

## LECTURE 8 NOTES: HEALTH EQUITY

(A) BECKER (1957) [10-15 mins] from LABOR ECON

employer utility  $U_e = U_e(\pi, \underbrace{L_{VEM}}_{\substack{\text{disutility from exposure to racialized/marginalized group} \\ \text{L for labor}}})$   
 profits  $\frac{\partial U_e}{\partial L_{VEM}} < 0 \Rightarrow \underline{\text{YIKES!}}$

employee productivity:  $\pi = f(L_{MAS} + L_{VEM}) - \underbrace{w L_{MAS}}_{\substack{\text{normalized to 1} \\ \text{as \% of } w}} - \underbrace{w_{VEM} L_{VEM}}_{\substack{\text{as \% of } w}}$

If  $U_e = \pi - d_e L_{VEM}$ , what is optimal  $(L_{MAS}, L_{VEM})$ ?

$$\frac{\partial U_e}{\partial L_{MAS}} \Rightarrow F'(\cdot) - w = 0 \Rightarrow \text{hence, } F' = 1$$

$$\frac{\partial U_e}{\partial L_{VEM}} \Rightarrow F'(\cdot) - \underbrace{w}_{w_{VEM}} - d_e = 0 \Rightarrow \text{hence, } \underbrace{w_{VEM}^*}_{\substack{\text{wage gap!}}} = 1 - d_e$$

• What if  $d_e \sim F(\text{employers})$  randomly?

→ Separating eqbm! Some hire VEM only at  $d_e$ , some hire MAS

• What about dynamics?

- Should push towards a separating eqbm as well!

- Firms enter, exit market based on  $d_e$  and labor supply.

(B) BALSA + MCGUIRE (2001, 2003)

Primitives

- 1 (majority group) MD - why in the majority?

- 1 illness with severity  $z \sim N(\mu_z, \sigma_z^2)$

- MD observes signal  $S = z + \epsilon$ ,  $\epsilon \sim N(0, \sigma_\epsilon^2)$

$$\text{hence } S \sim N(\mu_z, \sigma_z^2 + \sigma_\epsilon^2)$$

↑ unbiased → noisy ⇒ increases w/  $\sigma_\epsilon^2$

MAIN ASSUMPTION:  $c_{MAS} = 0$ ,  $c_{VEM} > 0$ .



## BALSA + McGUIRE, continued

MD  
Beliefs

priors:  $\mu_z$

Signal:  $s$

Posterior:  $E[z|s] = \underbrace{(1-\beta)\mu_z}_{\text{weight on prior}} + \underbrace{\beta s}_{\text{weight on signal}}$

where  $\beta = \frac{\sigma_z^2}{\sigma_z^2 + \sigma_e^2}$

• For MMS:  $\beta = 1 \Rightarrow$  believe the (perfect) signal

• For UPM:  $\beta < 1 \Rightarrow$  don't (fully) believe the patient

$\Rightarrow$  MD chooses a treatment threshold  $S^*$  to max patient  $U$

PATIENT  
UTILITY

$$U_p = \begin{cases} -b & \text{treated} \leftarrow \text{cost of treatment} \\ -aZ & \text{not treated} \leftarrow \text{illness costs} \end{cases}$$

What is the decision rule?

$$\begin{aligned} E[B] &= E[aZ - b] \\ &= aE[Z] - b \\ &= a[E[Z|s]] - b \\ &= a[(1-\beta)\mu_z + \beta s] - b \end{aligned}$$

optimal treatment is where  $E[B]$  is maximized:  $S^* = \frac{dE[B]}{ds} = 0$

$$S^* = \frac{b - a(1-\beta)\mu_z}{a\beta}$$

How do signals differ?  $S^*_{MMS} = \frac{b}{a\beta} = \frac{b}{a}$

$S^*_{UPM}$ :  $\beta < 1$  so note

$$\frac{b - a(1-\beta)\mu_z}{a\beta} \geq \frac{b}{a}$$

When is  $S^*_{UPM} \geq S^*_{MMS}$  (loss in access)?

