PUBH 6735, SECTION 001

Principles of Health Policy
Fall 2018

COURSE & CONTACT INFORMATION

Credits: 3
Meeting Day(s): Monday and Wednesday
Meeting Time: 12:20 PM – 1:35 PM
Meeting Place: WDH 2-110

Instructor: Katy B. Kozhimannil, PhD, MPA
Associate Professor, Division of Health Policy and Management, School of Public Health
Email: kbk@umn.edu
Office Phone: (612) 626-3812
Office Hours: Mon 1:35-2:30 PM (after class)
Office Location: Mayo D374

TA: Maddy Pick
Division of Health Policy and Management, School of Public Health
E-mail: pickx016@umn.edu
Office Hours: Mon 10:00 AM at Caribou in Moos Tower or by appointment

TA: Mariana Tuttle
Division of Health Policy and Management, School of Public Health
E-mail: tuttl090@umn.edu
Office Hours: Tues 1:00 PM at Caribou in Moos Tower or by appointment

COURSE DESCRIPTION

The purpose of this course is to introduce students to the policy environment that influences and shapes public health and the provision of health care services, to enhance understanding of the historical and political context of health policy, to develop strategies for analysis of health policy issues, and to communicate effectively in the policy environment. Through lectures, readings, collaborative debate and discussion, oral presentation, written work, social media participation, and direct engagement with policymakers students will develop the background and skills to approach a range of problems in the interdisciplinary field of public health, where the major policy issues are constantly evolving. As a result, this course aims to convey not just specific facts, but to help students develop the ability and confidence to critically assess current health policy issues in a thoughtful, comprehensive, and rigorous manner and to engage in the policy process. While the course content focuses on the U.S. health care environment, policy analytic and communication skills are presented in a way that is transferrable to other contexts.

The goal of the course is to teach the following specific professional skills:

1. Familiarity with the legislative aspects of the health policy process

2. Effective written, oral, and/or in-person communication with a legislator about a public health policy issue

3. Experience defining a public health policy problem and diagnosing the political nature of the problem

4. Writing an issue brief to communicate the magnitude, significance, and urgency of a policy problem to a policy audience

5. Preparing and giving an elevator speech to demonstrate persuasive speaking within time constraints

6. Writing and submitting an Op/Ed with an appropriately targeted policy message, using news media, for a lay audience

7. Writing a policy proposal that analyzes potential solutions to complex health policy challenges and presents a clearly-justified, feasible and appropriate recommendation to a policy audience

COURSE PREREQUISITES

This course is open to students in the following SPH degree programs: MPH, MHA, MS, PhD; students in the MPA program at HHH; or instructor consent. Basic knowledge of the U.S. health care system is required for this course and can be obtained by taking PubH 6724: The Health Care System and Public Health.

COURSE GOALS & OBJECTIVES

The **broad learning objectives** of this course are as follows:

1. Identify key stakeholders in U.S. health care policy and understand the historical and contemporary roles that they play in the policymaking process.
2. Understand the context in which health policy is created at the state and federal levels, including the influence of values, ideology, institutions, government structures, public opinion, ethics and research.
3. Demonstrate transferable analytic skills within a general framework, and apply these skills to fluently discuss and engage in current policy debates in the fields of public health and health care.
4. Frame and analyze complex health policy challenges, synthesize and effectively communicate ideas through written and oral work.

Several courses taught within SPH highlight other aspects of public health policy, including policy writing (PubH 8802, HPM), child health (PubH 6634, EpiCH), legislative advocacy (PubH 6049, EpiCH), skills for policy development (PubH 6045, EpiCH), prevention strategies (PubH 6078, EpiCH), and environmental and occupational health policy (PubH 6105, EnvHS).

METHODS OF INSTRUCTION AND WORK EXPECTATIONS

Course structure and expectations:
This class will utilize a variety of learning techniques, including lecture, discussion, peer feedback, and both oral and written presentations of policy analyses. The course is organized with weekly themes and goals. There are generally two class periods each week, with the first focusing on knowledge acquisition through lectures and the second focused on knowledge application through discussion, activities, peer feedback, and presentations. This course is intended to impart key policy analytic skills and to foster an environment of peer learning and collaboration as professionals and colleagues; as such, you are expected to attend class, complete the readings, and actively participate within your small group and the larger class.

Each activity and assignment has a purpose and each reading was chosen judiciously, knowing that you are busy professionals with competing priorities. Please read the assignments document in its entirety. This outlines all of the required work for the course and describes how the assignments build upon one another and link to course content. We do not believe in busy work and will respect your time and endeavor to focus on skill-building, practical activities. Lectures, assignments, and peer interactions are grounded in the assigned readings, so please complete the weekly reading assignments. Your preparation and participation are vital to the success of the course.

Communication:
Establishing clear and effective communication between the instructor team and the students in this course is a top priority. To this end, we would like to share the following guidelines and expectations:
*   We encourage you to interact with us via office hours. We encourage you to email questions in advance or share documents on which you would like comments or feedback.
*   We will respond to emails within 24 hours, Monday-Friday. Emails sent after 5pm CT on Friday may not be answered before Monday morning at 9am; please plan accordingly.
*   If you anticipate challenges in meeting the expectations of the course for any reason, please contact us as soon as possible, ideally well in advance of the anticipated challenge.

