

COMPARATIVE POLITICS OF HEALTH POLICY
POLSCI 706
Term 2, Winter 2021

Instructor: Katherine Boothe
Email: boothe@mcmaster.ca
Seminar: Tuesdays, 9.15-11.20am
Classroom: via Zoom

Office Hours: Wednesdays 1.30-
2.30pm or by appointment, via Zoom

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Course Overview

This course focuses on health care systems in established welfare states and asks how we can understand and classify types of variation in health systems, and what are the causes and consequences of these variations. It will provide a basis in research into comparative health policy, in order to answer questions about **why** governments make the choices they do. The course does not focus on evaluating health policy, but the question of what makes for “good”, effective, equitable policy is often what motivates us to study public policy in the first place. So while the primary focus of this course will be on explaining “why?” I hope we will also return regularly to the question of “so what?”.

For every reading before class, you should try to answer the following three basic questions in one sentence each: a) what is the reading’s main research question; b) what is the answer to the research question; and c) what evidence is used to support that answer? Being able to identify the answers to each of these questions is the first step in preparing for class discussion. Next, you will read a mini-lecture on the readings, and then post a brief reading response online. Each week, we will meet via Zoom for a discussion of the readings, led by students on a rotating basis. You will be evaluated on your comprehension and ability to apply the approaches analyzed over the course of the semester, as well as on your contribution to class discussions.

Learning Objectives

By the end of the course you should be able to:

- demonstrate a good understanding of the major theoretical approaches to health policy
- adjudicate between approaches (or explain their interactions) as applied to a specific policy problem
- constructively critique comparative policy literature (identifying insights as well as potential problems)
- design and execute an effective short research project based on secondary sources

Required Materials and Texts

- Articles and book chapters available on Avenue and/or through the library website

Course Evaluation – Overview

1. Participation - 20%, ongoing
2. Weekly reading posts – 10%, ongoing
3. Discussion leadership – 10%, date determined first week of class
4. Critical review essay – 15%, date determined by student

5. Term paper précis – 10%, due February 22
6. Term paper – 35%, due April 16

Course Evaluation – Details

Participation (20%), ongoing

A central feature of a seminar is that students learn from each other through discussion. As such, it is essential that all students do the readings in advance of the seminar and come prepared to participate actively in the class discussion. I strongly encourage you to think about what insights you can gain from the readings, not just what's "wrong" with them, which can be one's first inclination. Think about how the readings fit together (or don't), how they relate to readings in previous weeks, and especially how they relate to the topic of your literature review or policy debates with which you are familiar. I recognize that speaking in seminar can be intimidating at times, but it is a crucial skill in academia (and life!), and my goal is for our seminar to be an open-minded and considerate place to practice.

Students are expected to regularly read a newspaper with Canadian and international coverage and to contribute to class discussion on current events related to public policy.

Each week, PhD students are expected to read at least one of the items included under additional readings as part of their PhD comprehensive preparation and reference the reading in their reading response, and if relevant, in class. This requirement is waived on weeks with five assigned readings instead of the usual four.

Your participation grade will include the presentation of a **brief overview** of your research paper findings for our final seminar.

Weekly reading posts (10%), ongoing

To help you prepare for class, I will post a mini lecture on the readings and some initial discussion questions on Avenue by Monday at 5pm. The class will be divided into two groups, and each week your group will alternate posting a **response to the readings** or an **additional discussion question**. Posts are due each week **by Friday at noon**.

- **Reading response:** This is a brief (350-500 word) response that includes a **preliminary answer to at least one question from my guide OR reflects on other issues/connections between the readings you have identified**, and indicates familiarity with all the assigned readings.
- **Additional discussion question:** This is intended to be a shorter assignment (so every other week you get a break from writing, although not from reading!) The best type of questions will be those that bridge or compare multiple readings. Please focus on questions that will help us analyze the readings, and avoid questions that are primarily normative ("what should we do about this policy outcome?"). A good test is to review your question and ask yourself whether the class can answer or discuss it based on the information in the readings.

You should read your colleagues' responses before class. You are encouraged but

not required to respond to at least one. You can skip one week's reading post without notice or penalty.

Discussion facilitation (10%), due date determined first week of class

You will take on the role of discussion leader for one week, in some cases in collaboration with a fellow student. It will be the discussion leader(s)' responsibility to review their colleagues' responses on Avenue and **compile a discussion guide, submitted to me by email no later than Monday at noon.** The guide should include my questions and a synthesis of student questions (so you will have to merge, edit, and organize according to the themes you identify). During class, the discussion leader(s) will introduce the questions and key themes, explain why they are interesting or important, and initiate the discussion by proposing some answers. The discussion guide should be prepared jointly when there is more than one student assigned to the week.

