

Saint Louis University
School of Public Health
Department of Health Management and Policy



*Our Commitment: combining competence in health management and policy
with conscience, compassion and community.*

HMP-553-01

HEALTH POLICY CAPSTONE SEMINAR

Syllabus

Fall 2007

Thursdays, 1-4 p.m.
Salus Center 1502

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Mondays (12-1 pm), Tuesdays (3-4 pm)
& by appointment

Course Overview

1. Overview: At its core, the field of health policy represents the bridge between the “real world” of health as it is and what observers determine it should be. That determination is grounded in the perspective of each individual observer based on his or her particular training, experience, role in the economy and society, and, ultimately, values. Health Policy is a multidisciplinary field blending the perspectives of numerous specialties in the health and social sciences from epidemiology and behavioral health to economics, sociology, and political science that centers on identifying problems and proposing solutions related to the production of health and provision of health care services. The basic premise of this course is that the commitment to having a healthy population is a sound goal for all societies and that students trained in Health Policy can play a vital role in contributing to the realization of that goal wherever they work, in the public or private sector.

2. Purpose: The main purpose of this course is to provide the culminating, integrative curricular experience for students enrolled in Saint Louis University’s Master of Public Health in Health Policy (MPH-HP) program during their last semester prior to graduation. As such, the course draws on students’ prior training in the five core areas of public health (i.e., Biostatistics, Epidemiology, Environmental and Occupational Health, Behavioral Science/ Health Education, and Health Management), their additional required course work in Economics, Finance, Ethics, Administrative Law, and Health Policy, and their “real world” experience gained in the field prior to their graduation. More than just providing a review of the MPH-HP curriculum, however, the Health Policy Capstone Seminar is designed to challenge students to reflect and integrate their training and experience with the goal of developing their own individual point of view regarding the role of Health Policy in contributing to the improvement of the health and well being of populations in the United States, as well as abroad.

In particular, the course is structured to accomplish the following five objectives:

- To ensure that students have a broad and solid understanding of the multi-dimensions of health policy;
- To ensure that students have a solid foundation in understanding the key determinants of health and the factors associated with these that can lead to poor health outcomes, creating problems for individuals and populations;
- To expand and deepen students’ understanding of what works and what doesn’t in the health policy realm by studying a portfolio of “real world cases” of policy interventions designed to correct a variety of health and health care problems;
- To reinforce and polish students’ knowledge, skills and attitudes in the key areas of leadership, critical thinking, systematic scientific analysis, management, political and community development, and communication essential for a successful career in the health policy field; and
- To help students identify the health policy “niche” that interests them most, enable them to develop expertise in this area, and empower them to translate this expertise into a marketable career focus upon graduation.

3. Core Competencies: The Department of Health Management and Policy (HMP) has identified 69 competencies as essential for health policy specialists that provide the foundation for the MPH-HP program curriculum. Because the Capstone course pulls together the training students have received in all their prior coursework, it provides the opportunity to round out the development of the full set of competencies viewed as essential for masters-prepared graduates in the Health Policy field. To track student progress in developing these competencies across the curriculum, a global self-assessment survey is conducted at the beginning, mid-point and end of each academic year for all students enrolled in HMP MHA and MPH-HP programs. The survey will be administered in this course on the first and last day of class to provide the beginning and mid-point assessments for students enrolled in their last year of the MPH-HP curriculum. A list of all 69 competencies, grouped into six broad categories referred to as “domains” is attached, as an appendix.

4. Prerequisites: Students enrolled in this course are required to have completed all but the final semester of their MPH-HP program courses.

5. Communication: Students are encouraged to see the instructor after class or stop by during office hours (Mondays from 12-1 pm and Tuesdays from 3-4 pm) whenever they have a question, need additional guidance in understanding the course material, and/or would like to schedule a special appointment. To reach the instructor during the rest of the week, students are asked to please leave a message on her voice mail (314-977-3236) with the number, day and time where and when the call can be returned. Students should also check their e-mail regularly to keep up with special messages for this course and other important information from the School of Public Health.

Course Format, Readings and Other Materials

1. Course Format: The course will be delivered as a discussion seminar based on the required readings, student and guest presentations. As the instructor will give no formal lectures, the success of the course depends on students’ critical reading and integration of all course assignments and the ability to articulate what they have learned, as well as the questions they have, each week.

2. Course Readings: The health policy literature is vast, including literally hundreds of excellent books, professional journal articles, reports, and other materials. Ideally, a capstone course, such as this, would use some type of “master casebook” that would challenge students to consider how different approaches to solving America’s health ills over the years – by both public and private entities – have and have not been successful in achieving their desired outcomes. To date, no such single “best” textbook is available. Thus, as an alternative, a compendium of required and recommended readings has been compiled representing the wide spectrum of disciplines and perspectives that comprise the health policy literature. Students must complete all required readings prior to their due date and come to class fully prepared to discuss them. Recommended readings are included as a guide for students who wish to explore topics in more depth. They are also a good source of ideas for research paper topics and references.

Significant portions of the following six books are assigned as required reading, so all are highly recommended for purchase. All six books were ordered for the course and are available for purchase from the Barnes and Noble Bookstore in the Busch Center on Frost campus. Three of the books (*) are also available on two-hour reserve at the circulation desk of the Medical Center Library (MCL) under the course ID and instructor's name.

