DEPARTMENT: Environmental Health

COURSE NUMBER: EH 590R    SECTION NUMBER:     SEMESTER & YEAR: Spring 2018

CREDIT HOURS: 2

COURSE TITLE: Politics of Public Health

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BRIEF COURSE DESCRIPTION
EH590R introduces public health students to the impact of political factors – interests, institutions and ideas – on key features of public health policy: How do public health issues get on the public agenda? How do health policies get formulated? How do policies get implemented? Under what conditions are interventions monitored and evaluated? With what, if any, effect?

LIST SCHOOL LEVEL, DEPARTMENT, AND/ OR PROGRAM COMPETENCIES
* Describe behavioral, social and cultural factors that contribute to the health and well-being of communities and populations.
* Assess global forces that influence the health of culturally diverse populations around the world.
* Explain major policy issues in environmental health, including regulatory frameworks.
* Design environmental health programs, policies, interventions and/or research intended to improve the health of individuals, communities and populations.
LIST LEARNING OBJECTIVES ASSOCIATED WITH THE COMPETENCIES

EH 590R is designed to introduce students to the ways in which political factors affect how public health interventions are designed and carried out. Put differently, the course aims to ensure that public health students are prepared to recognize and to integrate the “real-world” contexts of interests, institutions and ideas into their practice.

Upon completion of the course, students will be able to:

1. Understand the distinctions and interactions among the technical/scientific, operational, and political aspects of public health policy.
3. Define the stages and challenges of the policy process.
4. Recognize the diversity of interests relevant to formulation of public health policy, including their influence, structure, and vulnerability to policy outcomes.
5. Analyze structures and capacities of public health institutions in diverse places and times.
6. Design institutions appropriate to specific interventions and contexts.
7. Identify and anticipate the impact on public health policy of political institutions (e.g. parties, legislatures, informal networks).
8. Anticipate the impact of the past on interests, perceptions and capacities of both target populations and practitioners.
9. Understand the impacts of existing interests and institutions on monitoring and evaluation.

EVALUATION

Class participation 30 points
Summary memos 15 points each = 60 points

ACADEMIC HONOR CODE

The RSPH requires that all material submitted by a student in fulfilling his or her academic course of study must be the original work of the student.
Syllabus

POLITICS OF PUBLIC HEALTH
EH 590R
POLS 490X

Spring 2018
Richard Doner
Dept. of Political Science
Emory University

Overview

Efforts to improve public health – reducing mortality and morbidity – involve confronting serious difficulties. Some of these challenges are technical or scientific, and some are operational. But many are political in that their “public” nature requires reconciling the interests of individuals with the needs of the broader groups to which they (we) all belong. Solving such “collective action problems” through institutions such as government agencies, public-private organizations, non-profits, and religious organizations is the essence of politics. Yet the links between politics and public health are rarely explored systematically in the training of public health practitioners and of students of politics.

Many courses in public health programs do touch on politics by exploring issues such as the social determinants of health, the distributional impacts of various health problems, or optimal health policy design. But even as most public health practitioners – whether medical doctors, nurses, MPHs or PhDs -- acknowledge that much of their work ends up influenced by politics, very little if any of their course work prepares them to understand what politics actually means. Nor is the picture that much brighter for students in political science or other social sciences interested in public health careers. Apart from a small number of courses, especially in anthropology and sociology, few students have the opportunity to apply concepts and theories from political science to on-the-ground public health issues.

This course is therefore designed to address 1) the lack of attention to politics in the education of public health practitioners, and 2) the lack of opportunities for political science students to apply their conceptual and theoretical tools to real-world public health challenges. The course addresses the politics – public health link through four sets of questions, each involving the impact of interests and institutions on stages of the policy process:

1. Why do some pressing issues get public attention and others never get on the public agenda? Why for example has Georgia’s high level of maternal mortality not been a prominent focus of state-level legislative activity? What did it take to get tobacco on the public health agenda in the U.S.? Are lessons from the U.S. “tobacco wars” applicable to challenges of smoking reduction in the Philippines, in China? What have been the obstacles to gathering scientific information on gun violence in the U.S. as opposed to in Australia?