Critical review essay (15%, due 11.59pm before relevant class, date selected by student)

There are 10 weeks of readings this term. You must submit one critical review essay, for any week with readings except the week you are acting as discussion leader – they are separate assignments and need to be done on distinct topics. I don't need to know in advance when you plan to submit your review essay. Essays are due every week via the Avenue dropbox, the night before class at 11.59pm (not later than that, and late submissions will not be accepted and do not count as submissions...since you choose when you submit and when you don't, there really isn't any excuse for handing in something late).

Essays must be 1500 words in length, single-spaced and typed in a 12-point font (this is approximately three single-spaced pages). Review essays are NOT summaries of the readings. You are required to make links between readings, as well as providing a critical assessment of those readings. The essay should situate the readings and their research question(s) in the literature and discuss strengths and weaknesses. How do these readings contribute to our understanding of why and how policies develop, vary, change, or remain the same? Papers may take one of my initial reading questions as a starting point *if* it is analytical rather than primarily focused on reading comprehension. They should be structured with a clear thesis statement i.e. an argument or claim about the readings.

Term paper précis and final paper (10% and 35%, due at noon on February 22 and 11.59pm on April 16)

The major paper should be 4500-6000 words (15-20 pages double spaced, excluding bibliography), **on a substantive health policy issue.** MA students are expected to submit a paper closer to the lower word limit and cite at least 10 scholarly sources. PhD students are expected to submit a paper closer to the higher word limit, and cite at least

15 scholarly sources. Source minimums include course readings. Students should choose a standard system of referencing and use it consistently.

The paper should **employ comparison to evaluate various theories discussed in class**. In most cases, this will involve comparing how two jurisdictions responded to a particular health policy problem. How can one account for the similarities and differences? Topics such as the origins of two national health systems tend to be too broad for a paper of this length, and I suggest focusing on more specific policies or reforms that interest you.

The paper should be focused on reviewing the existing literature, rather than providing original, primary research data. That is, the paper should engage existing accounts about how the outcome in question came to be. It should carefully describe the various claims of causality in existing accounts, set out points of disagreement within them, and evaluate the persuasiveness of their arguments. Accessible primary data (from media reports or government documents) may be used where it is relevant.

As a step to ensure the timely completion of the paper, students should submit a précis of about 1000 words, including a preliminary bibliography, by **February 22 at noon**. **You are encouraged to meet with me before this to discuss your ideas**. Your research question should be relatively well-developed at this point, which will require preliminary research on the health policy outcomes you propose to study. You should note the jurisdictions/time periods you intend to compare. Please also present some of the arguments in the existing literature that will be mobilized in the paper. **You will discuss your précis with a colleague during our writing workshop on February 23.**

Weekly Course Schedule and Required Readings

Readings are available as links to Avenue to the library's e-journal collection or to pdfs.

Please ensure you have [notifications set up on Avenue](#) so you can access any announcements or adjustments throughout the term. Please also subscribe to the "Current Events" discussion board on Avenue so you can see new posts throughout the week.

Week 1 (Jan 12) Introduction to the course

No assigned readings

Week 2 (Jan 19) Studying health policy in context

Objective: To frame the course in terms of the responsibilities of health policy researchers, particularly in reference to knowledge of policies affecting Indigenous and racialized peoples.

Required readings:

- Siplon, Patricia. D. (2014). Once You Know, You Are Responsible: The Road from Scholar to Activist. *Journal of Health Politics, Policy and Law*, 39(2), 485–491.
- Reading, Jeffery, Charlotte Loppie, & John O’Neil. (2016). Indigenous health systems governance: From the Royal Commission on Aboriginal Peoples (RCAP) to Truth and Reconciliation Commission (TRC). *International Journal of Health Governance*, 21(4), 222-228.
- McCallum, Mary Jane Logan, & Yvonne Boyer. (2018). Undertreatment, Overtreatment, and Coercion into Treatment: Identifying and Documenting Anti-Indigenous Racism in Health Care in Canada. *Aboriginal Policy Studies*, 7(1). *International Journal of Health Governance* 21 (4): 222–28. doi:10.1108/IJHG-08-2016-0044.
- Manning, Kimberly D. (2020). More than medical mistrust. *The Lancet*, 396(10261), 1481-1482.

