

C782
Advanced Topics in Health Policy Analysis
Fall 2021 Course Outline

Health Policy and Management Area
DeGroote School of Business
McMaster University

COURSE OBJECTIVE

The goal of this doctoral course is to provide students with an advanced understanding of topics in health policy analysis in theory and practice. The scope includes primarily public policy, but also administrative and clinical policies. Students will be exposed to concepts and methods which will provide a strong foundation for conducting policy analysis, including gaining an understanding of how to approach descriptive, explanatory and instrumental research for policy analysis and conducting basic primary research to support a policy analysis on a topic of their choice. Current policy topics in health care will be used in order to demonstrate the practical relevance of policy analysis for health care managers. The small group seminar format will assist in developing a deep theoretical understanding of the frameworks for analysis used in the Health Policy field, with each student taking turns on leading a portion of the seminar. The assignments will help students develop communication and analysis skills for use in health management work settings as well as practical research applications such as developing and submitting ethics materials, and a draft journal article.

INSTRUCTOR AND CONTACT INFORMATION

Dr. Gillian Mulvale

Instructor

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Dr. Julia Abelson

Instructor

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COURSE DESCRIPTION

This seminar format course is designed to provide an advanced understanding of Health Policy Analysis to help prepare doctoral students for careers in management and research. The course examines the field of health policy analysis with emphasis government (public), administrative and clinical policy. Students will explore the following questions and concepts throughout the course: *What is policy, policy analysis and health policy analysis? What are the different stages of the policy process (i.e., agenda setting, policy development, policy implementation and policy evaluation); What are the major influences or determinants of policy (i.e., interests, institutions and ideas)?* We will examine several frameworks by which to analyze policy. The overarching framework will include consideration of interests (stakeholders, pressure groups), ideas, (values, research evidence) and institutions (legislation and policy framework and less formal but understood ‘rules of the game’). Theories will be examined that can be used when studying various stages of the policy cycle – problem definition and agenda setting, policy formulation and decision-making as well as policy implementation. Frameworks from various disciplines (e.g. political science, economics, and sociology). Specific policy topics and applications will be discussed to illustrate issues in the policy analysis process. Students will identify a policy topic that they wish to pursue for in-depth analysis in their final assignment. Over the course of the semester, students will develop ethics materials and conduct primary research by conducting key informant interviews in addition to secondary sources to inform their policy analysis. They will draft a peer review journal article that can be submitted at the end of the semester. To develop their leadership, students will take turns leading a portion of the seminars. Group discussions, and final presentations will develop skills in conducting and communicating health policy analysis and equip students to become critical consumers of health policy research and media coverage of health policy issues.

LEARNING OUTCOMES

Upon successful completion of this course, students will be able to complete the following key tasks:

- Demonstrate an advanced understanding of the role of policy and policy analysis in health care in Canada;
- Describe and apply the stages and nature of the policy development process;
- Identify key interests, institutions and ideas that affect health policy development;
- Understand how issues make it onto the policy agenda
- Explain why some policy solutions succeed while others fail;
- Adeptly understand and conduct applied analysis of current policy issues based on the significant factors which impact policy development and outcomes;
- Develop recruitment scripts, letters of information and consent and interview guides, and conduct key informant interviews for primary data collection to support a policy analysis;

- Communicate effectively in the policy environment; and
- Draft a policy analytical journal article to a peer reviewed journal.

COURSE MATERIALS AND READINGS

Avenue registration for course content, readings and case materials.

(FREE)

<http://avenue.mcmaster.ca>

The field of health policy analysis draws upon numerous disciplines. As such, course readings will be drawn from political science, sociology, biomedical sciences and policy studies. As a PhD level seminar course – there is no single textbook. Instead, there is a comprehensive reading list and most materials will be posted on A2L. This course is being co-taught by Dr. Julia Abelson to students in Health Policy 738, so we will use the same Avenue to Learn Shells. You have been included as a student in HLTHPOL738 on A2L where you will find your course materials.

It is always a challenge to find the right combination of text and journal article material. This year, we will be assigning a combination of chapters from several key texts in addition to published articles. The main texts from which chapter readings will be assigned are listed below. You are not required to buy these books, but you may want to invest in them as part of your Health Policy library. PDFs of assigned chapters from these books will be available in the weekly course folders on Avenue to Learn.

You are not expected to read everything on the list – do read the required readings and use your judgement. You are also free to explore other readings according to your interest.

Recommended Textbooks (Optional purchase):

Pal, L. (2014). *Beyond Policy Analysis*, 5th Edition. This is a very thorough and up-to-date general policy analysis text with a number of references to Canadian health policy issues sprinkled throughout;

Stone, D. (2002). *Policy Paradox The Art of Political Decision-making*. Norton: New York

Weible, C.M. and Sabatier, P.A. *Theories of the Policy Process*. (2018)

Kingdon, J.W. (2002): *Agendas, Alternatives and Public Policies*

Yin, R.K. (2014). *Case Study Research: Design and Methods*, 5th Edition. Los Angeles: Sage Publications

ADDITIONAL COURSE RESOURCES

To bring the course content alive, we will be making routine use of the Canadian and, to a lesser extent, the international news media coverage of health policy issues. It would be helpful for you to choose and follow a major national newspaper as much as possible throughout the course (e.g., The Globe and Mail). Andre Picard is a well-known Canadian public health journalist who writes for The Globe and Mail – following his articles and Twitter account is recommended. To keep current on Canadian health policy research and practice developments you will also find the Canadian journal *Healthcare Policy* of interest.

Health Policy journals

You are encouraged to familiarize yourself and, where relevant, draw on articles from the following health policy journals (listed in alphabetical order):

Evidence and Policy
Health Affairs
Healthcare Policy (Canadian)
Health Economics, Policy and Law
Health Policy
Journal of Health, Politics, Policy and Law
Journal of Health Services and Policy Research
Milbank Quarterly
Social Science and Medicine

Other useful resources (see also week 1 course intro slides for relevant media sources)

Canadian Association of Health Services and Policy Research
<http://www.cahspr.ca>

Canadian Institute for Health Information
www.cihi.ca

Centre for Health Economics and Policy Analysis
www.chepa.org

Health Canada
www.hc-sc.gc.ca/english/search/a-z/a.html

McMaster Health Forum
<https://www.mcmasterhealthforum.org/>

Factiva (searchable electronic newspaper database)
<http://global.factiva.com/sb/default.aspx?NAPC=S&fcpil=en>

Nexis Uni (searchable electronic newspaper database)
<https://advance-lexis-com.libaccess.lib.mcmaster.ca/bisacademicresearchhome?crid=5f512f5a-c699-4267-a46b-3b53f3fbfe02&pdmfid=1516831&pdisurlapi=true>

Examples of health policy analysis papers

Students often find it difficult to wrap their heads around the idea of what a health policy analysis actually looks like. To help with this, listed below are several published articles that are good examples of health policy analysis papers. Some of these have been assigned for reading in specific sessions of the course. In addition, I would encourage you to visit the home of Health Reform Observatory/Observatoire des Réformes de Santé – an open access, peer-reviewed, online journal presenting the best evidence available on reforms related to the governance, financing and delivery of health care in Canada’s provinces and territories.