$$b - a(1-\beta)\mu_z \geq b\beta$$

$$\Leftrightarrow -a(1-\beta)\mu_z \geq b(\beta-1)$$

$$-a\mu_z \geq -b$$

$$\mu_z \leq \frac{b}{a}$$

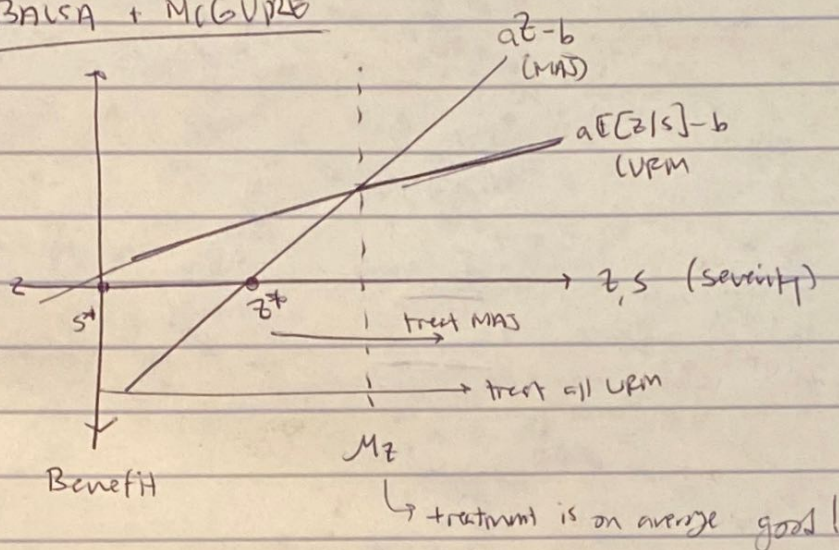
When any treatment is helpful,  
UPM gets more treatment

Realistic?



## BALSA + McGIVRE

Who gets treated?



What about outcomes?

$$E[B(s^*)] = \int_{s^*}^{\infty} E[B] g(s) ds$$

distribution of s given s

if  $s^* < z^*$ , some are treated unnecessarily (are these "mistakes")?

$$= (a\mu - b) \left[ 1 - \Phi\left(\frac{s^* - \mu}{\sigma_s} \right) \right] + \alpha \beta \sigma_s \cdot \phi\left(\frac{s^* - \mu}{\sigma_s} \right)$$

as  $\beta \uparrow$  (more closer to  $z^*$ ),  $EB \uparrow$

how might this change demand or compliance from UPM?

- Three cases:
1. Prejudice
  2. Stereotypes
  3. Clinical uncertainty

1. Like Becker

2. Stereotypes:

$$\left. \begin{array}{l} \text{MD effort: } e^D \in \{0, 1\} \\ \text{Patient effort: } e^P \in \{e_L, 1\} \end{array} \right\} \text{benefit is } z \cdot e^D \cdot e^P$$

↳ costs ( $c^D, c^P$ )



## BALSA + McGUIRE continued

### 2x2 GAME THEORY:

		$e_H^D$	$e_L^D$
Patient	<u>COOPERATE</u>	$(z - c^P, \underline{z - c^D})$	$(-c^P, 0)$
	<u>C</u>	$(z_{e_L}, \underline{z_{e_L} - c^D})$	<u><math>(0, 0)</math></u>

$\xrightarrow{>0}$   
 $\xleftarrow{<0}$   
 assume

How to find eqm? Take others choice as given!

Pat ( 1. If  $e^D = e_H$ , then cooperates if  $z - c^P > z_{e_L}$   
 2. If  $e^D = e_L$  then never cooperates

MD ( 1. If  $e^P = 1$ , then  $e^D = e_H$   
 2. If  $e^P = e_L$ , then  $e^D = e_L$

\* So  $(0, 0)$  is an outcome, as is (cooperate,  $e_H$ ) if  $\underline{z - c^P > z_{e_L}}$ .  
 $\Rightarrow$  Coordination Failures!

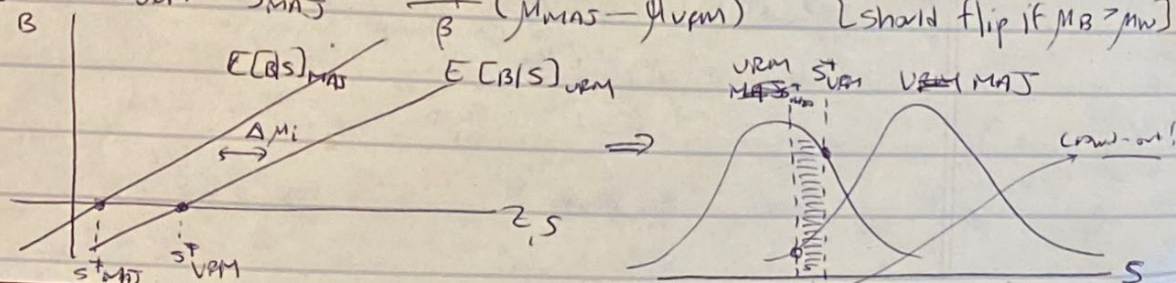
\* How would stereotypes affect this?

3. Clinical uncertainty: what if  $\mu_Z$  is different for MAJ and VPM?  
 - race-based risk differences [ $\mu_{VPM} > \mu_{MAJ}$ ]  
 - others?