Week 3 (Jan 26) Health systems financing and classification

Objective: To introduce the basic economics of health insurance; to develop a common understanding of some of the major methods for funding health systems (which are often used to group them for study). What are the particular problems of health insurance or benefits for public policy?

Required readings:

- Fierlbeck, Katherine. 2011. *Health Care in Canada: A Citizen’s Guide to Policy and Politics*. Toronto: University of Toronto Press. P. 3-43. Chapter 1 “Funding Health Care”
- Stone, Deborah. 2011. Moral Hazard. *Journal of Health Policy, Politics and Law* 36(5): 887-896.
- Gawande, Atul. 2009. The Cost Conundrum. *New Yorker Magazine*, May 25.*
- Burau, Viola. Blank, R. H. 2006. Comparing Health Policy: An Assessment of Typologies of Health Systems. *Journal of Comparative Policy Analysis* 8(1): 63-76.

*This is the “culture of money” piece referenced in Stone’s article. You can also read fascinating follow ups from [2009](#) and [2015](#) on the New Yorker website.

Recommended:

- Flood, Collen. M., & Archibald, T. (2001). The illegality of private health care in Canada. *Canadian Medical Association Journal*, 164(6), 825–830.
- Arrow Kenneth J. 1963. Uncertainty and the welfare economics of medical care. *American Economic Review* 53(5): 941-973.
- Evans, Robert G. 1984. Risk, Uncertainty and the Limits of Insurability. In R.G. Evans, *Strained Mercy: The Economics of Canadian Health Care*. Toronto: Butterworths. Chapter 2. *Skim models. Focus on understanding sources of failure in*

private insurance markets. Note that Evans was responding to an orthodox economic argument against public health insurance.

Week 4 (Feb 2) Interests and organized groups

Objective (for this week and subsequent weeks): become familiar with approaches to explaining health policy outcomes variation. What do you find convincing about a particular approach? How might it apply to other jurisdictions that you are familiar with? How do these approaches compete with or perhaps complement one another?

For this week: How do various organized groups shape health policy? What characteristics of groups, issues, and institutional contexts contribute to successful group influence?

Required readings:

- Olson, Mancur. 1982. *The Rise and Decline of Nations: Economic Growth, Stagflation, and Social Rigidities*. New Haven: Yale University Press, Chapter 2.
- Abiola, Sara E., Colgrove, James, & Mello, Michelle M. (2013). The Politics of HPV Vaccination Policy Formation in the United States. *Journal of Health Politics, Policy and Law*, 38(4), 645–681. (*uses Kingdon's Multiple Streams model to explain variation in HPV vaccine policy in six states*)
- Gabe, Jonathan, Chamberlain, Kerry, Norris, Pauline, Dew, K, Madden, H, & Hodgetts, D. (2012). The debate about the funding of Herceptin: A case study of "countervailing powers." *Social Science & Medicine*, 75(12), 2353–2361.
- Shotwell, Alexis. 2016. "Fierce Love: What We Can Learn About Epistemic Responsibility From Histories of AIDS Advocacy." *Feminist Philosophy Quarterly* 2 (2): 1–16. doi:10.5206/fpq/2016.2.8.
 - o For a brief history of AIDS ACTION NOW!, see the [website](#)

Recommended (theory):

- Smith, Martin J. 1990. "Pluralism, Reformed Pluralism and Neopluralism: The role of pressure groups in policy-making," *Political Studies* 3(8): 302-22.
- Korpi, Walter. 2000. "The Power Resources Model," in Christopher Pierson and Francis G. Castles (eds) *The Welfare State Reader* (Polity Press), 77-88.
- Wilson, Graham K. 2003. *Business and Politics: A Comparative Introduction* (Third Edition). New York: Palgrave Macmillan, Chapter 5.
- Lindblom, Charles E. 1982. "The Market as Prison." *Journal of Politics* 44: 324-36.

Recommended (applications):

- Tomes, Nancy. (2006). The Patient As A Policy Factor: A Historical Case Study Of The Consumer/Survivor Movement In Mental Health. *Health Affairs*, 25(3), 720–729.