<https://mulpress.mcmaster.ca/hro-ors> (note: copy and paste link into your browser if it does not open here.)

Note: articles below with an asterisk (*) beside them are more fully developed versions of final papers for this course or thesis articles published by graduates of McMaster’s HRM or HP PhD programs. Copy and paste links into your browser if they do not open within this document.

*Antonipillai V, Abelson J, Wahoush O, Baumann A, and Schwartz L. Policy agenda-setting and causal stories: Examining how organized interests redefined the problem of refugee health policy in Canada. *Healthcare Policy*, 2020;15(3)116-131. <https://www.longwoods-com.libaccess.lib.mcmaster.ca/content/26126/healthcare-policy/policy-agenda-setting-and-causal-stories-examining-how-organized-interests-redefined-the-problem-of>

*Bullock H and Abelson J. A fresh approach to reform? The development and implementation of Ontario’s mental health and addictions strategy. *Healthcare Policy*, February 2019; 14(3):29-42. <https://www.longwoods.com/content/25794/healthcare-policy/a-fresh-approach-to-reform-a-policy-analysis-of-the-development-and-implementation-of-ontario-s-m>

*Duncan L, Boyle M, Abelson J and Waddell C. Measuring Children’s Mental Health in Ontario: Policy Issues and Prospects for Change. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 27(2): April 2018. <http://libaccess.mcmaster.ca/login?url=https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5896522/>

*Denburg, A. Institutional Knots: A Comparative Analysis of Cord Blood Policy in Canada and the United States. *Journal of Health Politics, Policy and Law*. Vol 41(1) February 2016: 73-99. doi 10.1215/03616878-3445619. https://journals-scholarsportal-info.libaccess.lib.mcmaster.ca/details/03616878/v41i0001/73_ikacaicatus.xml

*Embrett M and Randall, G. Social determinants of health and health equity policy research: Exploring the use, misuse and nonuse of policy analysis theory. *Social Science and Medicine* 2014; 108:147-155. http://journals2.scholarsportal.info/pdf/02779536/v108icomplete/147_sdohahanopat.xml

Giacomini M, Hurley J, Gold I, Smith P, Abelson J. The policy analysis of ‘values talk’: lessons from Canadian health reform. *Health Policy* 2003; 67:15-24.

http://libaccess.mcmaster.ca/login?url=http://journals2.scholarsportal.info/details-sfx.xqy?uri=/01688510/v67i0001/15_tpaotlfchr.xml

Hurley J, Guindon GE, Rynard V, Morgan S. [Publicly Funded Medical Savings Accounts: Expenditure and Distributional Impacts in Ontario, Canada.](#) *Health Economics*. 2008 October;17(10):1129-1151.

<http://libaccess.mcmaster.ca/login?url=http://sfx.scholarsportal.info/mcmaster?sid=google&auinit=J&aulast=Hurley&atitle=Publicly+funded+medical+savings+accounts:+expenditure+and+distributional+impacts+in+Ontario,+Canada&title=Health+economics&volume=17&issue=10&date=2008&spage=1129&issn=1057-9230>

Hutchison B, Abelson J, Lavis J. Primary Care in Canada: So much innovation, so little change. *Health Affairs*, 2001; 20(3):116-131.

<http://content.healthaffairs.org/cgi/reprint/20/3/116>

Morgan S, Coombes M [Income-Based Drug Coverage in British Columbia: Towards an Understanding of the Policy.](#) *Healthcare Policy*. 2006 November;2(2):92-108

<http://libaccess.mcmaster.ca/login?url=http://www.longwoods.com/content/18544>

*Moat, K and Abelson J. Analyzing the influence of institutions on health policy development in Uganda: A case study of the decision to abolish user fees. *African Health Sciences*, December 2011, 11(4): 578-586. <http://www.bioline.org.br/abstract?id=hs11115&lang=en>

*Mulvale G, Abelson J and Goering P. Mental health service delivery in Ontario, Canada: how do policy legacies shape prospects for reform? *Health Economics, Policy and Law* 2007; 2(4); 363-89.

<http://libaccess.mcmaster.ca/login?url=http://journals.cambridge.org/action/displayFulltext?type=1&pdfType=1&fid=1444212&jid=HEP&volumeId=2&issueId=04&aid=1444204>

*Shearer J, Dion M and Lavis J. Exchanging and using research evidence in health policy networks: a statistical network analysis. *Implementation Science*; 2014.

<http://www.implementationscience.com/content/9/1/126>

*Shearer J, Abelson J, Kouyaté B and Lavis J. Why do policies change? Institutions, interests, ideas and networks in three cases of policy reform. *Health Policy and Planning*, 2016, 1-12.

<http://heapol.oxfordjournals.org/content/early/2016/05/27/heapol.czw052.abstract>

Smith N, Mitton C, Davidson A and Williams I. A politics of priority setting: Ideas, interests and institutions in healthcare resource allocation. *Public Policy and Administration* 2014; 29(4): 331-347. <http://ppa.sagepub.com/content/29/4/331.refs>

*Velez M, Wilson M, Abelson J, Lavis J and Paraje G. Understanding the role of values in health policy decision making from the perspectives of policy makers and stakeholders: A

multiple-case embedded study in Chile and Colombia. *International Journal of Health Policy and Management* 2020; 9(5):185-97.
https://www.ijhpm.com/article_3690_e63bbfed4b442690f37fe4f11c1bd6e9.pdf

*Velez M, Wilson M, Lavis J, Abelson J and Florez I. A framework for exploring the role of values in health policy decision-making in Latin America: A critical interpretive synthesis. *Health Research Policy and Systems*, 2020.
https://www.biomedcentral.com/epdf/10.1186/s12961-020-00584-y?sharing_token=6HIBfCDldE-uR4UGJPiyTG_BpE1tBhCbnbw3BuzI2RMusXx_16WUlxBi2lo7jWsBcsxUR-vi8JWay9VRa92nfje9RAxTey1BTrvTGLdpGSFUZ94ikxGI7YaBPQc16ETGKbs5XkmthR5T9NrfPcF2uyvqdyv2D5CbimGST1cT0o%3D

*Waddell C, Lavis J, Abelson J, Lomas J, Shepherd CA, Bird-Grayson T, Giacomini M, Offord DR. Research use in children’s mental health policy in Canada: maintaining vigilance amid ambiguity. *Social Science and Medicine*, 2005; 61: 1649-57.
http://libaccess.mcmaster.ca/login?url=http://journals2.scholarsportal.info/details-sfx.xqy?uri=/02779536/v61i0008/1649_ruicmhiemvaa.xml

Other Resources

CHEPA Seminar Series – held on the third Wednesday of each month from 12:30-1:30 (consult the CHEPA website at www.chepa.org for details about upcoming seminar topics and speakers). @CHEPAMcMaster.

University of Ottawa Centre for Health, Law, Policy and Ethics (<https://www.ottawahealthlaw.ca> (research, policy reports and seminars) @OttawaHealthLaw

EVALUATION

Learning in this course comes from readings, lectures, in-class discussion, participation, preparation of assignments, and out-of-class analysis. All work will be evaluated on an individual basis.