Social media:
The course has a dedicated twitter account (@PubH6735), which will be actively managed during class. Postings sent through this account will be relevant to class content; it is our intention that this account not be used for partisan or ideological content. We encourage students to join twitter and use social media for conversation and dissemination of relevant information during the semester. For those new to twitter, check out these resources 1) Getting started with Twitter: https://support.twitter.com/articles/215585; 2) How to use Twitter: Critical tips for new users: https://www.wired.com/2016/05/twitter-onboarding-tips-for-new-users/.

Twitter participation is not required, but it is encouraged as a means of both class participation and engagement with legislators and a broader policy community. To that end, we would encourage you to consider following your state and federal legislators on twitter or advocacy groups relevant to your issue area. You may also want to follow the course teaching staff (Dr. Kozhimannil: @katybkoz, Mariana Tuttle: @story_tuttle). Please note that Dr. Kozhimannil and members of the teaching team may use their twitter accounts in a personal capacity, and following their tweets may expose their personal views on a range of topics; this is not meant as class material. There are a wide range of health policy-relevant accounts that students may want to follow. For example, for health policy news

relevant to the course, consider Politico Pulse (@POLITICOPulse) and Kaiser Health News (@KHNews). These are just suggestions, not endorsements.

COURSE TEXT & READINGS

The course requires a combination of readings from a seminal text (Kingdon), a contemporary text (Dawes), journal articles, book chapters, and reports. The Kingdon text provides a foundational policy analytic framework and historical context for the current health policy environment. The Dawes book, articles and reports illustrate more recent health policy issues, provide timely analysis, and highlight specific applications of policy in the fields of health care and public health, including a focus on equity. The textbooks are available at the U of M Bookstore and also through online retailers, such as amazon.com.

Required textbooks:
Kingdon JW. *Agendas, Alternatives, and Public Policies*, Updated edition with epilogue on health care (2nd ed.), New York: Longman Publishers; 2010.

Dawes DE. *150 Years of ObamaCare.* Baltimore, MD: Johns Hopkins University Press; 2016.

Required readings must be completed prior to each week's lecture. Optional readings are provided for those who have particular interest in a topic or for those who seek to strengthen their knowledge base in key areas.

Optional additional text resources:

1. Bodenheimer TS, Grumbach K. *Understanding Health Policy: A Clinical Approach.* 6th ed*.* New York, NY: Lange Medical Books/McGraw-Hill; 2012. This is a key health policy text used in training clinicians; provides particularly good information on organizational and financial logistics of the health care delivery system and health care reform, from a clinician's perspective.

2. Longest BB. *Health Policymaking in the United States.* Washington, DC: Health Administration Press and AUPHA Press; 2010. This is a recent and comprehensive health policy text; it provides useful discussion of health policy formulation and implementation.

3. Jacobs L, Skocpol T. *Health Care Reform and American Politics: What Everyone Needs to Know.* New York, NY: Oxford University Press; 2010. This text provides an excellent political science perspective on health care reform in the US.

4. House JS. *Beyond Obamacare: Life, Death, and Social Policy.* New York, NY: Russell Sage Foundation; 2015. This is an interesting look at the intersection of policy and social determinants in the wake of the 2010 Affordable Care Act.

5. Starr P. *Remedy and Reaction: The Peculiar American Struggle over Health Care Reform.* Revised ed. New Haven, CT: Yale University Press; 2013. A brilliant historical sociologist's perspective on the history of health reform in the US and how it led to the 2010 passage of the Affordable Care Act.

6. Michener J. *Fragmented Democracy: Medicaid, Federalism, and Unequal Politics.* New York, NY: Cambridge University Press; 2018. Fabulous analysis of inequity in the health policy process, through the lens of Medicaid policy

COURSE OUTLINE/WEEKLY SCHEDULE

Week		Topic	Stream (Kingdon)	Activities/Assignments
Week 1	W 9/5	• Introduction to U.S. health care policy / course expectations	Problems	• Readings; Listen to interviews; About me Quiz
Week 2	M 9/10	• Identifying policy problems/ framework for policy analysis		• Readings, including student and professional examples
	W 9/12	• The Suggested Approach to Policy Analysis; Discussion; Problem framing activity		• Listen to interviews about data sources; Assignment 1, part A: Who Are Your Legislators?
Week 3	M 9/17	• History of national health reform efforts		• Readings; Assignment 2, part A: Problem Identification
	W 9/19	• Consolidation lecture; Discussion; Critical review		• Assignment 2, part B: Issue Brief Critical Review
Week 4	M 9/24	• Today's big problems: costs, quality, and disparities • Guest Lecture R. Hardeman		• Readings; Assignment 2, part C: Issue Brief Peer Review draft due
	W 9/26	• Discussion; Peer review		• Assignment 2, part C: Issue Brief Peer Review
Week 5	M 10/1	• Government institutions and processes; Obamacare	Politics	• Readings; Watch brief videos
	W 10/3	• Obamacare aftermath; Repeal efforts		• Listen to interviews
Week 6	M 10/8	• Discussion of assignments; Elections and stakeholders		• Readings
	W 10/10	• Ideology; Fiscal ship activity		• Assignment 2, part D: Issue Brief
Week 7	M 10/15	• Media and public opinion • Guest Lecture S. Gollust		• Readings
	W 10/17	• Discussion; Public opinion polling activity		• Assignment 1, part B: Strategy Memo

