

**McMaster University
Department of Political Science**

**POLSCI 706
Comparative Politics of Health Policy
Fall term, 2016**

Seminar: Mondays, 08:30am-11:30am
Classroom: KTH B108

Dr. Katherine Boothe
Office hours: Tuesdays 10am-noon
or by appointment, KTH-525
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Overview and course objectives

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 is not about how to conduct applied policy analysis in order to advise policymakers on the best course of action. That is not to say that normative policy analysis is unimportant, nor that normative and empirical policy analyses are unrelated to each other. An understanding of the forces that lead governments to adopt particular courses of action is fundamental to crafting feasible policy options and plans for their adoption. Moreover, it is presumably an interest in good governance that leads most of 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?”.

After an introduction to the classification of health systems in the welfare state and health system financing, the first two thirds of the course will review broad competing (though in most cases potentially complementary) theoretical approaches to the study of health policy: institutions, interest group politics, ideational approaches, analysis based on timing and sequence, and the role of public opinion and the media.

By the end of the course, you should have a good understanding of the major theoretical approaches to health policy, and be prepared to adjudicate between approaches (or explain their interactions) as applied to a specific policy problem or variation. Additionally, you should have refined your ability to constructively critique comparative policy literature (identifying insights as well as potential problems) and your skills in designing an effective short research project.

Course requirements & evaluation

The course mark will be based on the following components:

I.	Participation	20%
II.	Discussion leadership	10%
III.	Critical review essay	15%
IV.	Research Paper (draft due Nov 20, final due Dec 12)	45%
V.	Peer review (due Nov 27)	10%

I. 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 research paper or other 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.

To help you prepare for class, I will post a reading guide and some discussion questions on Avenue by Monday at 4pm. You are required to **post a brief (350-500 word) response by Wednesday at midnight**. The response should include a preliminary answer to at least one question from my guide, at least one additional discussion question, and indicate familiarity with all the assigned readings. You should read your colleagues' responses before class, and **post at least one substantive response** (e.g. respond to their question or comment on additional questions it might raise, rather than saying "good point!"). You can skip one week's response without notice or penalty.

Students are expected to regularly read a newspaper with Canadian and international coverage and to contribute to class discussion on current events related to health and health policy. A useful source for both current events and ideas for your written assignments is **healthydebate.ca**. You may also find useful background material through **evidencenetwork.ca**.

Your participation grade will include the presentation of an **8-10 minute overview** of your research findings for our final seminar.

II. Discussion leadership (10%, date selected by students first week of class)

You will take on the role of discussion leader for one week. We will work out an assignment of subjects/weeks the first week. 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 Friday at midnight**. 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, initiate the discussion by proposing some answers, and facilitate throughout the seminar. The discussion guide should be prepared jointly

when there is more than one student assigned to the week. The guide and facilitation are worth 10% of the final grade.

III. Critical review essay (15%, due beginning of class, date selected by student)

There are nine weeks of readings in the class (after the first week and excluding the writing workshop). You must submit **one critical review essay, for any week 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 at the start of class (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 valid 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 health policies develop, vary, change, or remain the same?

IV. Research paper (45%, question due October 21, draft due November 20, final due December 12)

The major paper should be 4500-6000 words (15-20 pages double spaced, excluding bibliography), **on a substantive health policy issue**. 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. Students are encouraged to draw on assigned readings, but the paper will also require a substantial research effort: a rough guide would be at least 20 different sources, including a variety of scholarly sources.

Choosing a good research question is the first step of a successful paper. For this reason, we will discuss your research questions at a writing workshop on October 24. **Research questions and preliminary case selection must be emailed to me by midnight, Friday October 21.** You are encouraged to meet with me before this to discuss your ideas. Your question should be relatively well-developed at this point, which will require preliminary research on the policy outcomes you propose to study. You should also note the jurisdictions/time periods you intend to compare, and include a few bullet points about the different/similar policy outcomes in these cases.

The grade for this assignment will consider the quality of the initial draft, the final product, and the author's response to the peer review received. The final paper will therefore need to include a one-page (single-spaced) author's response to the peer review. This should include what the author did based on the suggestions received – what changes were made, what changes were not made, and why. How does the final draft differ from the first draft? It should be clear to the instructor how the review process improved (or didn't improve) the final draft of the paper.