Components and Weights

Participation	Active Participation in weekly lass discussions and discussion boards on A2L	10%
Discussion Leader	Session leadership for 1 session during the term (weeks 4 through 10)	20%

Concept and Application Memos	Two 500 – 750-word memos worth 10% each	20%
Short Protocol and Ethic Materials	Ethics Materials: Short Research Protocol Interview Guides Letters of Information and Consent	10%
Final Policy Analysis	Project Outline (5%) Presentation of Final Paper (5%) Journal Submission (30%)	40%
Total		100%

Grade Conversion

At the end of the course your overall percentage grade will be converted to your letter grade in accordance with the following conversion scheme.

Grade	Points	Equivalent Percentages
A+	12	90 – 100
A	11	85 – 89
A-	10	80 – 84
B+	9	77 – 79
B	8	73 – 76
B-	7	70 – 72
F	0	69 and under

Assignments:

Note: More details about the assignments will be provided on Avenue to Learn

Component # 1 – Active Participation

This is a small-enrolment graduate (mostly PhD-level) course so consistent and active participation in weekly class discussions is expected. Active participation requires considerable preparation, involving reading and reflecting on the material assigned for each week's class and on your peers' contributions. In addition to active participation in weekly class discussions, students will be assessed on the following two specific components:

- the posting of 2 substantive discussion questions (1 concept- and 1 application-related) on the Avenue to Learn discussion board for the weeks that you are NOT responsible for leading the class discussion (during weeks 4-10); questions must be posted **no later than 6pm EDT the day before class**
- oral critique of a classmate's final assignment presentation at the end of term

Component # 2 – Discussion Leader

Session leadership role for 1 session during the term (weeks 4 through 10) (see guidance and expectations for this role on Avenue to Learn)

Component # 3 – Concept and Application Memos

For 2 sessions throughout the term (the session that you are responsible for as discussion leader and 1 other session), you will submit a 500-750-word memo focusing on each of two themes: a. Core frameworks/concepts covered (first memo); and b. Application of frameworks/concepts (second memo).

- Core concepts memo: choose one of the week's core readings (i.e., a major conceptual or theoretical paper or an application of a theory or empirical analysis; shorter, review articles don't count); briefly identify the main argument developed in the paper, its contribution to the week's topic/objectives and how the theory/concept or its application improved your understanding of a current health policy issue (e.g., perhaps one that you are thinking of focusing your final assignment on) or one that you have been involved in previously.
- Application memo: choose one or more of the application papers or use the weekly discussion activity to work through an application of the core frameworks/concepts covered for the week to demonstrate your ability to apply this material to a current health policy issue/topic. This could include the topic that you will be using for your final course assignment.

Note: These short memos are aimed at honing your ability to succinctly summarize key concepts and to relate them to real-world policy issues. Given the short length of these assignments, you will not have the space, nor are you expected, to provide a detailed summary of the paper. A brief statement of the paper’s central aim and core elements of the framework/concept covered is all that is needed.

Component # 4 – Short Protocol and Ethics Materials

You will prepare ethics materials for your final policy analysis (see below). This will include a brief research protocol (2-page maximum) that sets out the research question, methods, sampling frame (with rationale), and proposed analytic approach. You will be expected to conduct a minimum of three key informant interviews (as well as documentary analysis) to support your analysis. You will need to prepare a recruitment script, a key informant interview guide(s) that reflects your topic and analytic framework, and letter of information and consent. The course has received course-based ethics approval from the McMaster Research Ethics Board (MREB) and the Hamilton Integrated Research Ethics Board (HiREB). This means you need to work from the approved materials and tailor them to your needs. The instructor must also review the materials and approve them before they are sent out to potential participants.

Component # 5 – Final Policy Analysis

Each student will carry out a ‘mini’ health policy analysis that will include the following elements: a policy briefing paper (30%), a presentation of your interim analysis at the end of the term (10%) **(detailed guidance for the final assignment will be provided in class and on Avenue to Learn).**

You will be required to include both documentary analysis and insight **from a minimum of three key informant interviews** to support your analysis. An oral presentation of your analysis will be made in class for feedback from the instructor and your peers before finalizing your paper. The final paper will be in the form of a peer review journal article that you can then subsequently submit for publication.

For your assignment outline submission, you should populate the framework (as a supplementary table using bullet points for each element of your framework analysis) and list references (at least 8 references), as appendices.

This assignment is designed to give you the opportunity to research a policy topic of interest to you and to demonstrate your understanding and ability to apply the course concepts to this topic. Students should email **preliminary ideas to me by week 3 (September 28th, 2021)**. Sample topics/questions will be discussed in class and sample papers from previous years will be made available through Avenue to Learn. **Your final research question, outline and preliminary reference list should be emailed to me with a copy to Sheri Burns by week 6 (October 19th, 2021).**

Electronic copies of your final assignments are due to **Sheri Burns by 5:00pm on Tuesday, December 14th.**

If a student has conducted a project or assignment for another course on a similar topic to the one they propose to do for this course they are required to obtain instructor permission in advance of proceeding with the topic. This is to ensure that projects or assignments are sufficiently different from one another. If in doubt, please contact your instructor.

MISSED ACADEMIC WORK

Late assignments will not be accepted. No extensions are available except under extraordinary circumstances. Please discuss any extenuating situation with your instructor at the earliest possible opportunity.

ACADEMIC INTEGRITY

You are expected to exhibit honesty and use ethical behaviour in all aspects of the learning process. Academic credentials you earn are rooted in principles of honesty and academic integrity.

Academic dishonesty is to knowingly act or fail to act in a way that results or could result in unearned academic credit or advantage. This behaviour can result in serious consequences, e.g. the grade of zero on an assignment, loss of credit with a notation on the transcript (notation reads: “Grade of F assigned for academic dishonesty”), and/or suspension or expulsion from the university.

It is your responsibility to understand what constitutes academic dishonesty. For information on the various types of academic dishonesty please refer to the Academic Integrity Policy, located at:

www.mcmaster.ca/academicintegrity

The following illustrates only three forms of academic dishonesty:

1. Plagiarism, e.g. the submission of work that is not one’s own or for which other credit has been obtained.
2. Improper collaboration in group work.
3. Copying or using unauthorized aids in tests and examinations

In this course we will be using Avenue to Learn. Students should be aware that when they access the electronic components of this course, private information such as first and last names, user names for the McMaster e-mail accounts, and program affiliation may become apparent to all other students in the same course. The available information is dependent on the technology used. Continuation in this course will be deemed consent to this disclosure.

If you have any questions or concerns about such disclosure, please discuss this with the course instructor.

STUDENT ACCESSIBILITY SERVICES

Students who require academic accommodation must contact Student Accessibility Services (SAS) to make arrangements with a Program Coordinator. Academic accommodations must be arranged for each term of study. Student Accessibility Services can be contacted by phone 905-525-9140 ext. 28652 or e-mail sas@mcmaster.ca.

For further information, consult McMaster University's Policy for Academic Accommodation of Students with Disabilities:

<http://www.mcmaster.ca/policy/Students-AcademicStudies/AcademicAccommodation-StudentsWithDisabilities.pdf>

ACADEMIC ACCOMMODATION FOR RELIGIOUS, INDIGENOUS OR SPIRITUAL OBSERVANCES (RISO)

Students requiring academic accommodation based on religious, indigenous or spiritual observances should follow the procedures set out in the RISO policy. Students requiring a RISO accommodation should submit their request, including the dates/times needing to be accommodated and the courses which will be impacted, to their Program Office normally within 10 days of the beginning of term. Students should also contact their instructors as soon as possible to make alternative arrangements for classes, assignments, and tests.