- Weissert, Carol S., and William G. Weissert. *Governing Health: The Politics of Health Policy* 3rd edition. Baltimore: The Johns Hopkins University Press, 2006. ISBN 0-8018-8432-2.
- Oberlander, Jonathan, Larry R. Churchill, Sue E. Estroff, Gail E. Henderson, Nancy M. P. King, and Ronald P. Strauss, editors. *The Social Science Medicine Reader: Health Policy, Markets, and Medicine, Volume III* 2nd edition. Durham, NC: Duke University Press, 2005. ISBN 0-8223-3569-7.
- Clark, Robert L., Richard V. Burkhauser, Marilyn Moon, Joseph F. Quinn, and Timothy M. Smeeding. *The Economics of an Aging Society*. Malden, MA: Blackwell Publishing, 2003. ISBN 0-631-22616-8.
- *LaVeist, Thomas A. *Minority Populations in Health: An Introduction to Health Disparities in the United States*. San Francisco: Jossey-Bass, 2005. ISBN 0-7879-6413-1. Also on reserve at the Medical Center Library circulation desk, Call #RA448.4.L38 2005.
- *Kawachi, Ichiro and Lisa F. Berkman. *Neighborhoods and Health*. New York: Oxford University Press, 2003. ISBN 0-19-51-513838-4. Also on reserve at the Medical Center Library circulation desk, Call #W 76 N397 2003.
- *Fried, Bruce J. and Laura M. Gaydos, editors. *World Health Systems: Challenges and Perspectives*. Chicago: Health Administration Press, 2002. ISBN 1-56793-182-0. Also on reserve at the Medical Center Library circulation desk, Call # WA530.1 W9277 2002.

In addition, to complement the readings from the required textbooks, a collection of classic, relevant and timely professional journal articles, case studies, reports, book chapters, news stories and other materials that expose students to a range of top scholars, policy analysts, policy makers, research references and current issues in the health policy field has been selected for the course. Some of these are available directly on the Internet or will be distributed in class by the instructor. The bulk, however, will be available on e-reserve (ERes) at SLU's Medical Center (MC) Library. These documents can be accessed on the Internet from any location by going to the "Course Reserves/ Electronic Reserves" links on the home page of the MC Library's web site or directly at <http://eres.slu.edu/eres/default.spx>. The password for the class is HPC (for HHealth Policy Capstone).

The due dates for all course readings are listed in the "Course Calendar, Topic Outline and Readings" section below, beginning on page 11.

3. *Coffee and Conversation with the Experts:* A special feature of the course will be presentations by four health policy researchers and practitioners who will talk with the class about one of their special areas of expertise, explaining the health problem they are working to solve, the approach they are taking, the challenges they have encountered, the impact their work

is having (or will have), and the lessons they have learned along the way. These “live cases” (four in all) will provide students with concrete examples of the types of projects they are likely to be involved with over their health policy careers and deepen their understanding of the significance of the Saint Louis University’s School of Public Health’s engagement in the translation and dissemination of health services and public health research. Students are expected to take part in these presentations as attentive, eager, respectful listeners and be prepared to ask pertinent questions during each follow-up discussion period. These “live case” presentations are scheduled for the last hour and 15 minutes of four class meetings throughout the semester, as indicated on the *Course Calendar and Topic Outline* below. In addition, to help create a setting of friendly, interested, conversational collegial exchange, the instructor will provide coffee for our guests and all class members during these sessions.

Course Requirements and Policies

1. Class Participation and Attendance (20%): Students are expected to complete all assignments by their due dates, come to class fully prepared to discuss all required readings, show respect for all guest presenters and each other, and be fully engaged in the course throughout the entire semester. The instructor will assign class participation grades each week based on the quality of students’ contribution to the course according to the following guidelines:

- A: Excellent, model performance
- B: Good, solid graduate-level performance
- C: Needs improvement in several areas
- F: Fails to meet expectations (e.g., for unexcused absence)

As an incentive to do as well as possible, students who make particularly outstanding contributions to class discussions can earn an A+ for the day when this occurs.

2. Journal Summaries (10%): To encourage students to take time to really *reflect* on what and how each reading assignment contributes to our understanding of the features, challenges, success stories and “big picture” of health policy, students are required to keep a weekly “capstone journal” that records what they have learned, the insights they have gained, and the questions they have after they have completed each week’s assignments. As a guide, students should practice asking and answering the following questions for each reading assigned:

- Who is the author and what training and/or perspective does he or she represent?
- What is the audience he or she is addressing, the funding source for the research and impact of the findings?
- What is the purpose of this contribution?
- What is the author’s main point?
- What are the author’s main findings and how does he/she reach these?
- How does this reading contribute to the body of health policy literature?
- What questions does the author leave unanswered?

Then the day before each class meeting (and by no later than 4 pm on Wednesday afternoon), students are required to send the instructor, by e-mail (to lomperat@slu.edu), an one-page summary of the week's readings, based on his or her journal entries for the week, that:

1. Summarizes the overall theme of the week's readings;
2. States the three most important points made by all the readings collectively; and
3. States two to three unanswered questions the student has after having completed the week's assignment.

All students are required to complete and submit a total of ten journal summaries for the semester. These are due on the dates indicated in the *Course Calendar and Topic Outline* below. Then the instructor will use the class' journal summaries to help guide the discussion of the week's readings the following Thursday. Guideline sheets for taking notes on each reading and preparing the weekly journal summaries have been prepared by the instructor and will be distributed in class.

Each journal summary will contribute one percent to each student's final course grade, with the total for all summaries contributing 10 percent. To earn full credit, each summary must include all three required sections (specified above), demonstrate that all the required readings have been completed, be professional in appearance, and be turned in on time.

