

Term Information

Effective Term Autumn 2022

General Information

Course Bulletin Listing/Subject Area Political Science
Fiscal Unit/Academic Org Political Science - D0755
College/Academic Group Arts and Sciences
Level/Career Undergraduate
Course Number/Catalog 2120
Course Title Follow the Science: The Politics of Health
Transcript Abbreviation Politics of Health
Course Description In the 20th Century, chronic conditions became the leading killers of Americans and the federal government came to play a much more expansive role in health, including the approval of treatments, regulation of harmful substances, promotion of healthy habits, and funding healthcare. Students will survey these developments and apply the resulting insights to contemporary health policy debates.
Semester Credit Hours/Units Fixed: 3

Offering Information

Length Of Course 14 Week, 8 Week, 7 Week, 6 Week
Flexibly Scheduled Course Never
Does any section of this course have a distance education component? No
Grading Basis Letter Grade
Repeatable No
Course Components Lecture
Grade Roster Component Lecture
Credit Available by Exam No
Admission Condition Course No
Off Campus Never
Campus of Offering Columbus, Lima, Mansfield, Marion, Newark, Wooster

Prerequisites and Exclusions

Prerequisites/Corequisites
Exclusions
Electronically Enforced Yes

Cross-Listings

Cross-Listings

Subject/CIP Code

Subject/CIP Code 45.1001
Subsidy Level Baccalaureate Course
Intended Rank Freshman, Sophomore, Junior, Senior

Requirement/Elective Designation

Citizenship for a Diverse and Just World; Health and Well-being

The course is an elective (for this or other units) or is a service course for other units

Course Details

Course goals or learning objectives/outcomes

- students will analyze various important health policy topics or ideas at an advanced and in-depth level

Content Topic List

- Controversy over the link between smoking and cancer
- Strategies used by both tobacco companies and anti-smoking advocates to influence public policy
- The rise of heart disease in the 20th Century and the proposed "diet-health" hypothesis
- Development of federal nutritional guidelines
- Federal funding for research on Alzheimer's disease
- Changing scientific standards for FDA drug approval
- Federal funding of hospitals and doctors through the Medicare program

Sought Concurrence

Yes

Attachments

- Curriculum Map BA Political Science.pdf: Curriculum Map BS Poli Sci
(Other Supporting Documentation. Owner: Smith, Charles William)
- Curriculum Map BA World Politics.pdf: Curriculum Map BA World POI
(Other Supporting Documentation. Owner: Smith, Charles William)
- Curriculum Map BS Political Science.pdf: Curriculum Map BS Poli Sci
(Other Supporting Documentation. Owner: Smith, Charles William)
- Citizenship ELOs.pdf: Citizenship Theme ELOs
(Other Supporting Documentation. Owner: Smith, Charles William)
- Political Science 4120 Cover Letter.pdf: Cover letter
(Other Supporting Documentation. Owner: Smith, Charles William)
- Political Science 4120 Revised Syllabus.pdf: POLITSC 4120 syllabus
(Syllabus. Owner: Smith, Charles William)
- Concurrence request list.pdf: concurrence list
(Concurrence. Owner: Smith, Charles William)
- Curriculum form 27 Jan 2022 v 1.pdf: concurrence
(List of Depts Concurrence Requested From. Owner: Smith, Charles William)

Comments

- Please see Panel feedback email sent 06/27/2022. *(by Hilty, Michael on 06/27/2022 12:43 PM)*
- need correction *(by Caldeira, Gregory Anthony on 02/01/2022 10:19 PM)*

COURSE REQUEST
2120 - Status: PENDING

Last Updated: Vankeerbergen, Bernadette
Chantal
07/20/2022

Workflow Information

Status	User(s)	Date/Time	Step
Submitted	Smith, Charles William	02/01/2022 03:59 PM	Submitted for Approval
Revision Requested	Caldeira, Gregory Anthony	02/01/2022 10:19 PM	Unit Approval
Submitted	Smith, Charles William	02/01/2022 10:23 PM	Submitted for Approval
Approved	Caldeira, Gregory Anthony	02/01/2022 10:24 PM	Unit Approval
Approved	Vankeerbergen, Bernadette Chantal	02/08/2022 04:43 PM	College Approval
Revision Requested	Hilty, Michael	06/27/2022 12:43 PM	ASCCAO Approval
Submitted	Smith, Charles William	07/13/2022 11:55 AM	Submitted for Approval
Approved	Caldeira, Gregory Anthony	07/13/2022 12:14 PM	Unit Approval
Approved	Vankeerbergen, Bernadette Chantal	07/20/2022 01:33 PM	College Approval
Pending Approval	Cody, Emily Kathryn Jenkins, Mary Ellen Bigler Hanlin, Deborah Kay Hilty, Michael Vankeerbergen, Bernadette Chantal Steele, Rachel Lea	07/20/2022 01:33 PM	ASCCAO Approval



July 12, 2022

Themes Panel
College of Arts and Sciences Curriculum Committee

Re: Citizenship theme approval for Political Science 4120

Dear Members of the ASCC Themes Panel,

I'm writing to resubmit this course, "Follow the Science? The Politics of Health," for your consideration for inclusion in the Citizenship for a Diverse and Just World GE theme. This course was reviewed at the June 9, 2022 meeting. At the time, it was approved for the Health and Well-being GE theme but sent back for revisions for Citizenship. The panel provided the following comments:

The reviewing faculty ask that the idea of Citizenship be more explicitly explored within the course materials (assignments, readings, etc.). While they can certainly see the implicit link due to the discipline, they were unable to see how the GE ELOs are being explicitly addressed in the course syllabus.

The revised syllabus addresses these points through the following revisions:

1. The course description at the beginning of the syllabus has been revised to make clearer to students the explicit connection to citizenship. The revised text now includes the following: *"In studying these topics, we will engage and debate some of the most important questions at the heart of democratic citizenship — how society should navigate difficult questions values on which reasonable people disagree, the challenges of making good public policy in the face of considerable uncertainty, and the ways in which our existing political institutions inequitably allocate power and influence, giving some greater voice and representation than others."*
2. In addition, the theme-specific rationale text now includes an explicit definition of citizenship as it is used in the course: *"In this course citizenship, is defined as the multifaceted processes and mechanisms through which*

diverse groups of people come together to make collective decisions and tackle shared challenges. Given the collective nature of this process, recognizing, negotiating, and ultimately reconciling disagreement and divergent preferences and values are skills essential for being an effective member of society and an engaged citizen in our democracy.”

3. Finally, the day-by-day calendar breakdown now provides a detailed list of citizenship-related topics and discussion items that will be covered through the combination of the readings assigned for that day as well as the lecture portion of the course and the in-class discussion that will be facilitated by the course instructor. Each item is also directly linked back to the specific citizenship ELO that they are directly related to. For example, under the first day of class, the syllabus now lists the following citizenship topics to be explored on that day (note that that the ELO numbering — e.g., 1.1, etc. — are based on and refer back to the numerical identifiers listed in the syllabus):
 - a. *What is citizenship in a democratic society? Why must some issues or problems be tackled collectively through government intervention or action? (ELOs 1.1 and 1.2)*
 - b. *What are the important mechanisms and institutions through which individual voices and preferences come together to create collective societal decisions? Whose voices and interests are better represented through this process than others, and how does this vary under different decision-making processes and institutions? (ELOs 2.1 and 2.2)*
 - c. *Role of “values” vs. “evidence” in public policy. (ELOs 1.1 and 1.2)*
 - d. *How to make policy in the face of uncertainty — when is it ethical to demand more evidence and when is delaying action problematic? (ELOs 1.1 and 1.2)*

In the revised syllabus, each change has also been highlighted in red for easy reference and flagging.

Sincerely,



Vladimir Kogan

Associate Professor

POLITICAL SCIENCE 2120: 'FOLLOW THE SCIENCE?' THE POLITICS OF HEALTH

Wednesdays and Fridays, 12:45 to 2:05 p.m. (3 credit hours)

Class Location

Fall 2022

Professor Vladimir Kogan

Office: Derby Hall 2004

Office Hours via Zoom:

- In person: Wednesdays, 2:15 to 3:30 p.m.
- On Zoom: Wednesdays, 8 to 9 p.m.
- By appointment (in person or Zoom)

E-mail: kogan.18@osu.edu

Top Hat Course URL: app.tophat.com/e/XXXXXX

Top Hat Course Join Code: XXXXXX

Course Description:

The second half of the 20th Century marked a dramatic change in the leading causes of mortality and morbidity among Americans and the public policy approaches aimed to address them. First, chronic conditions — including heart disease, cancer, and neurodegenerative disorders — replaced infectious disease as the leading killers of Americans. Because these conditions tend to develop over long periods of time, traditional methods for identifying the causes of disease and developing new therapeutic treatments such as randomized controlled trials proved to be of limited use, leading to the invention of new analytic tools and methods in the field of epidemiology. Second, the federal government came to play a much more active and expansive role in health, including in the approval and review of new medical treatments, the regulation of harmful substances (e.g., tobacco), the promotion of healthy habits (e.g., national dietary guidelines), and the funding of medical care.