Week 8	M 10/22	• Generating policy ideas	Policy	• Readings; Watch online lecture
	W 10/24	• Elevator Speeches		• Assignment 3: Elevator Speech
Week 9	M 10/29	• Influencing the policy process– • Guest Panel of advocates/lobbyists		• Readings
	W 10/31	• Lobbying- the research; Discussion		• Assignment 4: Op Ed
Week 10	M 11/5	• Policy in action: from idea to law		• Readings; Listen to interviews
	W 11/7	• Discussion; Critical review		• Assignment 5, part A: Policy Proposal Critical Review
Week 11	M 11/12	• Policy implementation and evaluation		• Readings; Assignment 5, part B: Policy Proposal Peer Review draft due
	W 11/14	• Discussion; Peer review		• Assignment 5, part B: Policy Proposal Peer Review
Week 12	M 11/19	• Advocacy, power, and privilege in political processes • Guest Speakers P. Ness & R. Ray		• Readings
	W 11/21	• NO CLASS - THANKSGIVING		
Week 13	M 11/26	• Use of evidence in policymaking		• Readings
	W 11/28	• The role of state agencies • Guest Speakers S. Mills & A. Russell Kochanski		• Assignment 5, part C: Policy Proposal
Week 14	M 12/3	• Feedback loops: evidence, ethics and policy	Consolidation	• Readings
	W 12/5	• Discussion; reflections		• Assignment 1, part C: Next Steps Memo
Week 15	M 12/10	• Student presentations		• Assignment 5, part D: One-Pager; Assignment 6: Final Presentations
	W 12/12	• Student presentations		• Assignment 6: Final Presentations

SPH AND UNIVERSITY POLICIES & RESOURCES

The School of Public Health maintains up-to-date information about resources available to students, as well as formal course policies, on our website at www.sph.umn.edu/student-policies/. Students are expected to read and understand all policy information available at this link and are encouraged to make use of the resources available.

The University of Minnesota has official policies, including but not limited to the following:
- Grade definitions
- Scholastic dishonesty
- Makeup work for legitimate absences
- Student conduct code
- Sexual harassment, sexual assault, stalking and relationship violence
- Equity, diversity, equal employment opportunity, and affirmative action
- Disability services
- Academic freedom and responsibility

Resources available for students include:
- Confidential mental health services
- Disability accommodations
- Housing and financial instability resources
- Technology help
- Academic support

EVALUATION & GRADING

This course utilizes a criterion-referenced grading system in order to enhance collaboration and shared learning. The course is graded out of a total of 100 points, which are earned through class participation as well as the completion of written and oral assignments. Please carefully follow the instructions in the Detailed Assignments Document, and the format laid out in the Suggested Approach to Policy Analysis. These two documents provide crucial information about the course requirements and the skills we are building. Please contact us with questions about the goals, required format, or evaluation criteria for each assignment.

Class participation   *10 points*
Points are earned by 1) participation in full-class and small group discussions, 2) preparation for and participation in interactive learning with peers, and 3) insightful questions, broad engagement with policy issues and class content.

Written/oral assignments   *90 points*
Specific evaluation criteria will be distributed with each assignment.
Assignment 1: Contact legislator (9 points)
Assignment 2: Issue brief (21 points)
Assignment 3: Elevator speech (8 points)
Assignment 4: Op/Ed (10 points)
Assignment 5: Policy proposal (33 points)
Assignment 6: Presentation (9 points)

Grading Scale
The University uses plus and minus grading on a 4.000 cumulative grade point scale in accordance with the following, and you can expect the grade lines to be drawn as follows:

% In Class	Grade	GPA
93 - 100%	A	4.000
90 - 92%	A-	3.667
87 - 89%	B+	3.333
83 - 86%	B	3.000
80 - 82%	B-	2.667
77 - 79%	C+	2.333
73 - 76%	C	2.000
70 - 72%	C-	1.667
67 - 69%	D+	1.333
63 - 66%	D	1.000
< 62%	F	

- A = achievement that is outstanding relative to the level necessary to meet course requirements.
- B = achievement that is significantly above the level necessary to meet course requirements.
- C = achievement that meets the course requirements in every respect.

- D = achievement that is worthy of credit even though it fails to meet fully the course requirements.
- F = failure because work was either (1) completed but at a level of achievement that is not worthy of credit or (2) was not completed and there was no agreement between the instructor and the student that the student would be awarded an I (Incomplete).
- S = achievement that is satisfactory, which is equivalent to a C- or better
- N = achievement that is not satisfactory and signifies that the work was either 1) completed but at a level that is not worthy of credit, or 2) not completed and there was no agreement between the instructor and student that the student would receive an I (Incomplete).

