Time: Wednesday, 1-3:50 PM

Location: Room 123-125, Drachman Hall, University of Arizona (Tucson)
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Drachman Hall – TBA
Office hours by appointment at my Carrell (or Office) on the Second Floor of Drachman.

A. Course Description:
This course will discuss and explore the intricacies of policy analysis in a context of competing ethics, values, and powers. Students will learn to critically appraise policy analyses and to recognize stakeholder interests, sensitivities, perceptions, and views.

B. Prerequisites:
Admitted to MEZCOPH DrPH or PhD Programs or by permission of instructor.

C. Course Learning Objectives:
By the end of this course, students should be able to:

1. Develop understanding of how “policy analysis” entered the national political conversation during the Great Society era.
2. Develop understanding and skills of public health as an important policy framework for analyzing social problems in health in our democracy.
3. Beyond analysis, students will develop facility for applying public health perspective as social criticism and advocacy in written materials and oral presentations.
4. Develop a systematic questioning and critique of the functioning of key institutions (the media, political institutions, etc.) of the American democracy that constrain or expand the horizon of policy analysis
5. Recognize and apply insights into what is meant by “divided democracy” and how this shapes policy discourse

MPH/PHM Competencies

- Assess and interpret information to develop relevant policy options
- States policy options and writes clear and concise policy statements
- Articulating the health, fiscal, administrative, legal, social, political, and ethical implications of each policy option
• Deciding on the appropriate course of action and writing a clear and concise policy statement and implementation plan
• Translates policy into organizational plans, structures, and programs
• Identifying public health laws, regulations, and policies related to specific programs

PHPM
• Developing mechanisms to monitor and evaluate programs for their effectiveness and quality
• Understand issues pertaining to quality and outcomes as a result of enhanced policymaking and organizational performance.

DrPH
• Apply the foundations of public health to decisions regarding public health programs and policies.
• Integrate evidence-based strategies to enhance public health services.

More on course objectives and historical context
The course is for doctoral and advanced masters students interested in public health policy and policy analysis. Policy analysis can include highly technical methodologies (usually statistical and economic analyses) for evaluating the impact of specific policies, and we will identify the specific use and places for these methods such as the Congressional Budget Office. However, in this course for people seeking to work in public health, policy analysis represents the analysis of public health issues and conflicts within the current political standoff between the two parties over the future of policy and our democracy, including the implementation of the 2010 Affordable Care Act (Obamacare).

Policy analysis always has an historical setting, and the course will start with the Great Society era of the 1960s and early 1970s and the presidencies of LBJ and Richard Nixon. Thus, policy analysis is historical, contextual, perspectival, and intended to contribute to an ongoing conversation about our democracy and its practices and future, investigating competing theories or politics of democracy as they shape what we mean by policy analysis, and in particular what is today termed “conservative populism” as well as contemporary libertarianism as these political ideologies tend to be less receptive to public health values and framework.

The mission of public health has been defined by the Institute of Medicine’s The Future of Public Health, as “the fulfillment of society’s interest in health in assuring conditions in which people can be healthy.” Determining the scope of that interest will be a main feature of the course, and it will include a closer examination of Chief Justice Robert’s ruling on the constitutionality of the Affordable Care Act.

B. How this course can help prepare you for your careers
We are today awash in competing, even “warring,” visions of democratic politics and therefore the course will prepare individuals: to organize and lead policy analysis; to confront the underlying values and ethics of policy analysis in their work; as well as develop and refine policy solutions through analysis and advocacy in a variety of media: memoranda, papers, articles, presentations. Future leaders in public health will be well served to understand how democratic politics and public values (equality, liberty, community, social justice, etc.) shape policy analysis and vice versa. These visions are not only “philosophy,” they are carefully constructed strategies for winning elections, mobilizing voters and key interest groups.
At the same time we will demonstrate the hypothesis that the ‘public health perspective’ itself can be usefully viewed as a distinctive democratic framework and strategy for policy analysis, one that blends the individual, the community, and social justice in the current policy debates over how our democracy should function and also gives a crucial role to social criticism and conflict.