- Mello, Michelle. M., Abiola, Sara., & Colgrove, James. (2012). Pharmaceutical Companies' Role in State Vaccination Policymaking: The Case of Human Papillomavirus Vaccination. *American Journal of Public Health*, 102(5), 893–898.
- Petersen, Alan, Allegra Clare Schermuly, and Alison Anderson. 2018. "The Shifting Politics of Patient Activism: From Bio-Sociality to Bio-Digital Citizenship." *Health: an Interdisciplinary Journal for the Social Study of Health, Illness and Medicine* 8 (1): 136345931881594. doi:10.1177/1363459318815944.

Week 5 (Feb 9) Institutions

Objectives: Which institutional factors do the various authors highlight, and what is their proposed effect? How do institutions mediate the effect of various interests? How do they shape health policies and health outcomes?

Required readings:

- Immergut, Ellen M. 1992. The rules of the game: The logic of health policy-making in France, Switzerland, and Sweden. In *Structuring politics: Historical institutionalism in comparative analysis*. Eds. Sven Steinmo, Kathleen Thelen and Frank Longstreth. New York: Cambridge University Press.
- VanSickle-Ward, Rachel., & Hollis-Brusky, Amanda. (2013). An (Un)clear Conscience Clause: The Causes and Consequences of Statutory Ambiguity in State Contraceptive Mandates. *Journal of Health Politics, Policy and Law*, 38(4).
- Bailey, Zinzi D, & J Robin Moon. (2020). Racism and the Political Economy of COVID-19: Will We Continue to Resurrect the Past. *Journal of Health Politics, Policy and Law*.
- Gabel, Chelsea, Randy Jackson, & Chaneesa Ryan. (2017). Do It in a Good Way: Recommendations for Research and Policy in Indigenous Communities Aging with HIV/AIDS. *Seeing Red: HIV/AIDS and Public Policy*. Eds. Suzanne Hindmarch, Michael Orsini, Marilou Gagnon. Ottawa: University of Ottawa Press, p.257-276.

Recommended:

- Maioni, Antonia. 1998. *Parting at the crossroads: The emergence of health insurance in the United States and Canada*. Princeton studies in American politics. Princeton, NJ: Princeton University Press. Chapters 1 and 7.
- Banting, Keith. 1987. *The Welfare State and Canadian Federalism*, 2nd ed. Kingston: McGill-Queen's University Press. Ch. 10.
- Tsebelis, George. "Decision Making in Political Systems: Veto Players in Presidentialism, Parliamentarism, Multicameralism and Multipartyism." *British Journal of Political Science* 25, no. 3 (1995): 289-325.
- Pierson, Paul. (1995). Fragmented Welfare States: Federal Institutions and the Development of Social Policy. *Governance*, 8(4), 449–478.
- Jordan, Jason. (2009). Federalism and health care cost containment in comparative perspective. *Publius: The Journal of Federalism*, 39(1), 164–186.

Reading Week (Feb 16), Mid-term Recess, No class

Week 6 (Feb 23) Writing Workshop

Objective: to discuss expectations and prepare for the major research paper. An opportunity to get some initial peer feedback on your paper précis. For the reading, focus on the structure of this article rather than the specific argument. Dr. Denburg is a former 706 student, and this article is a revised version of his term paper.

Required readings:

- Denburg, Avram. (2016). Institutional Knots: A Comparative Analysis of Cord Blood Policy in Canada and the United States. *Journal of Health Politics, Policy and Law*, 41(1), 73–99.
- see Avenue for additional resources

Week 7 (Mar 2) Timing, sequence, and policy feedback

Objective: What does it mean when we say policy is “path dependent”? Are there certain features of health policy that might make it particularly subject to policy feedback or path dependent dynamics? If this is the case, what does it mean for us as researchers and/or policy advisors?

Required readings:

- Thelen, Kathleen Ann. 1999. “Historical Institutionalism in Comparative Politics.” *Annual Review of Political Science*. 2: 369-404
- Hacker, Jacob. 1998. 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 (1998): 57-130.
- Michener, Jamila. (2020). Race, Politics, and the Affordable Care Act. *Journal of Health Politics, Policy and Law*. 45(4): 547-566.
- Falleti, Tulia. G. (2010). Infiltrating the State: The Evolution of Health Care Reforms in Brazil. In J. Mahoney & K. A. Thelen (Eds.), *Explaining Institutional Change: Ambiguity, Agency and Power*. Cambridge: Cambridge University Press.