Evaluation/Grading Policy	Evaluation/Grading Policy Description
Scholastic Dishonesty, Plagiarism, Cheating, etc.	You are expected to do your own academic work and cite sources as necessary. Failing to do so is scholastic dishonesty. Scholastic dishonesty means plagiarizing; cheating on assignments or examinations; engaging in unauthorized collaboration on academic work; taking, acquiring, or using test materials without faculty permission; submitting false or incomplete records of academic achievement; acting alone or in cooperation with another to falsify records or to obtain dishonestly grades, honors, awards, or professional endorsement; altering, forging, or misusing a University academic record; or fabricating or falsifying data, research procedures, or data analysis (As defined in the Student Conduct Code). For additional information, please see https://z.umn.edu/dishonesty The Office for Student Conduct and Academic Integrity has compiled a useful list of Frequently Asked Questions pertaining to scholastic dishonesty: https://z.umn.edu/integrity. If you have additional questions, please clarify with your instructor. Your instructor can respond to your specific questions regarding what would constitute scholastic dishonesty in the context of a particular class-e.g., whether collaboration on assignments is permitted, requirements and methods for citing sources, if electronic aids are permitted or prohibited during an exam. Indiana University offers a clear description of plagiarism and an online quiz to check your understanding (http://z.umn.edu/iuplagiarism).
Late Assignments	All assignments must be submitted at the assigned time (Central Time) on the stated due date. *Late work will be penalized either ½ point or 10% of the total points for each day it is late, whichever is greater.* Exceptions may be granted by the instructor on a case-by-case basis. If you anticipate having difficulty meeting due date deadline(s), you must make *prior* arrangements to be eligible for full credit on your work. Students must contact the instructor in advance of the deadline, and the instructor must agree that the student's circumstances warrant a new deadline. If you think an excuse may be tenuous; it is. Students with disabilities are also encouraged to contact Disability Services to have a confidential discussion of their individual needs for accommodations.
Grade Disputes	Grade disputes are accepted between the final day of class and until 5pm CT for the 5 days following the final day of class (for Fall 2018, Dec 13-19; grade disputes are due by 5pm CT on Dec 19). Grade dispute requests are only accepted for point allocations that would affect the final letter grade that a student would receive for the course. If you wish to dispute the number of points you receive on a class assignment, you must do so *in writing*. You must submit a request (500 words maximum) that includes a specific rationale for why the assignment deserves a higher grade and where additional points were earned but not allocated. The instructor reserves the right to either increase or decrease the final point allocation upon review, based upon the merits of the assignment and the request. The only exception to this policy is for a student to note a mathematical error in a grading rubric.
Incomplete Contracts	A grade of incomplete "I" shall be assigned at the discretion of the instructor when, due to extraordinary circumstances (e.g., documented illness or hospitalization, death in family, etc.), the student was prevented from completing the work of the course on time. The assignment of an "I" requires that a contract be initiated and completed by the student before the last official day of class, and signed by both the student and instructor. If an incomplete is deemed appropriate by the instructor, the student in consultation with the instructor, will specify the time and manner in which the student will complete course requirements. Extension for completion of the work will not exceed one year (or earlier if designated by the student's college). For more information and to initiate an incomplete contract, students should go to SPHGrades at: www.sph.umn.edu/grades.

DETAILED WEEKLY SCHEDULE

A detailed weekly schedule of goals, topics, readings, and assignments is given below. Please also review the Detailed Assignments Document and Suggested Approach to Policy Analysis regarding information for course assignments.

PROBLEM STREAM
Week 1: Introduction to US health care policy, class expectations (W 9/5)

Goals:

To describe the course and goals and expectations for students

To provide an overview of the U.S. health care delivery system and the role of policy in shaping it

Assignment:

Listen to interview with Jon Welch, MD (Wed)

About me information (in class)

Readings:
Welch J. As She Lay Dying: How I Fought to Stop Medical Errors from Killing My Mom. *Health Affairs.* 2012;31(12),2817-2820.

Seervai S, Blumenthal D. 101 Ways Health Care in America Changed in 2017. The Commonwealth Fund. Published January 2, 2018.

Berwick, DM. The Toxic Politics of Health Care. *JAMA*, 2013;*310*(18), 1921.

Mankiw, NG. Why Health Care Policy Is So Hard. The New York Times. Published July 28, 2017.

Optional readings related to the current political context:
For current expert blog postings related to health policy and ACA repeal efforts, see the Health Affairs Blogs series on "Following the ACA" here: https://www.healthaffairs.org/topic/bms010?sortBy=CustomSingleValuedField1_desc

Oberlander J. "Repeal, Replace, Repair, Retreat – Republicans' Health Care Quagmire." *NEJM.* 2017; 377,1001-1003.

Wilensky GR. "The Future of the ACA and Health Care Policy in the United States." *JAMA.* 2017;317(1),21-22.

Obama B. "Repealing the ACA without a Replacement — The Risks to American Health Care." *NEJM.* 2017; 376:297-299.