POTENTIAL MODIFICATION TO THE COURSE

The instructor reserves the right to modify elements of the course during the term. There may be changes to the dates and deadlines for any or all courses in extreme circumstances. If either type of modification becomes necessary, reasonable notice and communication with the students will be given with explanation and the opportunity to comment on changes. It is the responsibility of the student to check their McMaster email and course websites weekly during the term and to note any changes.

The University reserves the right to change the dates and deadlines for any or all courses in extreme circumstances (e.g., severe weather, labour disruptions, etc.). Changes will be communicated through regular McMaster communication channels, such as McMaster Daily News, A2L and/or McMaster email.

RESEARCH USING HUMAN SUBJECTS

All researchers conducting research that involves human participants, their records or their biological material are required to receive approval from one of McMaster's Research Ethics Boards before (a) they can recruit participants and (b) collect or access their data. Failure to comply with relevant policies is a research misconduct matter. Contact these boards for further information about your requirements and the application process.

McMaster Research Ethics Board (General board): <https://reo.mcmaster.ca/>

Hamilton Integrated Research Ethics Board (Medical board): <http://www.hireb.ca/>

STUDENT ACCESSIBILITY SERVICES

Student Accessibility Services (SAS) offers various support services for students with disabilities. Students are required to inform SAS of accommodation needs for course work at the outset of term. Students must forward a copy of such SAS accommodation to the instructor normally, within the first three (3) weeks of classes by setting up an appointment with the instructor. If a student with a disability chooses NOT to take advantage of an SAS accommodation and chooses to sit for a regular exam, a petition for relief may not be filed after the examination is complete. The SAS website is:

<http://sas.mcmaster.ca>

POTENTIAL MODIFICATION TO THE COURSE

The instructor and university reserve the right to modify elements of the course during the term. The university may change the dates and deadlines for any or all courses in extreme circumstances. If either type of modification becomes necessary, reasonable notice and communication with the students will be given with explanation and the opportunity to comment on changes. It is the

responsibility of the student to check their McMaster email and course websites weekly during the term and to note any changes.

ACKNOWLEDGEMENT OF COURSE POLICIES

Your registration and continuous participation (e.g. on A2L, in the classroom, etc.) to the various learning activities of C782 will be considered to be an implicit acknowledgement of the course policies outlined above, or of any other that may be announced during lecture and/or on A2L. **It is your responsibility to read this course outline, to familiarize yourself with the course policies and to act accordingly.**

Lack of awareness of the course policies **cannot be invoked** at any point during this course for failure to meet them. It is your responsibility to ask for clarification on any policies that you do not understand.

Course Schedule and Reading List

C782 Advanced Topics in Health Policy Analysis

Fall 2021 Schedule

WEEK	DATE	TOPIC/ACTIVITIES
1	Sept. 14	<p>Introductions and Overview, What is Health Policy Analysis?</p> <p>Instructors: Gillian Mulvale and Julia Abelson</p> <p>Objectives:</p> <ul style="list-style-type: none"> ▪ To provide an overview of the course structure, content and learning objectives; ▪ To get to know each other and our interests in health policy; ▪ To begin to explore what health policy analysis is, what it can do and how it has evolved as an interdisciplinary field of academic and applied study; ▪ To provide a brief overview of the Canadian health system. <p>Readings:</p> <p><u>Introductory readings about the study of policy, policy analysis and health policy analysis</u></p> <p>Required: Abelson J and Giacomini M. <i>What is Health Policy Analysis?</i> [pdf circulated by e-mail with first week’s readings]</p> <p>Bryant T. <i>Introducing Health Policy and Policy Studies</i> (pp. 1-26). Ch. 1 in <i>An Introduction to Health Policy</i>. Canadian Scholars’ Press Inc., Toronto, 2009. [pdf circulated by e-mail with first week’s reading]</p> <p>Walt G, Shiffman J, Schneider H, Murray S, Brugha R and Gilson L. ‘Doing’ health policy analysis: methodological and conceptual reflections and challenges. <i>Health policy and planning</i>. 2008; 23:308–317.</p> <p>Feder J. “Mind the Gap”: Researchers ignore politics at their own risk. <i>Journal of Health Politics, Policy and Law</i>; 41(1):141-6, Feb 2016. [pdf circulated by e-mail with first week’s readings]</p> <p>Optional: Stone D. Introduction. <i>Policy Paradox: The Art of Political Decision Making</i>. New York: W. Norton & Company, 2012: 1-15. [available on A2L]</p>

	<p><u>Background readings about the Canadian health system</u></p> <p>While a comprehensive understanding of the Canadian health system isn't expected, basic knowledge of the governance, financing, organizational and delivery arrangements will provide important background information for understanding the policy examples that are discussed throughout the course. If you are not familiar with these basic arrangements, you should familiarize yourself with them using the following readings as a guide:</p> <p>Martin D, Miller A, Quesnel-Vallee, Caron N, Vissandjee B and Marchildon G. Canada's universal health-care system: achieving its potential. <i>Lancet</i> 2018; 391:1718-35.</p> <p>Lewis, S. A System in name only – access, variation, and reform in Canada's provinces. 2015. <i>New England Journal of Medicine</i>; 372;6: 497-500. http://www.nejm.org/doi/full/10.1056/NEJMp1414409</p> <p><i>For additional detail, the following sources are recommended:</i></p> <p>Gregory P. Marchildon. Canada: Health system review. <i>Health Systems in Transition</i>, 2020 https://apps.who.int/iris/bitstream/handle/10665/336311/HiT-22-3-2020-eng.pdf?sequence=1&isAllowed=y</p> <p>Fierlbeck, Katherine. 2011. <i>Health Care in Canada: A Citizen's Guide to Policy and Politics</i>. Toronto: University of Toronto Press</p> <p><i>Ontario's Health System: Key Insights for Engaged Citizens, Professionals and Policymakers.</i> https://www.mcmasterforum.org/find-evidence/ontarios-health-system [Most of the core chapters in this ebook are available in pdf format from the McMaster Health forum website at the above url.]</p> <p><i>Canadian Institute for Health Information</i> (http://www.cihi.ca). [There are numerous resources about the performance of the Canadian health system on this website; the annual thematic reports in the Health Care in Canada series are particularly informative]</p> <p>Chapter 1: Canada Health Act Overview. <i>Canada Health Act Annual Report</i>, 2002-2003. https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/canada-health-act-annual-reports/annual-report-2003-2004.html?=&undefined Copy and paste link if it does not open. [introduction and Chapter 1]</p>
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		<p>How healthy is the Canadian health-care system? 2017. Simpson C, et al. <i>The Conversation</i>. https://theconversation.com/how-healthy-is-the-canadian-health-care-system-82674.</p> <p>Class preparation activity: Look for some examples of health policy issues being covered in major Canadian news media sources (e.g., Globe & Mail, Toronto Star, National Post) and be prepared to discuss the following in class:</p> <ul style="list-style-type: none"> ▪ What is the policy issue that is the focus of the article? ▪ is it a policy problem or a policy solution, neither or both? ▪ is the story describing a policy that has been developed or one that is under development or being proposed? ▪ Who are the relevant ‘actors’ in the story and what are their perspectives on the policy issue? ▪ Are the perspectives of all of the relevant actors covered in the story? ▪ Are some perspectives missing (if so, which ones?)
2	Sept. 28	<p>Policy Analysis: Theories and Frameworks I</p> <p>Instructor: Julia Abelson</p> <p>Objectives: 1. To explore the differences between frameworks, theories and models as tools for policy analysis; 2. To become familiarized with a range of theoretical and disciplinary approaches to describing and explaining policy.</p> <p>Readings:</p> <p>Required theory/concept readings [note: the material in these first 3 readings is fairly dense, especially for those who are new to this field; don’t feel you need to absorb every detail covered but try to pull out the main messages about the role of theories and frameworks in studying policy-making processes and some of the key distinguishing features between the major theoretical approaches to studying the policy process. The application readings assigned in the next section should help to make this material much more accessible.]</p> <p>Weible CM. <i>Introducing the Scope and Focus of Policy Process Research and Theory</i>, Chapter 1 in <i>Theories of the Policy Process</i>, Boulder, Colorado: Westview Press, 2014: 3-22. [Avenue to Learn].</p> <p>Schlager, E. <i>A Comparison of Frameworks, Theories, and Models of Policy Processes</i>. Chapter 10 in <i>Theories of the Policy Process</i>, Boulder, Colorado: Westview Press, 2007 [Avenue to Learn]</p> <p>Required application readings</p>

