



Boston University School of Public Health

PM 760. Health Law, Policy, & Policymaking

Semester: Spring 2023

Credits: 4

Location: 6-8:50pm. Tuesdays. Spring 2022. BUSM Instructional Building TBD.

I. Health Law, Policy, & Policymaking

Instructor

Dr. Matt Motta

mmotta[at]bu[dot]edu

262 Talbot West

Office Hours: M: 1-2pm, by appt M: 2-4pm

Teaching Assistant

Marissa Smith

mn22smit[at]bu[dot]edu

Online, by appointment

Course Description

This course offers a general overview of the ways in which American government and political dynamics influence the construction, implementation, and success of a wide variety of public health policies in the United States. Throughout the semester, we will answer questions like:

- How do public opinion, political institutions, and the interactions between federal/state governments influence public health policymaking in the United States?
- How did politics shape the creation, implementation, and success of high-profile health policies like the Affordable Care Act (“Obamacare”), Medicare Reform, Medicaid Expansion, and response to the COVID-19 pandemic?
- Going forward, how *might* political processes shape health policies related to expanding health insurance coverage/benefits (e.g., Medicare for All), vaccine policy, reproductive health in the *post-Roe* era, LGBTQ+ medical care access, and efforts to respond to other contemporary health challenges? How might these policies in turn influence American politics?

The course is structured into two sets of thematic units. In Part I, we will review the fundamentals of American civics and assess how the structure of American government plays a role in shaping health policy. Specifically, we will consider how the Constitutionally-inscribed structure of

American government (e.g., federalism, the separation of powers), public opinion, voting behavior, and contemporary political institutions (including not only actors within the three branches of government, but the mass media, interest groups, and others) collectively influence the design, implementation, and execution of health policy in the United States. We will also consider how health policy might in turn change the nature of political reality itself; e.g., by altering voter preferences, the structure of key political institutions, and the relationship between states.

In Part II, we will conduct three in-depth case studies into how the foundations of American government have influenced landmark health policies. We will do this both historically, as well as via evidence based assessments of contemporary program structure and success. Policies studied in this section include: Medicare & Medicaid (and their expansion/reform), the Affordable Care Act (ACA), and current events related to the COVID-19 pandemic.

Learning Objectives

Upon completion of this course, you will be able to:

1. Exhibit familiarity with how the workings of legislative, executive, and judicial institutions – at both the federal and state level – influence the creation, implementation, and success of health policy in the U.S.
2. Identify pressing public health problems (including racialized, gendered, and classed health disparities), consider potential policy solutions to these issues, and assess the potential effectiveness of these policies.
3. Assess the relationship between federal/state electoral processes and outcomes – as well as unelected federal/state actors and institutions (i.e., the bureaucracy) – on the formation and implementation of health policy.
4. Apply social science theory to better understand how US history and contemporary social/political life have shaped the US health care system, and how they might continue to do so in the future.
5. Use government resources to track and request more information about health policies.
6. Experience synthesizing evidence and assembling reports in formats used by health practitioners in a diverse range of public health contexts.

II. Diversity, Equity, Inclusion, and Justice

Names/Pronouns and Self Identifications

Boston University School of Public Health recognizes the importance of a diverse student body, and we are committed to fostering equitable classroom environments. We know that name and gender identity are central to most individuals' sense of self and well-being and therefore I invite you, if you wish, to tell us how you want to be referred to both in terms of your name and your pronouns (he/him, she/her, they/them, etc.). The pronouns someone indicates are not necessarily indicative of their gender identity and their pronouns may change over time. In addition, many people (e.g. international students, trans people, and others) might go by a name in daily life that is different from their legal name. In this classroom, we seek to refer to people by the names that they would like us to use.

Additionally, how you identify in terms of your gender identity, race, class, sexuality, religion, and dis/ability, as well as all aspects of your identity, is your choice when and whether to disclose (e.g. should it come up in classroom conversation about our experiences and perspectives) and should be self-identified, not presumed or imposed.

I will do my best to address and refer to all students accordingly and will support you in doing so as well.

We have an opportunity in class to hear from people with different viewpoints and open some lines of communication about difficult and/or emotional topics. All opinions are welcome, as long as they are grounded in the evidence and presented respectfully. As the professor I reserve the right to manage, intercede, side-line, or stop a conversation if it is leading us too far off track or if it is disrespectful to others.

[Sources: Oregon State <https://osucascades.edu/faculty-handbook/teaching/gender-identity-and-personal-pronouns-syllabus-guidance> and University of MD: <https://lgbtq.umd.edu/good-practices-names-and-pronouns>]

III. Guiding Principles, Values, and Policies

Expectations of Ourselves at Our Best

These are intended to be expectations of all members of our community, faculty, staff, and students, expectations we hold ourselves to, aspiring always to be our best selves.

