Impact Report 2023

Helping health care leaders, policymakers and consumers understand the complicated, costly and often counterintuitive world of health care.

www.tradeoffs.org
It is becoming more difficult to know where to get reliable information — for example, Twitter’s overnight transformation into “X.” In this rapidly shifting media environment finding information you can trust is no small feat.

At Tradeoffs we pride ourselves on our commitment to rigorous, trustworthy journalism. For the past four years we’ve honed our model: pairing the stories of real people with data and evidence. And we’ve heard from you, our audience, that this type of journalism helps you make smarter, more informed decisions. That is impact.

In this report we’ll highlight a few of the important topics we’ve explored this year, people we’ve profiled and the health care providers, patients and policy makers we’ve heard from who’ve told us how Tradeoffs is making a real difference in their lives.
We believe our audience can more vividly see and understand the complexities and implications of health policy when we tell the story through the experiences of real people.

Stories about people can capture a listener or reader’s attention in a way that leads to more effective policies, more equitable health care.

Here are just two of the hundred or more people the Tradeoffs team profiled in 2023 who made a lasting impression.
Lee Reed stepped off the train in San Francisco in July 2022 with $200 cash and two plastic bags filled with a month’s worth of medication for his diabetes, high blood pressure and chronic pain. It was Lee’s first day out of prison in more than 20 years and his back was screaming.

“Imagine somebody standing on your foot and you can’t stop that pain,” said Lee. “And they’re just going to stand there. They’re not going to get up off of it. It’s going to be there when you wake up. It’s going to be there when you go to sleep. Half the time I never even got out of the bed while I was in prison because I couldn’t stand up, it was so painful.”

The 600,000 people released from prison annually in the U.S. face great health risks. One study found that in the two weeks after release, people are 12 times more likely to die than the general population.

Starting in January, for the first time ever, the federal government began allowing states to provide Medicaid coverage to people before leaving jail, prison or a juvenile facility.

For Lee Reed, this policy shift came too late. But his timely story helped the Tradeoffs audience see the value of strengthening the health care bridge between incarceration and the community.

Reporter/Producer Ryan Levi joined PBS NewsHour and NPR’s Weekend Edition to discuss Lee’s story, expanding the Tradeoffs impact and reaching millions more listeners, readers and viewers.
Dr. Emily Sterrett’s shifts in the emergency room at Duke University Hospital can be a blur, as she moves from patient to patient, answering call after call. Those days are especially tough as she monitors her young patients for sepsis, a fast-moving condition that can suddenly lead the body to attack its own organs.

A growing number of hospitals are turning to artificial intelligence, or AI, to help doctors more quickly spot warning signs before the illness becomes dire. Emily and colleagues at Duke built an algorithm to monitor patients for signs of sepsis. Along the way, though, the team realized they’d potentially — and completely unintentionally — baked racial bias into the AI.

Roughly 75,000 kids in the U.S. develop sepsis every year; about 10% of them die. While sepsis can be treated effectively with antibiotics, speed of diagnosis and treatment is critical.

“The most common question I have been asked by parents whose child has just died of sepsis,” Sterrett said, “is, ‘How is it possible that my child is dead? They were fine yesterday.’”

A growing number of hospitals are turning to artificial intelligence, or AI, to help doctors more quickly spot warning signs before the illness becomes dire. Emily and colleagues at Duke built an algorithm to monitor patients for signs of sepsis. Along the way, though, the team realized they’d potentially — and completely unintentionally — baked racial bias into the AI.

NPR featured our story in June, and Tradeoffs Executive Editor Dan Gorenstein has been asked to moderate a conversation in December 2023, at the annual conference hosted by the federal Office of the National Coordinator for Health Information Technology, on the dangers of inserting racial bias into AI.

The promise and perils of AI have fed many headlines this year. Emily’s story helps Tradeoffs listeners and readers understand why these tools could be valuable, but also dangerous if they further cement long-standing structural inequity.
Every Story
Grounded in Strong Evidence

People’s stories are critical to understanding health policy, but anecdotes on their own often lack the ability to drive change. That’s why pairing those stories with the strongest evidence underpins all of our work at Tradeoffs.

It’s through data that we understand what works, what shows promise and what falls short.

In 2023 we’ve highlighted dozens of studies in our podcast and our weekly newsletter Research Corner. Two of the randomized controlled trials we profiled stand out for their ability to inform policymakers’ decisions.
Evidence in the Face of Maternal Mortality

The death rate for U.S. mothers from complications in childbirth and pregnancy is more than three times higher than in other countries with similarly high incomes. Meanwhile, infant mortality is also significantly higher than in Europe.

These related crises are why state and federal health officials have for decades invested heavily in programs that send nurses to the homes of low-income pregnant women and new mothers.

But a major randomized trial recently showed that home visits run by the Nurse–Family Partnership (NFP) — a decades-old initiative that organizes regular home visits by registered nurses to the homes of first-time moms — did not help pregnant mothers and their babies as much as policymakers hoped and assumed they would.