Recommended:

- Pierson, Paul. (1993). When Effect Becomes Cause: Policy Feedback and Political Change. *World Politics*, 45(4), 595–628 *review article*
- Pierson, Paul. 2000. Increasing returns, path dependence, and the study of politics. *American Political Science Review* 94: 251-267.
- Capoccia, Giovanni, and R. Daniel Kelemen. 2007. The study of critical junctures: Theory, narrative, and counterfactuals in historical institutionalism. *World Politics* 59:

341-69.

- Tuohy, Carolyn J. 1999. *Accidental logics: The dynamics of change in the health care arena in the United States, Britain, and Canada*. New York: Oxford University Press. Chapter 1 and 2.

Week 8 (Mar 9) Ideas

Objective: How do ideas matter? What type of ideas, and whose ideas, seem to matter to health policy? How does the way an issue is framed affect policy outcomes? How and why is Berman is critical of certain elements of the “ideational turn”?

Required readings:

- Berman, Sheri. (2013). Ideational Theorizing in the Social Sciences since “Policy Paradigms, Social Learning, and the State.” *Governance*, 26(2), 217–237.
- Bhatia, Vadna and William D. Coleman. 2003. Ideas and Discourse: Reform and Resistance in the Canadian and German Health Systems. *Canadian Journal of Political Science* 36 (4): 715-739.
- Boothe, Katherine. 2013. Ideas and the limits on program expansion: the failure of nation-wide pharmacare in Canada since 1944. *Canadian Journal of Political Science*. 46(2): 419-453.
- Liew, Jamie Chai Yun. (2020). Spread of Anti-Asian Racism: Prevention and Critical Race Analysis in Pandemic Planning. In *Vulnerable: The Law, Policy and Ethics of COVID-19*, eds. Colleen M. Flood, Vanessa MacDonnell, Jane Philpott, Sophie Thériault, and Sridhar Venkatapuram. Ottawa: University of Ottawa Press, p.393-405. [Available as a free PDF e-book](#)

Recommended:

- Hall, P. A. (1993). Policy Paradigms, Social Learning, and the State: The Case of Economic Policymaking in Britain. *Comparative Politics*, 25(3), 275–296.
- Jacobs, Alan A. 2009. How Do Ideas Matter? Mental Models and Attention in German Pension Politics. *Comparative Political Studies* 42(2): 252-279.
- Cattapan, Alana. 2016. “Precarious Labour: on Egg Donation as Work.” *Studies in Political Economy* 97 (3): 234–52. doi:10.1080/07078552.2016.1249125.
- Boychuk, Gerard. 2008. *National health insurance in the United States and Canada: Race, territory and the roots of difference*. Washington, D.C.: Georgetown University Press. (see p.16 on the “socially constructed politics of identity”)

Week 9 (Mar 16) Public opinion

Objective: Health policy is often a highly salient public issue: people care about it and they pay attention to it. So how does the public opinion influence health system development and/or reform? And how does the public form opinions about health policy?

Required readings:

- Jacobs, Lawrence R. 1993. *The health of nations: Public opinion and the making of American and British health policy*. Ithaca and London: Cornell University Press. Ch 8 (p.167-189) and Conclusion (p.216-236).
- Daw, Jamie. R., Morgan, Steve. G., Thomson, P. A., & Law, M. R. (2013). Here today, gone tomorrow: The issue attention cycle and national print media coverage of prescription drug financing in Canada. *Health Policy*, 110(1), 67–75.
- Soroka, Stuart., Maioni, Antonia., & Martin, P. (2013). What Moves Public Opinion on Health Care? Individual Experiences, System Performance, and Media Framing. *Journal of Health Politics, Policy and Law*, 38(5), 893–920.
- Mohammed, Anwar, Regan M Johnston, & Clifton van der Linden. (2020). Public Responses to Policy Reversals: The Case of Mask Usage in Canada during COVID-19. *Canadian Public Policy*, 46(S2), S119-S126.

Recommended:

- Downs, Anothony. 1972. Up and down with ecology: The issue attention cycle. *Public Interest*, 28 (Summer), 38–50.
- Burstein, Paul. (2003). The Impact of Public Opinion on Public Policy: A Review and an Agenda. *Political Research Quarterly*, 56(1), 29–40.
- Page, Benjamin. and R. Shapiro. 1983. Effects of Public Opinion on Policy. *American Political Science Review* 77(1): 175-190 *a classic*
- Cutler, Fred. 2008. “Whodunnit? Voters and Responsibility in Canadian Federalism” *Canadian Journal of Political Science*. 41(3): 627-654. *Opinion + institutions*
- Soroka, Stuart. N., & Lim, E. T. (2003). Issue definition and the opinion-policy link: public preferences and health care spending in the US and UK. *The British Journal of Politics and International Relations*, 5(4), 576–593.
- Lynch, Julia., & Gollust, Sarah. E. (2011). Playing Fair: Fairness Beliefs and Health Policy Preferences in the United States. *Journal of Health Politics, Policy and Law*, 35(6), 849–887
- Abelson, Julia., & Collins, P. A. (2009). Media Hying and the “Herceptin Access Story”: An Analysis of Canadian and UK Newspaper Coverage. *Healthcare Policy*, 4(3), e113
- Gerber, Alan. S., Patashnik, Eric. M., Doherty, D., & Dowling, C. M. (2014). Doctor Knows Best: Physician Endorsements, Public Opinion, and the Politics of Comparative Effectiveness Research. *Journal of Health Politics, Policy and Law*, 39(1), 171–208.

Week 10 (Mar 23) Public engagement

Objective: The last two or three decades have seen increasing interest in how citizens/patients/providers/caregivers can or should be involved in health policy decisions in a variety of contexts. This week, we will read a brief introduction to the rich

literature on public engagement in health policy, and consider the particular opportunities and challenges of involving “the public” in health policy. Why involve the public, how to go about it, and (perhaps most difficult to answer), does it change policy decisions?

- Gauvin, Francois-Pierre, Julia Abelson, Mita Giacomini, John Eyles, & John N. N Lavis. (2010). “It all depends”: Conceptualizing public involvement in the context of health technology assessment agencies. *Social science & medicine*, 70(10), 1518-1526.
- Knaapen, Loes, & Pascale Lehoux. (2016). Three conceptual models of patient and public involvement in standard-setting: from abstract principles to complex practice. *Science as Culture*, 25(2), 239-263.
- Li, Kathy K, Julia Abelson, Mita Giacomini, & Damien Contandriopoulos. (2015). Conceptualizing the use of public involvement in health policy decision-making. *Social Science & Medicine*, 138, 14-21.
- Abelson, Julia, Yvonne Bombard, Gauvin, François-Pierre, Dorina Simeonov, & Sarah Boesveld. (2013). Assessing the impacts of citizen deliberations on the health technology process. *International journal of Technology Assessment in Health Care*, 29(3), 282-289.

Recommended:

- Boothe, Katherine. (2019). “Getting to the table”: Changing ideas about public and patient involvement in Canadian drug assessment. *Journal of health politics, policy and law*, 44(4), 631-663.
- Johnson, Genevieve Fuji. (2009). Deliberative Democratic Practices in Canada: An Analysis of Institutional Empowerment in Three Cases. *Canadian Journal of Political Science*, 42(3), 679-703.
- Jones, Mavis, & Edna Einsiedel. (2011). Institutional policy learning and public consultation: the Canadian xenotransplantation experience. *Social science & medicine*, 73(5), 655-662.

Week 11 (Mar 30) Pandemic policy

Objective: to consider the COVID-19 pandemic with reference to some of the early findings and themes relevant to health policy researchers. The reading assignment will likely be updated over the course of the term.

- Venkatapuram, Sridhar. (2020). How should we allocate health and social resources during a pandemic? In *Vulnerable: The Law, Policy and Ethics of COVID-19*, eds. Colleen M. Flood, Vanessa MacDonnell, Jane Philpott, Sophie Thériault, and Sridhar Venkatapuram. Ottawa: University of Ottawa Press, p.393-405. [Available as a free PDF e-book](#)
- Abebe, Alpha. (2020). COVID-19 and the Black and African diaspora. [IGHC Working Papers 20/1: COVID-19 – Urgent Responses](#). Bailey, Zinzi D, & J Robin Moon. (2020). Racism and the Political Economy of COVID-19: Will We Continue to Resurrect the Past. *Journal of Health Politics, Policy and Law*.

- Majid, Umair, & Mobeen Ahmad. (2020). The factors that promote vaccine hesitancy, rejection, or delay in parents. *Qualitative Health Research*, 30(11), 1762-1776.
- Ahmad, Mobeen, Judy Truong and Umair Majid. (2020). [Let's Talk COVID-19 Vaccine Hesitancy](#). *Longwoods Insights*, July.

Week 12 (Apr 6) Reforming policy, reforming research

Objective: For our final week, we will take a more high-level perspective on reforms to health policy, and reforms to the way we study health policy? How can we define and measure change? How do the different causal factors we have learned about this term combine to create different patterns of policy change and stability? What have we learned this term about gaps and shortcomings in some of the “standard” ways of studying health policy, and how might they be addressed?