2. Why is actual policy formulation and revision often so messy? How, for example, do we account for conflicts over what policy to adopt with regard to the impact of coal ash on North Carolina drinking water, (conflicts that led to the resignation of the state epidemiologist)? How might the role of the military result in Uganda achieving developing a more effective more success in controlling HIV/AIDS than in reducing child mortality? Does the same factor help explain similar Thai success in controlling HIV/AIDS?

3. Why is it often difficult to implement even the most thoughtfully designed program? How might different presidential election systems result in poor child mortality outcomes in Uganda relative to Tanzania, despite similar programs, and development levels? How do inter-governmental divisions of responsibility affect the ways in which childhood nutrition programs are carried out in India? In what ways did pre-existing institutional capacities affect responses to the Ebola pandemic in different African countries? In what ways might ethnic-religious divisions and/or oil wealth influence the preferences and administrative capacities of public health agencies? What are the benefits and costs of relying on NGOs, ethnic networks, and non-state actors such as the Muslim Brotherhood for the delivery of public health services?
4. Under what conditions does effective policy monitoring and evaluation actually occur? What factors, such as levels of bureaucratic capacity, inter-governmental relations, and local clientelist networks, affect whether programs ever get evaluated? How might such conditions affect the choice of evaluation tools, such as randomized controlled trials? What factors influence the utility of RCTs, e.g. whether leaders actually pay attention to results, whether local institutions are capable of assessing the external validity of RCT results?

Structure

Content: The course will involve two groups of students: MPH students from the Rollins School of Public Health and upper-division students from the Dept. of Political Science in Emory College. The general structure of the class will be the same for both groups: The sequence of topics will largely follow four stages of the policy process noted above: agenda setting, policy formulation, policy implementation, and monitoring, evaluation and feedback. (There is, to be sure, plenty of overlap and interaction among these stages). Political science students will be responsible for supplementary material as discussed below.

Class Meetings and Syllabus: Both groups of students will meet for the weekly two-hour session at RSPH. Rollins students will receive 2 credits for this one two-hour session. Political science students will meet for an additional hour and fifteen minute session and receive 3 credits for the course. These additional sessions will be devoted to introducing political science students to fundamental issues and concepts in public health and to deepening their engagement with relevant political science literature. Readings for political science students will be designated with an * on the syllabus.

Pedagogy: The course will make extensive use of case studies on specific issues and involve occasional participation by practitioners from CDC, local health departments, Rollins, non-profits etc. However, the emphasis will be on 1) whether and how lessons learned from the specific cases can be generalized to others, and 2) whether and how key concepts and frameworks are useful to anticipate, explain and address real-world public health challenges. Class sessions will be largely discussion-based, along with short, occasional lectures.

Requirements and Grades: All students are expected to participate actively in class based on having read the assigned reading materials. All students are required to submit 3-4 page summary memos addressing lessons learned regarding each of the four policy stages. In addition, political science students are required to submit a 10-15 page policy memo focusing on how theoretical insights from political science might inform a particular type of public health intervention.

Readings: Readings found on the web and on e-journals will be designated as such. Others will be posted on Canvas. The only book to be purchased is Michael Howlett, M. Ramesh and Anthony Perl, eds., Studying Public Policy: Policy Cycles and Policy Subsystems. 3rd edition. Oxford University Press. 2009.
Topics

Week 1  Jan. 17   Defining and Linking Public Health and Politics

~ “Rhode Island Commission for Health Advocacy and Equity Legislative Report, 2015: Health Disparities in Rhode Island.”
~ Ian McEwan, Enduring Love (London: Vintage, 1997), 1-3, 8-16
~ Richard Skolnik, Global Health 101, 2nd edition, Chs TBA