		<p>Gauvin, F-P. <i>Understanding policy development and choices through the “3-I framework: Interests, ideas and institutions</i>. Montréal, Québec: National Collaborating Centre for Healthy Public Policy, March 2014. [available on Avenue to Learn]</p> <p>Moloughney, B. <i>The use of policy frameworks to understand public health-related policy processes: A Literature Review</i>. 2012. [copy available on Avenue to Learn] <i>[this report provides a very good orientation to the main policy analysis frameworks that will be covered in the course with examples of how they have been applied to various public health policy issues through 21 case studies; it is not a substitute for familiarizing yourself with the intricacies of one or more of the frameworks but provides a good overview resource]</i></p> <p><u>Class preparation activity</u></p> <ul style="list-style-type: none"> ▪ What are the key distinguishing features between frameworks, theories and models according as discussed in this week’s readings? ▪ Which of the frameworks, theories or models that you have been exposed to in this week’s readings were the easiest for you to understand or the most intuitive? Why do you think this was the case? ▪ Which of these frameworks, theories or models do you think would be more or less useful for explaining the following policy decision: <ul style="list-style-type: none"> ○ <i>Why Canada, despite initially considering public health insurance that included pharmaceuticals in the late 1940s, and despite numerous proposals for nationwide drug benefits over the years, is the only Organisation for Economic Co-operation and Development (OECD) country with a universal public health insurance system that does not include prescription drugs?</i>
3	Sept. 24	<p>Policy Analysis: Approaches and Methods</p> <p>Instructor: Gillian Mulvale</p> <p><u>Objectives</u></p> <ul style="list-style-type: none"> ▪ To introduce students to a range of methods used in policy analysis and their philosophical underpinnings. ▪ To familiarize students, in particular, with the role of qualitative methods in policy analysis ▪ To focus on the most commonly used methods in policy analysis including document analysis, case studies and key informant interviews. ▪ To examine different ways of studying the various factors that may influence policymaking.