PROBLEM STREAM
Week 2: Identifying policy problems and framework for policy analysis (M 9/10 and W 9/12)

Goals:

To give a brief overview of the politics of health policy

To discuss the process of identifying problems with potential policy solutions

To present a framework for policy analysis, and identify how each of the components of this course fit into the framework

To provide clear and concrete examples of problem framing and policy analytic writing

Assignment:

Assignment 1, part A: Who Are Your Legislators? due (Wed)

Listen to interviews with Laura Attanasio and Natalie Noha about finding data sources for course assignments (Wed)

Review information on data visualization, including blogs, podcasts, and examples of different ways to meaningfully present data, on the website Policy Viz.

Readings:

Please review the **Professional Examples** at the top of the Moodle site (these examples do not follow the same format that we use in class, but demonstrate policy writing in the real world).

Student Examples are also available on the Moodle site as a reference for writing style for your assignments

Kingdon book – Ch 1 pg 1-20, Ch 5 pg 90-115

Suggested Approach to Policy Analysis – PubH 6735

O'Hare M. A Typology of Governmental Action. *Journal of Policy Analysis and Management.* 8(4):670-672;1989.

Bernoff J. 10 Top Writing Tips and the Psychology Behind Them. Published May 4, 2015.

Optional:
For PhD students or others who are considering a career in academia or research:

Glied S. Policy Analysis in Government and Academia: Two Cultures. *Journal of Health Politics, Policy, and Law.* 2018; 537-542.

For information on plagiarism, citing sources, and attribution of ideas:

Frick T, Dagli C, Barrett A, Myers R, & Kwon K. How to recognize plagiarism: Tutorial and tests. Department of Instructional Systems Technology, School of Education, Indiana University.

Other policy analytic framework:

While our course uses a policy-analytic framework derived from Kingdon, another helpful model is presented in the following book: Bardach, E. *A Practical Guide for Policy Analysis: The Eightfold Path to More Effective Problem Solving.* 3rd ed. Washington, DC:CQ Press; 2008.

PROBLEM STREAM
Week 3: History of national health reform efforts (M 9/17 and W 9/19)

Goals:

To describe past efforts to reform the U.S. health care system

To identify reasons for success or failure of past efforts and to understand the contemporary relevance of the historical context

of health reform

Assignment:

Assignment 2, part A: Problem Identification due (Mon)

Assignment 2, part B: Issue Brief Critical Review due (Wed)

Readings:

Kingdon book - Epilogue 231-247

Dawes book – Ch 2, pg 23-54

Michener J. The politics and policy of racism in American health care. Vox. Published May 24, 2018.

Morone JA, Blumenthal D. The Arc of History Bends Toward Coverage: Health Policy at a Crossroads. *Health Affairs.* 37(3).

Blumenthal D, Morone J. The Lessons of Success – Revisiting the Medicare Story. *The New England Journal of Medicine.* 2008;359(22); 2384-2389.

Starr P. Transformation in Defeat: The Changing Objectives of National Health Insurance, 1915-1980. *American Journal of Public Health*, 1982;72(1);78-88.

Optional:
Dawes book – Ch 6, pg 192-225. This chapter, entitled "Breaking down the law" provides information on understanding the context of the ACA, including the political nature of policy decisions, with a focus on health equity topics.

Power to Heal. This PBS documentary shows how the implementation of the Medicare program helped desegregate hospitals

Hacker J. "The Historical Logic of National Health Insurance: Structure and Sequence in the Development of British, Canadian, and U.S. Medical Policy." *Studies in American Political Development*, 12(1);57-130,1998. Please read pages 106-130 on the development of the United States' system; this paper also includes a helpful discussion of the importance of historical analysis and about health insurance in Canada and the UK, which you may want to skim but are not required to read.

For those who desire a more in-depth historical perspective on the development of the U.S. health care system, I highly recommend the book: Starr P. *Social Transformation of American Medicine*, New York, NY: Basic Books;1982.

PROBLEM STREAM
Week 4: Today's problems: costs, quality, and disparities (M 9/24 and W 9/26)

Goals:

To provide an overview of the challenges faced in improving access and quality of health care in the U.S.

To reflect on the costs of disparities in U.S. health care

To reflect on the scope and reasons for increasing costs of U.S. health care

To conduct a peer review of issue briefs

Assignment:

Assignment 2, part C: Issue Brief Peer Review draft due (Mon); peer review in class on Wed

Watch:

Williams D. How Racism Makes Us Sick. Ted Talk. November 2016. (Mon)

Readings:
Newkirk VR. America's Health Segregation Problem. The Atlantic. Published May 18, 2016.

Ayanian JZ. The Costs of Racial Disparities in Health Care. *The Harvard Business Review*. October 1, 2015.

Cutler D. What is the US Health Spending Problem? *Health Affairs. 2018;37(3).*

Carroll A. What Makes the US Health Care System So Expensive? Frequently Asked Questions. The Incidental Economist.

Please skim the following articles for current information on US health care costs:
Dieleman JL, Baral R, Birger M, et al. US Spending on Personal Health Care and Public Health, 1996-2013. *JAMA.* 2016;316(24):2627-2646.