- Hacker, Jacob. 2004. Review Article: Dismantling the Health Care State? Political Institutions, Public Policies and the Comparative Politics of Health Reform. *British Journal of Political Science* 34(4): 693-724.
- Shearer, Jessica C, Julia Abelson, & Bocar Kouyaté, John N. Lavis, Gill Walt. (2016). Why do policies change? Institutions, interests, ideas and networks in three cases of policy reform. *Health policy and Planning*, 31, 1200-1211. (2016). View of Locating Invisible Policies: Health Canada's Evacuation Policy as a Case Study. *Atlantis*, 37(2), 147-160.
- Gabel, Chelsea. (2019). [Being an Indigenous CRC in the era of the TRC #Notallitscrackeduptobe](#). *aboriginal policy studies* 7(2): 88-89.
- Lawford, Karen. (2016). View of Locating Invisible Policies: Health Canada's Evacuation Policy as a Case Study. *Atlantis*, 37(2), 147-160

Week 13 (April 13): Research presentations

No required readings; each student will present a brief (4 min) overview of their research findings. The audience is expected to raise additional constructive questions about research design, evidence, and conclusions. Slides are discouraged because of the time constraints, and time limits will be strictly enforced!

Course Policies

Submission of Assignments

All assignments should be typed using a standard 12-point font, single spaced, and standard 1 inch margins. All written assignments require formal citations and a bibliography. Any standard citation style is acceptable, but I prefer [Chicago style](#) author-date (internal citations).

All written assignments are to be submitted in the Avenue dropbox at the specified time on their due date.

Grades

Grades will be based on the McMaster University grading scale:

Please note that in graduate school, a B- or below is a fail. A grade of B or B+ is passable, but an indication that there are serious concerns about the quality of the work that should be discussed with the instructor.

MARK	GRADE
90-100	A+
85-90	A
80-84	A-
77-79	B+
73-76	B
70-72	B-
69-0	F

Late Assignments

The weekly reading responses are an important element of students' participation grade. Because the student discussion leaders rely on their colleagues to submit discussion questions in a timely fashion, no late reading responses will be counted towards the participation grade. The same policy applies to critical review papers: you select the due date, so if you cannot complete it before class one week, please choose a different week to write on.

There will be a penalty of 2% per day (including weekends) for late précis or final papers. If you become seriously ill or experience an emergency in advance of this assignment, it is important that you take steps to notify the instructor (me) about your situation so we can work something out.

Policy on Children in (Online) Class

Currently, the university does not have a formal policy on children in the classroom. The policy described here is a reflection of my own beliefs and commitments to student, staff and faculty parents.

I understand that many parents are dealing with different/limited/uncertain childcare and school situations during this time. If your children pop into a Zoom call, that is fine! If you need to turn off your video or step away to address a child's needs, that is fine!

University Policies

Absences, Missed Work, Illness

McMaster Student Absence Form (MSAF): In the event of an absence for medical or other reasons, students should review and follow the Academic Regulation in the Undergraduate Calendar "Requests for Relief for Missed Academic Term Work".

Courses With An On-Line Element

Some courses may use on-line elements (e.g. e-mail, Avenue to Learn (A2L), LearnLink, web pages, capa, Moodle, ThinkingCap, etc.). Students should be aware that, when they access the electronic components of a course using these elements, private information such as first and last names, user names for the McMaster e-mail accounts, and program affiliation may become apparent to all other students in the same course. The available information is dependent on the technology used. Continuation in a course that uses on-line elements will be deemed consent to this disclosure. If you have any questions or concerns about such disclosure please discuss this with the course instructor.

Online Proctoring

Some courses may use online proctoring software for tests and exams. This software may require students to turn on their video camera, present identification, monitor and record their computer activities, and/or lock/restrict their browser or other applications/software during tests or exams. This software may be required to be installed before the test/exam begins.

Authenticity / Plagiarism Detection

Some courses may use a web-based service (Turnitin.com) to reveal authenticity and ownership of student submitted work. For courses using such software, students will be expected to submit their work electronically either directly to Turnitin.com or via an online learning platform (e.g. A2L, etc.) using plagiarism detection (a service supported by Turnitin.com) so it can be checked for academic dishonesty.

