nonprofits into For-Profits?	372
The Relative Efficiency of Nonprofits versus For-Profits	373
Are Nonprofit Health Care Firms Less Technically or Allocatively Efficient?—Hospital and Nursing Home Studies	373

Box 13.1 Why Are Registered Nurses' Wages Higher in Nonprofit Nursing Homes?	374
Conclusions	374
Summary	374
Discussion Questions	375
Exercises	376
14 Hospitals and Long-Term Care	377
Background and Overview of Hospitals	378
History	379
Organization	380
Regulation and Accreditation	381
Hospital Utilization and Costs	381
Competition and Costs	383
Box 14.1 Game Theory and the Medical Arms Race (MAR)	383
Closures, Mergers, and Restructuring	387
Box 14.2 Hospitals and Airlines: What Are the Lessons?	388
Quality of Care	389
Nursing Homes	390
Background and Costs	390
Quality of Care	391
Excess Demand	392
Financing Long-Term Care	394
Hospice, Home Health, and Informal Care	395
Conclusions	396
Summary	397
Discussion Questions	398
Exercises	398
15 The Physician's Practice	401
Physician Agency and Supplier-Induced Demand (SID)	402
Modeling Supplier-Induced Demand	402
The Supply and Demand Model	403
Do Physicians Respond to Profit Incentives?	403
The Target Income Hypothesis	405
Box 15.1 SID and Target Income: A Physician's Perspective	405
The McGuire and Pauly Model	406
What Do the Data Say about Supplier-Induced Demand?	409
Box 15.2 Supplier-Induced Pregnancies	409
A Marketplace Approach	410
Conclusion on SID	411
Small Area Variations (SAV)	411
Contributions to These Variations	412
Education, Feedback, and Surveillance	413

The Demand Side	413
The Supply Side	414
Issues that Affect Both SID and SAV	414
Malpractice	414
Paying for Outcomes	415
Box 15.3 Clinical Decision Making and Patient Preferences	415
Conclusions	416
Summary	417
Discussion Questions	417
Exercises	418
16 Health Care Labor Markets and Professional Training	419
The Demand for and Supply of Health Care Labor	420
Production Functions and Isoquants	420
Marginal Productivity of Labor	421
Factor Substitution and Labor Demand	423
The Supply of Labor	424
Factor Productivity and Substitution among Factors	424
Measurement of Physician Productivity	425
The Efficient Utilization of Physician Assistants:	
Substitution among Inputs	425
Health Care Labor Supply and the Meaning of Shortages	426
Box 16.1 Recent Productivity Studies	426
Availability of Physicians	427
Economic Definitions of Shortages of Health Professionals	428
Box 16.2 Dealing with Shortages of Primary Care Physicians	428
The Role of Monopsony Power: Shortages of Registered Nurses	431
Medical Education Issues and the Question of Control	433
Sources of Medical School Revenues	434
Teaching Hospitals, Medical Schools, and Joint Production	434
Foreign Medical School Graduates	435
The Control of Medical Education	436
Control over Entry	436
Licensure and Monopoly Rents	438
Licensure and Quality	440
Other Physician Labor Issues	441
Specialization	441
Private Practice or Employed	442
Physician Income by Gender—The Increasing Role of Women	443
Box 16.3 The \$16,819 Unexplained Gender Income Gap	444
Conclusions	444
Summary	445
Discussion Questions	446
Exercises	446