Cuckler GA, Sisko AM, Poisal JA, Keehan SP et al. National Health Expenditure Projections, 2017-26: Despite Uncertainty, Fundamentals Primarily Drive Spending Growth. *Health Affairs. 2018;37(3).*

If you have not already read these seminal papers on health care quality, please read them:
McGlynn E, Asch SM, Adams J, Keesey J, Hicks J, DeCristofaro A, Kerr EA. The Quality of Health Care Delivered to Adults in the United States. *The New England Journal of Medicine.* 2003;348(26): 2635-2645.

Berwick D. A user's manual for the IOM's "Quality Chasm" report. *Health Affairs.* 2002;21(3):80–90.

Smedley B, Stith A, Nelson A. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (Executive Summary). *Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care.*

POLITICS STREAM
Week 5: Government institutions and processes (M 10/1 and W 10/3)

Goals:

To delineate the key government structures and institutions involved in health care policymaking

To understand the steps and processes involved in creating legislation in health policy

To use the recent health reform efforts (Obamacare and repeal efforts) as case studies in congressional legislative action

Assignment:

Listen to interviews with Sachin Jain (HITECH Act) and Traci Toomey (alcohol policy) (Wed)

Watch:

Disney Educational Productions. Schoolhouse Rock: America - I'm Just A Bill. (Mon)

Vox. How A Bill Really Becomes A Law: What Schoolhouse Rock Missed; 2014. (Mon)

Optional: Brief videos on current health care policy topics available from the New York Times:

Readings:
Kingdon book – Ch 2 pg 21-44, Ch 4 pg 71-89

Dawes book – Ch 5: Brushes with Death: How many lives does Obamacare have? Pg 163-187

Oleszek MJ, Oleszek WJ. Legislative Sausage-Making: Health Reform in the 111th Congress. Party and Procedure in the U.S. Congress. New York, NY: Roman and Littlefield Publishers, Inc;2012.

Leonhardt D. The Halfhearted Opposition to the GOP's Health Care Misery. The New York Times. Published June 13, 2017. (Compares interest group influence in 2017 debates to the past)

Gawande A. Trumpcare vs. Obamacare. The New Yorker. March 6, 2017. (Compares process and policies for Obamacare and Trump's repeal efforts)

Oberlander J. The Art of Repeal — Republicans' Health Care Reform Muddle. *NEJM.* 2017; 376:1497-1499

Optional:
Cohn J. How They Did It: the Inside Account of Health Care Reform's Triumph. The New Republic.

KFF tutorials on Congress and Health Policy and on Health Policy and the Federal Budget:
Archived KaiserEDU.org Tutorials. Kaiser Family Foundation. 2018.

POLITICS STREAM
Week 6: Elections, stakeholders, and ideology (M 10/8 and W 10/10)

Goals:

To evaluate the role of campaigns and elections in governance; to discuss basic positions, motivations and orientations with respect to the delivery of health care and the policies that govern it

To identify key stakeholders/interest groups and to understand the role they play in the creation of health policy

To discuss the role of ideology in health politics and policymaking

Assignment:

Assignment 2, part D: Issue Brief due (Wed)

Fiscal ship activity (Wed)

Readings
Kingdon book—Ch 3 pg 45-57

Guidance for contacting your legislator:
Ellsworth E. How to effectively talk to your member of Congress. Twitter. 2016.

and optionally, you may wish to invest in:
Ellsworth, E. "Call the Halls: contacting your Representative the smart way." https://gumroad.com/l/callthehallsguide. Published online November 2016.

Bierschbach B. "A citizen's guide to effectively engaging Minnesota lawmakers." MinnPost. December 19, 2016.

Schumpeter. Which firms profit most from America's health care system. The Economist. Published March 15, 2018.

Carroll AE, Frakt A. It Saves Lives. It Can Save Money. So Why Aren't We Spending More on Public Health? The Upshot. Published May 28, 2018.

Optional:
Bodenheimer T. The Political Divide in Health Care: A Liberal Perspective. *Health Affairs* 2005;24(6):1426-1435.

Butler SM. The Conservative Agenda for Incremental Reform. *Health Affairs* 150-161, 1995.

Berman ML. From Health Care Reform to Public Health Reform. *Journal of Law, Medicine, and Ethics.* 39(3);328-339, 2011.
Jacobs LR. What Health Reform Teaches Us about American Politics. *Political Science & Politics.* 43: 619-623, 2010.

POLITICS STREAM
Week 7: Media and Public Opinion (M 10/15 and W 10/17)

Goals:

To describe the role of the media in the policymaking process

To understand the general orientation of the American public around health policy issues and changes over time in public

opinion about health policy

To discuss ways to influence the media and public opinion

Assignment:

Assignment 1, part B: Strategy Memo due (Wed)

Public opinion polling activity (Wed)

Readings:
Hughes Tuohy C. Welfare State Eras, Policy Narratives, and the Role of Expertise: The Case of the Affordable Care Act in Historical and Comparative Perspective. *Journal of Health Politics, Policy, and Law.* 2018;427-453.

Jacobs LR, Mettler S. Liking health reform but turned off by toxic politics. *Health Affairs*, 2016;*35*(5), 915-922.

Gollust SE, Baum LM, Niederdeppe J, Barry CL, Fowler EF. Local television news coverage of the Affordable Care Act: emphasizing politics over consumer information. *American Journal of Public Health*, 2017;*107*(5), 687-693.