Students who do not wish their work to be submitted through the plagiarism detection software must inform the Instructor before the assignment is due. No penalty will be assigned to a student who does not submit work to the plagiarism detection software.

All submitted work is subject to normal verification that standards of academic integrity have been upheld (e.g., on-line search, other software, etc.). For more details about McMaster's use of Turnitin.com please go to www.mcmaster.ca/academicintegrity.

Copyright and Recording

Students are advised that lectures, demonstrations, performances, and any other course material provided by an instructor include copyright protected works. The Copyright Act and copyright law protect every original literary, dramatic, musical and artistic work, **including lectures** by University instructors

The recording of lectures, tutorials, or other methods of instruction may occur during a course. Recording may be done by either the instructor for the purpose of authorized distribution, or by a student for the purpose of personal study. Students should be aware that their voice and/or image may be recorded by others during the class. Please speak with the instructor if this is a concern for you.

Academic Accommodation for Religious, Indigenous or Spiritual Observances (RISO)

Students requiring academic accommodation based on religious, indigenous or spiritual observances should follow the procedures set out in the [RISO](#) policy. Students should submit their request to their Faculty Office **normally within 10 working days** of the beginning of term in which they anticipate a need for accommodation or to the Registrar's Office prior to their examinations. Students should also contact their instructors as soon as possible to make alternative arrangements for classes, assignments, and tests.

Academic Integrity Statement

You are expected to exhibit honesty and use ethical behaviour in all aspects of the learning process. Academic credentials you earn are rooted in principles of honesty and academic integrity. **It is your responsibility to understand what constitutes academic dishonesty.**

Academic dishonesty is to knowingly act or fail to act in a way that results or could result in unearned academic credit or advantage. This behaviour can result in serious consequences, e.g. the grade of zero on an assignment, loss of credit with a notation on the transcript (notation reads: "Grade of F assigned for academic dishonesty"), and/or suspension or expulsion from the university. For information on the various types of academic dishonesty please refer to the [Academic Integrity Policy](#), located at <https://secretariat.mcmaster.ca/university-policies-procedures-guidelines/>

The following illustrates only three forms of academic dishonesty:

- plagiarism, e.g. the submission of work that is not one's own or for which other credit has been obtained.
- improper collaboration in group work.
- copying or using unauthorized aids in tests and examinations.

Conduct Expectations

As a McMaster student, you have the right to experience, and the responsibility to demonstrate, respectful and dignified interactions within all of our living, learning and working communities. These expectations are described in the [Code of Student Rights & Responsibilities](#) (the “Code”). All students share the responsibility of maintaining a positive environment for the academic and personal growth of all McMaster community members, **whether in person or online.**

It is essential that students be mindful of their interactions online, as the Code remains in effect in virtual learning environments. The Code applies to any interactions that adversely affect, disrupt, or interfere with reasonable participation in University activities. Student disruptions or behaviours that interfere with university functions on online platforms (e.g. use of Avenue 2 Learn, WebEx or Zoom for delivery), will be taken very seriously and will be investigated. Outcomes may include restriction or removal of the involved students’ access to these platforms

Academic Accommodation of Students with Disabilities

Students with disabilities who require academic accommodation must contact [Student Accessibility Services](#) (SAS) at 905-525-9140 ext. 28652 or sas@mcmaster.ca to make arrangements with a Program Coordinator. For further information, consult McMaster University’s [Academic Accommodation of Students with Disabilities](#) policy.

Faculty of Social Sciences E-mail Communication Policy

Effective September 1, 2010, it is the policy of the Faculty of Social Sciences that all e-mail communication sent from students to instructors (including TAs), and from students to staff, must originate from the student’s own McMaster University e-mail account. This policy protects confidentiality and confirms the identity of the student. It is the student’s responsibility to ensure that communication is sent to the university from a McMaster account. If an instructor becomes aware that a communication has come from an alternate address, the instructor may not reply at his or her discretion.

Course Modification

The instructor and university reserve the right to modify elements of the course during the term. The university may change the dates and deadlines for any or all courses in extreme circumstances. If either type of modification becomes necessary, reasonable notice and communication with the students will be given with explanation and the opportunity to comment on changes. It is the responsibility of the student to check their McMaster email and course websites weekly during the term and to note any changes.

Extreme Circumstances

The University reserves the right to change the dates and deadlines for any or all courses in extreme circumstances (e.g., severe weather, labour disruptions, etc.). Changes will be communicated through regular McMaster communication channels, such as McMaster Daily News, A2L and/or McMaster email.