We all aim to:

- Strive for excellence
- Exercise the highest integrity in all aspects of work
- Be open, flexible, realistic, and understanding
- Demonstrate professionalism and trustworthiness as a representative of Boston University and the School of Public Health
- Understand and follow the policies and procedures of Boston University and of the School of Public Health

We aim to be guided by five behaviors, with corresponding expectations of ourselves for each behavior:

Behavior	Expectations
Engagement	Embrace responsibility for our work, learning, and all other activities Work responsibly and collaboratively
Collaboration	Receive constructive feedback from faculty, teaching assistants, mentors and others Openly share expertise and experience to assure individual and team success
Communication	Provide constructive feedback to faculty, teaching assistants, mentors and others Seek support when needed Use technology in a responsible and professional manner
Respect for others	Respect the unique cultures, strengths, viewpoints and experiences of others Show compassion and tolerance Actively and respectfully participate in community and classroom discussions and activities
Helping others succeed	Reach out to others who appear to be struggling Seek ways to contribute to the success of others

Code of Conduct in the BUSPH Virtual Community

All of our virtual communities aim to cultivate important communication and strengthen connections with students, staff, and faculty by building a shared sense of community across the institution. This applies to all shared online virtual platforms such as Zoom, Blackboard, GroupMe, Slack, Twitter, Facebook Group forums, etc.

Each individual has the right to participate in an academic atmosphere that promotes safe and inclusive conversations regarding student academics and student life. Virtual forums prohibit unlawful discriminatory practices, including discrimination or harassment on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, disability, marital status, citizenship, national origin, genetic information, or any other characteristic. We expect that all individuals are treated with respect and dignity, and that all relationships among BUSPH community members, including in virtual communities, are free of bias, prejudice, and harassment.

Although students remain responsible for their own actions in virtual spaces, they are obligated to conform to all BUSPH-wide goals and expectations. Intrusive acts such as postings or comments that disrupt the learning experience or compromise the academic environment for other students will be removed, violations of these standards may result in disciplinary action. All students are expected to uphold these policies, especially those related to academic integrity and the Code of Conduct. Violations of these policies can result in removal from virtual spaces, as well as other disciplinary actions. Instances of alleged misconduct involving BUSPH students are typically resolved through processes internal to the School of Public Health. Disciplinary action in response to misconduct can include suspension, expulsion, loss of course credit, or other sanctions.

Any member of our community who has questions or concerns about these policies should reach out to the Assistant Dean of Students or the Associate Dean of Diversity, Equity, Inclusion, and Justice.

Boston University Academic Conduct Code

Students in the School of Public Health are expected to maintain high standards of academic honesty and integrity. Academic honesty is essential for students to attain the competencies the School expects of its graduates and to enable the faculty to adequately assess student performance. Academic dishonesty undermines the bonds of trust and honesty between members of the community and defrauds those who depend upon our knowledge and integrity.

Academic misconduct is conduct by which a student misrepresents their academic accomplishments, or impedes other students' opportunities of being judged fairly for their academic work. Knowingly allowing others to represent your work as their own is as serious an offense as submitting another's work as your own. Violations include but are not limited to:

- **Cheating on an examination or assignment.** Any attempt by students to alter their performance on an examination or assignment in violation of the stated or commonly understood ground rules.
- **Plagiarism.** Representing the work or ideas of another as one's own; and/or using another's work or ideas without crediting the source. Plagiarism includes, but is not limited to, the following: copying the answers of another student on an examination; copying or restating the work or ideas of another person or persons in any oral or written work (printed or electronic) without citing the appropriate source; using audio or video footage that comes from another source (including work done by another student) without permission and/or acknowledgement of that source; and collaborating with someone else in an academic endeavor without acknowledging their contribution. Plagiarism can consist of acts of commission (appropriating the words or ideas of another as one's own), or omission (failing to acknowledge/document/credit the source or creator of words or ideas).
- **Misrepresentation, falsification, or fabrication of data**
- **Submitting substantially the same work in more than one course** without the consent of all instructors
- **Unauthorized downloading, uploading, sharing, and/or duplicating course materials**

It is the responsibility of every student to be aware of the [Academic Conduct Code's](#) contents and to abide by its provisions. In all charges of academic misconduct against a student, the student is entitled to procedural fairness in any disciplinary proceedings. A student who is found guilty of academic misconduct may be subject to sanctions, up to and including dismissal from the School. Additional resource: [Avoiding Plagiarism](#).

Student Questions or Concerns

If you have any questions about course content, assessments, deadlines, or policies, please do not hesitate to contact a course Teaching Assistant or your course instructor.

If questions or concerns remain unresolved, you may contact Mary Murphy-Phillips, Assistant Dean for Students, at mcmurph@bu.edu.

If questions or concerns remain unresolved, you may contact Professor Lisa Sullivan, Associate Dean for Education, at lsull@bu.edu.

If questions or concerns remain unresolved, you may contact Dr. Sandro Galea, Dean, at sgalea@bu.edu.

For confidential, independent, impartial and informal advice, you may contact the Office of the Ombuds at ombuds@bu.edu.

