

**COMPARATIVE POLITICS OF HEALTH POLICY**  
**POLSCI 706**  
**Term 2, Winter 2019**

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or by appointment

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## **Course Description**

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?”.

The class begins with an introduction to the classification of health systems in the welfare state and health system financing. It then surveys broad 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. The course concludes with two weeks on the politics of health system reform.

## **Course Objectives**

By the end of the course students 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**

- Tuohy, Carolyn Hughes. 2018. *Remaking Policy*. University of Toronto Press. Available from the [publisher's website](#) as a paperback or e-book (\$41.25). This is less expensive than ordering from a major online bookseller. Reading guides are available on the book's website ([remakingpolicy.com](http://remakingpolicy.com)) but do not substitute for the actual chapters.
- All other articles and book chapters are available as online from the library or as links on the Avenue page

## **Class Format**

One weekly seminar, 3 hours

## **Course Evaluation – Overview**

1. Participation, 20%, ongoing
2. Weekly reading posts, 10% ongoing
3. Discussion leadership, 10%, date determined first week
4. Research question 5%, due Feb 11
5. Research Paper 45%, draft due Mar 18, final due Apr 12
6. Peer review 10%, due Mar 25

## **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.

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

### **Weekly reading posts (10%, ongoing)**

To help you prepare for class, you are required to **post a brief (350-500 word) reading response by Friday at 11.59pm**. The response should include a preliminary answer to at least one question from the weekly guide I will post Tuesdays by 11.59pm, at least one additional discussion question, and indicate familiarity with all the assigned readings. The best type of questions will be those that bridge, juxtapose, or somehow address multiple readings, highlighting theoretical or methodological similarities and differences. 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.

### **Discussion leadership (10%, date determined first week)**

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 3pm**. 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, and facilitate throughout the seminar. The discussion guide should be prepared jointly when there is more than one student assigned to the week.

### **Research question (5%, due Feb 11)**

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 February 12. **Please email me a memo with your research question(s) and preliminary case selection by 3pm, Tuesday February 11**. It should be approximately 500 words (1 page single spaced, plus a bibliography) and should cite some preliminary sources. 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 brief description of the different/similar policy outcomes in these cases.

### **Research paper (45%, draft due Mar 18, final due Apr 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.

The grade for the research paper 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 Tuesday, March 18 (by 11.59pm)**, and submit a final version with a response to the review to me **by email on Friday, April 12 (by 11.59pm)**. 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.

### **Peer review (10%, due March 25)**

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 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 Monday, March 25 (by 11.59)**. Late submissions will not be accepted: please see below.

## **Weekly Course Schedule and Required Readings**

### **Week 1 (Jan 8) Introduction**

Objective: To frame the course in terms of the responsibilities of health policy researchers, particularly in reference to knowledge of policies affecting Indigenous 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, Jeffrey, Charlotte Loppie, and John O’Neil. 2016. “Indigenous Health Systems Governance.” *International Journal of Health Governance* 21 (4): 222–28. doi:10.1108/IJHG-08-2016-0044.

### **Week 2 (Jan 15) 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:

- [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 than 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, Viola. 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, Collen. 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 on the New Yorker [website](#).

You can also read fascinating follow ups from [2009](#) and [2015](#) on the New Yorker website.

### **Week 3 (Jan 22) 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:

- [A] Olson, Mancur. 1982. *The Rise and Decline of Nations: Economic Growth, Stagflation, and Social Rigidities*. New Haven: Yale University Press, Chapter 2.
- 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.
- 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.
- 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*)

- 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 4 (Jan 29) 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:

- [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.
- 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).
- McCallum, Mary Jane Logan, and 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): 190–93.

Recommended:

- [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.
- Banting, Keith. 1987. *The Welfare State and Canadian Federalism*, 2<sup>nd</sup> 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, Jason. (2009). Federalism and health care cost containment in comparative perspective. *Publius: The Journal of Federalism*, 39(1), 164–186.

#### **Week 5 (Feb 5) 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:

- 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] 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:

- Thelen, Kathleen Ann. 1999. "Historical Institutionalism in Comparative Politics." *Annual Review of Political Science*. 2: 369-404
- 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 (Feb 12) Writing Workshop**

Objective: to discuss expectations and prepare for the major research paper. An opportunity to get some initial peer and instructor feedback on your preliminary research question. For the reading, 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.

