

### Margolis Internship Reflection

It is no secret that we live in an unjust world – disparities exist in many health outcomes on socioeconomic and racial lines, especially in the United States. The literature is vast – name a health outcome and there is probably a research paper on disparities in patient care.

Here's an example: the US spends more on health per capita than any other developed country but the maternal mortality rate has been, sadly, increasing for the past two decades.

Furthermore, Black women die at a rate 3-4 times higher than white women during childbirth due to structural racism and implicit biases. This is shameful and reflects the dangerous inequities that are deeply rooted in our healthcare system and society. Women living in poverty also have a higher maternal mortality rate, which is concerning given that Medicaid finances about 40% of births.

There is so much information on the problem, but what about the solution?

Until now, all my research experiences had also revolved around identifying problems and patterns – which was important but also always focused on the status-quo. By the end, it was always evident that changes needed to be made, policies needed to be implemented so circumstances could be improved. This time, however, my research was focused on a solution: value-based payment (VBP)

Over the summer, I had the privilege of working at the Center for Policy Impact in Global Health under the guidance of Dr. Osondu Ogbuonji and Dr. Wenhui Mao. During my internship, I conducted a systematic review to understand whether value-based payment (VBP) systems in the US perform better than traditional fee-for service models in the context of pregnancy-related outcomes. Over the fall semester, I will be continuing this project and conducting a quantitative analysis on VBP performance to answer that question on the national level.

Researching the performance of a solution to a problem (instead of the problem itself) has been very eye-opening and rewarding. While it has been challenging to find information on VBP performance, it has also been exciting to investigate a topic in health policy that, surprisingly, does not seem to get a lot of attention. I have not had many chances to explore uncharted territory – in a classroom setting, the problem and solution are often predefined.

Finally, these past few months have been filled with a lot of uncertainty, fear, but also introspection. As a global health student, I have thought deeply about my position as a citizen of a western, high income nation. My experiences in public health have often focused outwards, looking internationally, particularly low- and middle- income nations in the “global south.” Until some time ago, I also believed

that I could offer more to other nations than the one I call home because the issues here were too big or too complicated for me to even try and understand. I now know how misguided this was.

Thanks to Margolis, I now better understand the healthcare system we operate in, the issues that plague it, and the solutions that could improve it. Moreover, I am also now confident that my work could directly contribute to improving the US health landscape. Hence, I have decided that moving forward, I will focus my global health career on domestic issues. I will look in before I look out.