III. Resources

Course Resources

No textbooks are required for purchase in this class. However, I strongly encourage you to purchase the title “Governing Health: The politics of health policy” by Weissert & Weissert (any edition published after the passage of the Affordable Care Act in 2010 is just fine). This book introduces how the basics of civics influence health policy in the US, and is structured similarly to the overall architecture of this course. Note that although I will assign a few passages from this book in class, you do not need to own a physical copy of the book to access them.

All course readings, detailed assignment instructions, submission upload “portals,” and other materials for this class (e.g., course announcements) can be found on our course Blackboard page. Please log into your Blackboard account with your BU login credentials and navigate to the PM 760 course for additional information.

Core Course Tutoring Program

[The Core Course Tutoring Program](#) is a free peer tutoring program for MPH students who are at risk of not meeting the minimum grade required (B–) in the MPH core courses. Students can be referred to the program by their core course instructor/teaching team or can request assistance by applying directly to sphtutor@bu.edu. Students who are retaking a core course do not need a referral, as they will be contacted to be matched with a tutor at the beginning of the semester. Once matched, students can receive up to two hours per week of one-on-one assistance with an upper-class peer tutor. For more information, please contact Rea Shqepa, Assistant Director of Student Success, at 617-358-1805 or sphtutor@bu.edu.

Public Health Writing Program

The [Peer Writing Coach Program](#) offers student-directed writing and presentation appointments to all students enrolled in SPH classes. Sessions are designed to meet the needs of students at all levels of skill and confidence. Students can make an appointment with a peer coach at any stage in your writing process, and can make up to two appointments per assignment. Peer coaches are available both in person and online. Coaches are happy to work with individual authors and teams.

Students must sign up for an [account](#) to schedule a first appointment. During the appointments, students may discuss their writing process, goals for becoming a better writer, or any writing challenges they may be experiencing. Appointments can be scheduled [here](#), and students may contact sphcoach@bu.edu with any questions.

Public Health Writing Guide

The [Public Health Writing Guide](#) provides concrete strategies for improving prose, increasing productivity, and meeting the specific needs of readers. It offers strategies and best practices that can be useful for students and over the course of a career. Please refer to the guide for encouragement, structure, or advice about how to get started.

Alumni Medical Library

Librarians from the [BU Alumni Medical Library](#) can provide strategies for executing advanced searches using PubMed, Web of Science, Google, and other online resources. They can also assist with utilizing Mendeley and Zotero reference managers, properly citing sources, and avoiding plagiarism.

To make an appointment to meet with a librarian to get personalized assistance with a search, students can contact them directly by email (refquest@bu.edu) or phone (617-638-4228).

IV. Course Structure

Course Resources

No textbooks are required for purchase in this class. However, I strongly encourage you to purchase the title “Governing Health: The politics of health policy” by Weissert & Weissert (any edition published after the passage of the Affordable Care Act in 2010 is just fine). This book introduces how the basics of civics influence health policy in the US, and is structured similarly to the overall architecture of this course. Note that although I will assign a few passages from this book in class, you do not need to own a physical copy of the book to access them.

Additionally, for this course (and several others in the HPL certificate), BUSPH is asking students to read and/or view a series of lecture materials related to the basics of health policy. The School is also asking students to read a short virtual textbook about health politics and policy. Per BUSPH guidelines, I strongly encourage you to review these materials prior to the start of our course, and/or during the first few weeks of the semester. You can access lecture materials at the following link, https://learn.bu.edu/ultra/courses/_82436_1/cl/outline, and you can access a copy of the virtual textbook at this link: <https://accessmedicine-mhmedical-com.ezproxy.bu.edu/book.aspx?bookid=2853>.

Teaching Methodology

This course will be taught in person, in the location listed at the top of this syllabus. Class sessions will be primarily discussion based. In lieu of formal lectures, I will begin each class by summarizing a series of key points from the week’s readings, as presented in the worksheets you will complete each week. I’ll then pose a series of questions designed to facilitate discussion for that week.

(Correspondingly, it's important that we all come to class prepared to discuss that week's readings!) Class discussion serves as an opportunity to reinforce core course concepts, as well as a chance to *apply* abstract principles from the readings to current events.

At times, I will supplement class discussion with participation from outside speakers and other classroom activities. I will also reserve time, in each class meeting, to both answer any questions you have about this course (including course materials and assignments) as well as to discuss how topics covered in this course might apply to current events in politics and public health.

Assessments

This class will have four key sets of evaluative components, across Units. These include (1) three short op-ed pieces (30% of your final grade; 10% each), (2) two take home quizzes (20%; 10% each), (3) a series of short class participation assignments (15%; 1% each), and a (4) final paper structured as a modified policy brief (35%; with a check-in assignment and short "lightning talk" each worth 5% of that total). Please refer to the assignment descriptions offered later on in this syllabus for additional information.

Grading Policy

Students will be assigned the following final letter grades, based on course assessments. Please review the full Boston University School of Public Health [grading policy](#). All SPH candidates must have a minimum 3.0 GPA at SPH to graduate—please review the [Academic Standing](#) policy for grade minimums.