Together, these developments interacted in unpredictable and surprising ways to reshape the landscape of health and health care in our country. Powerful interest groups — some eyeing an opportunity to further their own financial interest, others seeing their profits threatened by government action — and patient advocates mobilized to influence the political process and enact policies most aligned with their own self-interest. These groups exploited unsettled scientific debates and the limitations of the epidemiological methods to sometimes block urgent policy change by pointing to scientific uncertainty and, at other times, to push through dramatic policy changes on the basis of limited (and subsequently discredited) evidence.

In this course, we'll survey these developments, with an eye for understanding both how we got to where we are today as well as for applying these insights to understand controversial political issues in the field of health policy in the present day. **In studying these topics, we will engage and debate some of the most important questions at the heart of democratic citizenship — how society should navigate difficult questions values on which reasonable people disagree, the challenges of making good public**

policy in the face of considerable uncertainty, and the ways in which our existing political institutions inequitably allocate power and influence, giving some greater voice and representation than others.

Goals and Expected Learning Outcomes:

This course is part of both the Citizenship for a Just and Diverse World and Health and Well-being themes in the university's General Education program.

General Theme Goals and Expected Learning Outcomes:

GOAL 1: Successful students will analyze an important topic or idea at a more advanced and in-depth level than the foundations.

ELO 1.1 Engage in critical and logical thinking about the topic or idea of the theme.

ELO 1.2 Engage in an advanced, in-depth, scholarly exploration of the topic or idea of the theme.

Rationale: In this course, students will engage in an in-depth study of **democratic deliberation** and policymaking in the United States with a focus on health. Rather than a general overview of these topics, students will get in the weeds on important topics related to key political institutions — including the committee system in Congress and decision-making in the Food and Drug Administration — and complex policy questions, including the evidentiary standards for the approval of new drugs and the precise formulae used to reimburse hospitals and doctors under the Medicare program. Specifically, we will focus on (1) cancer linked to smoking; (2) relationship between diet and heart disease; (3) the causes of Alzheimer's disease and the struggle of scientists to develop effective treatments; and (4) funding models for medical care provided by government-funded programs.

The focal policy and health issues that will be examined in the course are controversial and contested. Students will carefully study and engage the historical and ongoing policy and evidentiary debates in these fields. In the process, students will practice critically evaluating the research produced by epidemiologists and advocacy groups to promote their preferred policies, understanding the limitations of observational studies and research designs often used to make causal inferences from observational data.

Course-specific learning goals and expected learning outcomes:

- Students critically evaluate competing political and policy arguments, identifying whether the crux of the disagreement is over facts or normative values
- Students appreciate the role of key political institutions involved in the protection and promotion of health as well as the mechanisms used by external actors to influence decision-making within these institutions.
- Students understand the challenges of drawing causal inferences from observational data and the strengths and weaknesses of various epidemiological methods and research designs intended to establish causal relationships.

GOAL 2: Successful students will integrate approaches to the theme by making connections to out-of-classroom experiences with academic knowledge or across disciplines and/or to work they have done in previous classes and that they anticipate doing in future.

ELO 2.1 Identify, describe, and synthesize approaches or experiences as they apply to the theme.

ELO 2.2 Demonstrate a developing sense of self as a learner through reflection, self-assessment, and creative work, building on prior experiences to respond to new and challenging contexts.

Rationale: Students will engage critical readings from a variety of disciplines — including epidemiology, political science, economics, and medicine. In addition to scholarly journal articles, other course readings will include official government reports, journalistic accounts, and secondary historical sources. The group research projects will also give student practice taking the knowledge they gain in the classroom and applying it to current policy debates, engaging in their own independent research and analysis of both medical and policy research, and producing written work products (including a policy strategy memo and an op-ed written for a general audience) that will prepare them for professional careers.

Course-specific learning goals and expected learning outcomes:

- Students identify the connection between changing evidence and knowledge on health-related issues and the dynamics of political and policy debates surrounding these issues.
- Students accurately describe the inherent uncertainty or tentative nature of current scientific knowledge and how such uncertainty can be exploited strategically to serve desired political or policy goals.
- Students develop their skills as self-directed learners by carrying independent research, practice leadership and teamwork skills by working in groups, and practice career-relevant writing skills.

Citizenship Goals and Expected Learning Outcomes:

GOAL 1: Successful students will explore and analyze a range of perspectives on local, national, or global citizenship, and apply the knowledge, skills, and dispositions that constitute citizenship.

ELO 1.1 Describe and analyze a range of perspectives on what constitutes citizenship and how it differs across political, cultural, national, global, and/or historical communities.

ELO 1.2 Identify, reflect on, and apply the knowledge, skills and dispositions required for intercultural competence as a global citizen.

Rationale: In this course citizenship, is defined as the multifaceted processes and mechanisms through which diverse groups of people come together to make collective decisions and tackle shared challenges. Given the collective nature of this process, recognizing, negotiating, and ultimately reconciling disagreement and divergent preferences and values are skills essential for

being an effective member of society and an engaged citizen in our democracy. Specifically, this course focuses on the relationship of individuals and their communities, and how diverse preferences are aggregated together through democratic processes to make public policy. This course is organized around both historical and ongoing policy and political debates in health. Much of the course will involve reading and thinking about disagreement and debates in these areas. A core goal of the class is for students to come to terms with the fact that reasonable people may disagree about many of these issues, and to separate areas where such disagreement is entirely appropriate in democracies (e.g., over values) and where consensus should at least theoretically be achievable (e.g., over the state of scientific knowledge, understanding, and uncertainty). In addition, understanding how policy is made in the face of uncertainty and competing arguments and demands is a critical skill for individuals to be able to navigate the modern political process both as citizens and also potentially as policymakers.

Course-specific learning goals and expected learning outcomes:

- Students understand competing values, perspectives, and cultural norms related to the role of the state in regulating individual behaviors and market relationships and on the use of public policy to promote healthier decision-making and choices.

GOAL 2: Successful students will examine notions of justice amidst difference and analyze and critique how these interact with historically and socially constructed ideas of citizenship and membership within societies, both within the US and/or around the world.

ELO 2.1 Examine, critique, and evaluate various expressions and implications of diversity, equity, inclusion, and explore a variety of lived experiences.

ELO 2.2 Analyze and critique the intersection of concepts of justice, difference, citizenship, and how these interact with cultural traditions, structures of power and/or advocacy for social change.

Rationale: The inequities of American society are manifest in aggregate health outcomes and in our health care system, with historically under-represented groups often disproportionately affected both by the health conditions that we examine in this course and by policies designed to ameliorate them. **In connection to citizenship, our focus will be to (1) understand how these inequities emerged as the direct result processes and procedures that characterize our political processes and (2) think about the impact the role and responsibility public policy has for alleviating them.** We will apply the DEI lens to examine (1) whose voices and interests are most effectively represented in the political process and (2) which communities are most affected by the policies and debates over salient health issues. We will also examine the historical origins of health inequities and the extent to which the gaps have narrowed or widened over time through public policy efforts.

Course-specific learning goals and expected learning outcomes:

- Students examine how social and demographic inequities are replicated or ameliorated through the political process, and think critically about whose interests are most effectively represented in this process.

Health and Well-being Goals and Expected Learning Outcomes:

GOAL 1: Students will explore and analyze health and wellbeing through attention to at least two dimensions of wellbeing. (Ex: physical, mental, emotional, career, environmental, spiritual, intellectual, creative, financial, etc.).

ELO 1.1 Explore and analyze health and wellbeing from theoretical, socio-economic, scientific, historical, cultural, technological, policy, and/or personal perspectives.

ELO 1.2 Identify, reflect on, or apply strategies for promoting health and well-being.