3. "Policy Briefs (20%). Students will prepare two short (3-4 single-spaced pages) "policy briefs" on a current health issue of their choice based on the range of topics covered by the course. Each brief should contain a short introduction and conclusion plus four main sections that represent a condensed overview of the best research and information available on the issue's (1) background and history, (2) current characteristics and impact, (3) current solutions, and (4) current status in the health policy arena. Whenever appropriate, students are encouraged to include tables and/or graphs to summarize pertinent data or depict patterns and trends that enhance the readability of the brief. Suggestions for topics and approaches for preparing these policy briefs will be explained in class by the instructor. In addition, copies of one or two professional policy briefs will be provided to class members as examples to guide them in preparing their own.

Grades for the policy briefs will be based on each one's (1) completeness (i.e., including all four required elements, specified above), (2) quality (i.e., being well organized, well developed, analytically sound, well written and based on a solid set of references correctly cited by author, date and page number throughout the text and as a complete list of references at the end of the brief), (3) presentation (i.e., appearance and the appropriate use of tables and/or graphs to enhance the readability of the document), and (4) punctuality (i.e., being turned in on time). Each brief will contribute 10 percent to each student's final course grade.

4. Health Policy Capstone Research Paper (50%): As the culminating experience for the course, all students are required to prepare a well developed, thoughtful 20-25 page (double-spaced) research paper on a key health or health care problem of their choice. The main purpose of the paper is to help students identify what health policy "niche" interests them most, enable them to develop expertise in this area, and empower them to translate this expertise into a marketable career focus upon graduation. The paper is especially designed to help students gain

practice in analyzing the intricacies of what works, what doesn't and why in the health policy arena and recommend a solution for the problem they have selected that offers a reasonable alternative in the "feasible middle." All papers are due at the beginning of the last day of class, during which students will present their research findings and recommendations to the class, as a whole.

Students' health policy capstone research papers and oral presentations will contribute a total of 50 percent to each student's final course grade. A detailed instruction sheet for this assignment, including grading criteria for the research papers and presentations, will be provided by the instructor and explained in class.

5. Professional Writing Support: Students are encouraged to use the University's Medical Center Writing Center for guidance in their written assignments for the course. Feedback benefits all writers. The Center helps graduate students and faculty members in Public Health with writing and multimedia projects, as well as oral presentations. Its staff offers one-on-one consultations that address everything from generating and developing arguments to crafting strong sentences and documentation. The Center is located in the School of Nursing, room 439. Call 314-977-2930 to schedule an appointment. Drop-ins are also welcome when consultants are available. For more information, visit <http://www.slu.edu/departments/sesc/acadresources/writing/index.html>.

6. Academic Integrity Policy: Consistent with the decision reached by the Department of Health Management and Policy faculty at its Spring 1999 retreat, all students enrolled in MHA and MPH–Health Policy program courses are also required to abide by and uphold the *Saint Louis University Policy on Academic Integrity*. Adherence to this policy is viewed as a key way students demonstrate their ability to understand and practice the first competence in the domain of leadership: *articulate, model and reward professional values and ethics*. The 2004 edition of this policy is reprinted below:

*The following is a statement of **minimum** [boldface emphasis mine] standards for student academic integrity at Saint Louis University.*

The University is a community of learning, whose effectiveness requires an environment of mutual trust and integrity, such as would be expected at a Jesuit, Catholic institution. As members of this community, students, faculty, and staff members share the responsibility to maintain this environment. Academic dishonesty violates it. Although not all forms of academic dishonesty can be listed here, it can be said in general that soliciting, receiving, or providing any unauthorized assistance in the completion of any work submitted toward academic credit is dishonest. It not only violates the mutual trust necessary between faculty and students but also undermines the validity of the University's evaluation of students and takes unfair advantage of fellow students. Further, it is the responsibility of any student who observes such dishonest conduct to call it to the attention of a faculty member or administrator.

Examples of academic dishonesty would be copying from another student, copying from a book or class notes during a closed-book exam, submitting materials authored by or editorially revised by another person but presented as the student's own work, copying a passage or text

directly from a published source without appropriately citing or recognizing that source, taking a test or doing an assignment or other academic work for another student, tampering with another student's work, securing or supplying in advance a copy of an examination without the knowledge or consent of the instructor, colluding with another student or students to engage in an act of academic dishonesty; and making unauthorized use of technological devices in the completion of assignments or exams.

Where there is clear indication of such dishonesty, a faculty member or administrator has the responsibility to apply appropriate sanctions. Investigations of violations will be conducted in accord with standards and procedures of the school or college through which the course or research is offered. Recommendations of sanctions to be imposed will be made to the dean of the school or college in which the student is enrolled. Possible sanctions for a violation of academic integrity include, but are not limited to, disciplinary probation, suspension, and dismissal from the University.

7. Disability Policy: Students with disabilities who believe that they may need accommodations in this class are encouraged to contact the Office of Disabilities Services at 314-977-2930 as soon as possible to better ensure that such accommodations are implemented in a timely fashion.

