



**University of Toronto
Lawrence S. Bloomberg
Faculty of Nursing**

**NUR1083H LEC0101
Comparative Politics of Health and Health Policy in a Globalizing World**

Fall, 2008

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Class Day and Time:	Tuesdays 2pm -5 m, Sept. 11- Dec 4 th
Class Meeting Place:	TBA
Prerequisites:	PhD students or instructor authorization
Course Weighting	2
Total Lecture/Seminar Hours:	39 hrs
Blackboard course website:	https://portal.utoronto.ca/bin/common/course.pl?course_id= 324637_1

Course Description¹

Although the history of public health is widely accepted to be intertwined with politics (e.g., Chadwick, Virchow, Villerme), it is striking that contemporary scholarship has disassociated politics both from population health and health policy². In the meantime, ‘Population Health’ has increased its relevance in international politics as a yardstick to measure development and well being (AIDS in Africa, access to care in Latin America or the drop in the life expectancy in the former Soviet Union). Population health has become again the focus on “real” political discussion and debates in international forums such as the UN, FTA agreements or the WTO rounds (debt cancellation, privatization of water, access to essential medicines). It has thus become necessary in public health and political science to provide insights on the political processes that shape national health policies and population health. A

¹ Special Acknowledgment: Dr. Haejoo Chung is explicitly acknowledged for a key and essential contribution to the conceptualization design, methodology and writing of this course.

² Muntaner, C., & Lynch, J. (1999). Income inequality, social cohesion, and class relations: a critique of Wilkinson’s neo-Durkheimian research program. *International Journal of Health Services*, 29(1), 59-81.

comparative politics analysis approach during this era of “globalization” provides the methodological interdisciplinary tools for these goals. The comparative framework allows us to explore how national and international politics shape health systems and population health outcomes.

Our course takes students into a multidisciplinary approach that integrates national and global politics in the explanation of how health policies are generated and implemented, and how those politics shape population health. Emphasis is put in an understanding of specific health problems, political forces and political economy, both national and international that shape population health. In the first section we begin with the robust descriptive empirical typology of welfare state types that has been associated with different health outcomes in wealthy countries. The next section devotes several weeks to theories of political and policy change including power resources, institutionalism, class, gender and race movements in health care reform, micro-approaches to health policy development, and policy diffusion models. The third section on national health systems compares the health systems of Liberal, Social democratic and Christian democratic welfare state types in EU countries. We then present the health care systems of East Asia and Latin America. The last section brings an international perspective into the politics of health policy by analyzing the impact of the neo-liberal globalization on health care systems. We end by reviewing current developments in Canada and around the world to provide alternatives and future directions.

Course Objectives

The following objectives will be met in faculty led seminars and lectures. Upon completion of the course the learner will be able to:

- Understand the political context of population health. To examine and critique the relevant knowledge, theory and research that guides the influence of politics on population health, locally and globally.
- Understand the political context of health care systems. To examine and critique the relevant knowledge, theory and research that guides the influence of politics on health systems development and change.
- Identify social policies that impact population health. To apply knowledge and demonstrate the critical skills to discern the type of social policies that impact health.
- Understand how world system position determines population health. To apply knowledge and demonstrate the critical skills to discern how location in the world system determines population health via international and national factors.

Teaching/ Learning Methods

The course delivers faculty-led seminars and lectures.

The course is largely made up of 4 parts. The first part is classes 1 and 2, which are introductions. During these sessions, we will discuss the logistics of the course. Also, we will define what we mean by “politics of health” and “politics of health policy”, as well as why we consider it to be important. This course is taken by students from various backgrounds, so the introduction phase and our collective understanding of our subject matter as well as the goal of this course will be very important.

The second part is classes 3-6, up to which should be covered in the mid-term exam. During this phase, we focus on the concept of “globalization.” The word is pretty popular in the global health community, but the definition of it is not as clear as it should be. During these 4 classes, we will define globalization and analyze how it is manifested in important parts of our lives, such as work, state, and health policy, which directly and indirectly affect health.

The third part is comprised of classes 7-10. During these classes, the focus will be understanding the determinants of health and health policy. A determinant, in this context, is a dynamic concept. We want to comprehend major actors of population health on a large scale. First, we review theories that explain the politics and policy changes. Then we will analyze roles of government, community, and other social movements in changing the health status of population.

The last part is review and conclusion. Classes 11 and 12 will be led by teams of students, presenting their progress over the term. This way, students can review what they have learned from the course and receive feedbacks from other students and faculties which will be helpful for writing their final term papers. In class 13, we will review the whole course and discuss the potential next step in research.

Evaluation Methods

Mid-term and final term papers must conform to the following regulations: 12-point font; double spaced; 1” margins; APA formatting.