You will submit your initial research paper to me **by email on Sunday, November 20 (by midnight)**, and submit a final version with a response to the review **in hardcopy on December 12 (by 3 pm to my office)**. Early submissions are welcome; late submissions of the final paper are penalized 5% per day. Late submissions for the initial draft will not be accepted: please see below.

V. Peer review (10%, due November 27)

This exercise will take place in the days following the submission of the initial (but complete) draft of your research paper, when you will be assigned the paper of another student to review. Review of the work of others is a key component of academic life, and we will practice the art of written review. This process will mirror the process of academic peer review of journal articles, and we will discuss how this process works in class.

You are each required to review another student's initial draft of a research paper, and provide detailed commentary. Your commentary comes from the point of view of an "expert" in health policy. When the time to peer-review comes around, we will already have had nine classes and read more than twenty-five scholarly works on health policy...so you really are sort of an expert by then.

The peer-review task is based largely on the following key activities:

1. Reading the paper
2. Thinking critically about the paper in the context of the literature we have read in class
3. Evaluating the paper based on a number of basic criteria for written research, including development of the argument, research conducted, clarity, structure, and style
4. Providing detailed feedback for the author, including observations about parts of the paper that were well done or particularly interesting, as well as suggestions about how the paper might be improved for the final draft

The peer review that you submit should be approximately 1000-1500 words (2-3 pages single-spaced) and should focus primarily on substantive (conceptual) issues in the paper. As a courtesy, it can also incorporate smaller issues such as spelling and grammar, but this is NOT the main focus of this exercise.

You will submit your peer review to me and to the paper's author **by email on Sunday, November 27 (by midnight)**. Late submissions will not be accepted: please see below.

Course policies

Contacting your instructor

I am very happy to meet to discuss any issues or concerns that arise over the course of the term. This includes further discussion of substantive topics in the course, feedback on your work, or problems you may be having completing assignments. If you cannot make my office hours, please e-mail me or talk to me in class to arrange another time to meet. **PLEASE DIRECT EMAIL TO MY MCMASTER.CA ACCOUNT, AS I DO NOT CHECK AVENUE EMAIL.** I aim to respond to email within 48 hours, but suggest that questions of a substantive nature are usually better handled in person.

Attendance

Regular attendance is expected of all students. Students who are unavoidably absent should report to me on return to classes.

Late assignments

There will be a penalty of 5% per day (including weekends) for late final papers. Late submissions of the initial draft of your paper and the peer review exercise will not be accepted. This exercise involves working in a group/team environment, and by either a) not submitting an initial draft of your paper on time; or b) not submitting your peer review on time, you are seriously inconveniencing your colleagues. Students who do not submit their initial drafts on time forfeit the opportunity to either receive a peer review, or do one themselves. This is a kind of quid pro quo exercise, and given that it's done over email, there's no excuse for missing out. If you become seriously ill 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.

Academic dishonesty

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.

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.

It is your responsibility to understand what constitutes academic dishonesty. For information on the various types of academic dishonesty please refer to the Academic Integrity Policy, located at www.mcmaster.ca/academicintegrity

The following illustrates only three forms of academic dishonesty:

1. Plagiarism, e.g. the submission of work that is not one's own or for which other credit has been obtained.
2. Improper collaboration in group work.
3. Copying or using unauthorized aids in tests and examinations

Students are encouraged to read and edit each other's work. Editing a peer's writing is not only useful to your fellow student but is also one of the best ways to improve one's own writing – which is why we have one assignment that does this formally. However, the papers you submit must be **your own** original work, and also must not be submitted whole or in part in any other course. In accordance with university regulations and academic conventions, you must do the research and write the papers yourself. The work that you submit to this course not only must be your own work, it must be original to this course.

Accommodations for students with disabilities

Students who require academic accommodation must contact Student Accessibility Services (SAS) to make arrangements with a Program Coordinator. Academic accommodations must be arranged for each term of study. Student Accessibility Services can be contacted by phone 905-525-9140 ext. 28652 or e-mail sas@mcmaster.ca. For further information, consult McMaster University's Policy for Academic Accommodation of Students with Disabilities.

Course modifications

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 his/her McMaster email and course websites weekly during the term and to note any changes.

E-mail communication

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.

Email Forwarding in MUGSI: <http://www.mcmaster.ca/uts/support/email/emailforward.html>

*Forwarding will take effect 24-hours after students complete the process at the above link.