	<p><u>Required reading</u></p> <p>Gilson, L (ed.). <i>Health Policy and Systems Research: A Methodology Reader</i>, 2012 (pp.30-60 + skim the contents for Part 4 (collection of empirical papers). [pdf available on Avenue]</p> <p>Giacomini, M. <i>Theory Matters in Qualitative Health Research</i>. In <i>The Sage Handbook of Qualitative Methods in Health Research</i> (pp. 125-156) [pdf available on Avenue].</p> <p>Abrams, JA, Tabaac A, Jung, S, Else-Quest, N. Considerations for employing intersectionality in qualitative health research. <i>Social Science and Medicine</i>, 258 (2020): 1131-38. https://www-sciencedirect-com.libaccess.lib.mcmaster.ca/science/article/pii/S0277953620303579</p> <p><i>Resources on qualitative research methods (we will not be covering this material in depth; they are provided to give you an overview of some common methodological approaches used in qualitative policy-oriented research studies)</i></p> <p>Pope, C., & Mays, N. (1995). Reaching the Parts Other Methods Cannot Reach: An Introduction to Qualitative Methods in Health and Health Services Research. <i>BMJ</i>, 311, 42-45. (Avenue to Learn) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2550091</p> <p>Ploeg, J. (1999). Identifying the best research design to fit the question. Part 2: qualitative designs. <i>Evidence Based Nursing</i>, 2, 36-37. http://ebn.bmj.com/content/2/2/36.full</p> <p>Neergaard, Mette Asbjorn, Frede Olesen, Rikke Sand Andersen, and Jens Sondergaard. 2009. Qualitative description – the poor cousin of health research? <i>BMC Medical Research Methodology</i> 9:52. http://www.biomedcentral.com/1471-2288/9/52</p> <p>Yin, Robert K. 2018. Getting Started. In <i>Case Study Research and Applications Design and Methods</i>, 6th Edition. Los Angeles: Sage Publications</p> <p>Yin, Robert K. 2018. Designing case studies: Identifying your case(s) and establishing the logic of your study. In <i>Case Study Research: Design and Methods</i>, 6th Edition. Los Angeles: Sage Publications</p> <p><u>Class preparation activity</u></p> <p>Review one of the following documents:</p>
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		<ol style="list-style-type: none"> 1. “top 10 research priorities” identified in the executive summary of the Canadian Institutes of Health Research (CIHR)’s Pan-Canadian Vision and Strategy for Health Services and Policy Research (2014-2019) https://www.cahspr.ca/web/uploads/conference/2015-05-25_Pan_Canadian_Executive_Summary.pdf 2. McMahon M, Nadigel, J, Thompon, E and Glazier R. Informing Canada’s Health System Response to COVID-19: Priorities for Health Services Policy Research. Healthcare Policy, 2020, Vol 16(1): 1-13. [available on Avenue] 3. SSHRC research priorities: SSHRC partnered with Policy Horizons Canada on a comprehensive horizon scanning exercise to identify 16 future global challenges that may have a major impact on Canada in the next decade. These global challenges, such as living within the Earth’s carrying capacity, working in a digital economy, the evolving bio-age, or the erosion of culture and history, have the potential to shape society in significant ways. All the challenges cross multiple sectors and research disciplines and require broad collaboration to address. https://horizons.gc.ca/en/2018/10/19/the-next-generation-of-emerging-global-challenges/ <p>For <u>one</u> of the priority health policy-related research areas identified in one of the above documents (or for another health policy-related research area that is of interest to you):</p> <ul style="list-style-type: none"> ▪ Identify 2 different types of policy studies that might be carried out for the research priority theme you have selected (e.g., descriptive study of a policy process; explanatory analysis of a policy process; policy impact or evaluation study). Use the readings for this week to help you identify and categorize the types of studies and inquiry approaches that are common to policy analysis research. ▪ Develop 2 researchable questions for the policy studies that you come up (e.g., 2 questions for 1 type of study or 1 question for each of 2 different types of policy studies). ▪ Sketch out a very simple research plan for 1 of your studies and research questions and consider what data collection methods would be appropriate for the study using the assigned readings to help with this. <p>Submit Final Assignment Preliminary Topic to Instructor</p>
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4	Oct. 5	<p>Defining Policy Problems and the Agenda Setting Process</p> <p>Instructor: Julia Abelson</p> <p>Objectives:</p> <ul style="list-style-type: none"> ▪ To explore the agenda setting and problem definition stages of the policy process using key frameworks and concepts. ▪ To understand how problems come to the attention of policy makers and the role of policy actors in framing policy problems to advance particular policy solutions. <p><u>Required theory/concept readings</u></p> <p>Pal L. Problem Definition in Policy Analysis. Chapter 3 in <i>Beyond Policy Analysis: Public Issue Management in Turbulent Times</i>. Toronto, ON: Nelson, 2013: 97-128. [available on A2L]</p> <p>Kingdon, JW. 2011. Problems. In: <i>Agendas, Alternatives, and Public Policies (Longman Classics Edition) Second Edition</i>. New York: HarperCollins College Publishers, pp. 90-115 [available on A2L] <i>note: Kingdon's work on agenda setting has been path breaking. The full text is not assigned as required reading but you may wish to refer to chapters 6-9 (pp.116-208) for a more comprehensive review of this material.</i></p> <p>Multiple streams framework (diagram) [A2L]</p> <p>Frameworks summary sheet. McMaster Health Forum [A2L]</p> <p><u>Application/empirical readings</u> (review <u>one</u> of the articles below with enough depth that you are able to identify the key objectives of the study described in the article, which concepts covered in the Pal and Kingdon readings assigned in this session are being applied or tested in the study, and what the study's key findings are related to these concepts)</p> <p>Daw J, Morgan S, Collins P and Abelson J. Framing incremental expansions to public health insurance systems: The Case of Canadian Pharmacare. <i>Journal of Health Politics, Policy and Law</i> 2014; 39(2): 295-319. https://journals-scholarsportal-info.libaccess.lib.mcmaster.ca/details/03616878/v39i0002/295_fietphstcocp.xml [Available on Avenue]</p> <p>Abioloa, S, Colgrove, J. and Mello, M. 2013. The Politics of HPV Vaccination Policy Formation in the United States. <i>Journal of Health Politics, Policy and Law</i>; 38(4):645-681.</p>
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		Lastly, given what you have learned about the agenda-setting process from this week’s readings, assess whether this problem is currently on the governmental agenda or its decision agenda, the reasons why it is or is not, and what its prospects are for remaining on the agenda or getting onto the agenda in the future.
5	Oct. 12	UNIVERSITY READING WEEK – NO CLASSES work on Ethics Materials and Outline for Final Assignment
6	Oct. 19	<p>Explaining Policy Change and Policy Legacies</p> <p>Instructor: Gillian Mulvale</p> <p>The following 4 sessions will be devoted to exploring in depth each “I” of the 3-i meta framework that was covered in weeks 1-3. Week 6 will be devoted to exploring the role of institutions, week 7 to the structure and role of interests and weeks 8-9 to the structure and role of ideas</p> <p>Objective: To review and critically examine the various frameworks for explaining policy development and change with a focus on institutionalist frameworks (e.g., path dependency and policy legacies).</p> <p>Required theory/concept readings</p> <p>Pierson P. When effect becomes cause: Policy feedback and political change. <i>World Politics</i> 1993; 45: 595-628. http://www.jstor.org/stable/i348647</p> <p>Koning EA. The three institutionalisms and institutional dynamics: understanding endogenous and exogenous change. <i>Journal of Public Policy</i> (2016); 36(4):639-664. https://journals-scholarsportal-info.libaccess.lib.mcmaster.ca/pdf/0143814x/v36i0004/639_ttiaidueae.c.xml [note: this is a dense and challenging paper – try to pull the key messages out of it in relation to this week’s focus on understanding policy change and the role of institutions and avoid getting into the weeds unless the article really interests you]</p> <p>Optional theoretical reading</p> <p>Béland D. Policy change and healthcare research. <i>Journal of Health Politics, Policy and Law</i> 2010; 35(4): 615-41. https://read-dukeupress-edu.libaccess.lib.mcmaster.ca/jhpll/article/35/4/449/39772/Beyond-Path-Dependency-Explaining-Health-Care (focus on the introductory and historical institutionalism sections of this article and skim the ideational analysis and research agenda sections which we will return to at the end of the course)</p>

		<p><u>Required application reading</u></p> <p>Mulvale G, Abelson J and Goering P. Mental health service delivery in Ontario Canada: how do policy legacies shape prospects for reform? <i>Health Economics, Policy and Law</i> 2007; 2(4); 363-89. https://journals-scholarsportal-info.libaccess.lib.mcmaster.ca/details/17441331/v02i0004/363_mhstdioplspfr.xml</p> <p>Immergut, Ellen M. 1992. The rules of the game: The logic of health policy-making in France, Switzerland, and Sweden. In <i>Structuring politics: Historical institutionalism in comparative analysis</i>. Eds. Sven Steinmo, Kathleen Thelen and Frank Longstreth. New York: Cambridge University Press. [A2L]</p> <p>Discussion activity</p> <ul style="list-style-type: none"> ▪ Find an example of a current policy issue to which the concepts of path dependence and policy legacies are applicable (note: examples could include a piece of legislation, a provincial government decision to restrict the financing or delivery of services, lack of action or slow movement on a particular policy front etc.). ▪ Describe the relationships between the following key terms from this week’s readings in the context of the policy issue to illustrate how they are similar to, different from and/or related to one another? E.g., what aspects of the policy issue highlight the concept of “path dependence”, “policy feedback” and/or “policy legacies”? ▪ Discuss the strengths and limitations of the key concepts covered this week in explaining policy change. ▪ Consider what an explanation of policy change focused on ideas rather than institutions (as discussed in the Béland article) might look like for the policy issue that you are familiar with. <p>Ethics Materials Due for Final Assignment on A2L</p>
7	Oct. 26	<p>The Structure and Role of Interests and Interest Groups in the Policy Process</p> <p>Instructor: Gillian Mulvale</p> <p>Objectives:</p> <ul style="list-style-type: none"> ▪ To examine different concepts of interests. ▪ To examine the structure and roles played by interest groups in the health policy process. ▪ To evaluate interest group theory in relation to interests in the health domain.

