

THE POLITICS OF HEALTH POLICY
HS/CHS M287
Winter 2007

Class meets: **Thurs. 3-6 pm, Room: 41-268 SPH**
Instructor: **E. Richard Brown, Ph.D.**
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 by appointment

Course Description

Examination of the politics of the health policy process, including the effects of political structure and institutions; economic and social factors; interest groups, classes, and social movements; media and public opinion, and other factors. The emphasis is on understanding how public policy is made as well as how to influence the process.

Students will learn about (1) how health policy is developed, adopted, and implemented, (2) the political, institutional, economic, social, and other factors that influence and shape the process, and (3) the basic approaches and tools of strategic advocacy.

The course meets weekly. The first two hours are lecture/discussion; students are expected to participate actively. The third hour usually involves a guest speaker relevant to that session's topic. Students will be required to work in group projects and be responsible for fully participating in their group, contributing to the group paper, and completing individual assignments.

Requirements

Students will form project groups, with 2-4 other students, focused on a policy issue that they will work on during the quarter. Each student in the group will study two organizations involved in the issue; the organizational studies will utilize the Internet, publicly available information, documents review, and interviews. The group will conduct research on the politics of the issue and write a group term paper that describes and discusses key aspects of the selected organizations and policy process. The term paper must address the required elements of the assignment (as described in separate Term Paper Instructions handout) and draw on group members' research on the organizations and the policy issue, class readings, and lectures/discussions.

Students also will write four individual 2-page papers (2 pages only; double spaced; 1-inch margins) applying a construct from the class to the organization they are studying for their group term or to an issue studied as part of the class.

Grades

Students will be graded on the following basis:

Term paper	50%
Contributions to group project:	5%
Individual papers (four at 10% each)	40%
Participation in class discussions:	5%
Total	100%

Required Books:

Please purchase the following:

Carol S. **Weissert & William G. Weissert**. 2002. *Governing Health: The Politics of Health Policy* (2nd edition). Baltimore, MD: Johns Hopkins University Press. Paperback: \$28.95

John W. **Kingdon**. 1995. *Agendas, Alternatives, and Public Policies*. 2nd Edition. New York: Longman. Paperback: \$40.20

Jim **Shultz**, *Democracy Owners' Manual: A Practical Guide To Changing the World*, New Brunswick, NJ: Rutgers University Press, 2002. Paperback: \$22.00

L = readings that will be available electronically through UCLA Library Course Reserves. Go to <http://www2.library.ucla.edu/service/index.cfm> and click on the following: "Course Materials"; "Course Reserves"; "Search Course Reserves". Search for course "M287".

R = readings that are reprinted in a course reader available at *Westwood Copies*, 1001 Gayley (next to Coffee Bean). Phone 310-208-3233.

Other resources are accessible through the Internet.

I recommend that you subscribe to *California Healthline*, a FREE daily email health policy newsletter. You can sign up without cost at: <http://www.californiahealthline.org>

Class Topic/Readings

Jan 11 **Health Policy: Introduction and A Federal Perspective**

This session focuses on what constitutes the policy process, the basics of federal political institutions, and alternative perspectives for understanding it.

Shultz: Chapter 1, "What Is Government's Job?" pp. 7-16.

Stone, Deborah: *Policy Paradox: The Art of Political Decision Making* (Revised Edition). New York: W.W. Norton and Company, 2002, Introduction (pp. 1-14), and Chapter 1, "The Market and the Polis," (pp. 17-34). **L**

Weissert & Weissert: Chapter 1, "Congress," (pp. 15-71), Chapter 2, "The Presidency," (pp. 72-109).

Resources:

Information on Federal government and Congress:

- Congress.org: <http://www.congress.org/congressorg/issues/basics/?style=legis>

- U.S. House of Representatives: http://www.house.gov/house/Tying_it_all.shtml
- League of Women Voters of California: <http://ca.lwv.org/lwvc/edfund/govtinfo/federal.html>
- Capitol Advantage's Congress.org: <http://www.congress.org/congressorg/home/>
- THOMAS, the Library of Congress: thomas.loc.gov/
- OMB Watch: <http://www.ombwatch.org/>

Information on how a bill becomes a law:

- Family USA's "How a Bill Becomes a Law": <http://www.familiesusa.org/resources/tools-for-advocates/tips/how-a-bill.html>

Discussion Questions:

1. *What does government do in the health care arena?*
2. *Who participates in the policy process and through what means?*
3. *Stone speaks of the "polis." What is it? What are its characteristics? How does the polis differ from the market?*
4. *What are the main government institutions? Examples and categories. What do they do?*
5. *How has Congress organized itself to carry out its functions? What resources has it provided itself? What are the key characteristics of the legislative process?*
6. *What are the roles of the President? What is his/her role as executive? What role does he/she play in the legislative process? What resources does the President have to carry out these roles?*

Jan 18 Health Policy and Federalism: A State/California Perspective

States have similar but not identical structures to the Federal government, with substantial variation in the power, size and professionalism of the executive and legislative branches. This session examines health policymaking and federalism in state government, with an emphasis on California.