Optional
Kingdon book – Ch 3 pg 57-70. This chapter has some great information, but much of the content is outdated in the era of social media. Still, key principles are described that are useful for contemporary policy analysis.

POLICY STREAM
Week 8: Generating policy ideas and agenda setting (M 10/22 and W 10/24)

Goals:

To develop an understanding of how particular policy problems rise to the top of the political agenda

To describe the way in which potential solutions, alternatives, and policy proposals are generated and prioritized

To hear firsthand experiences of how policy ideas are generated and how the state of Minnesota's health policy agenda is set

To practice problem framing and clear concise speaking through elevator speeches

Assignment:

Listen to online lecture by Lauren Gilchrist (setting the agenda in the Governor's office)

Assignment 3: Elevator Speech due (Wed)

Readings
Kingdon book –Ch 8,9 pg 165-208; please skim Ch 6 pg 116-144
Dawes book – Ch 7, pg238-253

Frakt A, Carroll A, Pollack H, Humphreys K. The Rewards and Challenges of Writing for a Mass Media Audience. *Health Services Research. 2017;2-6.*

Optional readings as background for online guest lecture by Lauren Gilchrist
Todd T. Making Laws. Research Department: Minnesota House of Representatives. Published Update February 2018. Helpful resource with lots of detail and reference materials that may be useful to students in the future. Pages: 43-45, 130, 146.

Joint Religious Legislative Coalition. (2014). Advocacy Guide.

Biegler C, Horowitz B, & Madden N. Final FY 2016-17 Supplemental Budget Makes Modest Changes to Expand Opportunity, Promote Equity. MN Budget Project. November 2016.

Office of Minnesota Attorney General Lori Swanson. (2017). Opioids: Preventing and Addressing Prescription Drug Abuse.

Collins J, Minnesota lawmakers launch overdose death prevention legislation. MPR. Published February 21, 2017.

Sherman A, DeBot B, Huang C. Boosting Low-Income Children's Opportunities to Succeed Through Direct Income Support. *Academic Pediatrics*, 2016;16(3 Suppl), S90-97.

Editorial Board. No raise for Minnesota's poorest families — again. Star Tribune. Published June 12, 2017.

POLICY STREAM
Week 9: Influencing the policy process - perspectives from a panel of lobbyists (M 10/29 and W 10/31)

Goals:

To understand the role of interest groups and lobbyists in setting the policy agenda in health care

To hear firsthand perspectives about the strategies, challenges, and opportunities faced by those who seek to influence health

policy and the delivery of health care

Assignment:

Assignment 4: Op Ed due (Wed)

Readings:
Mebane F, Blendon R. Political Strategy 101: How to Make Health Policy and Influence Political People. *Journal of Child Neurology.* 2001;16:513-519.

Callaghan T, Jacobs LR. Interest Group Conflict Over Medicaid Expansion: The Surprising Impact of Public Advocates. *American Journal of Public Health.* 2016;106(2):308-13.

Eaton J, Pell MB. Analysis: Health Lobbyists' Powerful Impact on Reform Bills. Kaiser Health News. Published February 24, 2010.

American People Hire High-Powered Lobbyist To Push Interests In Congress. The Onion. Published October 10, 2010.

Optional:
Lobbyists – Available online through UMN libraries: Morone J, Litman T, Robbins L. Ten Myths about Power and Influence. *Health Politics and Policy. 4th ed. Delmar Congage Learning; 2008.* You can navigate using the TOC link on the left side of the page to Part Three and to the chapter on lobbyists.

POLICY STREAM
Week 10: Policy in action - from idea to law (M 11/5 and W 11/7)

Goals:

To understand the politics, complexity, and eventual impacts of the way in which health laws and policies are implemented

To provide a policy perspective on how innovative ideas become policy realities

To consolidate the main concepts of the semester and connect course content with professional skills within the policy process

To practice a critical review of a policy proposal

Assignments:

Assignment 5, part A: Policy Proposal Critical Review (Wed)

Listen to interview with Bindiya Patel, MPA, Program for Appropriate Technologies in Health (Mon)

Listen to interview with Sachin Jain, MD, MBA, CareMore (Mon)

Readings:
Kozhimannil KB, Hardeman R, Attanasio L, Blauer-Peterson C, O'Brien M. Doula care and birth outcomes: the potential for improving care and reducing costs for diverse, low-income women. *American Journal of Public Health*, 2013;103(4): e113–e121.

Kozhimannil KB, Hardeman RR. Coverage for doula services: How state Medicaid programs can address concerns about maternity care costs and quality. *Birth,* 2016; 43(2)97-99.