	<p><u>Required</u> conceptual and theoretical readings</p> <p>Pal L. Policy Communities and Networks. Chapter 6 in Beyond Policy Analysis: Public Issue Management in Turbulent Times. Toronto, ON: Nelson, 2013: 227-269. [course text; available from S Burns]</p> <p>Stone, D. 2012. Interests. In <i>Policy Paradox</i>, pp. 229-247. [course text; available from S Burns]</p> <p>Alford RR. Health care reform and structural interests. Excerpt entitled: Alternative views of the study of health care. In: Health Care Politics: Ideological and Interest Group Barriers to Reform. Chicago: University of Chicago Press, pp. 9-21. [available on Avenue to Learn]</p> <p>Contandriopoulos, D. 2011. On the nature and strategies of organized interests in health care policy making. <i>Administration & Society</i>, 43(1): 45-65. https://journals-scholarsportal-info.libaccess.lib.mcmaster.ca/details/00953997/v43i0001/45_otnasoi hcpr.xml</p> <p><u>Application readings</u> (<i>choose 1 of the articles listed below to review in depth and skim the others; for the one you have selected be prepared to discuss key objectives of the study described in the article, which concepts covered in the theoretical readings in this session are being applied or tested, and what the study's key findings are related to these concepts</i>)</p> <p>Fabbri, A, Parker L, Colombo, C, et al. Industry funding of patient and health consumer organisations: systematic review with meta-analysis. <i>BMJ</i>, <i>BMJ</i> 2020;368:l6925 doi: 10.1136/bmj.l6925</p> <p>Kelner, M., Wellman, B., Boon, H. & Welsh, S. (2004). Responses of established healthcare to the professionalization of complementary and alternative medicine in Ontario. <i>Social Science & Medicine</i>, 59, 915- 930. https://www.sciencedirect.com/science/article/pii/S0277953603007019?casa_token=KnZ5xcj-nhsAAAAA:-6osENJV_UAHGOTGkEgk9VA595rk5HtjQTlcGjlwZPqxf2HINMDNORYToABCtNnplqMXio_eQ</p> <p>Gabe, Jonathan., Chamberlain, Kerry., Norris, Pauline., Dew, K., Madden, H., & Hodgetts, D. (2012). The debate about the funding of Herceptin: A case study of “countervailing powers.” <i>Social Science & Medicine</i>, 75(12), 2353–2361. https://www.sciencedirect-com.libaccess.lib.mcmaster.ca/science/article/pii/S0277953612006727</p>
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		<p>Class preparation activity Identify a health policy story or series of stories that have been featured in the news media and answer the following questions:</p> <ul style="list-style-type: none"> ▪ Identify and list as many interest groups (or individuals speaking on behalf of interest groups) as you can that were cited in the story (or who are major actors in the policy issue with which you are familiar). ▪ Use the concepts discussed in this week’s readings to explore the nature of the interests that are represented in the policy story by the different groups you’ve identified in Question 1. For example, how would you depict these interests using: <ul style="list-style-type: none"> ○ Pal’s conceptualization of interests (summarized in Box 6.1) ○ Stone’s notions of concentrated vs. diffuse interests ○ Alford’s “dominant, challenging and repressed structural interests” ▪ Provide examples of the ways in which the groups featured in the story strategically portray themselves (and their interests)? ▪ Identify any groups that you think have an interest in the policy and its effects and develop a hypothesis for why this group was not featured in the story? ▪ Examples of stories that have been featured in the news over the past couple of years along with their proponents and opponents: <ul style="list-style-type: none"> ○ provincial government decisions to fund new pharmaceuticals and health care technologies ○ provincial government decisions to change the funding arrangements for specific services (e.g., physiotherapy for seniors) ○ various health human resource and professional scope of practice change stories (e.g., policies that expand roles for certain professional groups) ○ debates about public and private roles in health care delivery and/or financing Note: Andre Picard’s regular column in the Globe and Mail is a good source of ideas. <p>Reach out to potential study participants</p>
8	Nov. 2	<p>Structure and Role of Ideas in the Policy Process Part I: Values</p> <p>Instructor: Julia Abelson</p> <p><i>[In part 1 of this module, we will examine the structure and role of values in health policy making with a particular interest in exploring what values are, how they are collected or measured and how they are invoked in policy processes.]</i></p>

	<p><u>Required conceptual/theoretical readings</u></p> <p>Stone, D. 2012. <i>Policy Paradox</i> Part II: Goals (Chapters 2&3; pp.39-84). [A2L] The chapters on Equity and Efficiency have been selected because they are core principles of many publicly financed health systems but are pursued in different ways and to different degrees and the pursuit of one may conflict with the ability to achieve another.</p> <p>Giacomini M, Hurley J, Gold I, Smith P, Abelson J. The policy analysis of ‘values talk’: lessons from Canadian health reform. <i>Health Policy</i>, 2004; 67(1):15-24.</p> <p>https://journals-scholarsportalinfo.libaccess.lib.mcmaster.ca/details/01688510/v67i0001/15_tpaotfchr.xml</p> <p>Velez M, Wilson M, Lavis J, Abelson J and Florez I. A framework for exploring the role of values in health policy decision-making in Latin America: A critical interpretive synthesis. <i>Health Research Policy and Systems</i>, 2020.</p> <p>https://www.biomedcentral.com/epdf/10.1186/s12961-020-00584-y?sharing_token=6HIBfCDIdE-uR4UGJPiyTG_BpE1tBhCbnbw3Buzl2RMusXx_I6WUIxBi2lo7jWsBcsxUR-vi8JWay9VRa92nfje9RAXTey1BTrvTGLdpGSFUZ94ikxGI7YaBPQc16ETGKbs5XkmthR5T9NrfPcF2uyvqdyv2D5CbimGST1cT0o%3D</p> <p>Kenny N, Giacomini M. Wanted: A new ethics field for health policy analysis. <i>Health Care Analysis</i> 2005; 13(4): 247-260.</p> <p>https://journals-scholarsportalinfo.libaccess.lib.mcmaster.ca/details/10653058/v13i0004/247_waneffhpa.xml</p> <p><u>Application/empirical readings (read 1 in depth and skim 1 or 2 others)</u></p> <p>Abelson J, Mendelsohn M, Lavis J, Morgan S, Forest P-G and Swinton M. Canadians Confront Health-Care Reform. <i>Health Affairs</i>, 2004; 23(3):186-193.</p> <p>http://content.healthaffairs.org/content/23/3/186.full</p> <p>Velez M, Wilson M, Abelson J, Lavis J and Paraje G. Understanding the role of values in health policy decision making from the perspectives of policy makers and stakeholders: A multiple-case embedded study in Chile and Colombia. <i>International Journal of</i></p>
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	<p><i>Health Policy and Management</i> 2020; 9(5):185-97. https://www.ijhpm.com/article_3690_e63bbfed4b442690f37fe4f11c1bd6e9.pdf</p> <p>Goold, SD, Myers, D, Danis, M, Abelson J, et al. Members of Minority and Underserved Communities Set Priorities for Health Research. <i>The Milbank Quarterly</i>, Vol. 96, No. 4, 2018 (pp. 675-705). https://journals-scholarsportal-info.libaccess.lib.mcmaster.ca/pdf/0887378x/v96i0004/675_momaucspfhr.xml</p> <p>Subica, AM and Brown B. Addressing health disparities through deliberative methods: Citizen panels for health equity. <i>AJPH</i>, February 2020, Vol 110, No. 2, 166-173. https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2019.305450</p> <p><u>Additional readings (for students interested in the role of values in the field of health technology assessment)</u></p> <p>Bombard, Y., Abelson, J., Simeonov, D., Gauvin, F-P. Eliciting ethical and social values in health technology assessment: A participatory approach. <i>Social Science and Medicine</i> 2011; 73(1):135-144. https://www.sciencedirect.com/science/article/pii/S0277953611002541?casa_token=lkp0QnX1wgcAAAAA:8wY295DBG9efrppTkfO8oBaaW23B54MRE44vLsaCGZf7zlqEXL0vZwr_vPRjYOquUaQ_4U ETA</p> <p>Giacomini et al. Ethics as health technology assessment: Understanding health technologies as policies. <i>Health Care Management Forum</i>, 2013 ;26 :72-76. https://journals-scholarsportal-info.libaccess.lib.mcmaster.ca/details/08404704/v26i0002/72_eihtauhtap.xml</p> <p>Abelson J, Tripp L, and Sussman J. “I just want to be able to make a choice”: Results from citizen deliberations about mammography screening in Ontario, Canada. <i>Health Policy</i>, Vol 122 (12), Dec 2018 (1364-71). https://doi.org/10.1016/j.healthpol.2018.09.013.</p> <p>Bentley C, Peacock S, Abelson J, Burgess M, Demers-Payette O, Longstaff H, Tripp L, Lavis J, and Wilson M. Addressing the affordability of cancer drugs: using deliberative public engagement to inform health policy. <i>Health research policy and systems</i>, 2019; 17(1). https://doi.org/10.1186/s12961-019-0411-8.</p> <p>Discussion questions/activity</p>
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		<p>Apply this week’s readings to a current policy issue or to your final assignment topic and answer the following questions:</p> <ul style="list-style-type: none"> ▪ What types of values are being invoked by different policy actors involved in the issue based on the sources you have reviewed? How were the values elicited or collected, e.g., from whom, how (using what methods) and for what purpose? Draw on the Giacomini and Kenny readings to develop your answer. ▪ Discuss the strengths and weaknesses of the approaches used to ‘collect’ these values. How well was the range and diversity of values on the subject captured using the approach used? How confident are you that the values findings accurately reflect those of the study participants? ▪ Where do you think public values about health systems come from? Who and what shapes these values? What do you think the prospects are for values to shape the policy issue you are examining in relation to other inputs to policy (e.g., evidence, interests, institutions)?
9	Nov. 9	<p>The Structure and Role of Ideas in the Policy Process Part 2: Theories of knowledge and knowledge use in health policy</p> <p>Instructor: Julia Abelson <i>This is the second of a 2-part module on the role of ideas in the policy process. For an excellent overview reading for both sessions, read the introductory chapter of the Parkhurst ebook below.</i></p> <p>Parkhurst J. 2017. <i>The Politics of Evidence: From evidence-based policy to the good governance of evidence.</i> Routledge: London (UK). http://eprints.lse.ac.uk/68604/1/Parkhurst_The%20Politics%20of%20Evidence.pdf</p> <p><i>In the first of the 2-part module we will examine theories of knowledge and knowledge use.</i></p> <p>Objectives:</p> <ul style="list-style-type: none"> ▪ To identify different types of evidence and the role they play in the policy process and ▪ to critically reflect on the role of research and other forms of evidence in the policy process; ▪ To explore the strategy of ‘making facts’ and the art of persuasion in the policy process.