C. Course tasks and expectations:
The course will require three specific types of student work, beyond reading and discussion:

(1) Develop a facility for preliminary and “quick” analyses of health problems of the day, typically taken from the newspapers or from leading opinion magazines, representing a diversity of views, and, in the opening half hour or more of the course, engage in a shared discussion and critique. I will ask for brief written policy analyses of a topic of the day and this will be handed in. I will make comments on the papers and will assign a simple evaluative score, one that is mutually acceptable.

(2) Mastering the policy history and present status of a major public health problem or broader policy domain. By default the policy we will be exploring in depth universal health care: the Affordable Care Act (ACA), a.k.a. “Obamacare.” (Mostly we will use the abbreviation, “ACA.”) We will ask the question, will our new universal health care plan might change American politics, and if so, how? Or will it be reduced in impact by opponents?

Given the ongoing unpleasantness of yet another presidential election, and the centrality of “Obamacare” we will ask a central question, and all member of the seminar are expected to develop their own answer: “Why does Universal Health Care get one party so worked up, when twenty years ago, both parties were in favor of it?” What happened and why is this crucial to public health policy analysis? The authors of our texts, Paul Starr, Hacker and Pierson, and Richard Kirsch, all have answers.

(3) A third emphasis of the course will be on some “special challenges” for policy analysis, such as ‘the politics of certainty’ in contemporary politics (aka religious moralism and or economic fundamentalism), attacks on the role of science and policy analysis global warming; economic inequality and health status, and food policy and obesity.

A central question for all of us is: why is there such a huge opposition to social change in the United States? Where, historically, does that come from? Isn’t progress America’s main product?

D. Instructor’s background
I am a retired professor of public health policy and management, and have taught at three other schools of public health (UNC-Chapel Hill; U. of Michigan; SUNY/Albany, before my recent two years with I have a doctorate in political science from The Johns Hopkins University, and I wound up in public health because my master’s and dissertation research was on alcohol and alcohol problems policy. I was offered a one-year apppointment to the School of Public Health at UNC in 1972, and I happily said goodbye to a career in political science departments.

I have practiced both as a health official (both as a federal official and a state health official in New York State), and always as a teacher of politics and policy analysis courses, specializing in the early years in policy analysis for alcoholism and other drugs from the public health perspective, and the philosophy and ethics of public health in democracy.
Finally, for those who have taken the course in “Ethics and Public Health Policy” (CPH 516) there will be some overlap and familiarity in the two courses. The big difference is that in this course, CPH 617, we will spend more time on the “politics” of public policy and analysis.

E. The Required Texts
Before the seminar participants gasp at the list, most of these books will surely make the seminar members far more conversant with the policy debates of the day and with the likely immediate future for the health field.


1. We start with Alan Wolfe’s, Does American Democracy Still Work? This is the best overall summary of what “conservative populism” or “conservative democracy” means for our times. And the Hacker and Pierson book, Winner-Take-All Politics, is an in depth analysis of the political standoff that we currently face, and how it came about.

2. Then we turn to the fight for the Affordable Care Act, ACA, or “Obamacare,” and Richard Kirsch’s book, Fighting for Our Health. Kirsch’s book is a great read, the writer is a good friend and a colleague in the fight for health care reform when we were both in New York, working as friendly rivals. (Kirsch then advocated Canada as our model for health care reform.) Then we read Paul Starr’s book, at least a good part of it. The history of universal health care is itself an important “fact” of our field.

As we read these three books, I will also assign chapters of Deborah Stone’s Policy Paradox, to give some “background theory” about the shifting dimensions of the political consensus over health care, if consensus is the right word, in American politics.

3. Then we turn to public health itself as policy analysis, and I will offer some specific issues in which the public health perspective is most clearly fundamental, like highway traffic safety and alcohol policy. Again, we will read Deborah Stone along with these books, to offer a more “theoretical” background for some of the debates that are occurring.