Grading Determination and Policy

Course grades will be based on the instructor's evaluation of each student's performance on the required components of the course according to the following scale:

<u>Component</u>	<u>Share of Overall Course Grade</u>
• Class Participation	20%
• Weekly Journal Summaries (10 @ 1% each)	10%
• Policy Briefs (two @ 10 % each)	20%
• Research Paper and Presentation	50%
TOTAL	100%

Overall course letter grades will be assigned according to following numerical scale:

A+	98-100	B+	88-89	C+	78-79	F	<70
A	92-97	B	82-87	C	72-77		
A-	90-91	B-	80-81	C-	70-71		

Please note that the Graduate School only recognizes the letter grades of A, B+, B, B-, C and F. These are the grades that will be reported on each student's transcript, although the instructor will keep a record of the more detailed grades in the class grade book and refer to those in all future assessments of students' performance in the course (e.g., for letters of recommendation).

Course Topics

The course is organized into three major parts. Part One focuses on reviewing and deepening students' understanding of the historical and institutional setting for the organization and financing of America's health system, the basics of health policy analysis and the health policy process, the role of values in the formulation of public policy, and the determinants of health. Part Two represents the bulk of the course and is divided into six main sections with each one focusing on a specific determinant of health, the problems associated with each determinant, and the policy solutions that have been implemented to try to solve these problems. Part Three concludes the course by examining how other nations have approached the goal of producing healthy populations, considering what the future for U.S. health policy and health care reform is likely to hold and sharing the findings and recommendations of class members with student presentations of their research papers.

Throughout the course, special emphasis is placed on the value of evidence-based decision- and policy-making, highlighting why good policy is often so hard to implement even when the evidence strongly and consistently indicates what should and should not be done. The course readings and guest speakers will also expose students to a number of real world examples and cases that illustrate not only how the health policy process works and can succeed, but also why it fails. This approach is used to help students understand the differences between the real, the ideal and the "feasible middle" in pursuing any particular health policy agenda.

Course on Blackboard

SLU's information technology staff is in the process of establishing a site on the educational software program Blackboard for all courses taught in the School of Public Health in order to provide an easy access route for instructors to share information with their classes. More information will be provided on the status of this new initiative and the support it will provide to this course as it becomes available later in the semester.

Instructor's Background and Research Interests

Dr. Lomperis is an economist with a broad range of experience who has specialized in analyzing the changing demographic (health, education and employment) characteristics and needs of populations. She is a 1971 graduate of Duke University where she majored in history with an interdisciplinary program in Latin American Studies. She also earned a M.A. in International Relations from The Johns Hopkins University School of Advanced International Studies (SAIS) in 1975 and received her Ph.D. in Economics from the University of North Carolina at Chapel Hill in 1979.

Dr. Lomperis joined the Saint Louis University School of Public Health faculty in September 1996. She has served as the School's Associate Dean for Student Development from 1999-2003, as Associate Chair for the Department of Health Management and Policy since 2006 and as the Director of the Master of Health Administration (MHA) Program since July 2007. She has also served on numerous committees in the School and a number of national organizations, including the U.S. Veterans Health Administration Graduate Healthcare Administration Training Program (GHATP) Board, the Gateway Regent's Advisory Council for the American College of

Healthcare Executives (ACHE), the ACHE's national Programs, Policies and Services Committee, Academy Health's Health Workforce Interest Group Annual Meeting Planning Committee, and as chair of the Association of University Programs in Health Administration (AUPHA) Women in Health Care Management Faculty Forum.

Her current research focuses on the policy implications of changes in the size, composition and distribution of the U.S. health sector workforce and on effective strategies for improving health management and policy education. She spent a wonderful six-month faculty development research leave from July-December 2003 as a Visiting Scholar in the executive headquarters of SSM Health Care in St. Louis where she worked on her health workforce research.

Acknowledgements

On a personal note, I would like to gratefully acknowledge the invaluable assistance I received from many others, without which this course would have been a lot more difficult to plan and prepare. Special thanks go to Tim McBride and our former SLU colleagues Richard S. Kurz, Dan Gentry and Barbara Arrington whose ideas about how to structure the capstone course for our MPH-Health Policy students and where to look for good resources were very helpful. All of our Health Policy students, especially those who took the course the first two times it was taught in the spring of 2006 and 2007, have offered invaluable feedback on how the course could be improved as we moved along and after it concluded. Finally, I am also very grateful that the policy scholars and practitioners who were invited to do an encore of their Spring 2006 and Spring 2007 "live case presentations" for this fall's class, agreed to do so. Their contributions have been one of the best parts of the course from the outset and this is certain to be true again this fall!

Several faculty at other institutions graciously replied to my e-mail requests for their advice during the fall of 2005 when I was first developing the course and searching for the best set of readings I could find. I am especially grateful to those who either sent me copies of their health policy syllabi directly or posted them on the Kaiser Family Foundation educational support web site. Reviewing their (diverse) approaches to the very interesting, but complex subject of health policy and the readings they assign their students gave me lots of good ideas that have been incorporated into this course. Thanks here go to Robert J. Blendon of Harvard, Colleen Grogan at the University of Chicago, Ty Borders at the University of North Texas, and especially, Tom Oliver at Johns Hopkins. I am also very grateful to the many publishing companies who happily sent me examination copies of their books. I reviewed over 50 and the hardest part was selecting the few "best" to use!

Etc.