**Note: Research question due via email, 11.59pm on Feb 11**

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

### **Winter Mid-Term Recess (Feb 19): NO CLASS**

### **Week 7 (Feb 26) Ideas and frames**

Objectice: 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.
- Cattapan, Alana. 2013. “Rhetoric and Reality: ‘Protecting’ Women in Canadian Public Policy on Assisted Human Reproduction.” *Canadian Journal of Women and the Law* 25 (2). University of Toronto Press: 202–20.
  - o For an update on laws about paid egg donation in Canada, see this short journalistic piece: Baylis, Francoise, and Alana Cattapan. 2018. “Paying Surrogates, Sperm and Egg Donors Goes Against Canadian Values.” *The Conversation*. April 2, available on the [Conversation website](#).

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 8 (Mar 5) Public opinion I**

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?

Required readings:

- [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, 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.
- Downs, Anthony. 1972. Up and down with ecology: The issue attention cycle. *Public Interest*, 28 (Summer), 38–50.

- 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.

Recommended:

- 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*

### **Week 9 (Mar 12) Public opinion II**

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

Required readings:

- 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.
- 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
- 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.

Recommended:

- 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

### **Week 10 (Mar 19) Reform I**

Objective: Over the next two weeks, we will consider a synoptic perspective on health system change. 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?

**Note: draft paper due via email by 11.59pm on Mar 18**

Required readings:

- Tuohy, Carolyn Hughes. 2018. *Remaking Policy*. University of Toronto Press, chapters 1 and 2.
  - o Reading guides are available on the book's [website](#). These brief overviews **cannot substitute** for reading the chapters.

Recommended:

- [A] Pierson, Paul. 1994. *Dismantling the Welfare State? Reagan, Thatcher and the Politics of Retrenchment*. Cambridge: Cambridge University Press. Chapters 1-2.
- Weaver, R. Kent. (1986). The Politics of Blame Avoidance. *Journal of Public Policy*, 6(4), 371–398.

### **Week 11 (Mar 26) Reform II**

**Note: peer reviews due via email by 11.59pm on Mar 25**

Required readings:

- Tuohy, Carolyn Hughes. 2018. *Remaking Policy*. University of Toronto Press, chapters 4 and 11.

Recommended:

- Hacker, Jacob. (2010). The Road to Somewhere: Why Health Reform Happened. *Perspectives on Politics*, 8(03), 861–876.
- Hacker, Jacob S., and Paul Pierson. 2018. "[The Dog That Almost Barked: What the ACA Repeal Fight Says About the Resilience of the American Welfare State.](#)" *Journal of Health Policy, Politics & Law* 43 (4): 551–77.
- 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.

### **Week 12 (Apr 2) Research presentations**

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!

## **April 12: final papers and responses to peer review due**

### **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 ([for example, APA or Chicago style](#)).

All written assignments are to be submitted in via email 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.

| <b>MARK</b> | <b>GRADE</b> |
|-------------|--------------|
| 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.

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 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.

### **Absences, Missed Work, Illness**

Participation in discussion is a crucial element of student learning in this class, and the discussion suffers when contributors are absent. If students are unavoidably absent, they should contact the instructor as soon as possible. Unexcused absences will impact participation grades.

### **Avenue to Learn**

In this course we will be using Avenue to Learn. Students should be aware that, when they access the electronic components of this course, 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 this course will be deemed consent to this disclosure. If you have any questions or concerns about such disclosure please discuss this with the course instructor.

### **Policy on Children in Class**

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

- 1) All breastfeeding babies are welcome in class as often as is necessary to support the breastfeeding relationship.
- 2) For older children and babies, I understand that minor illnesses and unforeseen disruptions in childcare often put parents in the position of having to choose between missing class to stay home with a child and leaving him or her with someone you or the child does not feel comfortable with. While this is not meant to be a long-term childcare solution, occasionally bringing a child to class in order to cover gaps in care is perfectly acceptable.
- 3) I ask that all students work with me to create a welcoming environment that is respectful of all forms of diversity, including diversity in parenting status.
- 4) In all cases where babies and children come to class, I ask that you sit close to the door so that if your little one needs attention and is disrupting learning for other students, you may step outside until their need has been met. Non-parents in the class, please reserve seats near the door for your parenting classmates.

## **University Policies**

### **Academic Integrity Statement**

You are expected to exhibit honesty and use ethical behavior 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 behavior 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](#).

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 credit has been obtained.
2. Improper collaboration in group work.
3. Copying or using unauthorized aids in tests and examinations.

### **Academic Accommodation of 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](mailto:sas@mcmaster.ca). For further information, consult McMaster University's Policy for [Academic Accommodation of Students with Disabilities](#).

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