Weissert & Weissert: Chapter 5, "States and Health Care Reform," (pp. 192-241).

Anton TJ, "New Federalism and Intergovernmental Fiscal Relationships: The Implications for Health Policy," *Journal of Health Politics, Policy and Law* 1997; 22(3): 691- 720. **L**

Oliver TR, "Holding Back the Tide: Policies to Preserve and Reconstruct Health Insurance Coverage in Maryland," *Journal of Health Politics, Policy and Law*, 2004; 29: 203-236. **L**

Resources:

Information on California State Government and legislative processes:

- League of Women Voters of California: <http://ca.lwv.org/lwvc/edfund/govtinfo/state.html> especially: *The Legislative Process: A Citizen's Guide to Participation*: <http://ca.lwv.org/lwvc/pdf/guide.pdf>
- California bills, state law, legislators, etc.: <http://www.leginfo.ca.gov/>

Information on how a bill becomes a law:

- Legislative Counsel, State of California:
www.leginfo.ca.gov/guide.html#Appendix_A

Discussion Questions:

1. *To what extent are California's political institutions and processes similar to or different from those at the federal level?*
2. *How does California compare to other states in the power of the Governor? the power and professionalization of the Legislature?*
3. *What authority do states have over health policy and what gives them that authority?*
4. *What tools can the federal government or Congress use to get states to do things federal government does not have authority or desire or political will to do itself?*
5. *What factors promote devolution of health policy responsibility from the federal government to the states? What factors impede it?*
6. *Oliver, applying Charles Lindblom's theory of disjointed incrementalism to the case of Maryland's efforts at expanding health insurance coverage, seems to agree with Lindblom that the political debate and resulting policy will tend to focus on discrete, short-term outputs rather than broader, long-range outcomes. What were some of the main constraints that shaped Maryland's efforts to expand coverage? What role did federal-state relations play in the process?*

Guest Speaker (5-6 p.m.): Governor Michael Dukakis, Visiting Professor, UCLA Department of Policy Studies

Jan 25 Agendas and the Policy Making Process: Conceptual Models and Realpolitik

The first step in making or changing policy is to get your issue on the policy or political agenda. Several conceptual models have been developed to enhance our understanding of the process and how to intervene.

Weissert & Weissert: Chapter 6, "The Policy Process," (pp. 245-280).

Kingdon: read entire book (~230 pages).

Declercq E, Simmes D, "The Politics of 'Drive-Through Deliveries': Putting Early Post-Partum Discharge on the Legislative Agenda," *Milbank Quarterly*. 1997; 75:175-202.

Visit Governor's Office website [<http://gov.ca.gov>], and find and read health care reform proposal.

Optional Reading:

Liu Z, Dow WH, Norton EC, "Effect of drive-through delivery laws on postpartum length of stay and hospital charges," *Journal of Health Economics* 2004; 23(1):129-55.

Discussion Questions:

1. What is “the agenda”? What are the nuances of difference between different types of agenda?
2. What are Kingdon’s “three streams”? What relationship do they have to each other?
3. How can we tell if a “window of opportunity” has opened or closed?
4. How did “early discharge” get on the policy agenda? How did it get defined as a problem? What was the evidence for the problem?
5. Is health care reform now on the national or state policy agendas? If so, how would we explain this ascent using Kingdon’s model? If not, what actions or events might put it on the agenda?
6. What role is the Governor’s current health care reform proposal intended to play in the policy process?

Short paper #1 (2 pages double spaced) due Jan. 29:

Focusing on one of the organizations you are studying, what is the organization’s mission? What are its tangible and intangible resources/assets relevant to the policy process? How is each type of resource/asset useful in the policy process?

Guest Speaker (5-6 p.m.): Richard Figueroa, Health Care Advisor, Office of Gov. Arnold Schwarznegger

Feb 1 Strategic Advocacy: Policy Change Goals and Strategies to Achieve Them

Strategic advocacy means more than just changing a policy. It requires having clear long-range policy goals and short-range objectives, and developing a strategy, often multi-stage, to achieve them. We will examine the setting of policy goals in the context of health care reform.