Rationale: As noted above, this course will focus specifically on three leading causes of mortality and morbidity in the United States — cancer, heart disease, and neurodegenerative disease. While all three clearly have physical manifestations, they also affect other dimensions of health (e.g., patients diagnosed with Alzheimer’s disease often suffer from depression in the early stages of their disease; costly cancer treatments can result in “financial toxicity” that affect not only the patients but also their families). When examining these conditions, we will focus both different kinds of causes (e.g., environmental exposure vs. individual health decisions and actions) and on the state of the knowledge about their prevention.

There are three overarching goals embedded in the design of the course with respect to helping students apply strategies for achieving and maintaining their health and well-being. First, students will develop a deep understanding of the current state of knowledge on the causes, treatments, and effective prevention strategies for the leading chronic conditions that affect the U.S. population. More generally, students will develop skills to become informed consumers of clinical trial and medical research — with the ability to go beyond the headlines in newspapers to understand the strength and limitations of various research methods and strategies. These skills will allow students to continue to stay informed on the changing state of medical knowledge on issues relevant to their health and well-being. Finally, students will develop and practice skills necessary to advocate for policies that can promote their own and broader community health.

Course-specific learning goals and expected learning outcomes:

- Students identify the connection between changing evidence and knowledge on health-related issues and the dynamics of political and policy debates surrounding these issues.
- Students accurately describe the inherent uncertainty or tentative nature of current scientific knowledge and how such uncertainty can be exploited strategically to serve desired political or policy goals.
- Students understand the challenges of drawing causal inferences from observational data and the strengths and weaknesses of various epidemiological methods and research designs intended to establish causal relationships.

Course Materials:

1. *All required course readings are posted on Carmen*
2. *Students need to create a free Top Hat account*

Top Hat is a mobile audience response system that is used campus-wide at OSU. It is free and we will use Top Hat extensively throughout the course for both reading quizzes and class discussion. You can access the system via the URL on the front page of the syllabus or use the Top Hat app on your iOS or Android device.

Assignments:

1. Class Participation (20% of Overall Grade)

Students can earn participation points daily by using Top Hat on their mobile devices to respond to questions incorporated into the course, by taking part in class discussions, and by participating in office hours. The bulk of the participation points will be earned through Top Hat. You can earn extra credit by participating in class discussions and by taking part in office hours.

Points for Top Hat participation will be tracked automatically and can be viewed on the Top Hat course website. They will be updated on Carmen daily as well. Points for taking part in class discussions will be posted on Carmen after each class.

2. Daily Reading Quiz (25% of Overall Grade)

Students are expected to complete the readings assigned for each class *prior* to the start of class. In the beginning of each class, students will use Top Hat to complete a short multiple-choice quiz covering basic comprehension and recall of major facts and ideas from the readings assigned for that day.

To prepare for the quizzes, I strongly encourage students to carefully read and think about the “Reading Questions” included in the detailed course calendar below. If you can answer each of these questions, you will do well on the quiz. You are free refer to your notes or readings when completing the quizzes. *Quizzes missed due to absences cannot be made up, but the lowest four quiz scores will be dropped automatically for all students prior to the calculation of the final grades.*

3. Midterm (20% of Overall Grade)

The midterm will consist of two parts. Several longer take-home questions will be posted on Carmen by Friday, Oct. 1, and will be due by 9 p.m. on Wednesday, Oct. 13. On Oct. 13, students will also complete a multiple-choice exam on Carmen. Students will have previously seen at least half of the multiple-choice questions during the daily quizzes. *All* of the questions will be available for review on Carmen for approximately one week prior to the multiple-choice exam.

4. Group Research Project (15% of Overall Grade)

Students will work in groups to research a current controversy at the intersection of politics and health. The possible research topics are listed below. The goal of the project is understanding both the scientific controversies at the heart of these issues as well as the associated political debates. In addition to presenting their findings to the class (5% of overall class grade), students will work as a group to write a five-page *policy strategy memo* laying out both the state of scientific knowledge and the recommended political strategy to pursue the optimal policy (5% of overall class grade). Finally, students will individually also

draft an 800 to 1,000 word op-ed on the topic (5% of overall class grade). Both the memo and op-ed will be due on the day of each group's presentation (see detailed schedule below).

Research topics:

- Controversy over the U.S. Preventative Services Task Force recommendations for breast and prostate cancer screening
- Masking of school children to prevent transmission of SARS-COV-2
- Medicaid coverage for newly developed hepatitis C treatments
- Legal mandates for gender-affirming treatment for transgender teens
- Nutritional requirements for school lunches
- Federal funding for biomedical research involving fetal stem cells
- Federal funding of gain-of-function research for viruses
- Proposed bans on flavored cigarettes (including menthol cigarettes)

5. Final Exam (20% of Overall Grade)

The final exam will have the same format as the midterm. Several take-home questions will be posted on Carmen by Friday, Nov. 19. These will be due by 9 p.m. on Monday, Dec. 13. Students will complete the multiple-choice portion of the exam on Carmen on Monday, Dec. 13.

Academic Integrity:

It is the responsibility of the Committee on Academic Misconduct to investigate or establish procedures for the investigation of all reported cases of student academic misconduct. The term "academic misconduct" includes all forms of student academic misconduct wherever committed; illustrated by, but not limited to, cases of plagiarism and dishonest practices in connection with examinations. Instructors shall report all instances of alleged academic misconduct to the committee (Faculty Rule 3335-5-487). For additional information, see the Code of Student Conduct <http://studentlife.osu.edu/csc/>.

If you have any questions about the above policy or what constitutes academic misconduct in this course, please contact me.

Other sources of information on academic misconduct (integrity) to which you can refer include:

- Committee on Academic Misconduct web page (go.osu.edu/coam)
- Ten Suggestions for Preserving Academic Integrity (go.osu.edu/ten-suggestions)
- Eight Cardinal Rules of Academic Integrity (go.osu.edu/cardinal-rules)

You are free to use any of your readings or notes when completing the quizzes, assignments, and exams. However, you are expected to submit your own work and to complete all assignments independently (with the exception of the group presentations and policy memos). If you are unsure about whether specific types of collaboration are appropriate, please reach out.

Students are required to upload their written exams to Carmen, which utilizes Turnitin.com for plagiarism detection. This online service analyzes student submissions for plagiarism from published or online sources and compares their work to submissions made by other students (including students who have taken the course in previous semesters). To avoid plagiarism issues, students

must cite all sources from which they get their information and use quotation marks when quoting directly from these sources, including the readings and cases assigned for class. Students may use any standard citation format but are responsible for knowing how to correctly cite their sources.

Late and Make-Up Policy:

All take-home exam questions are due by 9 p.m. on the relevant due date. All assignments submitted more than 15 minutes after the relevant due date will be assessed a 5 percentage point late penalty. There will be an additional 5 percentage point penalty for each subsequent day that the assignment is late. *No assignments will be accepted more than one week late.*

Grade Appeals:

You have one week from when the grades are posted on Carmen to appeal the grade. You must submit a typed, double-spaced statement directly to the teaching assistant explaining why you are appealing your grade and justify it with evidence from your paper, exam, readings, lectures, and/or answer keys.

Accommodations for Disabled Students:

The university strives to make all learning experiences as accessible as possible. If you anticipate or experience academic barriers based on your disability including mental health, chronic or temporary medical conditions, please let me know immediately so that we can privately discuss options. To establish reasonable accommodations, I may request that you register with Student Life Disability Services. After registration, make arrangements with me as soon as possible to discuss your accommodations so that they may be implemented in a timely fashion. SLDS contact information: slds@osu.edu; 614-292-3307; 098 Baker Hall, 113 W. 12th Avenue.

PLEASE TAKE CARE OF YOURSELF:

As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance or reduce a student's ability to participate in daily activities. The Ohio State University offers services to assist you with addressing these and other concerns you may be experiencing.

If you are or someone you know is suffering from any of the above conditions, you can learn more about the broad range of confidential mental health services available on campus via the Office of Student Life's Counseling and Consultation Service (CCS) by visiting ccs.osu.edu or calling (614) 292-5766. CCS is located on the 4th Floor of the Younkin Success Center and 10th Floor of Lincoln Tower. You can reach an on-call counselor when CCS is closed at (614) 292-5766.

If you are thinking of harming yourself or need a safe, non-judgmental place to talk, or if you are worried about someone else and need advice about what to do, 24-hour emergency help is also available through the Suicide Prevention Hotline: (614) 221-5445 (Columbus); (800) 273-8255 (national); text "4hope" to 741741; or visit suicidepreventionlifeline.org.