Course Schedule

Week 1, Sept 12	Introductions, Course Overview	
Week 2, Sept 19	Health systems financing and classification	
Week 3, Sept 26	Interests and organized groups	
Week 4, Oct 3	Institutions	
FALL BREAK: NO CLASS OCTOBER 10		
Week 5, Oct 17	Timing, sequence and policy feedback	
Week 6, Oct 24	Writing Workshop	RESEARCH Q DUE
Week 7, Oct 31	Ideas and frames	
Week 8, Nov 7	Public opinion I	
Week 9, Nov 14	Public opinion II	
Week 10, Nov 21	Retrenchment and reform I	DRAFT PAPER DUE
Week 11, Nov 28	Retrenchment and reform II	PEER REVIEW DUE
Week 12, Dec 5	Research presentations	
DEC 12 (AFTER CLASSED END): FINAL PAPER DUE		

Course Readings

Articles marked [A] are available on Avenue. All other readings should be accessed online through the McMaster library or at the web address indicated.

Week 1, Sept 12 – Introductions, Course Overview

- Siplon, P. 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.

Week 2, Sept 19 – 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?

- [A] 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.*
- Stone, Deborah. 2011. Moral Hazard. *Journal of Health Policy, Politics and Law* 36(5): 887-896.*
- [A] 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"
- Burau, V. Blank, R. H. 2006. Comparing Health Policy: An Assessment of Typologies of Health Systems. *Journal of Comparative Policy Analysis* 8(1): 63-76.

Recommended:

- Flood, C. M., & Archibald, T. (2001). The illegality of private health care in Canada. *Canadian Medical Association Journal*, 164(6), 825–830.
- [A] Arrow Kenneth J. 1963. Uncertainty and the welfare economics of medical care. *American Economic Review* 53(5): 941-973.

*The original Gwande article in the New Yorker about the "culture of money", referenced in Stone, is well worth a read and is available

here: <http://www.newyorker.com/magazine/2009/06/01/the-cost-conundrum>

Fascinating follow ups from 2009: <http://www.newyorker.com/news/news-desk/atul-gawande-the-cost-conundrum-redux>

and 2015: <http://www.newyorker.com/magazine/2015/05/11/overkill-atul-gawande>

Week 3, Sep 26 – Interests and organized groups

Objective (for this week and subsequent weeks): become familiar with approaches to explaining health system 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?

- [A] Olson, Mancur. 1982. *The Rise and Decline of Nations: Economic Growth, Stagflation, and Social Rigidities*. New Haven: Yale University Press, Chapter 2.
- Mello, M. M., Abiola, S., & Colgrove, J. (2012). Pharmaceutical Companies' Role in State Vaccination Policymaking: The Case of Human Papillomavirus Vaccination. *American Journal of Public Health*, 102(5), 893–898.
- Gabe, J., Chamberlain, K., Norris, P., 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.

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.

Applications

- Tomes, N. (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.
- Abiola, S. E., Colgrove, J., & Mello, M. 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)

Week 4, Oct 3 – Institutions

Which institutional factors do the various authors highlight, and what is their proposed effect? How do institutions mediate the effect of various interests?

- [A] 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.
- [A] 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.
- VanSickle-Ward, R., & Hollis-Brusky, A. (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).

Recommended:

- 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, P. (1995). *Fragmented Welfare States: Federal Institutions and the Development of Social Policy*. *Governance*, 8(4), 449–478.
- Jordan, J. (2009). *Federalism and health care cost containment in comparative perspective*. *Publius: The Journal of Federalism*, 39(1), 164–186.

FALL BREAK: NO CLASS OCTOBER 10

Week 5, Oct 17 - Timing, sequence and policy feedback

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?

- Pierson, Paul. (1993). When Effect Becomes Cause: Policy Feedback and Political Change. *World Politics*, 45(4), 595–628 *review article*
- 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.
- [A] Falletti, T. 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. 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.
- [A] 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 6, Oct 24 – Writing Workshop

RESEARCH Q DUE

- Denburg, A. (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. *Focus on the structure of this article rather than the specific argument. Denburg is a former 706 student, and this article is a revised version of his term paper.*
- see Avenue for additional resources

Week 7, Oct 31 – Ideas

How do ideas matter? What type of ideas, and whose ideas, seem to matter to health policy? Berman is critical of certain elements of the “ideational turn”. Does work by Boothe and Bhatia and Coleman address her concerns, or exemplify them?