Health policy is an exciting field that invites you to discover the special place and contribution you can make to helping improve the lives of others. I look forward to a great semester together as we explore how the "pieces" of your MPH-HP education all fit together into the "big picture" for the field and each of your lives! -- *Dr. Lomperis*

Course Calendar, Topic Outline and Readings

Class, Date	Topics, Readings, Guest Speakers and Assignments ¹
Class 1 August 30	PART ONE: FOUNDATIONS I. Course Overview A. Introductions B. About This Course
Class 2 September 6	II. Course Foundations A. Historical Setting B. Institutional Setting **Journal Summary #1 Due**
Required:	History Torrens, Paul R. "Historical Evolution and Overview of Health Services in the United States," Chapter 1, pp. 2-17 in <i>Introduction to Health Services</i> 6 th edition, edited by Stephen J. Williams and Paul R. Torrens. Albany, NY: Delmar Learning, 2002. -- <i>Note: review from Health Care Organization (CMH-500).</i> Weissert, Carol S., and William G. Weissert. "Introduction," pp. 1-12, in <i>Governing Health</i> 3 rd edition (2006). Committee on Assuring the Health of the Public in the 21 st Century, Board on Health Promotion and Disease Prevention. "Preface," "Executive Summary" and "Assuring America's Health," Chapter 1, pp. xi-xvii and 1-45 in <i>The Future of the Public's Health</i> . Report to the Institute of Medicine. Washington, DC: The National Academies Press, 2003. Available at www.nap.edu/books/030908704X/html . -- <i>Skim</i> Stone, Deborah. "Bedside Manna," pp. 96-106 in <i>The Social Medicine Reader: Health Policy, Markets, and Medicine</i> 2 nd edition, (2005). Oberlander, Jonathan. "The U.S. Health Care System: On a Road to Nowhere?" pp. 5-24 in <i>The Social Medicine Reader</i> (2005). Altman, Drew E., and Larry Levitt. "The Sad History of Health Care Cost Containment as Told in One Chart," pp. 67-69 in <i>The Social Medicine</i>

¹ Readings preceded by the bolded capital letters **ER** are available on electronic reserve (ERes) at the Medical Center's web site; and those preceded by the bolded capital letters **MR**, are available on two-hour reserve at the Medical Center Library's circulation desk.

Class, Date **Topics, Readings, Guest Speakers and Assignments¹**

Reader (2005).

Aaron, Henry J., "The Unsurprising Rise of Renewed Health Care Cost Inflation," pp. 70-72 in *The Social Medicine Reader* (2005).

Bodenheimer, Thomas. "The Not-So-Sad History of Medicare Cost Containment as Told in One Chart," pp. 73-75 in *The Social Medicine Reader* (2005).

Institutional Setting

Weissert, and Weissert. "Health Policy and Institutions," Part I, pp. 15-297 in *Governing Health* 3rd edition (2006).

Recommended: Starr, Paul. *The Social Transformation of American Medicine*. New York: Basic Books, 1982. -- Note: review from *Health Policy* (CMH-C550).

Klein, Herbert S. *A Population History of the United States*. New York: Cambridge University Press, 2004.

Class 3
September 13

II. Course Foundations (cont.)

C. The Nuts and Bolts of the Health Policy Process

D. Values in the Formulation of Public Policy

E. Varying Perspectives on the Determinants of Health

****Journal Summary #2 Due****

Health Policy Process

Weissert, and Weissert. "Health and the Health Policy Process," Part II, pp. 301-341 in *Governing Health* 3rd edition (2006).

ER: Blendon, R.J., and J.M. Benson. "Americans' Views on Health Policy: A Fifty-Year Historical Perspective." *Health Affairs* 20 (March/April 2001): 33-46.

Values and Public Policy

ER: Fuchs, Victor R. *Who Shall Live?* Expanded edition. Singapore: World Scientific, 1974; 1998. Pp. xi-xvi; 155-164; and 217-249.

Determinants of Health

ER: Last, John M., and J. Michael McGinnis. "The Determinants of Health," Chapter 4, pp. 45-58 in *Principles of Public Health Practice* 2nd edition, edited by F. Douglas Scutchfield and C. William Keck. Clifton

Class, Date	Topics, Readings, Guest Speakers and Assignments ¹
	<p>Park, NY: Delmar Learning, 2003.</p> <p>Henderson, James W. "Demand for Health and Medical Care," Chapter 5, pp. 127-153 in <i>Health Economics and Policy</i> 3rd edition. Mason, OH: South-Western, 2005. -- Note: review from <i>Health Care Economics (HMP-520)</i>.</p> <p>ER: Committee on Assuring the Health of the Public in the 21st Century, Board on Health Promotion and Disease Prevention. "Understanding Population Health and Its Determinants" and "Models of Health Determinants," Chapter 2 and Appendices A and B, pp. 46-95 and 403-410 in <i>The Future of the Public's Health</i>. Report to the Institute of Medicine. Washington, DC: The National Academies Press, 2003. Available at www.nap.edu/books/030908704X/html. -- Note: review from <i>Health Care Organization (CMH-C500)</i>.</p> <p>Recommended: Case Study: Weissert, and Weissert. "Politics of the Medicare Prescription Drug Law," pp. 343-384 in <i>Governing Health</i> 3rd edition (2006).</p> <p>Young, T. Kue. <i>Population Health: Concepts and Methods</i> 2nd edition. New York: Oxford University Press, 2005.</p> <p>Shi, Leiyu, and Gregory D. Stevens. Chapters 1 and 2 in <i>Vulnerable Populations in the United States</i>. San Francisco: Jossey-Bass, 2005.</p> <p>ER: Lurie, Nicole. "What the Federal Government Can Do About the Nonmedical Determinants of Health." <i>Health Affairs</i> 21 (March/April 2002): 94-106.</p>
<p>Class 4 September 20</p>	<p>PART TWO: THE DETERMINANTS OF HEALTH AND HEALTH POLICY</p> <p>III. Innate Characteristics</p> <p>A. Age and the Challenge of an Aging Society</p> <p>**Journal Summary #3 Due** **Paper Abstract Proposal Due**</p>
<p>Required:</p>	<p>Clark, Robert L., Richard V. Burkhauser, Marilyn Moon, Joseph F. Quinn, and Timothy M. Smeeding. "Introduction" and Chapters 1-3, 10-11 and 9, pp. 1-84, 269-343 and 237-268 in <i>The Economics of an Aging Society</i> 2004).</p>

Class, Date **Topics, Readings, Guest Speakers and Assignments¹**

Bodenheimer, Thomas. "The Not-So-Sad History of Medicare Cost Containment as Told in One Chart," pp. 73-75 in *The Social Medicine Reader* (2005). -- Review from class #2.