Course Grade Scale:

Grade	From	To
A	100%	93%
A-	<93%	90%
B+	<90%	87%
B	<87%	83%
B-	<83%	80%
C+	<80%	77%
C	<77%	73%
C-	<73%	70%
D+	<70%	67%
D	<67%	60%
E	<60%	0%

Course Overview and Schedule:

Week 1

Wednesday, August 25 — Introduction and Course Overview

Citizenship Topics:

- What is citizenship in a democratic society? Why must some issues or problems be tackled collectively through government intervention or action? (ELOs 1.1 and 1.2)
- What are the important mechanisms and institutions through which individual voices and preferences come together to create collective societal decisions? Whose voices and interests are better represented through this process than others, and how does this vary under different decision-making processes and institutions? (ELOs 2.1 and 2.2)
- Role of “values” vs. “evidence” in public policy. (ELOs 1.1 and 1.2)
- How to make policy in the face of uncertainty — when is it ethical to demand more evidence and when is delaying action problematic? (ELOs 1.1 and 1.2)

PART I. SMOKING AND CANCER

Friday, August 27 — Rise of Lung Cancer and Competing Hypotheses

Reading:

- Alton Ochsner and Michael DeBakey, 1939, “Primary Pulmonary Malignancy: Treatment by Total Pneumonectomy; Analysis of 79 Collected Cases and Presentation of 7 Personal Cases,” *Journal of the American College of Surgeons* 68: 435-451.
- “Episode 44: The Great Smog,” *Bedside Rounds* podcast.

Reading Questions:

- What first caused doctors to notice the sharp increase the prevalence of lung carcinoma cases in the first half of the 20th Century?
- What were the plausible explanations offered for this increase, and which explanations were seen as more vs. less plausible?
- Why did anti-German attitudes make American doctors initially reluctant to believe the smoking-cancer link?

Week 2

Wednesday, September 1 — Smoking: Cause and Effect?

Reading:

- E. Cuyler Hammond and Daniel Horn, 1954, “The Relationship Between Human Smoking Habits and Death Rates: A Follow-up Study of 187,766 Men,” *Journal of the American Medical Association* 155(15): pp. 1316-1328.
- Richard Doll and A. Bradford Hill, 1954, “The Mortality of Doctors in Relation to Their Smoking Habits,” *British Medical Journal* 1: pp. 1451-1455.

Reading Questions:

- How did the “prospective” cohort analysis method that Hamond and Horn and Doll and Hill developed compare to previous observational studies of the relationship between smoking and cancer?
- Why was this method an improvement, in terms of providing more credible estimates of causal effects?
- What was the magnitude of the relationship between smoking and lung cancer these studies uncover? How did it vary depending on the type of smoking and the “dosage?”

Friday, September 3 — The Smoking-Lung Cancer ‘Controversy’

Citizenship Topics:

- At what point did sufficient evidence emerge for the government to take steps to reduce smoking or regulate cigarettes? Was there room for reasonable disagreement? (ELOs 1.1 and 1.2)
- Were critics of emerging epidemiological evidence linking cigarettes to cancer morally or ethically wrong to voice their doubts publicly, knowing that their messages could (and ultimately would) be amplified by interest groups to thwart government action? (ELO 1.2)
- What are the ethical responsibilities of modern-day citizens and experts to consider the downstream and perhaps unintended political consequences of their professional activities? (ELOs 1.1 and 1.2)
- What are examples of current policy debates — both health-related and more broadly — where the evidence base does not produce 100 percent certainty? What is the ethical and reasonable role of the government and public policy in these spheres, given the current state of knowledge? How should society weigh the costs and benefits of pursuing action vs. inaction pending further evidence development? (ELOs 1.1 and 1.2)

Reading:

- Jan P. Vandembroucke, 1989, “Those Who Were Wrong,” *American Journal of Epidemiology* 130(1): pp. 3-5.
- Paul D. Stolley, 1991, “When Genius Errs: R. A. Fisher and the Lung Cancer Controversy,” *American Journal of Epidemiology* 133(5): pp. 416-425.
- Mark Parascandola, 2004, “Two Approaches to Etiology: The Debate Over Smoking and Lung Cancer in the 1950s,” *Endeavour* 28(2): pp. 81-86.

Reading Questions:

- Which prominent scientists at the time remained skeptical of the cancer-smoking link?
- Why did these critics not believe the correlational “associations” uncovered in the epidemiological data represented true “causal” effects? What alternative explanations did they offer for these associations?
- What alternative research designs did these scientists propose and what did these designs conclude?
- What is the relevance of this historical disagreement for current methodological debates in medicine and science more generally?

Week 3

Wednesday, September 8 — Tobacco Lobby Fights Back

Citizenship Topics:

- Overview of American political institutions, concept of “veto” gates — pivotal actors in the policy-making process who can block policy change — and arguments about inherent “status quo bias” in public policy. (ELOs 1.1 and 2.1)
- Tension between professional expertise in bureaucratic/executive agencies and political accountability to voters through elections. How much autonomy should executive branch agencies, staffed by policy experts, have and how much influence over their decisions should members of Congress have? (ELOs 1.1 and 1.2)
- The importance of reelection incentives for members of Congress, the internal organization of Congress (e.g., committee system, norms of seniority), and how these combine to shape public policy. On behalf of whose interests are members of Congress more incentivized to advocate and whose interests are overlooked as a result of the incentives built into our political and electoral institutions? (ELOs 2.1 and 2.2)
- Understanding different policy categories in terms of “concentrated” vs. “diffuse” costs and benefits and how institutions and political incentives shape government policy given different combinations of policy costs and benefits. (ELOs 1.2 and 2.2)

Reading:

- A. Lee Fritschler and Catherine E. Rudder, 2006, *Smoking and Politics: Bureaucracy Centered Policymaking*, Pearson: “Chapter 2: The Grip of Tobacco Interests on Policymaking.”

- Harvey M. Sapolsky, 1980, “The Political Obstacles to the Control of Cigarette Smoking in the United States,” *Journal of Health Politics, Policy, and Law* 5(2): pp. 277-290.

Reading Questions:

- Through what mechanisms did the tobacco industry influence the political process to block and delay federal efforts to regulate the sale of cigarette and reduce the negative health consequences?
- What made the tobacco industry political influential, relative to voices of those who advocated stricter regulation?
- How did the internal design of American political institutions — such as the committee system in Congress and the importance of seniority — amplify the influence of the tobacco industry?
- What role did fiscal concerns (e.g., about tax revenues) play in these policy debates?

Friday, September 10 — Politics of Health Warnings and Liability Waivers

Citizenship Topics:

- Importance of political compromise in successful policy change and the ethical considerations such compromise implicates. (ELOs 1.1 and 1.2)
- Models of incremental policy change and punctuated equilibrium, and which are more accurate descriptions of how the political process typically works. (ELO 1.2)
- Is it morally and ethically wrong to “pay off” interest groups that are engaging in socially destructive behavior but may possess veto power over policy change in order to make progress on policy? (ELOs 1.1, 1.2, and 2.2)

Reading:

- Elizabeth Brenner Drew, 1965 “The Quiet Victory of the Cigarette Lobby: How It Found the Best Filter Yet—Congress,” *Atlantic Monthly*, September, pp. 76-80.
- Jonathan Kwitny, 1972, “Defending the Weed: How Embattled Group Uses Tact, Calculation to Blunt Its Opposition Tobacco Institute Manages Cigaret Firms’ Strategy,” *Wall Street Journal*, Jan. 24, p. 1.

Reading Questions:

- Why did the tobacco industry ultimately agree to mandated safety warnings on cigarette packages?
- What policy concessions did industry win in exchange for agreeing to warnings?

Week 4

Wednesday, September 15 — Second-Hand Smoke and the New Politics of Tobacco

Citizenship Topics:

- Role of social movements in advocacy, what motivates individuals to join social movements, and whose voices and interests such movements are more likely to represent. (ELOs 2.1 and 2.2)

- Definitions of “political entrepreneurs” and “advocacy coalitions” and their role in facilitating political action and policy change. (ELOs 1.1, 1.2, 2.1, and 2.2)
- Why it is easier to build movements and coalitions in some policy domains than others and attributes of policies that predict successful vs. unsuccessful mobilization. (ELOs 1.1, 1.2, 2.1, and 2.2)

Reading:

- Ronald Bayer and James Colgrove, 2002, “Science, Politics, and Ideology in the Campaign Against Environmental Tobacco Smoke,” *American Journal of Public Health* 92(6): pp. 949-954.