Course Average	Final Grade
94-100	A
90-93	A-
87-89	B+
83-86	B
80-82	B-
77-79	C+
73-76	C
70-72	C-
60-69	D
<60	F

Course Policies and Expectations

- **Course Preparation, Attendance & Participation Policies:** While I expect you to complete all weekly readings, attend class, contribute to class discussion regularly, I do *not* take attendance in this class. Please refer to the "class participation" grading component write-up for additional information about class participation worksheets and "health policy of the

week” assignments. If you do need to miss class for any reason, please contact the TA for the course (medical documentation or a detailed explanation for your absence is not necessary).

- **Late & Make-up Work Policy:** I will accept late work on all assignments aside from class participation check-ins. However, late work will carry a penalty. Papers submitted *within one day (24 hours) following a deadline* will carry an 8 point penalty. So, if an assignment is due at 12:00 noon on December 1st and is turned in at 11:59am on December 2nd, a perfect score (100/100 points, or an A) would be lowered to 92/100 point (or an A-). An assignment outside the 24 hour window will lose an *additional* 8 points per day that it is late. **I will not accept work *more than four days late*.**
- **E-mail Policy:** Please CC our TA on all email correspondence related to this course; including questions about assignments, grading (or grades received), attendance, and other considerations. You are of course welcome to email me, or drop by my office hours, in the event that you might want to reach out about a personal matter, or any other subject that you think might require my direct attention.

Course Schedule

Schedule Part I. Assessment Due Date Calendar

Assignments are due on Tuesday at Midnight Eastern, during the Week listed in this Table (see Schedule Part II for class meeting date information).

Week	Assignment	Notes
1 (1/24)	None.	If you haven't done so already, review the core concepts outlined in the AccessMedicine virtual textbook (SPH requirement.)
2 (1/31)	Worksheet #1	This worksheet is <i>already</i> filled out. You will fill out future worksheets throughout the course.
3 (2/7)	Worksheet #2	N/A
4 (2/14)	Worksheet #3	Begin working on Op-Ed #1
5 (2/28)	Op-Ed #1 Worksheet #4	See attached style guide. Dr. Motta offers feedback on Group B.
6 (3/14)	Worksheet #5	Study for Exam #1. Come to class prepared to ask questions about exam content.
7 (3/21)	Take-home Quiz #1 (Weeks 2-5) Worksheet #6	N/A
8 (3/28)	Worksheet #7	Begin working on Op-Ed #2.
9 (4/4)	Op-Ed #2 Worksheet #8	See attached style guide. Dr. Motta offers feedback on Group A. Also: Study for Exam #2. Come to class prepared to ask questions about exam content
10 (4/11)	Worksheet #9 Take-home Quiz #2 (Weeks 6-8)	Begin work on Final Project Check-In. See attached style guide. Dr. Motta offers feedback on all assignments. Also, look over the style guide for the Health Policy of the Week for a topic list and style expectations (including: problem definition, stakeholder identification, policy solution, and politicization analysis).
11 (4/18)	Final Project Check-In Health Policy of the Week #1	Begin work on Final Project Check-In. See attached style guide. Dr. Motta offers feedback on all assignments.
12 (4/25)	Health Policy of the Week #2	Continue working on the final project and incorporate feedback from the check-in assignment.
13 (5/2)	Health Policy of the Week #3	Continue working on the final project and incorporate feedback from the check-in assignment. Also, review expectations for the informal "lightning talk" assignment. <u>Final Policy Memo is due on Tuesday at midnight, during Week 13.</u>
14 (5/8)	Lightning Talks	Expectations for lightning talks will be discussed in class. See also the description listed above in the syllabus.

Schedule Part 2. Session Outline: Reading & Thematic Calendar

Week 1. INTRODUCTION PART 1: COURSE OVERVIEW & COMMUNICATION SKILLS (Op-Ed Writing Workshop; Stakeholder Identification) (1/24)

Learning Objectives: Review course and its structure; become familiar with common health policy communication tools and methods.

No required readings this week. Instead, please make sure that you have taken time to review SPH's required introductory lecture materials and freeware textbook shared above in Section IV.

As a refresher:

“Additionally, for this course (and several others in the HPL certificate), BUSPH is asking students to read and/or view a series of lecture materials related to the basics of health policy. The School is also asking students to read a short virtual textbook about health politics and policy. Per BUSPH guidelines, I strongly encourage you to review these materials prior to the start of our course, and/or during the first few weeks of the semester. You can access lecture materials at the following link, https://learn.bu.edu/ultra/courses/82436_1/cl/outline, and you can access a copy of the virtual textbook at this link: <https://accessmedicine-mhmedical-com.ezproxy.bu.edu/book.aspx?bookid=2853>. “

Week 2. INTRODUCTION PART 2: Representation, The US Constitution, & the Basics of American Federalism (1/31)

Learning Objectives: Become familiar with the history, structure, and health policy implications of the US federal government, state governments, and the interaction between the two.