- Berman, S. (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.

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.
- 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 8, Nov 7 - Public opinion I

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?

- [A] 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).
- Soroka, S. 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.
- Downs, A. 1972. Up and down with ecology: The issue attention cycle. *Public Interest*, 28 (Summer), 38–50.
- Daw, J. R., Morgan, S. 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.

Recommended:

- Burstein, P. (2003). The Impact of Public Opinion on Public Policy: A Review and an Agenda. *Political Research Quarterly*, 56(1), 29–40.
- Page, B. 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*

Week 9, Nov 14 – Public opinion II

Last week, opinion was the independent variable. This week we treat it as the dependent variable (outcome to be explained): how does the public form opinions about health policy?

- Soroka, S., Maioni, A., & 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.
- Lynch, J., & Gollust, S. 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
- Gerber, A. S., Patashnik, E. 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.

Recommended:

- Abelson, J., & Collins, P. A. (2009). Media Hying and the “Herceptin Access Story”: An Analysis of Canadian and UK Newspaper Coverage. *Healthcare Policy*, 4(3), e113

Week 10, Nov 21 – Retrenchment and reform I

DRAFT PAPER DUE (Nov 20 by midnight)

Mature health systems face a range of vexing pressures, but many studies have found less retrenchment than expected given the pressures on the welfare state in general and health systems in particular. How can we measure retrenchment or change? Why might health systems be resistant or vulnerable to change?

- [A] Pierson, Paul. 1994. *Dismantling the Welfare State? Reagan, Thatcher and the Politics of Retrenchment*. Cambridge: Cambridge University Press. Chapters 1-2.

- Jordan, Jason. 2010. Institutional Feedback and Support for the Welfare State: The Case of National Health Care. *Comparative Political Studies* 43(7): 862-885.
- Altenstetter, C. (2005). Health Care Reform in Germany: Patchwork Change within Established Governance Structures. *Journal of Health Politics, Policy and Law*, 30(1-2), 121–142.

Recommended:

- Weaver, R. K. (1986). The Politics of Blame Avoidance. *Journal of Public Policy*, 6(4), 371–398.
- Morone, J. (1995). Nativism, hollow corporations, and managed competition: Why the Clinton health care reform failed. *Journal of Health Politics, Policy and Law*, 20(2), 391–398.
- Lazar, H., Forest, P.-G., Lavis, J. N., & Church, J. (2012). *Paradigm Freeze: Why It Is So Hard to Reform Health Care in Canada*. Kingston: McGill Queens University Press. *Includes provincial case studies for five different types of health policy reforms from the late 1980s to early 2000s.*

Week 11, Nov 28 –Retrenchment and reform II

PEER REVIEW DUE (Nov 27 by midnight)

Health systems may be resistant to change, but they are not immune. How do they respond to new challenges and demands? Are there unconventional patterns of change we should be aware of? Why do they occur?

- Hacker, Jacob. 2004. Privatizing Risk without Privatizing the Welfare State: The Hidden Politics of Social Policy Retrenchment in the United States. *American Political Science Review* 98 (2): 243-260.
- Hacker, Jacob. (2010). The Road to Somewhere: Why Health Reform Happened. *Perspectives on Politics*, 8(03), 861–876.
- Obama, B. (2016). United States Health Care Reform: Progress to Date and Next Steps. *Journal of the American Medical Association* 316(5):525-532

Recommended

- 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.
- Streeck, Wolfgang and Kathleen Thelen. 2005. Introduction: Institutional Change in Advanced Political Economies. In *Beyond Continuity: Institutional Change in Advanced Political Economies*, eds. Wolfgang Streeck and Kathleen Thelen. Oxford University Press.
- Boychuk, G. W. W., & Banting, K. G. (2008). The Canada Paradox: The Public-Private Divide in Health Insurance and Pensions. In *Public and Private Social Policy*, ed. Daniel Beland and and Brian Gran, (pp. 92–122). London: Palgrave Macmillan UK.

Week 12, Dec 5 – Research conference

No required readings; each student will present a 8-10 minute overview of their research findings. Presenters are encouraged to respond to questions raised in their peer reviews, and the audience is expected to raise additional constructive questions about research design, evidence, and conclusions. Slides are permitted but not required, and time limits will be strictly enforced!

DEC 12 (AFTER CLASSES END): FINAL PAPER DUE