

Syllabus

Course Overview

In this course, you will examine the U.S. health policy-making process from historical and modern perspectives. You will also consider the myriad circumstances surrounding key health policies implemented in our country and the socioeconomic impacts of these policies on individuals, groups, and populations. You will grapple with big questions surrounding cost, quality, and outcomes along with the effectiveness of policy actions aimed at our nation's leading public health issues. The course will introduce you to the complex intersection of public health and policy in the United States. In addition, you will have the opportunity to compare and contrast U.S. public health and policy with that of other developed countries. Over the next ten weeks, you will be challenged to examine your own opinions, political views, and values about key factors that make and keep people healthy.

Assignment Preparation

The four assignments in this course were uniquely designed to provide you with a real-world professional experience as an intern working for a legislator. The course materials incorporate readings, media, and data analysis to support your completion of each assignment and discussion forum prompt. As you converse and debate with your colleagues, you will use various approaches that contribute to policy development. As a result of these activities, you will demonstrate proficiency in the five course competencies.

Course Competencies

(Read Only)

To successfully complete this course, you will be expected to:

- 1 Explain the impact of policies and legislation on individual and population health.
- 2 Identify and define public health issues based on best evidence about what makes and keeps people healthy.
- 3 Describe the relationship between cost, quality, and outcomes in determining public health funding decision making.
- 4 Develop policies that maximize the positive impacts of social and economic determinants on the health of individuals, communities, and populations.
- 5 Communicate in a manner that is scholarly, professional, and respectful of the diversity, dignity, and integrity of others and is consistent with health care professionals.

Course Prerequisites

There are no prerequisites for this course.

Syllabus >> Course Materials

Required

The materials listed below are required to complete the learning activities in this course.

Integrated Materials

Many of your required books are available via the VitalSource Bookshelf link in the courseroom, located in your Course Tools. Registered learners in a Resource Kit program can access these materials using the courseroom link on the Friday before the course start date. Some materials are available only in hard-copy format or by using an access code. For these materials, you will receive an email with further instructions for access. Visit the [Course Materials](#) page on Campus for more information.

Book

Morone, J. A., & Ehlke, D. C. (2013). *Health politics and policy* (5th ed.). Stamford, CT: Cengage Learning. ISBN: 9781111644154.

Library

The following required readings are provided in the Capella University Library or linked directly in this course. To find specific readings by journal or book title, use [Journal and Book Locator](#). Refer to the [Journal and Book Locator library guide](#) to learn how to use this tool.

- Blumenthal, D., & Morone, J. (2016). [Past as prologue: Presidential politics and health policy](#). *The New England Journal of Medicine*, 375(14), 1314–1316.
- Buchmueller, T. C., Levinson, Z. M., Levy, H. G., & Wolfe, B. L. (2016). [Effect of the Affordable Care Act on racial and ethnic disparities in health insurance coverage](#). *American Journal of Public Health*, 106(8), 1416–1421.
- Dodson, E. A., Geary, N. A., & Brownson, R. C. (2015). [State legislators' sources and use of information: Bridging the gap between research and policy](#). *Health Education Research*, 30(6), 840–848.
- Emanuel, E. J. (2013). [Going to the moon in health care: Medicine's big hairy audacious goal \(BHAG\)](#). *JAMA*, 310(18), 1925–1926.
- Jaffe, S. (2016). [U.S. election: What are the candidate's health-care pledges?](#) *The Lancet*, 387(10026), 1361–1362.
- Marmot, M. (2005). [Social determinants of health inequalities](#). *The Lancet*, 365(9464), 1099–1104.
- McIver, J. S. (2017). [David B. Nash advocates better outcomes and lower costs through population health](#). *Pharmacy and Therapeutics*, 42(8), 522–526.
- Oberlander, J. (2016). [The virtues and vices of single-payer health care](#). *The New England Journal of Medicine*, 374(15), 1401–1403.
- Wong, S. L., Green, L. A., Bazemore, A. W., & Miller, B. F. (2016). [How to write a health policy brief](#). *Families, Systems, & Health*, 35(1), 21–24.

External Resource

Please note that URLs change frequently. While the URLs were current when this course was designed, some may no longer be valid. If you cannot access a specific link, contact your instructor for an alternative URL. Permissions for the following links have been either granted or deemed appropriate for educational use at the time of course publication.