Some student will surely ask: but where’s the policy analysis? How do I learn to do policy analysis in this course, given its title? Policy analysis, considered as the attempt to critique or predict the impact of a given policy in achieving its stated goals, is a standard approach to policy analysis. But to doggedly pursue a method for teaching public policy analysis when the policy world has been pretty much shut down, and new initiatives throttled, would not be very helpful. What’s needed now is a course that asks: what has happened to shut down the public health policy enterprise and how does that limit what we think of as policy analysis? In the view here, the present impasse in politics means that policy analysis must be conversant with the details of that impasse and how it hobbles reform efforts.
Course methodology, grading, and evaluation: I hope that, given the rather small size of the class, major responsibility for some of the later sessions of the class will be taken by seminar members. And while I am not finished in setting the grading policy for the course, I will put primary emphasis on written products for the class: short assignments, and a major presentation. Class participation and attendance are required and expected and will help determine the final grade, but the greatest weight will go to written products and participation in class discussion.
F. Reading and Class Assignments
The readings that follow are substantial and there are too many texts, I know. But policy analysis and the policy process are both crucial in public health, and I introduce in broad outlines what the overall field of policy knowledge includes, which is rather vast.

Also, I am asking you to read the Richard Kirsch book, Fighting for Our Health, as a story or “saga” that every student should know about, and I will ask for a written reaction and critique of the book as a separate assignment in the course, and the report will be due by mid-October or so. Too often we take a policy, like the Affordable Care Act, as a given, and we forget the history that got us there, and policy analysis must remember that history. The ACA will likely be a big part of your future and you ought to know how much work it took to get us here.

Session 1: Wednesday, August 22. Class introduction and lecture, discussion. The first class will be for introductions, for discussion of the plan for the course and the writing assignments, as well as the importance of class participation for a final grade and assessment. I will also place an article by Malcolm Gladwell, “Wrong Turn” from The New Yorker, for the class to read and to introduce a main theme of the course: How is public health “policy analysis”? I also will recommend that you start reading Fighting for Our Health right now, as the a powerful way to learn about how the ACA or Obamacare came about.

Session 2: Wednesday, August 29. Public health in the Great Society as conflict: “the market versus the polis,” and the founding of public health as national enterprise. I will likely take about 30 minutes for a lecture/talk introducing this very important era for modern public health, and why the politics of the Great Society and the subsequent backlash are so central for public health. The rest of the class will be devoted to the first half of Wolfe’s Does American Democracy Still Work?


Session 3. Wednesday, September 5. The Great Society and public health goes national: “What is a public health problem?”


c. George Lakoff and Glenn Smith, “Why Democracy is Public,” from Truthout, 2010. (d2l)

d. Y. G. Doyle, A. Furey, J. Flowers, “Sick Individuals and Sick Societies: Twenty Years Later” (d2l)

e. William Haddon, Jr. “On the Escape of Tigers,” Technology Review (d2l)


Questions and commentary: The articles in Sessions 2 and 3 pack a lot of ideas, and despite their being around a long time, all are still extremely pertinent. Here are some questions to guide your readings and our discussion. William Haddon, Jr.’s article is a classic, yet I believe many miss the crucial shift involved in adopting the “agent” “host” and “environment” shift. I argue that Haddon “puts the body into the body politic.” How does that shift our focus? How does that “reframe” our definition of health as a problem?
What is the difference between “exposure causality” and “agent causality”? In public health, “chance” is more foundational than “causality”? What does this mean? Do you think this is true? We will talk about this in class, and if I forget, remind me: this is a crucial distinction. Finally, remember that the values of “equity,” “efficiency,” and “welfare” are political science talk about the differences between “market” and “polis.” And then there is the column by George Lakoff and Glenn Miller, “Why is democracy public?” And the related question: “why is public health “public”?