Reading Questions:

- Compare and contrast the early evidence on the direct impact of cigarette smoking on smokers to the evidence on the health impacts of second-hand smoke.
- Why was it politically easier to mobilize support on efforts to prevent second-hand smoke than earlier efforts to reduce smoking itself?
- How did anti-smoking advocates use policies designed to prevent second-hand smoke to change social norms about the acceptability of smoking itself?

PART II. DIET AND ARTHROSCLEROSIS

Friday, September 17 — Ancel Keys and the Diet-Health Hypothesis

Reading:

- “Fat of the Land,” 1961, *Time*, Jan. 13: 48-52.
- Ancel Keys, 1953, “Atherosclerosis: A Problem in Newer Public Health,” *Journal of Mount Sinai Hospital* 20(2): pp. 118-139.
- J. Yerushalmy and Herman E. Hilleboe, 1957, “Fat in the Diet and Mortality from Heart Disease: A Methodological Note,” *New York State Journal of Medicine* 57(14): pp. 2343-2354.

Reading Questions:

- How did the rate of atherosclerosis — cardiovascular disease caused by the hardening of arteries — change in the first half of the 20th Century?
- What hypothesis did Ancel Keys propose to explain the rising incidence of atherosclerosis, and what evidence did he present in the support of this hypothesis?
- What were the strengths and weaknesses of the data and methods Keys use?

Week 5

Wednesday, September 22 — Congress and the ‘Dietary Guidelines for the United States’

Citizenship Topics:

- How to anticipate both intended and unintended consequences of policy change. (ELO 1.2)

- Concept of the “nirvana fallacy” and why advocates of specific policies often overestimate their efficacy and underestimate the challenges of implementing policy with fidelity. (ELOs 1.1 and 1.2)
- How can deliberations over policy be improved so that consequences — both intended and unintended — be understood better at the outset? (ELOs 1.2)
- Role of policy expertise vs. advocacy in policymaking process. (ELOs 1.1, 1.2, and 2.2)

Reading:

- Gary Taubes, 2007, *Good Calories, Bad Calories: Challenging the Conventional Wisdom on Diet, Weight Control, and Disease*, New York: Alfred A. Knopf: Chapter 3 (“Creation of Consensus”) and Chapter 4 (“The Greater Good”)

Reading Questions:

- Why did Congress decide to formulate dietary guidelines in the 1970s? Who led the effort and what political incentives drove their participation?
- What was the basis and evidence on which the dietary guidelines were based?
- What criticisms against these guidelines were offered at the time, and who made these criticisms?

Friday, September 24 — The Margarine Lobby, Trade Policy, and the “Palm Oil Wars”

Citizenship Topics:

- “Bootleggers and Baptists” model of government regulation. (ELOs 1.1, 1.2, 2.1, and 2.2)
- Political economy theories and models of trade policy. (ELOs 1.1, 1.2, and 2.2)
- How incumbent firms use government regulation (including trade policies) to protect themselves from competition. (ELOs 1.1, 1.2, and 2.2)
- Costs and benefits of trade restrictions and how these costs and benefits are shared and allocated between different subgroups of society. (ELOs 1.2, 2.1 and 2.2)

Reading:

- Donald J. McNamara, 2010, “Palm Oil and Health: A Case of Manipulated Perception and Misuse of Science,” *Journal of the American College of Nutrition* 29 (Supplement 3): pp. 240S-244S.
- Shakila Yacob, 2019, “Government, Business and Lobbyists: The Politics of Palm Oil in US-Malaysia Relations,” *International History Review* 41(4): pp. 909-930.

Reading Questions:

- What trade policies did the U.S. government adopt to reduce the import of palm oil?
- What major industries advocated in favor of trade barriers to palm oil importation and what did they hope to gain?

- What role did U.S. dietary guidelines and beliefs about the impact of saturated fat on heart disease play in building political support for these trade policies?
- How accurate was the evidence presented by organized lobbies about the alleged health risks of palm oil (relative to domestically produced alternatives)?

Week 6

Wednesday, September 29 — Oops! Unintended Consequences and the Political Origins of Trans Fats

Citizenship Topics:

- Role (formal and informal) of advisory bodies and groups in the policymaking process. (ELOs 1.1, 1.2, and 2.2)

Reading:

- David Schleifer, 2012, “The Perfect Solution: How Trans Fats Became the Healthy Replacement for Saturated Fats,” *Technology and Culture* 53(1): pp. 94-119.
- Nina Teicholz, 2014, *The Big Fat Surprise: Why Butter, Meat and Cheese Belong in a Healthy Diet*, New York: Simon & Schuster: Chapter 8 (“Exit Saturated Fats, Enter Trans Fats”).

Reading Questions:

- What are trans fats, how were they invented, and how do they compare to other fats?
- Why did U.S. health guidelines and policies encourage food manufacturers to use trans fats in place of saturated fats?
- What are the health impacts of trans fats (compared to other types of fats and macronutrients)?

Friday, October 1 — Reevaluating the Scientific Evidence

Citizenship Topics:

- Overview of various ways government policy impacts nutrition and food consumption and how policy has changed over time (e.g., history and origins of federal food stamp program, history and political origins of school lunch program, history and origins of federal dietary guidelines). (ELOs 1.1)
- Political economy models and theories of policy innovation and adoption, with application to dietary guidelines. (ELOs 1.1 and 1.2)

Reading:

- Nina Teicholz, 2015, “The Scientific Report Guiding the US Dietary Guidelines: Is It Scientific?” *BMJ: British Medical Journal* 351.
- Arne Astrup et al., 2021, “Dietary Saturated Fats and Health: Are the U.S. Guidelines Evidence-Based?” *Nutrients* 13(1): Article 3305.

Reading Questions:

- What do current U.S. dietary guidelines recommend in terms of the ideal breakdown of calory consumption from different kinds of macronutrients? What do they recommend regarding the consumption of saturated fats?
- What is the evidence base for these recommendations?

PART III. Alzheimer’s Disease

Week 7

Wednesday, October 6 — Discovery and Diagnosis of Alzheimer’s Disease

Reading:

- Jason Karlawish, 2021, *The Problem of Alzheimer’s: How Science, Culture, and Politics Turned a Rare Disease into a Crisis and What We Can Do About It*, New York: St. Martin’s Press: Introduction (“The Disease of the Century”) and Chapter 9 (“Alois Alzheimer: An Unwitting Revolutionary”).

Reading Questions:

- What is Alzheimer’s disease and how does it compare to other causes of dementia?
- How was Alzheimer’s disease discovered and how did its discovery change both popular and doctors’ beliefs about the nature of old-age dementia?
- What percent of the population is expected to be diagnosed with Alzheimer’s disease before the end of their life?

Friday, October 8 — The Amyloid Hypothesis and the Research ‘Cabal’

Citizenship Topics:

- Overview of government role in funding science research and how policy and politics shapes research agendas. (ELOs 1.1 and 2.2)
- Historical exploitation and exclusion of under-represented groups and their needs and interests from government scientific research programs. (ELOs 2.1 and 2.2)
- Mechanisms (e.g., funding, regulations) through which political process can affect scientific research and inquiry. (ELOs 1.1, 1.2, and 2.2)
- Historical controversies over federal research funding and overview of competing normative and positive theories of government role in influencing scholarly research. (ELOs 1.1 and 1.2)

Reading:

- Sharon Begley, 2019, “Special Report: The Maddening Saga of How an Alzheimer’s ‘Cabal’ Thwarted Progress Toward a Cure for Decades,” *STAT News*.

Reading Questions:

- What is the “amyloid hypothesis” and what are alternative and competing explanations for the causes of Alzheimer’s disease?

- Why were proponents of the “amyloid hypothesis” successful in steering the direction of federal funding efforts on Alzheimer’s disease? Did these efforts ultimately bear fruit?

Week 8

Wednesday, October 13 — MIDTERM EXAM

- Multiple-choice portion of exam will be available on Carmen all day, but you will have only 45 minutes to complete it once you start.
- Take-home questions must be uploaded by 9 p.m.