Shultz: Chapter 6, “Developing a Strategy,” pp. 71-82.

Chafel JA, Condit K, “Advocacy for Children in Poverty,” in Chafel JA (ed), *Child Poverty and Public Policy*, Washington, DC: Urban Institute, 1993, pp. 273-302. **R**

Marmor TR, Hamburger T, “The Missing Alternative: How Washington Elites Pushed Single-Payer Reform Plans Off the Agenda,” in *Understanding Health Care Reform*, New Haven: Yale University Press, 1994, pp. 159-169. **R**

SB 840, California Health Insurance Reliability Act (single-payer legislation), Senator Sheila Kuehl: Go to <http://info.sen.ca.gov> and click on “Legislation.” Select “2005-2006 Session” and “Senate” and enter “840”. Read the “History” and, under “Analyses,” read the most recent “Senate Floor” analysis.

Discussion Questions:

1. How should we set policy change objectives?
2. What are the key groupings that should be part of any policy change strategy?
3. In California, who would be the primary target for health care reform? Who would be secondary targets?

4. *Would you use insider or outsider strategies to affect their decision?*
5. *Is SB 840 likely to meet the same fate in California that Marmor and Hamburger argue happened to single-payer in the Clinton health care reform effort? What evidence is there to suggest that it will or won't meet that fate?*

Guest Speaker and Workshop (5-6 p.m.): *Setting policy change goals and strategies to achieve them*

Montgomery Messex, M.P.H., Deputy Director, Los Angeles County Department of Public Health, Tobacco Control & Prevention Program

Resources for Workshop:

The Midwest Academy

Overview of "The Midwest Academy Direct Action Organizing Process,"
www.mindspring.com/~midwestacademy/Organize/page5.html or
http://www.midwestacademy.com/direct_action_organizing.html

Midwest Academy Strategy Chart with content guide:
<http://slac.rso.wisc.edu/flyers/strategy-chart.pdf>

Midwest Academy Strategy Chart blank:
http://www.tcsg.org/sfelp/toolkit/Midweststrategy_01.pdf

Feb 8 Strategic Framing of Issues and Media Advocacy to Achieve Policy Goals

Strategic framing to achieve policy goals by shaping the public dialogue and debate on the issues.

Dorfman L, Wallack L, Woodruff K, "More Than a Message: Framing Public Health Advocacy to Change Corporate Practices," *Health Education and Behavior*, 2005; 32(3): 320-36. <http://heb.sagepub.com/cgi/reprint/32/3/320>

Wallack L, "Media Advocacy: A Strategy for Empowering People and Communities." *Journal of Public Health Policy* 1994; 15:420-436. **R**

Shultz: Chapter 10, "Messages and Media," pp. 132-156.

UCLA Center for Communications and Community, "Framing and Strategic Communications Terms" http://uclacc.ucla.edu/commstrategic_comm.php

Bogdanich W, "Safety Group Closely Echoes Rail Industry," *New York Times*, Nov. 14, 2004. **L**

Resources:

FrameWorks Institute:

The FrameWorks Institute, "The FrameWorks Perspective: Strategic Frame Analysis"

<http://www.frameworksinstitute.org/strategicanalysis/perspective.shtml>

Andress L, "Strategic Frame Analysis & Policy Making"

www.frameworksinstitute.org/products/issue18framing.shtml and

"A Five Minute Refresher Course in Framing"

www.frameworksinstitute.org/products/issue8framing.shtml

American Public Health Association:

www.apha.org/news/Media_Advocacy_Manual.pdf

Families USA tips on media advocacy:

<http://www.familiesusa.org/resources/tools-for-advocates/tips/index.html>

Discussion Questions:

1. What is the difference between social marketing and media advocacy, as discussed by Wallack and Dorfman?
2. Why are some types of frames unlikely to persuade those not already committed to support your position?
3. What types of frames are most likely to help policy change advocates be successful?
4. In the article by Bogdanich, how does “Operation Lifesaver” frame the problem of people being killed at railroad crossings? What is the goal of Operation Lifesaver? Is this an example of media advocacy or social marketing?

Short paper #2 (2 pages double spaced) due Feb 12:

Focusing on one of the organizations you are studying, how did they frame the primary issue? How effective is/was their frame? What changes would you make to frame it more effectively?

Guest speaker: TBA

Feb 15 Interest Groups and Lobbying

Stakeholders in an issue often wield a lot of influence in the policy process, but the power of interest groups is very unequal.

Weissert & Weissert: Chapter 3, “Interest Groups,” (pp. 110-153).