ASSIGNMENT 1: GROUP PRESENTATIONS (20%)

All students will be asked to form a group of 5 to work together on a project. Each week, team members will take turns and present their discussion. Also, classes 11 and 12 will entirely be of presentations of what each group has discussed over the whole course.

ASSIGNMENT 2: CRITIQUE OF EMPIRICAL PAPERS (10%)

Each week, we have an empirical paper to be critiqued by students. The paper will be related to the topic of the class, and students should choose one paper that they want to critique. The critique should be structured: discuss background and hypothesis of the paper and if the paper is on a sound theoretical and empirical basis. Discuss statistical methods used in the paper, such as if the method is appropriate to answer to research questions proposed, if the method has any flaws, or if there are any alternative methods that can be used. Discuss the result and conclusion of the paper, for example what additional knowledge does the paper add to our existing body of knowledge, if the interpretation of the paper was adequate, or what kind of ideological background authors of the paper is on.

ASSIGNMENT 3: MID-TERM PAPER (30%)

This paper should be written individually, but based on the group presentations each individual participated in the first half of the course, i.e., how aspects of globalization affected your topic. Summarize the discussion happened in your group. Critique it based on your own perspective and materials covered in the class. 5~7 pages. See the schedule for the deadline.

ASSIGNMENT 4: FINAL TERM PAPER (40 %)

The term paper should integrate the writing in your midterm evaluation as well as course materials, group discussion and presentations that were covered in the later half of the term, i.e., a detailed description of how actors of health and health policy responded to the “globalization” and what resulted from it. 10~15 pages. See the schedule for the deadline.

Grading of Written Papers

All written assignments are subject to the grading regulations as outlined in the Faculty of Nursing Calendar under *Guidelines for the Submission of Written Assignments* and in the School of Graduate Studies Handbook. Late assignments are subject to a penalty. Students are also responsible for requesting, in writing, prior to the due date, an extension for exceptional circumstances. Extension granted will

identify a new date. Otherwise assignments handed in late will have a 2% deducted per day as stated in the Faculty of Nursing calendar. If you are late in handing in your paper you are to put it in the drop-box during regular office hours outside the Student Services offices.

Plagiarism and Academic Honesty

Students agree that by taking this course all required papers will be subject to submission for textual similarity review to Turnitin.com for the detection of plagiarism. All submitted papers will be included as source documents in the Turnitin.com reference database solely for the purpose of detecting plagiarism of such papers. The terms that apply to the University's use of the Turnitin.com service are described on the Turnitin.com web site.

On the due date please submit your paper to the Assignment Box by the specified time and submit an electronic copy to the Turnitin.com website. You will be provided with an enrolment password and the unique class ID.

Accessibility

Students with diverse learning styles and needs are welcomed in this course. In particular, if you have a disability/health consideration that may require accommodations, please contact the Accessibility Services Office as soon as possible. The St. George Campus Accessibility Services staff (located in Robarts Library, First Floor) are available by appointment to assess specific needs, provide referrals and arrange appropriate accommodations (416)978-8060 or disability.services@utoronto.ca

Course Communication

Please ensure that you have an active your.name@utoronto.ca email address as this is the only one to which faculty will respond. If your contact information changes, please notify the Faculty immediately. Blackboard will be used to post the course syllabus, class outlines, lecture notes, and important announcements. Please check the Blackboard for this course often.

Recommended Textbooks (Students need not buy these books)

- Navarro V, Muntaner C. Political and economic determinants of population health and well-being: controversies and developments. Amityville, NY: Baywood Publishing Company; 2004.

Weekly Course Schedule/ Timetable

Date	Topic	Empirical Paper to Discuss	Group Project	Memo
	I. Introduction			
Sep 9	Class 1. Introduction		Pick a topic and form be a part of a group	<i>Class 2-3:30 pm</i>
Sep 16	Class 2. Why Politics of Health and Health Policy		Discuss how politics is important for your topic	
	II. Analyses of Current Situation			
Sep 23	Class 3. Globalization		Discuss if the phenomenon of “globalization” impacts your topic and it’s outcome one way or another	
Sep 30	Class 4. Labour Market		Discuss if the economic reform and labour market restructuring affects your topic	
Oct 7	Class 5. Welfare State		Discuss if state social and welfare policy changes affects your topic	
Oct 14	Class 6. Health Policy		Discuss if health policy change affects your topic	
	III. Policy and Political Change			
Oct 21	Class 7. Theories of Politics and Political Change		Discuss how your topic can be explained by any of these theories and which explains better than the other	<i>Mid-term paper due before the start of the class</i>
Oct 28	Class 8. The Government		Discuss what role the government played in your topic	<i>Drop Deadline Oct 30th</i>
Nov 4	Class 9. Community		Discuss what role the community played in your topic	
Nov 11	Class 10. Social Movement		Discuss how the social movement	

Date	Topic	Empirical Paper to Discuss	Group Project	Memo
			and government interaction played out in your topic	
	IV. Student-Led Sessions			
Nov 18	Class 11. Case Studies 1		Presentations	
Nov 25	Class 12. Case Studies 2		Presentations	
	V. Conclusion			
Dec 2	Class 13. Conclusion			
Dec 9				<i>Final term paper due by midnight</i>

I. INTRODUCTION

Class 1. Introduction

Overview

In this class, we mainly discuss the course logistics. In addition, we will review a couple of articles regarding the macro-comparative perspective.