Callahan, Daniel. "Limiting Care for the Old," pp. 260-266, in *The Social Medicine Reader* (2005).

Binstock, Robert H. "Scapegoating the Aged: Intergenerational Equity and Age-Based Rationing," pp. 267-283 in *The Social Medicine Reader* (2005).

Recommended: Clark, et al. *The Economics of an Aging Society* (2004). Chapters 4-8 (pp. 85-236).

Class 5
September 27

III. Innate Characteristics (cont.)

B. Gender, Race, Ethnicity and the Challenge of Health Disparities

C. Genetics and the Challenge of Biological Factors

D. **Live Case #1: The Case of Genetics and Health Care Utilization**

**** Guest Speaker****

James C. Romeis, Ph.D.

Professor of Health Services Research

Department of Health Management and Policy

Saint Louis University School of Public Health

****Journal Summary #4 Due****

****Policy Brief #1 Due****

Required:

Gender, Race and Ethnicity

MR: LaVeist, Thomas A. Chapters 1-7, 14 and Appendix A, Case Studies 2 and 6, pp. 1-156, 283-297, and 298-300 in *Minority Populations and Health* (2005).

ER: Xu, Ke Tom, and Ty Borders. "Gender, Health, and Access to Medical Care Among Adults in the United States." *American Journal of Public Health* 93 (2003): 1076-1079.

Genetics

TBD

Recommended:

MR: LaVeist. Chapters 10-13 and Appendix A, Case Studies 12 and 13, pp. 205-279 and 300-302 in *Minority Populations and Health* (2005).

Class, Date Topics, Readings, Guest Speakers and Assignments¹

Shi, Leiyu, and Gregory D. Stevens. Chapters 3-6 in *Vulnerable Populations in the United States* (2005).

**Class 6
October 4**

IV. Socio-Economic Factors

- A. Individual Factors: Variations by Income, Education, Occupation and Health Insurance Status
- B. Institutional Factors: Challenges of Access to and Quality of Health Care Services
- C. **Case Study: A Succinct Examination of the Failed Clinton Health Care Proposal**

** From: Harvard's Kennedy School of Government (KSG)**

(Note, ordering instructions will be provided by the instructor on the first day of class.)

****Journal Summary #5 Due****

Required:

MR: LaVeist. "Socioeconomic Status and Racial/Ethnic Differences in Health," Chapter 8 (pp. 157-179) in *Minority Populations and Health* (2005).

ER: House, James S. "Commentary: Relating Social Inequalities in Health and Income." *Journal of Politics, Policy and Law* 26 (June 2001): 523-532.

Madison, Donald L. "From Bismarck to Medicare – A Brief History of Medical Care Payment in America," pp. 31-66 in *The Social Medicine Reader* (2005).

Fuchs, Victor R. "What's Ahead for Health Insurance in the United States?", pp. 240-245 in *The Social Medicine Reader* (2005).

McGlynn, Elizabeth A., and Robert H. Brook. "Keeping Quality on the Policy Agenda," pp. 230-239 in *The Social Medicine Reader* (2005).

ER: Cunningham, Peter, and Jack Hadley. "Expanding Care Versus Expanding Coverage: How to Improve Access to Care." *Health Affairs* 23 (July/August 2004): 234-244.

ER: Skocpol, Theda. "The Rise and Resounding Demise of the Clinton Health Plan." *Health Affairs* 14 (Spring 1995): 66-85.

ER: Steinmo, Sven, and Jon Watts. "It's the Institutions, Stupid! Why Comprehensive National Health Insurance Always Fails in America."

Class, Date	Topics, Readings, Guest Speakers and Assignments ¹
	<p><i>Journal of Health Politics, Policy and Law</i> 20 (Summer 1995): 329-372.</p>
	<p>Kennedy School of Government (KSG), “The Battle Over the Clinton Health Care Proposal” (case and sequel), Harvard University, John F. Kennedy School of Government, The Case Program, Case reference numbers 1600.0 and 1600.1. Order online at ksgcase.harvard.edu. For help call: 888-640-4945. – <i>Note: order instructions will be distributed in class.</i></p>
Recommended:	<p>Kuttner, Robert. “Must Good HMOs Go Bad? The Commercialization of Prepaid Group Health Care,” pp. 107-118 in <i>The Social Medicine Reader</i> (2005).</p>
	<p>Institute of Medicine. Committee on the Quality of Health Care in America. <i>Crossing the Quality Chasm: A New Health System for the 21st Century</i>. Washington, DC: National Academy Press, 2001.</p>
----- October 11	<p><i>Individual paper consultations, by appointment (no formal class) -- & Flanagan Lecture: Karen Davis, President, Commonwealth Fund</i></p>
Class 7 October 18	<p>V. Behavior and Lifestyle Characteristics A. Problems Associated with Smoking and Substance Abuse B. Problems Associated with Poor Nutrition and Eating Habits C. Live Case #2: The Case of Promoting Physical Activity to Improve Health Status</p>
	<p>** Guest Speaker** Ross C. Brownson, Ph.D. Professor of Epidemiology Department of Community Health Saint Louis University School of Public Health</p>
	<p>**Journal Summary #6 Due**</p>
Required:	<p>MR: LaVeist. “Behavior and Health,” Chapter 9 (pp. 180-202) in <i>Minority Populations and Health</i> (2005).</p>
	<p>ER: Sturm, Roland. “The Effects of Obesity, Smoking and Drinking on Medical Problems and Costs.” <i>Health Affairs</i> 21 (March/ April 2002): 245-253.</p>