Wilkerson JD, Carrell D, “Money, Politics, and Medicine: The American Medical PAC’s Strategy of Giving in U.S. House Races,” *Journal of Health Politics, Policy and Law*, 1999; 24(2): 335-355. **L**

Peltz JF, Levin M. “How Big Tobacco Got Its Way in California,” *Los Angeles Times*. September 14, 2003. **L**

Havemann J, “Last-Minute Swap Let Spending Bill Through,” *Los Angeles Times*, December 24, 2005. **L**

Shultz: Chapter 2, “The Rules of Politics,” pp. 17-29 and Chapter 11, “Lobbying,” pp. 157-179.

Optional Reading:

Wahl AM, Gunkel SE, “Due Process, Resource Mobilization, and the Occupational Safety and Health Administration, 1971-1996: The Politics of Social Regulation in Historical Perspective,” *Social Problems*, 1999; 46(4): 591-616. **L**

Discussion Questions:

1. *What are the main methods by which interest groups influence the legislative process?*
2. *From reading the analysis of SB 840 and the list of groups that have taken positions on it, what can you learn about interest groups, the groups supporting it, and the groups opposing it?*
3. *Look at the websites of one or two of the major groups that are supporting SB 840 and one or two major group opposing it. What arguments are put forward for their position? How are the goals and interests to be advanced by their taking a public position on this issue?*
4. *What types of resources/assets do interest group organizations have that are particularly useful in changing policy?*
5. *To what extent do campaign contributions influence votes on legislation?*

Short paper #3 (2 pages double spaced) due Feb 19:

What are some of the key interest groups for and against SB 840? What interests led the main organizations on each side to take positions on SB 840? How unified are the interests of those organizations supporting SB 840 and how do they diverge from each other, if at all? How unified are the interests of those opposing SB 840 and how do they diverge from each other, if at all?

Guest speaker: Beth Capell, Lobbyist for Health Access of California and the Service Employees International Union

Feb 22 Initiatives and Their Implementation

An increasingly frequent component of policy change strategies includes initiatives, an often highly charged political process in which “direct democracy” substitutes for representative democratic legislative processes. Even when initiatives are enacted, politics affects their implementation.

Shultz: Chapter 12, “Initiatives,” pp. 180-196.

Najera AP, “History of successful ballot initiatives—California,” *Cancer*, 1998; 83(Suppl): 2680 – 2684. **L**

Nicholl J, “Tobacco Tax Initiatives to Prevent Tobacco Use: A Study of Eight Statewide Campaigns,” *Cancer*, 1998; 83(Suppl):2666-2679. **L**

Scheffler RM, and Adams N, “Millionaires and Mental Health: Proposition 63 in California,” *Health Affairs* 2005; Web Exclusives: W5—212-224. **L**

Balbach ED, Traynor MP, Glantz SA, “The implementation of California’s tobacco tax initiative: The critical role of outsider strategies in protecting Proposition 99,” *Journal of Health Politics, Policy, and Law* 2000; 25: 689-715. **L**

Halper E, “State’s Tobacco Revenue Surges,” *Los Angeles Times*, December 27, 2005. **L**

Optional Reading:

Percival, GL. "The influence of local contextual characteristics on the implementation of a statewide voter initiative: the case of California's Substance Abuse and Crime Prevention Act (Proposition 36)," *Policy Studies Journal* 32(4): 589(22). December 2004. **L**

Resources:

DeVitto R, Larsen M, Kennedy P, Czyzewski A, Sowinski J, Nicholl J, "How to Run A Successful Statewide Ballot Campaign: Florida Amendment 6 Campaign": <http://ncth.confex.com/ncth/responses/2002/287.pdf>

California General Election, Nov. 2, 2004 and Nov. 7, 2006, Returns for Propositions, California Secretary of State: <http://vote2004.ss.ca.gov>Returns/prop/00.htm> and <http://vote.ss.ca.gov>Returns/prop/00.htm>

Discussion Questions:

1. Under what circumstances are initiatives a useful policy change vehicle?
2. What are the advantages and disadvantages of initiatives as a form of policy change?
3. Taking into consideration Shultz's "6 rules of initiative politics" and the lessons drawn by Nicholl from tobacco tax campaigns, if you were an advocate of single-payer, would you try to get it enacted through the initiative process?

Guest speaker: Jack Nicholl, Nicholl Campaigns

Mar 1 Coalitions and Social Movements

Having a great policy proposal is never enough to change policy. It also requires demonstrating powerful or influential support for it. Coalitions and social movements can be valuable assets in efforts to change policies.