Schedule:

2:00~3:30 Course logistics

Group Project:

Pick one of following topics and group with other students that picked the same topic by the next class. The topic will be the material for your mid-term and final paper.

Readings:

- Rose, G. ([1985] 2001). Sick individuals and sick populations. *International Journal of Epidemiology*, 30(3), 427-432.
- McMichael, P. (1990). Incorporating comparison within a world-historical perspective: An alternative comparative method. *American Sociological Review*, 55(3), 385-397.

Class 2. Why Politics of Health and Health Policy

Overview:

As the WHO Commission on Social Determinants has recently declared, health is more than health care. To achieve a healthy society, we need to tackle “causes of causes”, i.e., social determinants of health. Politics, in general, includes all human effort to “change” the status quo. Therefore, understanding the politics is essential in understanding why and how some people are sicker or some societies are sicker than others. In this class, we will discuss why politics is important in determining health and health policy.

Schedule:

2:00~3:40 Lecture

3:50~4:30 Group discussion

4:30~5:00 Presentations

Group Project:

With your teammates, discuss how politics is important for your topic. Identify in detail how politics and policies affected your topic and its outcome.

Empirical Paper:

II. ANALYSES OF CURRENT SITUATION

Class 3. Globalization

Overview:

The use of the term “globalization” is widely used in the field of global health without clear definition. In this class, we position the concept of “globalization” and “neoliberalism” in the historical context of post-WWII international economic development. We also point out the ideological function of neoliberalism and its consequences in health and wellbeing of the population. We also discuss the conceptual model that connects globalization to health.

Schedule:

2:00~3:40 Lecture

3:50~4:30 Group discussion

4:30~5:00 Presentations

Empirical Paper:

- Shandra, J.M., Nobles, J., London, B., & Williamson, J.B. (2004). Dependency, democracy, and infant mortality: a quantitative, cross-national analysis of less developed countries. *Social Science & Medicine*, 59(2), 321-333.

Group Project:

With your group, discuss the article you have chosen. Identify the political context of the article's topic. Discuss whether this topic has any relation with the phenomenon of "globalization," that is, the post-1980 change of global and national political economy of the state. If so, explain why. What are the features of the globalization or the political economy of the state that determined this event?

Required Readings:

Class 4. Labour Market

Overview

The most significant impact of Neoliberal globalization was felt in the restructuring of work organizations. The "post-Fordist" work organizations are characterized by 1) new information technologies; 2) emphasis on types of consumers in contrast to previous emphasis on social class; 3) the rise of the service and the white-collar worker; 4) the feminization of the work force; 5) the globalization of financial markets. As a result, workers in labour markets today suffer from high unemployment rate, high precarious working population, and high percentage of working poor. These changes in the global labour market should be reflected in population health status. In this class, we will review the post-fordist reform, with the focus on precarious and nonstandard employment, as well as the "uneven geographical development" around the world and how it affects people in developing and developed countries. We also aim to understand the phenomenon of "immigrant labour," which is a direct result of the "uneven geographical development," and how it affects the immigrants' and natives' health.

Group Project

Discuss with your team mates if your topic has any relationship with the global labour market and economic adjustment. If it does, why is it? How does the global labour market reform affect the health of people in your particular case? Think about the causal relationship between your topic and the economic reform.

Empirical Paper

Class 5. Welfare State

Overview

The “globalization” i.e., restructuring of characteristics of the market, necessitated a different type of governance, which is frequently conceptualized as the Schumpeterian workfare state (from the Keynesian welfare state). Post-Fordist government is usually understood with the characteristics of welfare state retrenchment. However, authors argue that while retrenchment in one way or another has happened across the globe, the process has been manifested in a different way across welfare state regime types (i.e., incorporated processes). In this class, we will review the global process of welfare state change in the era of globalization and the prospect of welfare states. We will also examine its impact on population health around the world.

Group Project

Discuss how the change in political economy of the state and government social policies has affected your example. Would the process have been different if it happened in other countries? Propose a causal theory that connects the welfare state change to your topic.