17	The Pharmaceutical Industry	449
	Box 17.1 Patents and Media Attention	450
	Structure and Regulation	452
	Box 17.2 Martin Shkreli and Valeant Pharmaceuticals	452
	Competition	453
	Barriers to Entry	454
	Box 17.3 Direct-to-Consumer (DTC) Advertising	455
	Regulation	456
	The Production of Health and Substitutability	457
	Least-Cost Production	459
	Insurance and Substitutability	459
	Technological Change	461
	Drug Pricing and Profits	462
	Monopoly Pricing	462
	Price Discrimination	463
	Monopsony Pricing and Price Controls	464
	Competition and Generic Entry	465
	Research and Development (R&D) and Innovation	465
	Investment Decisions	466
	R&D Spending	467
	Firm Size and Innovation	468
	Prices, Price Regulation, and Innovation	468
	Cost Containment	469
	Copayments	469
	Generic Substitutes	471
	Drug Formularies	471
	Reference Pricing	472
	New Drugs and Health Care Spending	472
	The ACA and the Pharmaceutical Industry	473
	Conclusions	474
	Summary	474
	Discussion Questions	475
	Exercises	475
18	Equity, Efficiency, and Need	479
	Efficiency and Competitive Markets	480
	The Concept of Pareto Efficiency (Optimality)	481
	Trading along the Budget Line	482
	The Competitive Equilibrium	482
	The First Fundamental Theorem of Welfare Economics	483
	Redistribution of the Endowment	484
	Price Discrimination	485
	Trade-Offs between Equity and Efficiency	485
	Deviations from the Competitive Model in the Health Care Sector	486

The Assumptions under Perfect Competition	486
Promoting Competition in the Health Care Sector	487
The Theorem of the Second Best	487
An Economic Efficiency Rationale for Social Health Insurance	488
Need and Need-Based Distributions	490
Health Care Needs and the Social Welfare Function	491
Box 18.1 The Extra-Welfarist Critique	493
Box 18.2 The “Fair Innings” Proposal	495
Norman Daniels’s Concept of Health Care Need	495
Economic Criticisms of Need-Based Distributions	496
Horizontal Equity and Need	497
Income Inequality	499
Schooling and Income Inequality	500
Theories of Social Justice	501
Utilitarianism	501
Rawls and Justice as Fairness	502
Liberalism, Classical, and Modern	503
Conclusions	504
Summary	505
Discussion Questions	505
Exercises	506
19 Government Intervention in Health Care Markets	507
Economic Rationale for Government Intervention	508
Monopoly Power	508
Public Goods	510
Externalities	512
Other Rationales for Government Intervention	512
Forms of Government Intervention	513
Commodity Taxes and Subsidies	513
Public Provision	515
Box 19.1 Is There a Case for a Sugar-Sweetened Soda or “Junk Food” Tax?	515
Transfer Programs	517
Regulation	517
Government Involvement in Health Care Markets	518
Box 19.2 What Is HIPAA?	518
Support of Hospitals	519
Department of Veterans Affairs and Department of Defense	519
Food and Drug Administration	520
Mandated Health Insurance Benefits	520
Tax Policy	520
Public Health	521
Other Government Programs	521
Health Sector Regulation and the Prospective Payment System	522

Description of PPS	524
The Theory of Yardstick Competition and DRGs	526
Government Failure	529
Who Does the Regulator Represent?	529
Conclusions	531
Summary	532
Discussion Questions	532
Exercises	533
20 Social Insurance	537
Social Insurance Policies and Social Programs	538
Program Features	539
Box 20.1 Increased Longevity Favors the Rich in Social Security	540
Historical Roots of Social Insurance	541
European Beginnings	541
Early Experience in the United States	542
The Establishment of Medicare and Medicaid	542
The Affordable Care Act (ACA) of 2010	543
Medicare and Medicaid in the United States	544
Medicare	544
Part C—Medicare Managed Care	545
Part D—Prescription Drug Insurance	546
Medicaid	550
Medicaid Eligibility	551
Box 20.2 Oregon Medicaid’s Doctor-Assisted Suicide—	
18 Years Later	553
The Medicaid–Medicare Relationship	554
Medicare and Medicaid: Conflicting Incentives	
for Long-Term Care	555
Children’s Health Insurance Program—CHIP	556
Public Insurance and Health	556
The Effects of Medicare and Medicaid	559
Costs and Inflation	559
Health Status	563
Medicare: Recent Changes and Future Prospects	564
Conclusions	565
Summary	566
Discussion Questions	567
Exercises	567
21 Comparative Health Care Systems	569
Contemporary Health Care Systems	570
A Typology of Contemporary Health Care Systems	570
The United Kingdom—The National Health Service	576
The National Health Service	576