Shultz: Chapter 9, "Building and Maintaining Advocacy Coalitions," pp. 120-131, and Chapter 8, "Organizing," pp. 96-119.

McCarthy JD, and Wolfson M, "Resource Mobilization by Local Social Movement Organizations: Agency, Strategy, and Organization in the Movement Against Drinking and Driving," *American Sociological Review*, 1996; 61: 1070-1088. **L**

Bouman J, The Power of Working with Community Organizations: The Illinois FamilyCare Campaign—Effective Results Through Collaboration, *Clearinghouse Review Journal of Poverty Law and Policy*, January–February 2005, 583-596, <http://www.povertylaw.org/legalresearch/articles/free/501048.pdf>

Hoffman B, "Health Care Reform and Social Movements in the United States," *American Journal of Public Health*, 2003; 93: 75-85. **L**

Nathanson CA, "The Skeptic's Guide to a Movement for Universal Health Insurance," *Journal of Health Politics, Policy and Law* 2003; 28(2-3): 443-471. **L**

Resources:

The Midwest Academy:

- “The Midwest Academy Direct Action Organizing Process” **R**
- “Working With Coalitions” **R**
- “Action Guidelines” **R**
- “Accountability Sessions” **R**

Advocacy Institute:

- “Actions For People-Centered Campaigns,” Washington, DC: Advocacy Institute, 2004. **R**
- “Leadership Roles Within an Advocacy Movement,” Washington, DC: Advocacy Institute, 2004. **R**

Information on Coalition Building I: Starting a Coalition:

ctb.ku.edu/tools/en/section_1057.htm and

Coalition Building II: Maintaining a Coalition

ctb.ku.edu/tools/en/section_1058.htm

Discussion Questions:

1. *What are coalitions? What are some examples of coalitions in health issues you are studying?*
2. *What are advantages of coalitions in advocating for policy change? What are disadvantages of coalitions?*
3. *What are social movements? How are they different from coalitions?*
4. *What role can social movements play in policy change? What are some examples of social movements in health issues you are studying or know about?*

Short paper #4 (2 pages double spaced) due March 5:

Describe the main strategy adopted by one of the organizations you are studying and describe the main actions taken in implementing that strategy. How effective do you think the strategy and actions are/were? What changes would you recommend to help them be more effective?

Guest speaker: TBA

Mar 8 The Role of Research and Data in Policy Development and Advocacy

Research, policy analysis and data play an important role in promoting evidence-based policy and supporting evidence-based advocacy.

Shultz: Chapter 7, “Research and Analysis,” pp. 83-95.

Sorian R, and Baugh T, “Power of Information: Closing the Gap Between Research and Policy,” *Health Affairs*, 2002; 21(2): 264-273. **L**

Gray BH, Gusmano MK, Collins SR, “AHCPR and the Changing Politics of Health Services Research,” *Health Affairs*, 2003; Web Exclusives:W3—283-307. **L**

Gaus CR, “An Insider’s Perspective on the Near-Death Experience of AHCPR,” *Health Affairs*, 2003; Web Exclusives:W3—311-313. **L**

Brown ER, Holtby S, Zahnd E, Abbott GB, “Community-based Participatory Research in the California Health Interview Survey,” *Preventing Chronic Disease* 2005; 2(4): 1-8 (online e-journal: http://www.cdc.gov/pcd/issues/2005/oct/05_0046.htm)

L

Michaels D, and Monforton M, “Manufacturing Uncertainty: Contested Science and the Protection of the Public’s Health and Environment,” *American Journal of Public Health* 2005 (Suppl 1); 95(51): S39-S48. **L**

The Access Project, *Using Data: A Guide for Community Health Activists*, Boston, MA: The Access Project: www.accessproject.org/downloads/data.pdf

Resources:

“CHIS Making an Impact.” Los Angeles: UCLA Center for Health Policy Research, Nov. 2005, pp. 1-4. (Handout; www.chis.ucla.edu/pdf/chis_making_impact.pdf)

UCLA Center for Health Policy Research: www.healthpolicy.ucla.edu

Health DATA (Data Advocacy and Technical Assistance) Program at the UCLA Center for Health Policy Research: www.healthpolicy.ucla.edu/HealthData/index.html

Discussion Questions:

1. *How are research and data used in the policy process?*
2. *Are they used as evidence on which to base policy? Are they used in framing policy arguments?*
3. *How is research evidence viewed by policy makers? by interest groups? by other advocates?*
4. *What are the benefits to researchers in engaging with the policy process? What are the risks to researchers in doing so?*

Guest speaker: Don Moulds, Senate Office of Research

Mar 15 Student Presentations of Term Projects (3-7 pm)