	<p>Core readings (for background on the topic, major contributions to the field and a hint at some of the key debates – see additional readings for more detail and different perspectives on the topic)</p> <p>Brownson R, Chriqui J, Stamatakis KA. Understanding evidence-based public health policy. <i>American Journal of Public Health</i>; 2009; 99(9): 1576-1583. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2724448/</p> <p>Parkhurst JO and Abeysinghe S (2016). What Constitutes “Good” Evidence for Public Health and Social Policy- making? From Hierarchies to Appropriateness, <i>Social Epistemology</i>, 30:5-6, 665-679, https://core.ac.uk/download/pdf/42636287.pdf</p> <p>Weiss, C. The many meanings of research utilization. <i>Public Administration Review</i>, Vol. 39, No. 5 (Sep. - Oct., 1979), pp. 426-431 http://web.b.ebscohost.com.libaccess.lib.mcmaster.ca/ehost/detail/detail?vid=0&sid=e46ac629-d01a-43e8-9ca6-00584693d936%40pdc-v-sessmgr01&bdata=JnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRi#db=buh&AN=4601676</p> <p>Lavis J, Ross S, Hurley J, Hohenadel J, Stoddart G, Woodward C., Abelson J. Examining the Role of Health- Services Research in Public Policymaking. <i>The Milbank Quarterly</i>. 2002; 80(1):125-144 https://journals-scholarsportal-info.libaccess.lib.mcmaster.ca/details/0887378x/v80i0001/125_etroh.sripp.xml(available on Avenue to Learn)</p> <p><u>Additional reading</u></p> <p>Lomas J. Connecting research and policy. <i>Canadian Journal of Policy Research</i> 2000;1:140-4 (pay particular attention to pp. 142-144) [available on Avenue to Learn]</p> <p>Lomas J, Culyer T, McCutcheon C, McAuley and Law, S. Conceptualizing and Combining Evidence for Health System Guidance. Final Report. Canadian Health Services Research Foundation, May 2005. http://www.chsrf.ca/SearchResults.aspx?search=WWW.CHSRF.CA/MIGRATED/PDF/INSIGHTACTION/EVIDENCE.E.PDF (available on Avenue to Learn)</p> <p>Lewis, S. Toward a general theory of indifference to research-based evidence. <i>Journal of Health Services Research and Policy</i>. 2007;12(3):166-172. https://journals-sagepub-com.libaccess.lib.mcmaster.ca/doi/abs/10.1258/135581907781543094</p>
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		<p>Fafard P. Evidence and Healthy Public Policy: Insights from Health and Political Sciences. Canadian Policy Research Networks, May 2008. http://ncchpp.ca/165/publications.ccnpps?id_article=160</p> <p>Discussion questions/activity:</p> <p>Apply this week’s readings to a current policy issue or to your final assignment topic and answer the following questions:</p> <ul style="list-style-type: none"> ▪ Identify the different types of evidence related to the topic. <ul style="list-style-type: none"> ▪ How are the actors in the policy process you are investigating using or invoking the different types of evidence that you identified in question 1? ▪ How is research evidence being used to inform the policy process you are examining (e.g., strategic use, instrumental use, etc.)? ▪ To what extent is evidence being rejected by different groups involved in the policy issue and on what grounds? What techniques are used to do this and how successful are they? ▪ If evidence doesn’t seem to be playing much of a role in the policy issue you are investigating, use the readings to reflect on why this may be. <p>Progress Report/ Preliminary ideas for final assignment DUE to relevant instructor</p>
10	Nov. 16	<p>Understanding Policy Implementation</p> <p>Instructor: Heather Bullock</p> <p>DETAILS TO FOLLOW</p>
11	Nov. 23	<p>No Class – Independent Work on Final Assignments</p>
12	Nov. 30	<p>Course Wrap-Up, Frameworks Application and Discussion of Coding and Analysis for Final Assignments</p> <p>Instructors: Abelson, Bullock and Mulvale</p>
13	Dec. 7	<p>Student Presentations of Final Assignment (Small Groups)</p>
14	Dec. 14	<p>FINAL ASSIGNMENTS DUE</p>