$\rightarrow$  now let  $\epsilon$  be same for MAJ + VPM

$\rightarrow$  treatment thresholds are the same:  $S_i^* = -(1-\beta)\mu_i/\beta$  [ $\alpha \equiv 1$ ]

$\rightarrow$  hence  $S_{VPM}^* - S_{MAJ}^* = \frac{1-\beta}{\beta} (\mu_{MAJ} - \mu_{VPM})$  [should flip if  $\mu_B > \mu_W$ ]





## LECTURE 8: HEALTH EQUITY

① Becker (1957)

$$U_e = U_e(\pi, L_{VRM}) \quad \text{with} \quad \frac{dU_e}{dL_{VRM}} < 0$$

$\uparrow$  profits       $\uparrow$  VRMLaba

$$\pi = \underbrace{F(L_{MAJ} + L_{VRM})}_{\text{total labor supply}} - \underbrace{w L_{MAJ}}_{\text{two wages}} - w_{VRM} L_{VRM} \quad (w \equiv 1)$$

Assume  $U_e = \pi - d_e L_{VRM}$

$$\text{MAX } U_e : \quad \frac{dU_e}{dL_{MAJ}} = F'(\cdot) - 1 \stackrel{!}{=} 0 \Rightarrow \boxed{F'(L_{MAJ} + L_{VRM}) = 1}$$

$$\frac{dU_e}{dL_{VRM}} = F'(\cdot) - w_{VRM} - d_e \stackrel{!}{=} 0 \Rightarrow$$

$$\boxed{w_{VRM}^* = \underbrace{F'(\cdot)}_1 - d_e}$$

③ Beilsa + McGUIRE

- Underlying severity  $Z \sim N(\mu_Z, \sigma_Z^2)$

- MD signal:  $S \sim N(\mu_Z, \sigma_Z^2 + \sigma_\epsilon^2)$

$$S = Z + \epsilon, \quad \epsilon \sim N(0, \sigma_\epsilon^2)$$

$$\epsilon_{MAJ} = 0 \Rightarrow S = \underset{MAJ}{Z}$$

$$\epsilon_{VRM} \neq 0 \Rightarrow S = \underset{VRM}{Z} + \epsilon$$

- MD's beliefs: priors:  $\mu_Z$  }  $\Rightarrow$  posterior beliefs  
 signal:  $S$

$$E[Z|S] = (1-\beta)\mu_Z + \beta S$$

$$\text{where } \beta = \frac{\sigma_Z^2}{\sigma_Z^2 + \sigma_\epsilon^2}$$



For MAS,  $\sigma^2_\epsilon = 0$ , so  $\beta = 1$ , so  $E[Z|S] = S$

For MIN:  $\sigma^2_\epsilon \neq 0$ ,  $\beta \rightarrow 0$ , so  $E[Z|S]_{URM} = (1-\beta)\mu + \beta S$

## PATIENT UTILITY

expected benefit of treatment:

$$\cancel{E[B]} = \cancel{aZ - b}$$

$$E[B] = aE[Z] - b$$

for MD:

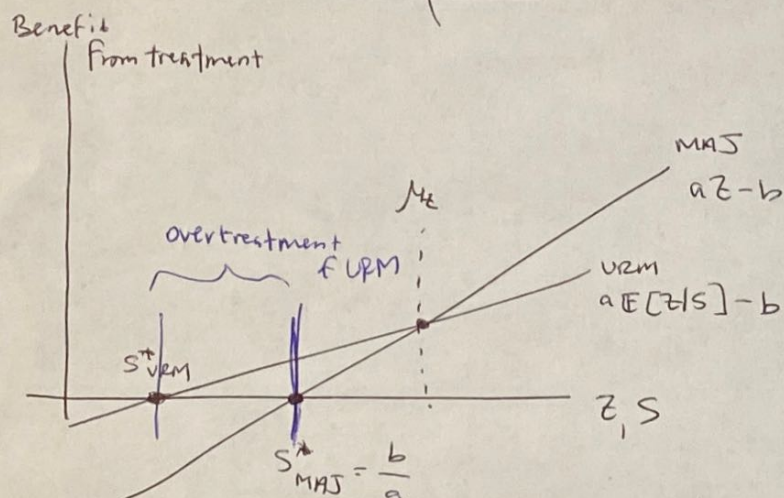
$$E[B|S] = aE[Z|S] - b$$

$$= a[(1-\beta)\mu + \beta S] - b$$

treat if  $a[(1-\beta)\mu + \beta S] - b \geq 0$

defines  $S^*$  cut-off

$$S^* = \frac{b - a(1-\beta)\mu}{a\beta}$$



Under what condition would  $S_{URM}^* \leq S_{MAJ}^*$ ?

$$\frac{b - a(1-\beta)\mu}{a\beta} \leq \frac{b}{a} \Leftrightarrow M_Z \geq \frac{b}{a}$$



## BALSA + MCGUIRE (2003)

Stereotypes: two players in game: patients + doctors

- MD exert effort  $e^D \in \{0, 1\}$
- Patients choose cooperation:  $e^P \in \{e_L, 1\}$
- both have costs  $e^D = 1 \Rightarrow c_D$   
 $e^P = 1 \Rightarrow c_P$

Payoff matrix:

	$e_D = 1$	$e_D = 0$
$e^P = 1$	$(\underline{z - c^P}, \underline{z - c^D})$	$(-c_P, 0)$
$e^P = e_L$	$(\underline{ze^L - c^P}, \underline{ze^L - c^D})$	$(\underline{0}, \underline{0})$

Assume  $z - c^D > 0$   
 $ze^L - c^D < 0$

## Balsa + McGuire (2001)