This leads to other questions: What are the political consequences of the population or community perspective and why is it crucial to public health, and perhaps not so important to other theories of policy analysis? How do people in public health tend to talk about problems using different categories and labels than, say, economists? What is the difference between “community” in public health and the “burdens to society” ethic that is largely utilitarian in concept?

Session 4: Wednesday, September 12. Alcohol and the Republic: A history
A case history of alcohol policy in public health (and some asides about American pragmatism) as well as a brief detour into that overwrought topic in public health: paternalism. The purpose of this session is to help understand how we got to the population perspective and also why public health is itself a crucial tool and strategy for stimulating democratic conflict and change, and how some bioethicists don’t seem to get it. Here is a question: why does Stone not mention “justice” or “social justice” in her chapters? Another question: how did the “public health perspective” make “alcohol policy” a public thing?

d. Dan Beauchamp, “Public health as philosophy,” draft article for the Encyclopedia of Bioethics. Revision IV. (d2l)
e. Lawrence Wallack and Regina Lawrence, “Talking About Public Health; Developing America’s “Second Language.” (d2l)

Session 5: Wednesday, September 19. There’s more to health care reform than health care reform (and hence the rise of conservative populism as political strategy to limit democracy?)

e. *Jacob Hacker and Paul Pierson, Winner Take All Politics, pp. 1-91.

Kirsch’s book is to remind us that health care reform, or health reform period, is hard, hard work. Kirsch is from Albany, New York, the former head of New York Citizen’s Action, and is a good friend. I met him when serving as a health official in the NYS Department of Health. Starr’s book is one of several he has written on health care reform. We also start reading Winner Take All Politics, a book that is one of the most sobering and illuminating about the twisted tale of national politics. This is a lot of reading, I know; do the best you can. But this book, in particular, contains the best insights into why both parties have
abandoned the middle class, and despite the fact that one has done so more than the other doesn’t excuse the horrible results. I suspect that students will thank me for calling attention to their work, if it is new to them.

Session 6: Wednesday, September 26. American medicine and political accountability


Session 7: October 3: The Supreme Court, Obamacare, and the public’s health


(This is dated by still useful as summary history.)

Session 8. October 10. Summing Up: Health care reform in an era of conservative democracy

a. Kirsch, Fighting for Our Health, finish book
b. Dan Beauchamp, “Waiting for the Big One,” Journal of Health Politics, Policy, and Law. (d2l)

Session 9. October 17. Obesity in the U.S.: What can be done? (We will likely have a guest lecturer for this class)

b. More readings to be assigned.
(A critique of Richard Kirsch’s book is due at this class. 500 words or so, or two pages)

Session 10: October 24 The Right to Bear Arms, or “While you’re up buy yourself a bunch of guns:”


Session 11. October 31. Health and reducing inequalities: the international record and public opinion

b. Benjamin Page and Lawrence Jacobs, Class Warfare? What Americans Really Think about Economic Inequality. (selection from text) (d2l)

Session 12. November 7: The politics of certainty: abortion, contraception and the market as God (market fundamentalism).

b. Harvey Cox, “The Market as God,” The Atlantic. (d2l)
Session 13. November 14: Science, global warming, international health, and all that (Guest lecturer)
a. Chris Mooney, “The science of why we don’t believe science.” *Mother Jones.* April 18, 2011. (The subtitle of Mooney’s article is “How Our Brains Fool Us on Climate Change, Creationism, and the Vaccine-Autism Link.”) (d2l)

Session 14. November 21: The border, the body politic, and “all health is local.” (Guest lecturer.)

a. Readings to be announced.
After retirement we moved to Bisbee, I ran for mayor and won, and was stuck with finding $34 million to overhaul an aging wastewater system. My “John Snow moment” — one that involved me in border health issues, which I will explore in a case study and other readings to be assigned.

I will discuss this topic with class before finally selecting it and will rely on the Hopkins epidemiological studies of the Iraq and Afghanistan wars, as well as Laurie Garrett’s summary of the consequences of civil and military conflict as making global epidemics far more likely.

Session 15. November 28: Final class. No assignment.