

SPL 509: Healthcare Policy & Politics



Instructor: Volkan Yılmaz
Fall 2017, Thursdays btw. 14:00-17:00
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SIPA via AP, 'Healthcare justice advocates protested outside Trump Tower, advocating for a single-payer system and Medicare for all, on Jan. 13, 2017.

Course overview

This is a master's level social science course on healthcare policies and politics. This course introduces students to the study of healthcare policies and politics including the political and historical foundations of healthcare policies, the basics of public health approach, comparative healthcare systems and their major components: healthcare financing, delivery and regulation. No disciplinary background except pursuing a master's degree in social sciences is required.

Organization of classes

I will lecture around 40-50 minutes in the beginning of the class to set the scene. After Q & A session following the lecture, we will give a short break. After the break, we will have a discussion session where each student is expected to contribute. Discussions will be based upon questions that you will come up with after engaging with assigned readings.

Requirements

I expect you to **read each week's assignments** before the class and to engage each week's readings in written form prior to classes. I call these written engagements with the assigned readings "**memos**". Memos should be written on at least **one of the assigned readings** of each week. In these memos, I expect you to summarize the main argument of the reading, write what you find most thought provoking (including criticisms and/or appraisals) and come up with a discussion question that you would like to discuss in the class. Average length of these memos should be around 500 words only (around one A4 page with single-space). Please note that longer memos are not better memos. I expect you to send them to me by email until each Tuesday night (12:00 at the latest). On Wednesdays, I will compile them into one document and send to all participants of the class. I expect you to go over this document before coming to class. **Fulfilling these three requirements on time (reading, writing and reading what others write) is key to ensure the quality of class discussions.** Late memos are not accepted, as they will not be useful in facilitating class discussion anymore. Even if you will not be attending one particular class for some reason, you are still expected to hand in a memo on time. Failing to hand in memos will affect your grade. I will read these memos, but will not grade them for "quality". Memos will constitute 50 per cent of your final grade (5 points for each of the 10 memos in total).

Class participation (not attendance, but participation to discussions) will constitute 15 per cent of your final grade.

Term paper will constitute 35 per cent of your final grade. All students are expected to write a term paper related to the topics covered in this course. All students should discuss their final paper topics with me and are expected to prepare a 2-3 page long final paper proposal with a list of empirical sources that they will cover and a bibliography by May 5. Papers are due May 31. Average expected length of papers will be 5000 words.

Grading scale: 90-100: AA; 80-89 BA; 75-79 BB; 70-74 CB; 65-69 CC; 60-64 DC; 55-59 DD; 50-54 F; 49-0

Reading List

Sep 21	Introduction
Sep 28	<p>How did medicine and public action change human lives? The history of public health</p> <p>Compulsory: Rosen, George. 1993. <i>A History of Public Health</i>. Chapter VI: Industrialism and the Sanitary Movement (1830-1875), Baltimore and London: The Johns Hopkins University Press, 168-269.</p>
Oct 5	<p>What are the limits to treating medicine as a saviour?</p> <p>Compulsory: Illich, Ivan. 1975. <i>Medical Nemesis: The Expropriation of Health</i>. London: Calder & Boyars, 9-83.</p>
Oct 12	<p>Does health equal healthcare? Social determinants of health</p> <p>Compulsory: Marmot, Michael. "Social determinants of health inequalities." <i>The Lancet</i> 365.9464 (2005): 1099-1104.</p> <p>Recommended: Wilkinson, Richard G., and Michael Marmot. <i>Social determinants of health: the solid facts</i>. World Health Organization, 2003, 1-29.</p> <p>Bambra, Clare, Debbie Fox, and Alex Scott-Samuel. "Towards a politics of health." <i>Health promotion international</i> 20.2 (2005): 187-193.</p>
Oct 19	<p>How does healthcare financing model affect people's access to healthcare services? Different models of healthcare financing</p> <p>Compulsory: Bambra, Clare. "Worlds of welfare and the health care discrepancy." <i>Social Policy and Society</i> 4.01 (2005): 31-41.</p> <p>Recommended: Arrow, Kenneth Joseph. "Uncertainty and the Welfare Economics of Medical Care (American Economic Review, 1963)." <i>Journal of Health Politics, Policy and Law</i> 26.5 (2001): 851-883.</p> <p>Blank, Robert H., and Viola Burau. <i>Comparative health policy</i>. Palgrave Macmillan, 2013: 63-78.</p>