- CIVICS BASICS :
 - Wlezien, C., & Soroka, S. N. (2016). Public opinion and public policy. In *Oxford research encyclopedia of politics*.
 - Krutz, G. S., & Waskiewicz, S. (2016). *American government*. OpenStax College, Rice University. [Chapter 3]
- HEALTH POLICY IMPLICATIONS:
 - Shapiro, R. Y., & Jacobs, L. (2010, April). Simulating representation: elite mobilization and political power in health care reform. In *The Forum* (Vol. 8, No. 1, p. 4).
 - Mettler, S. (2010). Reconstituting the submerged state: The challenges of social policy reform in the Obama era. *Perspectives on Politics*, 8(3), 803-824.

Week 3. POLICY DIFFUSION: How do State Health Policies Influence Federal Policies (and one another)? (2/7)

Learning Objectives: Consider how the basis of American federalism (reviewed last week) influence the way that state and federal government entities learn from and compete with one another in health policy spaces.

- CIVICS BASICS:
 - Shipan, C. R., & Volden, C. (2012). Policy diffusion: Seven lessons for scholars and practitioners. *Public Administration Review*, 72(6), 788-796.
- HEALTH POLICY IMPLICATIONS:

- Volden, C. (2017). Policy diffusion in polarized times: The case of the affordable care act. *Journal of Health Politics, Policy and Law*, 42(2), 363-375.
- Callaghan, T., & Jacobs, L. R. (2014). Process learning and the implementation of Medicaid reform. *Publius: The Journal of Federalism*, 44(4), 541-563.

Week 4. SEPARATION OF POWERS: How Constitutional Checks and Balances Shape Health Policy. (2/14)

Learning Objectives: Assess how the basic structure of the US federal government, and the interplay between its constitutive agencies, influences the scope and effectiveness of health policymaking.

- CIVICS BASICS:
 - Selections from: Weissert, C. S., & Weissert, W. G. (2008). *Governing health: The politics of health policy*. JHU Press. (pp. 20 - 48; 56 - 60. 96 - 108)
- HEALTH POLICY IMPLICATIONS:
 - Swendiman, K. S. (2012). Health care: Constitutional rights and legislative powers. (Note: for an update on some of the key legal battles discussed in this piece, see [this piece](#).)
 - Jarvis, L. (2021). "If States Can Ban Abortion, How About Abortion Pills?" *Bloomberg*. <https://www.bloomberg.com/opinion/articles/2022-05-13/if-states-can-ban-abortion-how-about-abortion-pills>
 - OPTIONAL: Thompson, F. J., Gusmano, M. K., & Shinohara, S. (2018). Trump and the Affordable Care Act: Congressional repeal efforts, executive federalism, and program durability. *Publius: The Journal of Federalism*, 48(3), 396-424.

Week 5. POLICY FEEDBACK: How Voters Influence Policy (and vice versa). (2/28)

Learning Objectives: Take stock of the ways in which health policies "create new politics" by influencing public opinion and the American electoral landscape, and how opinion/elections in turn influence policymaking.

- CIVICS BASICS:
 - Campbell, A. L. (2012). Policy makes mass politics. *Annual Review of Political Science*, 15, 333-351.
- HEALTH POLICY IMPLICATIONS:
 - Jacobs, L. R., & Mettler, S. (2018). When and how new policy creates new politics: Examining the feedback effects of the Affordable Care Act on public opinion. *Perspectives on politics*, 16(2), 345-363.
 - Béland, D., Rocco, P., & Waddan, A. (2019). Policy feedback and the politics of the Affordable Care Act. *Policy Studies Journal*, 47(2), 395-422.

Week 6. INTEREST GROUPS & ADVOCACY: How Interest Groups & Government Bureaucrats Shape Health Policy. (3/14)

Learning Objectives: Critically assess the effect that outside groups have on the health policymaking process, and consider how recent changes in campaign finance regulations have influenced US health policy.

- CIVICS BASICS:
 - Fraussen, B., & Halpin, D. (2020). Interest Groups, the Bureaucracy, and Issue Prioritization. In *Oxford Research Encyclopedia of Politics*.
- HEALTH POLICY IMPLICATIONS:

- Selections from: Hersh, E. (2020). *Politics is for power: How to move beyond political hobbyism, take action, and make real change*. Simon and Schuster.
- Callaghan, T. and Jacobs, L.R., 2016. Interest Group Conflict Over Medicaid Expansion: The Surprising Impact of Public Advocates. *American journal of public health*, 106(2), pp.308-313
- ACTIVITY: Tracking health and pharmaceutical spending in US elections via government and non-partisan “watchdog group” data.

Week 7. PUBLIC OPINION: Are Public Health Policy Demands Reasoned, or Rationalized? (3/21)

Learning Objectives: Consider the extent to which public opinion acts as a reasoned/informed constraint on policymakers’ actions, and the degree to which the public sends a clear signal to policymakers about its health policy preferences.