A Model of Rationed Health Care and Private Markets	577
Box 21.1 "Jump the Queue for Cataract Operations by Paying Yourself"	578
Box 21.2 How Your Health Visitor Can Help	578
China—An Emerging System	580
The Canadian Health Care System	584
Background	584
Physician Fees and Quantity	586
Why Are Fees and Hospital Costs Lower in Canada?	587
Administrative Costs	587
A Comparison	588
Different Systems: The Public's Evaluation	592
Box 21.3 "Someone Else Needed It Before I Did"	592
Differences in Health Care Spending across Countries	593
A Model of Health Expenditure Shares	593
Conclusions	596
Summary	596
Discussion Questions	597
Exercises	598
22 Health System Reform	601
Goals of Reform	602
Basic Issues in Reform	603
The Costs of Universal Coverage	604
Ensuring Access to Care	605
Employer versus Individual Mandates	606
Separation of Health Insurance from Employment	607
Single-Payer versus Multiple Insurers	607
Quality of Care	608
Box 22.1 Preventive Care and Cost-Effectiveness Analyses	609
The Affordable Care Act (ACA) of 2010	610
The "Three-Legged Stool"	610
The ACA—Basics	611
Economic Analysis of the ACA	612
Competitive Strategies in the Post-ACA Era	614
Development of Alternative Delivery Systems	615
Consumer-Directed Health Plans and Health Savings Accounts	616
Other Market Reforms	617
Graphical Representation of the Competitive Approach	617
ACA Outcomes after Six Years	618
Health Care Access	618
Box 22.2 Has the ACA Improved Access to Care?	620
Health Care Costs	621
The ACA and Quality	622
Employment Effects	623

Adverse Selection under the ACA	625
Meeting Reform Goals	625
Creating a Safety Net	626
Cost Containment	626
Quality, High-Value Care	626
Choice for Patients and Providers	626
Ease in Administration	626
Conclusions	626
Summary	627
Discussion Questions	628
Exercises	629
23 The Health Economics of Bads	633
An Introduction to Bads	634
Box 23.1 Who Smokes and Who Drinks?	
Cultures and Behaviors	634
Models of Addiction	637
Imperfectly Rational Addiction Models	637
Myopic Addiction Models	638
Rational Addiction	638
Rationales for Public Intervention	640
Other Interventions	641
Advertising Restrictions on Cigarettes and Alcohol	641
Box 23.2 Can Advertising Lead Patients Astray? The Case of Medical Quackery	642
The Possible Effects of Brand Switching	643
Increased Demand or Brand Switching?	644
Advertising and Alcohol Consumption	645
Excise Taxes and Consumption of Cigarettes and Alcohol	645
The Consumption-Reducing Effects of Excise Taxes in Theory	645
Excise Taxes and Cigarette Consumption in Practice	646
Box 23.3 Mind If I Smoke?	647
Excise Taxes and Alcohol Consumption	649
Conclusions	651
Summary	651
Discussion Questions	652
Exercises	653
24 The Economics of Social Capital and Health	655
What Is Social Capital?	656
How Do People Choose Social Capital?	656
The Individual Case	656
Community Social Capital	658
How Could Increments to Social Capital Improve Health?	658
Empirical Tests of Social Capital and Health	659

Contents

Pursuing Causality	662
Natural Experiments	662
Testing the Social Capital Effect for Causality	662
Elements of Trust	663
The Geography of Trust and of Social Capital	664
Social Capital and Risky Choices	665
Social Capital and Smoking	666
Conclusions	667
Summary	667
Discussion Questions	668
Exercises	668
Glossary	669
References	680
Author Index	728
Subject Index	731