Health care is littered with programs that make bold claims with little supporting data.

Our careful exploration of the evidence emerging from the NFP study — appearing in the September issue of Tradeoffs’ “Research Corner” newsletter — highlights the importance of testing programs to determine their impact.

With problems as severe as maternal and infant mortality, U.S. policymakers must know what works and what doesn’t.
The research findings on teen mental health, particularly among girls and young women, are sobering. A 2023 report from the Centers for Disease Control and Prevention found 60% of girls in the U.S. felt persistent feelings of sadness or hopelessness. Nearly 20% had experienced sexual violence, and 1 in 4 had made a suicide plan.

As the new school year kicked off this fall, the Tradeoffs team brought listeners and readers a success story from the Working on Womanhood program, or WOW, a Chicago program developed by Black and Latina women to support Black and Latina girls. Counselors in WOW are using evidence-based therapeutic techniques to help high school students develop healthy coping skills.

A randomized controlled trial found that, compared to girls who did not receive WOW counseling, the girls enrolled in WOW saw their symptoms of anxiety, depression and PTSD drop significantly.

“As far as I know, this is one of the few programs where we have this kind of clinical evidence at scale to say this works — not just for 10 students or 20 students, but for a thousand students,” lead researcher Monica Bhatt, of the University of Chicago, told our Tradeoffs audience in September. “And that’s really heartening because it means that we actually have a potential solution.”

This story identifies an evidence-based tool for educators and policymakers as they grapple with the mental health crisis facing girls in the U.S.
People's stories are persuasive. An analysis of the evidence from **rigorous research** is powerful.

But the Tradeoffs team's ability to combine powerful narratives with the strongest data is what drives policymakers, researchers and other listeners to take action.

Here are just two examples of how our stories have changed lives this year.
Igniting New Research

University of Minnesota health economist Hannah Neprash had just put her toddler down for a nap and turned on the most recent episode of Tradeoffs. One line in that week’s story about the impact ransomware attacks have on hospitals grabbed her.

“It was essentially impossible to predict where a ransomware attack would hit and when — which, as terrible as it sounds, got my research spidey sense tingling because it suggested that maybe there was a natural experiment to study here,” Hannah Neprash.

And on top of that, it was clear from the podcast there was all this policy interest and seemingly very little actual research evidence, which told me that this was maybe a place to make a really meaningful contribution in terms of providing research to inform policy.

Hannah has gone on to do just that. In October 2023, she and her coauthors released a paper that found hospital revenue fell during a ransomware attack by as much as 40%. And if an older American is already admitted to the hospital when an attack hits, the chance they’ll die in the hospital goes up by 20–35%.

In a full-circle moment, we interviewed Hannah on the podcast this fall, where she told the Tradeoffs audience she’s discussed her findings with federal health officials, and believes this evidence is now shaping ongoing policy conversations.
When you run a state Medicaid program, decisions come fast and furious. Budgets are tight, and political pressure cranks up. Solid evidence is often hard to come by. That’s why when Jami Snyder ran Arizona’s program, her team would look to the experiences of other states to help inform their own thinking. And to better understand those policy challenges, Jami tells us, they would often turn to Tradeoffs.

“We would regularly, as an executive team, use the information from the episodes to inform our policy discussions. Because although every state Medicaid program is really unique, many of the issues facing programs are universal. We really were able to draw on some of the discussions from different Medicaid leaders across the country when we were having conversations about really tough issues around coverage, around benefits, around reimbursement.”

In particular, Jami says, she and the team relied on the episode that profiled California’s plan to start Medicaid coverage for incarcerated people before they leave prison.

“We were able to draw upon some of the learnings that California had. And we were able to pull from that. That episode was one that we referenced on a number of occasions.”
## At a Glance

<table>
<thead>
<tr>
<th>Weekly Podcast Listens Grew</th>
<th>Episodes Have Reached</th>
<th>Professors Have Used Our Work in their Classrooms at</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 15,000 in 2022</td>
<td>More Than 3 Million Listeners</td>
<td>More Than 55 Colleges &amp; Universities</td>
</tr>
<tr>
<td>To 36,000 in 2023</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Tradeoffs Team created**
  - 38 New Episodes
- **Reported & published**
  - 20 Digital Articles
- **We produced**
  - 29 Research Corner Newsletters

---

### We Led Three Major National Events:

**March**
- Tradeoffs hosted a virtual event to explore the infrastructure, economics and impact of hospital-at-home programs.

**June**
- Tradeoffs collaborated with The American Society of Health Economists to help top health economists translate their work.

**December**
- Tradeoffs will collaborate with the Office of the National Coordinator for Health Information Technology to curate conversations among federal regulators, industry leaders and top officials from ONC, FDA, and HHS’ Office for Civil Rights.
Swinging Big in 2024

We look forward to expanding our reporting and deepening our relationship with you, our audience, over the next 12 months.

We’ve already got some exciting work on tap!

Producer Ryan Levi and Editor Cate Cahan are deep into reporting a multi-part series that will explore the ways cities are reimagining their emergency response to the mental health crisis by reducing, or even eliminating police involvement.