Friday, October 15 — No Class (Fall Break)

Week 9

Wednesday, October 20 — Wonder Drug or Fiscal Ruin? The Aduhelm Approval

Citizenship Topics:

- History and overview of the origins of the Federal Drug Administration. What the law allows the FDA to regulate (evidence of efficacy and safety) and what it prohibits (consideration of pricing). (ELOs 1.1 and 1.2)
- Libertarian critiques of government regulations and claims that FDA regulations discourage investment in drug discovery, slows rollout of life-saving treatments, and prevents development of treatments for conditions affecting small or economically disadvantaged populations. (ELOs 1.1, 1.2, 2.1 and 2.2)
- Role of patient advocacy groups (often funded by industry) in lobbying federal government on policy, and the challenges, problems, and misplaced priorities such advocacy can create. . (ELOs 1.1, 1.2, 2.1 and 2.2)
- Overview of programs through which federal government pays the costs of prescription drugs for large share of population and ethical and moral controversies (e.g., ability of government to negotiate prices, whether Medicaid covers abortion). (ELOs 1.1 and 1.2)

Readings:

- Nicholas Bagley and Rachel Sachs, 2021, “The Drug That Could Break American Health Care,” *The Atlantic*.
- Matthew Herper, Damien Garde, and Adam Feuerstein, 2021, “Newly Disclosed FDA Documents Reveal Agency’s Unprecedented Path to Approving Aduhelm,” *STAT News*.
- Pam Belluck, Sheila Kaplan, and Rebecca Robins, 2021, “How an Unproven Alzheimer’s Drug Got Approved,” *New York Times*.
- Beth Snyder Bulik, 2022, “Critics push back on Alzheimer’s Association ad blitz to get Medicare to change its Aduhelm ruling: ‘Dead wrong’,” *Endpoint News*.

Reading Questions:

- What is aduhelm and what was the evidentiary basis for its effectiveness in reducing mild cognitive impairment at the time that it received FDA approval?
- Why did his approval prove to be so controversial?

- Who were the key interest groups and political actors that provided support for the approval of this controversial drug? What were their motivations and goals? What strategies have they used to try to influence the key federal agencies?

PART IV. Government Policy and the Health Care System

Friday, October 22 — Politics vs. Science in FDA Drug Approval

Citizenship Topics:

- Overview of regulatory process for new drug approval and various criticisms of the process from diverse stakeholders and advocacy groups. (ELOs 1.1, 1.2, 2.1 and 2.2)
- Discussion of costs and benefits of alternative policy reform proposals and comparison of US model to systems used in other industrialized countries. (ELOs 1.1, 1.2, and 2.2)

Reading:

- Laura E. Bothwell and Scott H. Podolsky, 2016, “The Emergence of the Randomized, Controlled Trial,” *New England Journal of Medicine* 375(6): pp. 501-504.
- Russell Katz, 2004, “FDA: Evidentiary Standards for Drug Development and Approval,” *NeuroRX* 1: pp. 307-316.
- Jerry Avorn and Aaron S. Kesselheim, 2017, “New ‘The 21st Century Cures’ Legislation: Speed and Ease vs. Science” *Journal of the American Medical Association* 317(6): pp. 581-582.

Reading Questions:

- How did the scientific and evidentiary basis for the federal approval of new drugs and medical devices change over the course of the 21st Century?
- Why do critics object to the current evidentiary requirements and what alternatives do they propose?
- What changes to the drug approval process did the 21st Century Cure Act make, and how is this likely to change the kinds of evidence used and the types of drugs that are approved?

Week 10

Wednesday, October 27 — Clinical Evidence and “Surrogate” End Points

- Eric Budish, Benjamin N. Roin, and Heidi Williams, 2015, “Do Firms Underinvest in Long-Term Research? Evidence from Cancer Clinical Trials,” *American Economic Review* 105(7): pp. 2044-2085.
- Chul Kim and Vinay Prasad, 2015, “Cancer Drugs Approved on the Basis of a Surrogate End Point and Subsequent Overall Survival: An Analysis of 5 Years of US Food and Drug Administration Approvals,” *JAMA Internal Medicine* 175(12): pp. 1992-1994.

Reading Questions:

- How does the length of patents awarded for new drugs affect the types of diseases that pharmaceutical companies target in their research?
- What is the difference between “surrogate” vs. more “hard” end points used in clinical trials? How and why does the end point used in clinical trial change the incentives in the drug discovery process?

Friday, October 29 — Why do Bad Drugs Get Approved?

Citizenship Topics:

- Gaming behaviors and incentives created through government regulation.
- Alternative theoretical models of government “bureaucrats” — what motivates them, what their objective function is, and the implications for democratic control and responsiveness. (ELOs 1.1 and 1.2)
- Ethical and moral implications of the “revolving door” in policy — what happens when government employees go to work in industries they regulate, and how does anticipation of such future career moves influence decisions made while still in government? (ELOs 1.1, 1.2, and 2.2)
- Challenges in recruiting highly qualified employees for government positions in face of higher-paid competition from private industry. (ELOs 1.1, and 1.2, and 2.2)

Reading:

- Vinayak K. Prasad, 2020, *Malignant: How Bad Policy and Bad Evidence Harm People with Cancer*, Baltimore: Johns Hopkins University Press: Chapter 14 (“What Can Three Federal Agencies Do Tomorrow?”)

Reading Questions:

- How long do recently approved cancer drugs typically extend someone’s life? How much do these drugs typically cost?
- What is “progression-free survival” and how is this measure used in clinical trials?
- What strategies do drug companies build into their clinical trials to increase the odds that the trials will find that their drugs work?
- Why do drugs typically have a much smaller benefit when used by regular people in the real world than found in the pivotal clinical trials that lead to FDA approval?

Week 11

Wednesday, November 3 — Who Pays for Health Care?

Citizenship Topics:

- Overview of government role in paying for health care costs for majority of U.S. population. (ELOs 1.1 and 1.2)
- Equity vs. efficiency tradeoffs in policy and normative and ethical debates about how such tradeoffs should be made. (ELOs 1.1, 1.2, 2.1 and 2.2)

- Models of “distributive” and pork barrel politics. Use of “side payments” in assembling political and legislative coalitions. (ELOs 1.1 and 1.2)
- How variation in geographic representation in legislative bodies affects distribution of benefits and costs of public policies. (ELOs 1.1, 1.2, 2.1 and 2.2)

Reading:

- Zack Cooper, Amanda E. Kowalski, Eleanor N. Powell, and Jennifer Wu, 2020, “Politics and Health Care Spending in the United States,” National Bureau of Economic Research Working Paper No. 23748.

Reading Questions:

- Which government programs cover the cost of health insurance?
- Overall, what share of the U.S. population gets their health insurance through the government? What is the total annual cost of these programs?
- What changes to Medicare reimbursement rates did the 2003 Medicare Modernization Act make?
- How did this law affect hospitals located in congressional districts represented by those who voted in favor of the bill compared to those who opposed it?

Friday, November 5 — Perverse Incentives: Bundled Payments, “Cream Skimming,” and Upcoding

Reading:

- Leemore S. Dafny, 2005, “How Do Hospitals Respond to Price Changes?” *American Economic Review* 95(5): pp. 1525-1547.

Reading Questions:

- How does Medicare reimburse hospitals for the care provided to patients during hospitalizations under the Prospective Payment System?
- What are diagnosis-related groups?
- How were federal reimbursement formulas changed in 1988? How did hospitals respond to these changes in terms of their billing practices, admission volumes, and treatment intensities?

Week 12

Wednesday, November 10 — ‘Relative Value Units’ and Physician Compensation

Citizenship Topics:

- Normative and positive debates about effects of occupational licensing and whether such licensing protects consumers or instead protects regulated industries from competition. (ELOs 1.1 and 1.2)
- Role private occupational groups (such as state bar associations, state medical associations, etc.) play in formal policymaking process and their ability to shape public policy. (ELOs 1.1, 1.2, and 2.2)

Reading:

- William C. Hsiao, Peter Braun, Daniel Dunn, and Edmund R. Becker, 1988, “Resource-Based Relative Values: An Overview,” *Journal of the American Medical Association* 260(16): pp. 2347-2353.

Reading Questions:

- What are relative value units and what role do they play in how doctors get paid for services provided through Medicare?
- How are relative value units calculated?

Friday, November 12 — No Class (Veterans Day)

Week 13

Wednesday, November 17 — RVU Politics and Unintended Consequences

Citizenship Topics:

- **Distributional consequences of government regulation. Who benefits and who loses? (ELOs 1.1, 1.2, 2.1 and 2.2)**
- **Theoretical models of policy reform and overview of empirical evidence for and against each. (ELOs 1.1 and 1.2)**

Reading:

- Thomas Bodenheimer, Robert A. Berenson, and Paul Rudolf, 2007, “The Primary Care-Specialty Income Gap: Why It Matters,” *Annals of Internal Medicine* 146(4): pp. 301-306.
- John D. Goodson, 2007, “Unintended Consequences of Resource-Based Relative Value Scale Reimbursement,” *Journal of the American Medical Association* 298(19): pp. 2308-2310.
- Sanford C. Gordon and Steven D. Rashin, 2021, “Stakeholder Participation in Policy Making: Evidence from Medicare Fee Schedule Revisions,” *Journal of Politics* 83(1): pp. 409-414.