Empirical Paper

Class 6. Health Policy

Overview:

Health policy is a part of an array of welfare policy, and health policy options have changed during the last couple of decades. The direction of change in health policy wouldn't be much different from that of welfare policy, but since health policy is important in our discipline, we will give a closer look at how it changed. This class will start with Dr. Coburn's essay on the health care reform in during the era of globalization with the example from Ontario. Other readings for this class look at particular instances of health policy reform under neoliberal globalization, with a focus on cost-containment, and privatization of insurance (managed care), and hospitals. Lastly, we will review if the reform of health care differed by the welfare state regime type, with the prototype examples of Germany, Britain, and United States.

Empirical Paper

- Macinko, J.A., Shi, L., & Starfield, B. (2004). Wage inequality, the health system, and infant mortality in wealthy industrialized countries, 1970-1996. *Social Science & Medicine*, 58(2), 279-292.

Group Project:

Discuss with your teammates if your case study has any relationship with the change of health care policy in the country. If so, come up with a causal theory of the kind of health policy reform directly and/or indirectly affected the case. Was the health reform related to globalization and why? Can you come up with the causal linkage to more macro political economic change?

Readings:

III. POLICY AND POLITICAL CHANGE

Class 7. Theories of Politics and Political Change

Overview:

There are largely 3 schools of thought in explaining the politics and political change. Each of these theories are based on the 3 main traditions in sociology, namely, Durkheimian, Weberian, Marxian ideas and theoretical and empirical advancements made after these great thinkers' time. The schools can be largely divided into 2 main trends: economics matter vs. politics matter. There are 2 ideas in the latter: institutionalist and power resources. In this class, we will learn these ideas, and discuss the way in which these thoughts can be applied to understand and explain politics of health.

Group Project:

Discuss how your topic can be explained by these 3 theories. Do any of these theories explain your case better than others? In what cases a certain theory would have a stronger explanatory power compared to others? Can you come up with examples?

Empirical Paper

Class 8. The Government

Overview:

When we think of health policy, we think of the government. It is true that government play a major role in health policy formulation, as well as other policies such as labour, housing, environmental and other social and economic policies that influence population health. In this class, we will review the policy and political process of health policy inside the government, from the perspective of (health) policy and political sociology, the former of which is usually more functional whereas the latter is more structural. Also, we will apply the reading from the last class into this class to explain the state health policy change.

Group Project:

In class 6, we have discussed how health policy change affects our topic. In this class, re-analyze it using characteristics of the politics of public health policy that are outlined by Oliver. Also, discuss if we can come up with your own table that is similar to that presented by Reich.

Empirical Paper

Class 9. Community

Overview

Recently the community health care, and the concept of social capital have garnered interests among health policy researchers. The realization of the importance of community is not new in the field of public health. Therefore, what is important is to understand the current context of its reemergence, and its implications, and how while social capital could be a useful concept, but also can be a two-edged sword that blames victims. In this class we will review the social capital debate, and its description for community development, and how a real state policy is need to enhance social capital to avoid victim blaming on our part.

Group Project

Discuss if the community played a role in your example. How did they organize and what were their main focuses. How was the slogan framed and how were they accepted by general public as well as key players? What was the relationship between community and the government?

Class 10. Social Movement

Overview

As we have seen in the last class, concerted effort of social movement and governmental policy is needed to promote pro-egalitarian health reform. Then what are the roles of social movement in the health care and other social reform? In earlier class, according to 'power resources' perspective, we learned that the role of mass-organization, such as trade union, and their political instrument of progressive party is essential to social transformation that is conducive to population health. In this class, we will review more concrete examples change that has impact on health of population, including not only labour movements, but also gender and race movements.

Group Project

Discuss if there are other type of social movement involved in your example than the one already discussed in the last class. What were their roles and how did they organize? How did they position themselves between main actors? How did their aim differ from main actors? What were their influences in the process?

Empirical Paper

- Muntaner C, Lynch JW, Oates GL. The social class determinants of income inequality and social cohesion. *International Journal of Health Services* 1999;29(4):699 - 732.

Readings

IV. STUDENT-LED SESSIONS

Class 11. Case Studies 1

Class 12. Case Studies 2

Schedule:

2:00~3:25 Presentation I

3:30~3:55 Presentation I

4:00~4:25 Presentation I

4:30~4:55 Presentation I

V. CONCLUSION

Class 13. Conclusion

Schedule

2:00~3:00 Active learning material: *Unnatural Causes*, California Newsreels, USA, 2007
(<http://www.unnaturalcauses.org>)

3:20~5:00 Lecture and discussion

Required Readings: TBA

Evaluation

Please answer to following questions and return this page on the last day of the class.

If you cannot attend the last class, please return this page at the latest class you can attend.

Questions to be edited