Senior Producer Leslie Walker will examine the strengths and shortcomings of the modern U.S. generic drug market as it turns 40.

Producer Alex Olgin is looking into a promising alternative to the way most employers design insurance plans — a method that gives workers more of a voice.

That’s just the start. We also plan in this election year to shine a light on crucial health policy debates — conversations leading politicians should be having, but too often shy away from.

We’ve seen the impact Tradeoffs can have when we get great journalism that combines storytelling and rigorous evidence into the hands of decision-makers — people like you. That’s why we are thrilled to tackle these ambitious projects and continue to grow. However our work reaches you — whether through our own podcast, at a conference or via one of our media partners — we know our work will touch, educate and help motivate you to improve health care for all Americans in 2024.
You Make This Possible

Foundations:

- Arnold Ventures
- California Health Care Foundation
- Gordan and Betty Moore Foundation
- NIHC FM
- Robert Wood Johnson Foundation
- Sozoise Foundation
- The Scan Foundation
- University of Pennsylvania LDI
- westhealth Institute of Health Economics

Individual Donors:

- Andrew Abramowitz
- Kristin Goldberg
- Katherine Block
- Tom Baker
- Danielle Bango
- Marilyn Bartlett
- Allan Baumgartner
- Heather Badmirek
- Joseph Benitez
- Frauke Bentzien
- Cheryl Bischof
- Zoe Blumenfeld
- Erica Brown
- Kristina Byrnes
- Susan Carrel
- Beth Costello
- Saad H. Chaudhry
- Cynthia Chilton
- Ilsey Cohen
- Shannon Crane
- Leemore Dafny
- Mohammad Dar
- Dan Diamond
- Pamela Dool
- Kristin Donovan
- Lisa Dubay
- Kathryn Dungel
- Stacia Dussatzina
- Gal Edman
- Carolynn Engelhard
- Crystal Gaburka
- Lala Feldman
- El Feldman
- Naomi Fener
- Jose Fernandez
- Vanessa Frank
- Deb Franklin
- Blanca Fronger
- Erin Fuse Brown
- Ishani Garguili
- Pam Garcia
- Jennifer Garstorf
- Mary Beth Gilbert
- Philip Gilman
- David Gomstein
- Don Gomstein
- Graham Griffith
- Daniel Grossman
- Kristine Grow
- Aleko Gulal
- Jill Habib
- Amy Hamauer
- Omar Harb
- Emily Harris
- Laura C. Hart
- Vicki Hartman
- Katy Haynes
- Ann Hibbert
- Jeannette Hilgert
- Jerry Hinton, Jr.
- Vivian Ho
- Jill Horowitz
- James Huang
- Borna Huebner
- David Huebner
- Mark W. Jacobstein
- Abigail Joseph
- Sue Kanter
- Martin Koppeyne
- Jacqueline Kayes
- Kun-Woo Kim
- Heather Kluzaart
- Nicole Labof
- Laura Lane
- Laurie and David Levi
- Ryan Levi
- Meng-Tun Lin
- Deborah Lindes
- Joe Lipsick
- Samuel H. Lipsick
- Elan Magenheim
- Mindy Manifold
- Kristi Martin
- Sara T. Mayer
- Kristin McCarthy
- Adrianna McIntyre
- Ataev Mohrta
- Tom Mendelsohn
- Dan Mendelson
- Kristin Mody
- Jaime Morin
- Lee Moses, MP
- John Sawyer
- Marian Mulkey
- Elizabeth Munro
- Gav Nicholas
- Sayah Nillaya
- Kathleen Noonan
- Steven Ogrin
- Alex Olgin
- Kelly Osmundson
- Andrew Pannap
- Harold Pollock
- Daniel Polsky
- Barbara Rabin
- Bob Reitberg
- Bobo Reesie
- Jordan Reese
- Michael Richards
- Robert Ringsler
- Lester Rabancho
- Annabelle Rold
- Miriam Rosenau
- Trava Rupp
- Almeta Russell
- Jessie Sarah
- John Sawe
- John Scherier
- Nathaniel Scott
- Kate Sepe
- Nirav Shah
- Sozial Shah
- Steven Shames
- Konnie Silverman
- Jessica Silverman
- Rachel Weimar
- Laura Wherry
- Lesa S. Wilkins
- Copic Wilson
- Don Wise
- Robert Wolfson, MD, MMM
- Daniel Wolfson
- Nathan Worrel
- Jonathan Xu
- Grace Yoon
- Mark Zitter
- Gina Upchurch
- Kris Volciccco
- Atteandor Venturamanni
- Dean and Melisa Walker
- Leslie Walker
- Mary Wandal
- Jessielle Weborne
- Rachel Weimar
- Laura Wherry
- Lesa S. Wilkins
- Copic Wilson
- Don Wise
- Robert Wolfson, MD, MMM
- Daniel Wolfson
- Nathan Worrel
- Jonathan Xu
- Grace Yoon
- Mark Zitter