- CIVICS BASICS:
 - Achen, C., Bartels, L., (2017). *Democracy for realists*. Princeton University Press. [SELECTED PASSAGES]
- HEALTH POLICY IMPLICATIONS:
 - Motta, M., Callaghan, T., & Sylvester, S. (2018). Knowing less but presuming more: Dunning-Kruger effects and the endorsement of anti-vaccine policy attitudes. *Social Science & Medicine*, 211, 274-281.
 - McCabe, K. T. (2016). Attitude responsiveness and partisan bias: Direct experience with the Affordable Care Act. *Political Behavior*, 38(4), 861-882.

Week 8. PARTISANSHIP. How Does Partisan Identity Influence Health Attitudes & Behavior? (3/28)

Learning Objectives: Assess the consequences of partisanship as a “perceptual screen” on the public’s health attitudes and behaviors.

- CIVICS BASICS:
 - Kahan, D. M. (2017). Misconceptions, misinformation, and the logic of identity-protective cognition.
 - Huddy, L., & Bankert, A. (2017). Political partisanship as a social identity. In *Oxford research encyclopedia of politics*.
- HEALTH POLICY IMPLICATIONS:
 - Clinton, J., Cohen, J., Lapinski, J., & Trussler, M. (2021). Partisan pandemic: How partisanship and public health concerns affect individuals’ social mobility during COVID-19. *Science advances*, 7(2), eabd7204.
 - Callaghan, T., Washburn, D., Goidel, K., Nuzhath, T., Spiegelman, A., Scobee, J., ... & Motta, M. (2022). Imperfect messengers? An analysis of vaccine confidence among primary care physicians. *Vaccine*.

Week 9. INEQUALITY, RACISM & SOCIAL DETERMINANTS OF HEALTH. How Racist Attitudes & Structures Produce Unequal Health Outcomes. (4/4)

Learning Objectives: Consider how racial bias in US political, social, and economic institutions facilitates unequal health outcomes, and critically assess the extent to which public opinion might facilitate a demand for inequity.

- CIVICS BASICS:

- Jardina, A., & Piston, S. (2019). Racial prejudice, racial identity, and attitudes in political decision making. In *Oxford Research Encyclopedia of Politics*.
- HEALTH POLICY IMPLICATIONS:
 - SELECTIONS FROM. Galea, S. (2019). *Well: what we need to talk about when we talk about health*. Oxford University Press.
 - INTRODUCTION + SECTIONS 1, 4 ONLY: Brulle, R. J., & Pellow, D. N. (2006). Environmental justice: human health and environmental inequalities. *Annu. Rev. Public Health, 27*, 103-124.

Week 10. MEDIA EFFECTS: How the “Slant” and Scope of News Coverage Influences Health Policy. (4/11)

Learning Objectives: Assess how the “fourth branch” of American government influences the health policymaking process, and public compliance/demand for health reform.

- CIVICS BASICS:
 - Fowler, E. F., & Gollust, S. E. (2015). The content and effect of politicized health controversies. *The ANNALS of the American Academy of Political and Social Science, 658*(1), 155-171.
 - [SKIM] Stecula, D. A., Motta, M., Kuru, O., & Jamieson, K. H. (2022). The Great and Powerful Dr. Oz? Alternative Health Media Consumption and Vaccine Views in the United States. *Journal of Communication*.
- HEALTH POLICY IMPLICATIONS:
 - Motta, M., & Stecula, D. (2021). Quantifying the effect of Wakefield et al.(1998) on skepticism about MMR vaccine safety in the US. *PloS one, 16*(8), e0256395.
 - [PICK ONE] Gollust, S. E., LoRusso, S. M., Nagler, R. H., & Fowler, E. F. (2016). Understanding the role of the news media in HPV vaccine uptake in the United States: Synthesis and commentary. *Human vaccines & immunotherapeutics, 12*(6), 1430-1434.
 - [PICK ONE] Shafer, P. R., Fowler, E. F., Baum, L., & Gollust, S. E. (2018). Television advertising and health insurance marketplace consumer engagement in Kentucky: A natural experiment. *Journal of medical Internet research, 20*(10), e10872.

Weeks 11-12. CASE STUDY #1: The Affordable Care Act [2 weeks]. (4/18-4/25)

Learning Objectives: Become familiar with the history, structure, and politicization of the ACA, and consider how all three might impact its legacy and effectiveness.

- **Week 1: Problem, Political Context, & Policy Mechanisms:**
 - Skocpol, T. (1995). The rise and resounding demise of the Clinton plan. *Health Affairs, 14*(1), 66-85.
 - Rosenbaum, S. (2011). The Patient Protection and Affordable Care Act: implications for public health policy and practice. *Public health reports, 126*(1), 130-135.
 - “The ACA Turns 12.” KHN’s *What the Health?* Podcast
 - Show: <https://open.spotify.com/episode/0Los1itlQbCungXit9UNg4?si=7fd2edc1d5e644ec>;
 - Transcript: https://khn.org/wp-content/uploads/sites/2/2022/04/Transcript_WTH_243_042122.pdf
- **Week 2: Political & Health Implications:**
 - Oberlander, J. (2020). The Ten Years’ War: Politics, Partisanship, And The ACA: An exploration of why the Affordable Care Act has been so divisive despite the law’s considerable accomplishments. *Health Affairs, 39*(3), 471-478.