<p style="text-align: center;">Oct 26</p>	<p>How and to what extent do different countries have different healthcare system types?</p> <p>Compulsory: Wendt, C. (2009). Mapping European healthcare systems: a comparative analysis of financing, service provision and access to healthcare. <i>Journal of European Social Policy</i>, 19(5), 432-445.</p> <p>Recommended: Wendt, Claus, Lorraine Frisina, and Heinz Rothgang. "Healthcare system types: a conceptual framework for comparison." <i>Social Policy & Administration</i> 43.1 (2009): 70-90.</p> <p>Wall, A. L. (1996). <i>Health care systems in liberal democracies</i>. Psychology Press, 1-11.</p>
<p style="text-align: center;">Nov 2</p>	<p>Film screening: Sicko (2007) Michael Moore Followed by class discussion</p>
<p style="text-align: center;">Nov 9</p>	<p>Why do different countries have different healthcare systems? The historical and political foundations of healthcare systems</p> <p>Compulsory: Navarro, Vicente. "Why some countries have national health insurance, others have national health services, and the US has neither." <i>Social science & medicine</i> 28.9 (1989): 887-898.</p> <p>Recommended: Beveridge, William. "Social insurance and allied services." <i>Bulletin of the World Health Organization</i> 78.6 (2000): 847-855.</p> <p>Saltman, Richard B., and Hans FW Dubois. "The historical and social base of social health insurance systems." In (eds.) Saltman, Richard, Ana Rico, and Wienke Boerma. <i>Social health insurance systems in western Europe</i>. London: Open University Press, 2004: 21-32.</p>
<p style="text-align: center;">Nov 16</p>	<p>What is the new dominant global paradigm in healthcare policy making?</p> <p>Compulsory: Le Grand, Julian. "Quasi-markets and social policy." <i>The Economic Journal</i> 101.408 (1991): 1256-1267.</p> <p>Akin, John S., Nancy Birdsall, and David M. De Ferranti. <i>Financing health services in developing countries: an agenda for reform</i>. Vol. 34. World Bank Publications, 1987, 1-50.</p> <p>Recommended: Barrientos, Armando, and Peter Lloyd-Sherlock. "Reforming health insurance in Argentina and Chile." <i>Health Policy and planning</i> 15.4 (2000): 417-423.</p> <p>Yilmaz, Volkan. "Changing origins of inequalities in access to healthcare services in Turkey: from occupational status to income." <i>New Perspectives on Turkey</i> 48 (2013): 55-77.</p>

<p>Nov 23</p>	<p>How and to what extent can states regulate pluralistic healthcare systems?</p> <p>Compulsory: Rothgang, H., Cacace, M., Grimmeisen, S., & Wendt, C. (2005). 9 The changing role of the state in healthcare systems. <i>European Review</i>, 13(S1), 187-212.</p> <p>Recommended: Saltman, R. B. (2002). Regulating incentives: the past and present role of the state in health care systems. <i>Social Science & Medicine</i>, 54(11), 1677-1684.</p>
<p>Nov 30</p>	<p>What are the factors explaining healthcare reforms or their absence?</p> <p>Compulsory: Immergut, Ellen M. "The rules of the game: The logic of health policy-making in France, Switzerland, and Sweden." <i>Structuring politics: Historical institutionalism in comparative analysis</i> (1992): 57-89.</p> <p>Recommended: Steinmo, Sven, and Jon Watts. "It's the institutions, stupid! Why comprehensive national health insurance always fails in America." <i>Journal of Health Politics, Policy and Law</i> 20.2 (1995): 329-372.</p> <p>Ağartan, Tuba I. "Learn, Frame and Deploy? Cross-National Policy Ideas and Comparisons in Turkey's Health Reform." <i>Journal of Comparative Policy Analysis: Research and Practice</i> 18.1 (2016): 54-69.</p> <p>Yılmaz, Volkan. "Conclusion" in <i>The Politics of Healthcare Reform in Turkey</i>. Palgrave Macmillan, 2017, 241-260.</p>
<p>Dec 7</p>	<p>How do mental health policies change?</p> <p>Compulsory: Carpenter, M. (2000). 'It's a small world': mental health policy under welfare capitalism since 1945. <i>Sociology of Health & Illness</i>, 22(5), 602-620.</p> <p>Recommended: Knapp, M., & McDaid, D. (2007). Financing and funding mental health care services. <i>Mental health policy and practice across Europe</i>, 60-99.</p>
<p>Dec 14</p>	<p>How do sexual and reproductive health policies change?</p> <p>Compulsory: Shepard, B. (2000). The "double discourse" on sexual and reproductive rights in Latin America: the chasm between public policy and private actions. <i>Health and human rights</i>, 110-143.</p> <p>Recommended: Hoodfar, H., & Assadpour, S. (2000). The politics of population policy in the Islamic Republic of Iran. <i>Studies in family planning</i>, 31(1), 19-34.</p>