Briefly review: Bohren MA, Hofmeyr G, Sakala C, Fukuzawa RK, Cuthbert A. Continuous support for women during childbirth. Cochrane Database of Systematic Reviews 2017, Issue 7. Art. No.: CD003766. DOI: 10.1002/14651858.CD003766.pub6

Minnesota Statutes, Chapter 108, HF1233, Art. 6, Sec. 11, Doula services medical assistance (MA) coverage requirement:

POLICY STREAM
Week 11: After a bill becomes law: implementation and evaluation (M 11/12 and W 11/14)

Goals:

To briefly discuss key issues within policy implementation (rulemaking and privatization)

To present the logic model as a conceptual framework for policy evaluation

To describe real-world examples of policy implementation and evaluation in a state policy context

To conduct peer review of policy proposals

Assignment:

Assignment 5, part B: Policy Proposal Peer Review draft due (Mon); peer review in class on Wed

Readings:
Kozhimannil KB, Almanza J, Vogelsang CA, Hardeman RR. Medicaid Coverage of Doula Services in Minnesota: Findings from the first year. University of Minnesota. Executive Summary. December 2015.

Review:
Minnesota legislature website on rulemaking: Minnesota Administrative Rules. Minnesota State Legislature.

Marinac P. Rulemaking in Minnesota: A Guide. Minnesota Legislature. Published January 2014.

Healthcare in America: Going Public, and Private, The Economist. Published December 21, 2013:

Optional:
Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide. U.S. Centers for Disease Control and Prevention. Published May 11, 2012.
Read the executive summary and review other portions as applicable.

POLICY STREAM
Week 12: Advocacy, power, and privilege in political processes (M 11/19; NO CLASS on Wed 11/21)

Goals:

To discuss the role of power and privilege in shaping policy dialogue related to health equity

To consider how power dynamics shape the three streams: problems, politics, and policy.

Assignment:

None this week

Readings:
Take the Implicit Association Test: Take a Test. Project Implicit: Harvard University. 2011.

Hardeman R, Medina E, Kozhimannil K. Structural Racism and Supporting Black Lives - The Role of Health Professionals. *NEJM. 2016. 375:2113-2115*

PolicyLink's Getting Equity Advocacy Results

Race Forward's Racial Equity Impact Assessment

Keleher T. Racial Equity Impact Assessment. Race Forward: The Center for Racial Justice Innovation. Published 2009.

POLICY STREAM
Week 13: The role of evidence in policymaking and the role of state agencies in policy (M 11/26 and W 11/28)

Goals:

To understand how research and information inform health policy (or not)

To describe how legislative and executive agencies interact in the process of policy implementation

To hear firsthand perspectives about the role of state agencies in policymaking

To learn from class alumni about the skills that have been useful for policy careers

Assignment:

Assignment 5, part C: Policy Proposal due (Wed)

Readings:
Peterson MA. In the Shadow of Politics: The Pathways of Research Evidence to Health Policy Making. *Journal of Health Politics, Policy, and Law. 2018; 341-376.*
Examples, please at least skim:

Use of academic evidence in the campaign against ACA repeal Rigby E, Morgan KJ. Academic Research and Legislative Advocacy: Information Use in the Campaign against Repeal of the ACA. *Journal of Health Politics, Policy, and Law. 2018; 511-535.*

Use of evidence in state policy – ACA vs. infant mortality Jones DK, Louis CJ. Using Evidence to Inform State Health Policy Making: Lessons from Four States Comparing Obamacare and Infant Mortality. *Journal of Health Politics, Policy, and Law. 2018; 377-399.*

Optional: (Highly recommended for doctoral students or those interested in research careers)

Glied SA, Miller EA. Economics and Health Reform: Academic Research and Public Policy. *Med Care Res Rev* August 2015 vol. 72 no. 4 379-394.

Majumdar SR, Soumerai SB. The Unhealthy State of Health Policy Research. *Health Affairs* 2009;28(5):900w-908w.

Gold M. Pathways to the Use of Health Services Research in Policy. *Health Services Research* 2009;44(4):1111-1135.

CONSOLIDATION
Week 14: Feedback loops: evidence, ethics, and policymaking (M 12/3 and W 12/5)

Goals:

To describe some of the limitations of health policy research for policymaking

To frame health policy issues in the context of ethical trade-offs and uncertainty

To consider the recent example of postpartum depression screening legislation as a case of the complex relationship between evidence and public policy

Assignments:

Assignment 1, part C: Next Steps Memo due (Wed)

Readings:
Aitkins D, Siegel J, Slutsky J. Making Policy When the Evidence is in Dispute. *Health Affairs* 2005;24:102-113.

Kozhimannil KB, Adams AS, Soumerai SB, Busch AB, Huskamp HA. New Jersey's postpartum depression screening law did not change treatment patterns for women on Medicaid. *Health Affairs.* 2011;30(2):293-301.

Leavens A, Arthurs E, Thombs BD. Should Postpartum Depression Screening Policies Be Reevaluated? Health Affairs 2011;30(6):1216-1217.

Stone SD. Study Challenges Effectiveness of NJ PPD Initiatives for Medicaid Populations. Perinatal Pro Blog. Published February 7, 2011.

Belluck P. Panel Calls for Depression Screening During and After Pregnancy. The New York Times. Published January 26, 2016.

CONSOLIDATION
Week 15: Student presentations (M 12/10 and W 12/12)

Goals:

To summarize your public health policy work over the course of the semester

To clearly, concisely present your policy issue, proposed solution, and experience interacting with a legislator to influence policy on this topic.

Assignment 5, part D: One-pager due (Mon)

Assignment 6: Final Presentations due (Mon and Wed)