Reading Questions:

- Who decides how many relative value units are assigned to a given medical service, procedure, or treatment?
- How do differences in relative value units explain pay disparities in pay across different medical specialties? Why do they contribute to deficits in primary care physicians?
- What political strategies do doctors use to try to influence revisions in the Medicare fee schedule?

Friday, November 19 — The Politics of Health

****Take-home portion of final exam posted on Carmen****

Week 14

Wednesday, November 24 — No Class (Thanksgiving Break)

Friday, November 26 — No Class (Thanksgiving Break)

Week 15

Wednesday, December 1 — Student Group Research Presentations 1 and 2

Friday, December 3 — Student Group Research Presentations 3 and 4

Week 16

Wednesday, December 8 — Student Group Research Presentations 5 and 6

****FINAL EXAM: Monday, December 13**

- Multiple-choice portion of exam will be available on Carmen all day, but you will have only 45 minutes to complete it once you start.
- Take-home questions must be submitted by 9 p.m. on Dec. 13.

Political Science 2120
'Follow the Science?' The Politics of Health
Citizenship Theme Goals and ELO Rationale

General Theme Goals and ELOs:

GOAL 1: Successful students will analyze an important topic or idea at a more advanced and in-depth level than the foundations. Please briefly identify the ways in which this course represents an advanced study of the focal theme. In this context, “advanced” refers to courses that are e.g., synthetic, rely on research or cutting-edge findings, or deeply engage with the subject matter, among other possibilities.

In this course, students will engage in an in-depth study of politics and policymaking in the United States. Rather than a general overview of the type typically found in an “Intro to US Government” class, students will get in the weeds on important topics related to key political institutions — including the committee system in Congress and decision-making in the Food and Drug Administration — and complex policy questions, including the evidentiary standards for the approval of new drugs and the precise formulae used to reimburse hospitals and doctors under the Medicare program.

Rather than using a standard textbook, students will read cutting-edge scholarly research (including not-yet-published working papers).

ELO 1.1 Engage in critical and logical thinking about the topic or idea of the theme. Please link this ELO to the course goals and topics and indicate specific activities/assignments through which it will be met.

General critical and logical thinking

The focal policy issues that will be examined in the course are controversial and contested. Students will carefully study and engage the historical and ongoing policy and evidentiary debates in these fields. In the process, students will practice evaluating the strengths and weaknesses of arguments made by proponents and opponents of various policies, become proficient at identifying the “crux” of the disagreement in these debates, and practice independently evaluating competing arguments.

Course-specific ELOs, Topics, and Examples

General ELO 1.1.1: Students critically evaluate competing political and policy arguments, identifying whether the crux of the disagreement is over facts or normative values.

Example Topics:

- Debate over appropriate government role in regulating cigarette and protecting people from its negative health consequences

- Historical development of government nutritional guidelines and disagreement about specific recommendations (e.g., limits on saturated fats)
- Disagreement about whether randomized controlled trials should be required for FDA approval for new drugs, and whether current regulations set the bar too high for approval (preventing beneficial therapeutics from reaching those suffering from disease) or too low (causing society to spend exorbitant sums of money on drugs that do little to improve how long or how well people live)

Example Discussion and Exam Questions:

- Why were federal efforts to limit second-hand smoke so much more successful than earlier proposals to protect the health of smokers themselves?
- Many cancer drugs approved by the FDA in recent years have been shown to extend the life of cancer sufferers by only a few months, often at a cost of hundreds of thousands of dollars per course of treatment. Why did these drugs get approved, and what would be the unintended consequences of raising the evidentiary bar for approval?

ELO 1.2 Engage in an advanced, in-depth, scholarly exploration of the topic or idea of the theme. Please link this ELO to the course goals and topics and indicate specific activities/assignments through which it will be met.

General in-depth, scholarly exploration

Related to the citizenship theme, students will study key government institutions involved in the making and regulation of health policy, including Congress, bureaucratic agencies (including the Food and Drug Administration), as well as external actors (e.g., industry-backed interest groups, patient advocacy groups). In this exploration, students will read cutting-edge, scholarly texts that engage and elucidate ongoing, live questions and debates about the policy-making process.

Course-specific ELOs, Topics, and Examples

General ELO 1.2.1: Students appreciate the role of key political institutions involved in the protection and promotion of health as well as the mechanisms used by external actors to influence decision-making within these institutions.

Example Topics:

- The design of the committee system in Congress and the role of seniority in the policymaking process
- History of the FDA and ongoing debates about how current law weighs the costs and benefits of requirements for new drug approval
- Government's role in paying for health care (through Medicare and Medicaid) and debates about the incentives built into these payment models

Example Discussion and Exam Questions:

- What role did the representation of tobacco-growing states by senior congressmen on key congressional committees play in efforts to delay and derail early government efforts to regulate cigarettes?
- How did federal government policy designed to protect the income of tobacco growers impede the efforts of health advocates focused on reducing the harms from tobacco smoke?
- How did anti-smoking advocates take advantage of the FCC “fairness doctrine” to gain access to the airwaves to disseminate anti-smoking messages?
- Which external actors are actively involved in lobbying both Congress and federal agencies like the FDA in debates about drug approval and dietary standards, and what are their motivations?
- How has the federal government tried to link reimbursement to the quality (rather than quantity) of health care provided, and what have been the unintended consequences of these efforts?

GOAL 2: Successful students will integrate approaches to the theme by making connections to out-of-classroom experiences with academic knowledge or across disciplines and/or to work they have done in previous classes and that they anticipate doing in future.

In this course, students will engage critical readings from a variety of disciplines — including epidemiology, political science, economics, and medicine. In addition to scholarly journal articles, other course readings will include official government reports, journalistic accounts, and secondary historical sources.

The research projects will also give student practice taking the knowledge they gain in the classroom and applying it to current policy debates, engaging in their own independent research and analysis of both medical and policy research, and producing written work products (including a policy strategy memo and an op-ed written for a general audience) that will prepare them for professional careers.

ELO 2.1 Identify, describe, and synthesize approaches or experiences as they apply to the theme. Please link this ELO to the course goals and topics and indicate specific activities/assignments through which it will be met.

General synthesis

A key theme in the course is the extent to which changes in medical knowledge (including through the publication of new research) shape policy debates, as well as how residual uncertainty in the state of the current knowledge can be strategically exploited by self-interested political actors both to promote their preferred policy goals and to block government action that might threaten their interests.

Course-specific ELOs, Topics, and Examples

General ELO 2.1.1: Students identify the connection between changing evidence and knowledge on health-related issues and the dynamics of political and policy debates surrounding these issues.

General ELO 2.1.2: Students accurately describe the inherent uncertainty or tentative nature of current scientific knowledge and how such uncertainty can be exploited strategically to serve desired political or policy goals.

Example Topics:

- Public debates about the strength of the evidence on the “causal” connection between smoking and cancer
- The role that Ancel Keys’ now-discredited theory about the “diet-health” hypothesis played in shaping federal dietary guidelines since the 1970s
- How the changing understanding of the causes of Alzheimer’s disease has shaped federal funding on research designed to find new treatments
- The basis for the controversy over FDA approval of aduhelm, the first agent approved in decades designed to slow cognitive mild impairment that is the first clinical symptom of Alzheimer’s disease

Example Discussion and Exam Questions:

- Why did many leading scientists initially side with tobacco companies and agree that the “association” between smoking and cancer was not proven to be “causal?” At what point did the evidence become strong enough to justify federal government action?
- Why did Congress decide to draft federal dietary guidelines that blamed rising rates of heart disease on dietary fat when the scientific community remained deeply divided on this question?
- How did margarine manufacturers distort the science on the health impacts of saturated fats to advance federal tariffs on the importation of palm oil?

ELO 2.2 Demonstrate a developing sense of self as a learner through reflection, self-assessment, and creative work, building on prior experiences to respond to new and challenging contexts. Please link this ELO to the course goals and topics and indicate specific activities/assignments through which it will be met.