- Gollust, S. E., Wilcock, A., Fowler, E. F., Barry, C. L., Niederdeppe, J., Baum, L., & Karaca-Mandic, P. (2018). TV advertising volumes were associated with insurance marketplace shopping and enrollment in 2014. *Health Affairs*, 37(6), 956-963.
- Pacheco, J., & Maltby, E. (2017). The role of public opinion—does it influence the diffusion of ACA decisions?. *Journal of Health Politics, Policy and Law*, 42(2), 309-340.
- PICK ONE: Schulman, K. A., & Milstein, A. (2019). The implications of “Medicare for All” for US hospitals. *JAMA*, 321(17), 1661-1662.
- PICK ONE: McElwee, S. (2020). Medicare for All. *Data for Progress – Polling Memo*. <https://www.dataforprogress.org/memos/medicare-for-all>

Week 13. CASE STUDY #2: Medicare Reform & Medicaid Expansion. (5/2).

Learning Objectives: Become familiar with the history, structure, and politicization of “Great Society” social welfare programs, and consider how all three might impact their legacy and effectiveness.

- **Week 1: Problem, Political Context, & Policy Mechanisms:**

- Oberlander, J. (2007). Through the looking glass: the politics of the Medicare Prescription Drug, Improvement, and Modernization Act. *Journal of Health Politics, Policy and Law*, 32(2), 187-219
- Berkowitz, E. (2008). Medicare and Medicaid: The past as prologue. *Health Care Financing Review*, 29(3), 81.
- “Becerra Urges Congress to Expand Medicare, Address Rx Prices.” KHN’s *What the Health?* Podcast.
 - Show: <https://open.spotify.com/show/32EdsB662C3oylrqLMmBXI?si=TQhRjzzLTgWtK3crfbOFtA&nd=1>
 - Transcript: “<https://khn.org/news/article/podcast-khn-what-the-health-204-beccera-july-13-2021/>”
- OPTIONAL: <https://www.kff.org/medicaid/issue-brief/fiscal-and-enrollment-implications-of-medicaid-continuous-coverage-requirement-during-and-after-the-phe-ends/>

- **Week 2: Political & Health Implications:**

- Sommers, B. D., Blendon, R. J., Orav, E. J., & Epstein, A. M. (2016). Changes in utilization and health among low-income adults after Medicaid expansion or expanded private insurance. *JAMA internal medicine*, 176(10), 1501-1509.
- Flagg, R. (2016). Medicaid expansion: A tale of two governors. *Journal of health politics, policy and law*, 41(5), 997-1031.
- Clinton, J. D., & Sances, M. W. (2018). The politics of policy: The initial mass political effects of medicaid expansion in the states. *American Political Science Review*, 112(1), 167-185.
- Jacobs, L. R., & Callaghan, T. (2013). Why states expand Medicaid: Party, resources, and history. *Journal of health politics, policy and law*, 38(5), 1023-1050.

CASE STUDY #3. COVID-19 [TIME PERMITTING]: Vaccine Mandates/Passports, Masks, Lockdowns, & Income Relief. (5/8).

- **Week 1: Problem, Political Context, & Policy Mechanisms:**

- “We May Be Done With Covid, But Covid’s Not Done With Us,” KHN’s *What the Health?* Podcast.
 - Show: <https://khn.org/news/article/podcast-khn-what-the-health-238-done-with-covid-march-17-2022/>

- Transcript: https://khn.org/wp-content/uploads/sites/2/2022/03/Transcript_WTH_238_031722.pdf
 - “How a Sudden Mask Ruling Left the CDC Reeling,” *New York Times, The Daily Podcast*
 - Show: <https://www.nytimes.com/2022/04/26/podcasts/the-daily/transportation-mask-mandate-cdc.html>
 - Transcript: <https://www.nytimes.com/2022/04/26/podcasts/the-daily/transportation-mask-mandate-cdc.html?showTranscript=1>
 - Gollust, S. E., Nagler, R. H., & Fowler, E. F. (2020). The emergence of COVID-19 in the US: a public health and political communication crisis. *Journal of health politics, policy and law*, 45(6), 967-981.
 - Feyman, Y., Bor, J., Raifman, J., & Griffith, K. N. (2020). Effectiveness of COVID-19 shelter-in-place orders varied by state. *PLoS One*, 15(12), e0245008.
- **Week 2: Political & Health Implications:**
 - Motta, M., Stecula, D., & Farhart, C. (2020). How right-leaning media coverage of COVID-19 facilitated the spread of misinformation in the early stages of the pandemic in the US. *Canadian Journal of Political Science/Revue canadienne de science politique*, 53(2), 335-342.
 - Grossman, G., Kim, S., Rexer, J. M., & Thirumurthy, H. (2020). Political partisanship influences behavioral responses to governors’ recommendations for COVID-19 prevention in the United States. *Proceedings of the National Academy of Sciences*, 117(39), 24144-24153.
 - [RECOMMENDED] Jones, D. R., & McDermott, M. L. (2022). Partisanship and the Politics of COVID Vaccine Hesitancy. *Polity*, 54(3), 000-000.