Week 2  Jan. 22, 24   Introduction to Political Economy (Issue: Coal ash and drinkable water in North Carolina)

Guest speaker: Megan Davies (former state epidemiologist, North Carolina, TBA)

~ Coal Ash and Drinkable Water in North Carolina TBA
~ World Bank 2011. “Political Economy Assessments at Sector and Project Levels”

3.  Jan. 29, 31  Agenda Setting 1 – Overview (Issue: HIV in Thailand)

~ Meechai Viravaidya, Ted Talk TBA
~ Thomas Frieden, “Winnable Battles”…”
* ~ Howlett et al, Studying Public Policy, Chs. 3, 4 (50-107)

4.  Feb. 5, 7   Agenda Setting 2 - Interests (Issue: Firearm Safety)

Guest speaker: Dr. Mark Rosenberg (former Director, CDC Center for Injury Control; former CEO of Task Force for Global Health - TBA)

*~ Paul Pierson, “Power and Path Dependence.” In James Mahoney and Kathleen Thelen, Comparative Historical Analysis

1 Lecture note: Sen; public health outcomes don’t correlate with per capita income – draw from Pritchett et al, “Weak Links in the Chain.”

2
5. Feb. 12, 14  
Agenda Setting 3 - Framing (Issue: HIV in US? or Opioid epidemic in the U.S.; Maternal mortality in Georgia; Zika in Puerto Rico?)

~ Maternal Mortality in Georgia: Why Not on the Legislative Agenda? Reading TBA
~ Addressing Zika in Puerto Rico: Overcoming the Past. Reading TBA
*~ TBA

6. Feb. 19, 21  
Policy Formulation 1 – The Impact of Interests (Issue: Health reform)

~ Jacob Hacker, “Politics of Health Reform” Perspectives on Politics
~ Journal of Health Politics, Policy and Law Special Issue: The Politics of Health Policy Reform in Emerging Economies Volume 40, Number 1, February 2015 – article TBA

Optional

7. Feb. 26, 28  
Policy Formulation 2 - The Impact of Interests and Leadership (Issue: Tobacco and smoking)

Guest speaker: Dr. Jeff Koplan, (former CDC director, director Emory Global Health Institute) TBA

*~ Howlett et al., Studying Public Policy, Chs. 5, 6
Optional
~ Smoke in their Eyes: Lessons in Movement Leadership from the Tobacco Wars Michael Perschuk (2008, Vanderbilt Univ Press. pp. TBA

8. March 5, 7  
Policy Formulation 3: Impact of Ethnic-Religious Diversity; Veto Players (Issue: Health reform)


Optional
March 12, 14  Spring Break


~ Philip Keefer, “What Does Political Economy Tell Us About Development and Vice Versa?”


Optional


Optional


\(^3\) Lecture note: Evans and Heller emphasis on accountability
11. April 2, 4  
Policy Implementation 2 – State Capacity and “Good Governance” (Case: Ebola vs. pharmaceuticals deliveries in Nigeria)  
Guest speaker: Dionisia Hererra-Guibert and/or Paul Emmerson TBA

*~ Marcus Kurz and Andrew Schrank on “Governance,” Journal of Politics...

Optional
~ Svea Closser, Chasing Polio in Pakisan, (Vanderbilt Univ Press, 2010);

12. April 9, 11  
Policy Implementation 3: Non-State Actors (Case: Rural sanitation)  
Guest speaker: Tom Clasen

~ Thomas Clasen et al, “Effectiveness of a rural sanitation programme on diarrhea, soil-transmitted helminth infection, and child malnutrition in Odisha, India: a cluster-randomised trial,” The Lancet (October 2014)

Optional
~ Claire Mcloughlin and Daniel Harris. 2013. “The politics of progress on water and sanitation in
13. April 16, 18  Monitoring and Evaluation 1 - Challenges of Effective Surveillance  
Guest Speaker: Michelle Revels, ICF International  


15. April 30  Review