Development of Self-Learners

A core part of the course will be student-led research projects that will help students practice reflection, self-assessment, and apply the concepts and ideas learned in class to current debates in health policy. Students will take charge of their own learning by first selecting the topic that most interests them, work together with peers to build important teamwork and leadership skills, practice career-relevant writing by drafting an op-ed and policy memo on

their topic of choice, and then also take charge of the instruction by presenting their findings to the class. Indeed, the last three days of class are set aside for student presentations, an opportunity to learn by teaching.

Course-specific ELOs, Topics, and Examples

General ELO 2.2.1: Students develop their skills as self-directed learners by carrying independent research, practice leadership and teamwork skills by working in groups, and practice career-relevant writing skills.

Citizenship Theme Goals and ELOs:

GOAL 1: Successful students will explore and analyze a range of perspectives on local, national, or global citizenship, and apply the knowledge, skills, and dispositions that constitute citizenship.

This course is organized around both historical and ongoing policy and political debates in health policy. Much of the course will involve reading and thinking about disagreement and debates in these areas. Working through disagreements, understanding the underlying issues driving these divisions, and separating disputes involving facts vs. values are absolutely essential citizenship skills that students will develop in this course.

In addition, understanding how policy is made in the face of remaining uncertainty and competing arguments and demands is a critical skill for individuals to be able to navigate the modern political process both as citizens and also potentially as policymakers.

ELO 1.1 Describe and analyze a range of perspectives on what constitutes citizenship and how it differs across political, cultural, national, global, and/or historical communities. Please link this ELO to the course goals and topics and indicate specific activities/assignments through which it will be met.

General Citizenship Perspectives

Citizenship focuses on the relationship of individuals and their communities, and how diverse preferences are aggregated together through democratic processes to make public policy. In this course, students will study both historical and live debates focusing on the appropriateness of state action and fundamental disagreement about the role of the government in promoting and protecting the health of individuals.

Course-specific ELOs, Topics, and Examples

Citizenship ELO 1.1.1: Students understand competing values, perspectives, and cultural norms related to the role of the state in regulating individual behaviors and market

relationships and on the use of public policy to promote healthier decision-making and choices.

Example Topics:

- Appropriateness of state policy to discourage individual smoking and protect others from second-hand smoke
- Role of federal government in promotion of healthier dietary habits (e.g., through nutritional standards for school lunches)
- Impact of federal regulation on availability and access to new therapeutic products and essential health services

Example Discussion and Exam Questions:

- Why were federal efforts to limit second-hand smoke so much more successful than earlier proposals to protect the health of smokers themselves?
- How does the federal government resolve competing demands between public school districts (who care concerned with the costs of school meals), health advocates, and agricultural interests (who rely on the School Lunch Program to generate demand for their products)?
- Which groups have their interests most effectively represented in the federal policymaking and regulatory process? Whose interests are insufficiently incorporated into policy? What explains the disparities in political representation?

ELO 1.2 Identify, reflect on, and apply the knowledge, skills and dispositions required for intercultural competence as a global citizen. Please link this ELO to the course goals and topics and indicate specific activities/assignments through which it will be met.

Intercultural Competence and Perspective Taking

Students will study and debate competing perspectives and cultural norms that influence public opinion on health-related policies. A core goal of the class is for students to come to terms with the fact that reasonable people may disagree about many of these issues, and to separate areas where such disagreement is entirely appropriate in democracies (e.g., over values) and where consensus should at least theoretically be achievable (e.g., over the state of scientific knowledge, understanding, and uncertainty).

Course-specific ELOs, Topics, and Examples

Citizenship ELO 1.1.1: Students understand competing values, perspectives, and cultural norms related to the role of the state in regulating individual behaviors and market relationships and on the use of public policy to promote healthier decision-making and choices.

Example Activity:

- In writing an op-ed on a controversial policy area, students will practice thinking about how to frame and articulate arguments that are likely to be persuasive to a broad range of readers and perspectives.

Relevant Research Topics:

- Controversy over the U.S. Preventative Services Task Force recommendations for breast and prostate cancer screening
- Masking of school children to prevent transmission of SARS-COV-2
- Medicaid coverage for newly developed hepatitis C treatments
- Legal mandates for gender-affirming treatment for transgender teens
- Federal funding for biomedical research involving fetal stem cells

GOAL 2: Successful students will examine notions of justice amidst difference and analyze and critique how these interact with historically and socially constructed ideas of citizenship and membership within societies, both within the US and/or around the world.

The inequities of American society are manifest in aggregate health outcomes and in our health care system, with historically under-represented groups often disproportionately affected both by the health conditions that we examine in this course and by policies designed to ameliorate them. Students will examine how these inequities impact the policymaking process and the types of arguments made by self-interested policy actors in their effort to influence policy.

ELO 2.1 Examine, critique, and evaluate various expressions and implications of diversity, equity, inclusion, and explore a variety of lived experiences. Please link this ELO to the course goals and topics and indicate specific activities/assignments through which it will be met.

Diversity, Equity, and Inclusion

Students will apply the DEI lens to examine (1) whose voices and interests are most effectively represented in the political process and (2) which communities are most affected by the policies and debates over salient health issues. We will also examine the historical origins of health inequities and the extent to which the gaps have narrowed or widened over time through public policy efforts.

Course-specific ELOs, Topics, and Examples

Citizenship ELO 2.1.1: Students examine how social and demographic inequities are replicated or ameliorated through the political process, and think critically about whose interests are most effectively represented in this process.

Example Topics:

- Racial, ethnic, and SES differences in the incidence of cancer, heart disease, and Alzheimer's disease

- Racial, ethnic, and SES differences among doctors across different medical specialties, and extent to which federal reimbursement policy exacerbates these disparities
- Community-level disparities in access to health care

Example Discussion and Exam Questions:

- Why is menthol cigarette use heavily concentrated in the African-American community? How has this complicated FDA's efforts to ban flavored cigarettes?
- How has the American Alzheimer's Association social media campaign to overturn the Center for Medicare and Medicaid's decision to limit coverage for adulehm emphasized racial disparities in Alzheimer's diagnosis? How should such disparities influence federal policy in this area?

Relevant Research Topics:

- Medicaid coverage for newly developed hepatitis C treatments
- Legal mandates for gender-affirming treatment for transgender teens
- Federal funding for biomedical research involving fetal stem cells
- Proposed bans on flavored cigarettes (including menthol cigarettes)

ELO 2.2 Analyze and critique the intersection of concepts of justice, difference, citizenship, and how these interact with cultural traditions, structures of power and/or advocacy for social change. Please link this ELO to the course goals and topics and indicate specific activities/assignments through which it will be met.

(In)Justice and Structures of Political Power

By design, this course focuses on efforts of various organized groups to influence public policy in the areas of health and how these efforts interact with the structure of American government institutions to produce the policies and outcomes we ultimately see. By the end of the course, students should be able to explain whose interests and voices are most likely to be represented through these institutions and the conditions under which government policy helps reduce existing social inequities and conditions under which the political process only amplifies them or makes them worse.

Course-specific ELOs, Topics, and Examples

Citizenship ELO 2.2.1: Students examine how social and demographic inequities are replicated or ameliorated through the political process, and think critically about whose interests are most effectively represented in this process.

Example Topics:

- Role of industry interest groups and patient advocacy groups in federal drug approval and lobbying over legislation related to health issues

- How lobbying influences the legislative executive branches of government and the decisions made by regulatory bodies
- Role of HIV/AIDS activists in the creation of the “accelerated approval” process for new drugs in the 1990s
- Despite federal efforts to reduce smoking in the U.S. in the 1990s, trade negotiators continued to demand that developing countries reduce their tariffs on the importation on American-made cigarettes

Example Discussion and Exam Questions:

- Why is menthol cigarette use heavily concentrated in the African-American community? How has this complicated FDA’s efforts to ban flavored cigarettes?
- How has the American Alzheimer’s Association social media campaign to overturn the Center for Medicare and Medicaid’s decision to limit coverage for adulehm emphasized racial disparities in Alzheimer’s diagnosis? How should such disparities influence federal policy in this area?
- How did frustrations with efforts to develop effective treatments for HIV/AIDS lead to the creation of the “accelerated approval” process at the FDA? Which advocacy strategies did HIV/AIDS activists pursue, and which proved to be most effective at influencing federal policy?

Relevant Research Topics:

- Medicaid coverage for newly developed hepatitis C treatments
- Legal mandates for gender-affirming treatment for transgender teens
- Proposed bans on flavored cigarettes (including menthol cigarettes)