Assessment Guidelines

- **Op-Ed Pieces (30%; 15% each).** At two points during the semester (assigned during the first week of class), I will ask you to write short (300-500 word) opinion editorial pieces (“Op-Ed”). In the first piece, you will (1) outline a salient health policy problem, (2) identify a potential policy solution to that problem, and (3) develop an argument about the policy’s potential effectiveness at resolving that problem. The second op-ed piece should be structured identically, but as a *rebuttal* to the first piece (i.e., taking an alternative or opposing perspective). A full style guide and grading rubric (including example op-eds) is provided on the course Blackboard site.
- **Take-Home Quizzes (20%; 10% each).** Second, you will complete two (take-home, untimed) multiple-choice quizzes that assess basic comprehension of key course concepts. These quizzes will draw exclusively on content discussed in the course’s *first thematic units* (i.e., the basics of American government and civics in application to health policy).
- **Class Participation: Worksheets, Health Policy of the Week Reflections, and “Health Policy Haikus” (15%; 1% each).** Third, while I expect you to attend class and contribute to class discussion regularly, I do not take attendance in this class.

Instead, I will:

- A. Circulate a series of worksheets, turned in weekly from weeks 1-9, that ask you to define and identify core concepts presented in the readings.
- B. Ask you to write a series of short reflection pieces on a salient health policy that has either recently been proposed and/or are generating headlines in the popular press. I will ask you

turn these in throughout the final six weeks of the course. These assignments will involve defining a health policy problem, identifying relevant stakeholders, assessing a potential policy solution, and anticipating the possibility of political contestation regarding the policy.

I do not grade either of these assignments for *content*, but instead for *completeness*. They primarily serve as opportunities for you to familiarize yourself with the basics of health policy in the US, and as pre-written exam “study guides.” I have provided an example worksheet (Week 1) on our course webpage. I have also uploaded a Health Policy of the Week style guide and topic list, along with an example reflection piece.

Also note that while these assignments are collectively worth 15% of your final grade, you will only need to turn in 12 assignments (including 2 haikus, if you choose to write them). I will awarded two additional “bonus” points to everyone, at the conclusion of the semester.

At **two points** during the semester, however, you may choose to submit a “health policy haiku,” similar to the style employed by Kaiser Health News (KHN), *in place of either assignment*. The haiku should link to back to *either* a piece discussed in this course and/or current events discussed on KHN’s website within the past 2 calendar years. *I encourage you to submit haikus that link back to KHN stories to KHN, and will award extra credit (up to 2 points on your final grade, on a 0-100 scale) if you do so (irrespective of whether or not they publish it!).* I will provide an example of a sample haiku in class.

- **Policy Memo (35%; memo, 25%; check-in, 5%; lightning talk 5%).** Finally, at the conclusion of the semester, you will write a short (7-10 page) *Policy Brief Memo*, wherein you identify the political underpinnings and public health implications of a health-related policy of your choosing. We will have one “check in” assignment, where I will offer feedback on the progress you have made toward identifying the health policy problem you hope to study. In this memo, you will provide evidence-based answers the following four questions, drawing on both course materials and external research (an enumerated list is acceptable as a submission format):

1. What was the *public health problem* the policy attempted/attempts to solve?
2. How did/could *American political institutions* and/or *public opinion* influence the creation and structure of this policy?
3. What are the *mechanisms* by which this policy can/will solve the public health problems identified in [1]?
4. In what ways is the structure and/or outcomes of this policy *politically contentious*? (And, if it is not, why does this policy have broad bipartisan appeal?)
5. How might political contestation influence the *success of this policy* in an increasingly-polarized political landscape?

As this assignment is worth a significant portion of your final grade, I recognize that you may want to check with me to make sure that your proposed focus is suitable for this final project. To this

end, I'm going to ask you to turn in a **Final Project Check-in** assignment. In it, I'd like you to provide a draft of **items 1 & 2** listed in the Final Project Style Guide. So long as your draft takes up both of these tasks, I will award full credit (5/5) on the assignment and offer detailed feedback on your final paper. I'll also ask you to **track changes** (in your preferred Word processing program) from the initial check-in when submitting the final paper.

Please see the Final Project Style Guide on Blackboard for additional information about this submission.

Additionally, at the conclusion of the semester, I will ask you to prepare a short "elevator pitch" or "lightning" talks, where you briefly summarize each of the above points for the class. Lightning talks are becoming an increasingly common way for junior scholars and practitioners to share the results of their research at academic conferences. This element of the final project serves as an opportunity to solicit feedback from both the class and myself on the final project, and is a presentation format.