Class, Date	Topics, Readings, Guest Speakers and Assignments ¹
	<p>ER: Kersh, Rogan, and James Morone. "The Politics of Obesity: Seven Steps to Government Action." <i>Health Affairs</i> 21 (November/December 2002): 142-153.</p> <p>ER: Finkelstein, Eric A., Ian C. Fiebelkorn, and Guijing Wang. "National Medical Spending Attributable to Overweight and Obesity: How Much, Who's Paying?" <i>Health Affairs</i> Web Exclusive (14 May 2003).</p> <p>TBD on physical activity</p> <p>Recommended: Zaza, Stephanie, Peter A. Briss, and Kate W. Harris. <i>The Guide to Community Preventive Services: What Works to Promote Health?</i> New York: Oxford University Press, 2005.</p> <p>ER: Jacobson, Peter D., and Kenneth E. Warner. "Litigating and Public Health Policy Making: The Case of Tobacco Control." <i>Journal of Health Politics, Policy and Law</i> 24 (August 1999): 769-804.</p>
Class 8 October 25	<p>VI. Environmental Factors</p> <p>A. Physical Environment and Health Hazards</p> <p>B. Neighborhoods and Health Risks</p> <p>C. Live Case #3: The Case of Controlling Asthma in St. Louis</p> <p>** Guest Speaker **</p> <p>David Sterling, Ph.D. Associate Professor and Director, Division of Environmental and Occupational Health Department of Community Health Saint Louis University School of Public Health</p> <p>**Journal Summary #7 Due**</p> <p>**Policy Brief #2 Due**</p>
Required:	<p>MR: Kawachi, Ichiro, and Lisa F. Berkman, editors. <i>Neighborhoods and Health</i>. New York: Oxford University Press, 2003. Chapters 1-3, 5-7, 9-15 (pp. 1-64 and 112-178, 211-347).</p> <p>TBD on asthma.</p>
Recommended:	TBD

Class, Date	Topics, Readings, Guest Speakers and Assignments ¹
--No Class-- November 1	<i>MHA and MPH-HP Class of 2008 Comprehensive Exam Week</i>
Class 9 November 8	VII. Broad Social, Cultural, Political Factors and Values A. Social and Cultural Influences on Health Practices B. Political Constraints on Effecting Positive Policy Initiatives C. Values and Health Policy Revisited D. Live Case #4: The Case of Lead Poisoning in St. Louis ** Guest Speaker** William L. Kincaid, MPH, MD Director, City of St. Louis Department of Health **Journal Summary #8 Due**
Required:	<p>Reinhardt, Uwe. "Wanted: A Clearly Articulated Social Ethic for American Health Care," pp. 25-30 in <i>The Social Medicine Reader</i> (2005).</p> <p>ER: Solar, Orielle, and Alec Irwin. "Towards a Conceptual Framework for Analysis and Action on the Social Determinants of Health." Discussion paper for the Commission on Social Determinants of Health, World Health Organization, Geneva, 5 May 2005. Available at http://ftp.who.int/eip/commission/Cairo/Meeting/CSDH%20Doc%202%20-%20Conceptual%20framework.pdf.</p> <p>Parrish, Geov. "Defending My Life," pp. 119-127 in <i>The Social Medicine Reader</i> (2005).</p> <p>Mariner, Wendy. "Business vs. Medical Ethics: Conflicting Standards," pp. 128-149 in <i>The Social Medicine Reader</i> (2005).</p> <p>Annas, George. "The Prostitute, the Playboy, and the Poet: Rationing," pp. 150-157 in <i>The Social Medicine Reader</i> (2005).</p> <p>ER: Mebane, F., and R. Blendon. "Political Strategy 101: How to Make Health Policy and Influence Political People." <i>Journal of Child Neurology</i> 16 (July 2000): 513-519.</p> <p>Brown, Lawrence, and Michael S. Sparer. "Medicaid and Medicare: The Unanticipated Politics of Public Insurance Programs," pp. 76-92 in <i>The Social Medicine Reader</i> (2005).</p>

Class, Date	Topics, Readings, Guest Speakers and Assignments ¹
Recommended:	<p>Murray, Alan. "Washington's Allergy to Action Is Headache for Business Leaders." <i>Wall Street Journal</i>. 18 January 2006. P. A2.</p> <p>Fuchs, Victor R. <i>Who Shall Live?</i> Singapore: World Scientific, 1974; 1998.</p> <p>Greenwald, Howard and William Beery. <i>Health for All: Making Community Collaboration Work</i>. Chicago: Health Administration Press, 2002. (An excellent study of the goals, benefits and challenges of implementing a broad-based collaborative effort at the local level to addressing a community's health problems. Includes a very good analysis and assessment of the "lessons learned" from the Mutual Partnerships Coalition in Seattle in the 1990s.)</p> <p>Marmot, Michael, and Richard G. Wilkinson. <i>Social Determinants of Health</i> 2nd edition. New York: Oxford University Press, 2006.</p> <p>Smith, Marcia Bayne, Yvonne J. Graham, and Sally Guttmacher. <i>Community-Based Health Organizations: Advocating for Improved Health</i>. San Francisco: Jossey-Bass, 2005.</p> <p>Feldstein, Paul J. <i>The Politics of Health Legislation: An Economic Perspective</i> 2nd edition. Chicago: Health Administration Press, 2001.</p> <p>ER: Peterson, Mark A. "From Trust to Political Power: Interest Groups, Public Choice, and Health Care." <i>Journal of Health Politics, Policy and Law</i> 26 (October 2002): 1145-1163.</p>
Class 10 November 15	<p>PART THREE: LESSONS FROM ABROAD, THE FUTURE OF U.S. HEALTH POLICY AND LESSONS FROM EACH OTHER</p> <p>VIII. Health Challenges and Approaches by Other Nations</p> <p><i>Topics and Country Studies TBD by class preference & Five Minute Briefings by class members on health systems in pre-selected countries</i></p> <p>**Journal Summary #9 Due**</p>
Required:	<p>Reinhardt, Uwe E. "Reforming the Health Care System: The Universal Dilemma," pp. 179-198 in <i>The Social Medicine Reader</i> (2005).</p> <p>ER: Anderson, Gerard F., Peter S. Hussey, Bianca K. Frogner, and Hugh</p>

Class, Date	Topics, Readings, Guest Speakers and Assignments ¹
	<p>R. Waters. "Health Spending in the United States and the Rest of the World." <i>Health Affairs</i> (July/August 2005): 903-914.</p>
	<p>ER: Schieber, George, Lisa Fleisher, and Pablo Gottret. "Getting Real on Health Financing" <i>Finance and Development</i> 43, No. 4 (December 2006): 46-50.</p>
	<p>ER: Browne, Andrew. "Health Crisis: Chinese Doctors Tell Patients To Pay Upfront, or No Treatment." <i>The Wall Street Journal</i>. 5 December 2005. Pp. A1, A12.</p>
	<p>MR: Fried, Bruce J., and Laura M. Gaydos. Chapters for countries selected by class in <i>World Health Systems</i> (2002). Specific chapters TBD by class.</p>
Recommended:	<p>Hunter, David J. <i>Public Health Policy</i>. Malden, MA: Blackwell Publishing, Inc., 2003. (A thorough, thoughtful assessment of the United Kingdom's National Health Service.)</p>
--No Class-- November 22	<p><i>Thanksgiving Break</i></p>
Class 11 November 29	<p>IX. The Future of U.S. Health Policy and Reform</p>
	<p>A. Looking Back B. Looking Forward C. Hints of the "Feasible Middle" and Things to Come? (Health Care Reform in Massachusetts, California, Missouri)</p>
	<p>**Journal Summary #10 Due**</p>
Required:	<p>Henderson, James W. "Medical Care Reform in the United States." Ch. 17, pp. 420-451 in <i>Health Economics and Policy</i> (2005).</p>
	<p>ER: Gostin, Lawrence O., Jo Ivey Bufford, and Rose Marie Martinez. "The Future of the Public's Health: Vision, Values, and Strategies." <i>Health Affairs</i> 23 (July/August 2004): 96-107.</p>
	<p>ER: Anderson, Gerard F., Uwe E. Reinhardt, Peter S. Hussey, and Varduhi Petrosyan. "It's the Prices, Stupid: Why the United States Is So Different from Other Countries." <i>Health Affairs</i> 22 (May/June 2003): 89-</p>

Class, Date **Topics, Readings, Guest Speakers and Assignments¹**

105.

ER: McGinnis, J. Michael, Pamela Williams-Russo, and James R. Knickman. "The Case for More Active Policy Attention to Health Promotion." *Health Affairs* 21 (March/April 2002): 78-93.

ER: Clancy, Carolyn M., and Kelly Cronin. "Evidence-Based Decision Making: Global Evidence, Local Decisions." *Health Affairs* 24 (January/February 2005): 151-162.

ER: Atkins, David, Joanna Siegel, and Jean Slutsky. "Making Policy when the Evidence Is In Dispute." *Health Affairs* 24 (January/February 2005): 102-113.

ER: Iglehart, John K. "The Struggle That Never Ends: Reforming U.S. Health Care." *Health Affairs* 24 (November/December 2005): 1396-1397.

ER: Fuchs, Victor R., and Ezekiel J. Emanuel. "Health Care Reform: Why? What? When?" *Health Affairs* 24 (November/December 2005): 1399-1414.

Weissert, and Weissert. "Conclusion," 385-396 in *Governing Health* 3rd edition (2006).

Henderson, James W. "Lessons for Public Policy." Ch. 18, pp. 452-457 in *Health Economics and Policy* (2005).

TBD: on approaches by Massachusetts, California, Missouri, etc.

Recommended: Institute for the Future. *Health and Health Care 2010: The Forecast, the Challenge* 2nd edition. San Francisco: Jossey-Bass, 2003.

Class 12
December 6

X. Solutions in the "Feasible Middle" for America's Key Health Problems
XI. Final Observations and Conclusions

****Research Papers Due****

****Student Presentations****

APPENDIX:

**Global Self-Assessment Survey of Competencies Developed by the
Master of Public Health in Health Policy Curriculum**