- American Public Health Association. (2017). [Gun violence prevention with Sarah Tofte at APHA 2017 \[Video file\]](#). | [Transcript](#) Retrieved from <https://www.youtube.com/watch?v=6QYaCwbC7MU&feature=youtu.be>
- American Public Health Association. (2017). [HHS's Evelyn Kappeler on adolescent health at APHA 2017 \[Video file\]](#) | [Transcript](#) Retrieved from <https://www.youtube.com/watch?v=F829ZsYf5bA&feature=youtu.be>
- Burwell, S. M. (2016, December 12). [Building a system that works: The future of health care \[Blog post\]](#). *Health Affairs*. Retrieved from <https://www.healthaffairs.org/doi/10.1377/hblog20161212.057877/full/>

- Campbell, J. R. (2018, January 30). [Five steps to becoming an advocate \[Video file\]. | Transcript TEDx Adelaide](https://www.youtube.com/watch?v=nlo31mMB4P8). Retrieved from <https://www.youtube.com/watch?v=nlo31mMB4P8>
- Cornachione, E., Rudowitz, R., & Artiga, S. (2016, June 27). [Children's health coverage: The role of Medicaid and CHIP and issues for the future \(Issue Brief\)](https://www.kff.org/health-reform/issue-brief/childrens-health-coverage-the-role-of-medicaid-and-chip-and-issues-for-the-future/). Kaiser Family Foundation. Retrieved from <https://www.kff.org/health-reform/issue-brief/childrens-health-coverage-the-role-of-medicaid-and-chip-and-issues-for-the-future/>
- Donkin, A., Goldblatt, P., Allen, J., Nathanson, V., & Marmot, M. (2018). [Global action on the social determinants of health](http://dx.doi.org/10.1136/bmjgh-2017-000603). *BMJ Global Health*, 3(1). Retrieved from <http://dx.doi.org/10.1136/bmjgh-2017-000603>
- Glied, S., Ma, S., & Borja, A. (2017, May 8). [Effect of the Affordable Care Act on health care access \(Issue Brief\)](http://www.commonwealthfund.org/publications/issue-briefs/2017/may/effect-aca-health-care-access). *The Commonwealth Fund*. Retrieved from <http://www.commonwealthfund.org/publications/issue-briefs/2017/may/effect-aca-health-care-access>
- Healthy People 2020. (n.d.). [DATA2020](https://www.healthypeople.gov/2020/data-search/). Retrieved from <https://www.healthypeople.gov/2020/data-search/>
- Institute for Healthcare Improvement. (n.d.). [The IHI triple aim initiative](http://www.ihf.org/Engage/Initiatives/TripleAim/Pages/default.aspx). Retrieved from <http://www.ihf.org/Engage/Initiatives/TripleAim/Pages/default.aspx>
- Kaiser Family Foundation. (2017, November 15). [CBO projects 13 million more nonelderly uninsured by 2025 if the individual mandate is repealed](https://www.kff.org/health-reform/slide/cbo-projects-13-million-more-nonelderly-uninsured-by-2025-if-the-individual-mandate-is-repealed/). Retrieved from <https://www.kff.org/health-reform/slide/cbo-projects-13-million-more-nonelderly-uninsured-by-2025-if-the-individual-mandate-is-repealed/>
- Kaiser Family Foundation. (n.d.). [State health facts](https://www.kff.org/statedata/). Retrieved from <https://www.kff.org/statedata/>
- Kodjak, A. (2017, December 19). [What happens to Obamacare if the individual mandate disappears?](https://www.npr.org/2017/12/19/572068640/what-happens-to-obamacare-if-individual-mandate-disappears) *NPR*. Retrieved from <https://www.npr.org/2017/12/19/572068640/what-happens-to-obamacare-if-individual-mandate-disappears>
- Levy, M. (2018). [Patient Protection and Affordable Care Act](https://www.britannica.com/topic/Patient-Protection-and-Affordable-Care-Act). *Encyclopedia Britannica*. Retrieved from <https://www.britannica.com/topic/Patient-Protection-and-Affordable-Care-Act>
- Lewis, N. (2014, October 17). [A primer on defining the triple aim \[Blog post\]](http://www.ihf.org/communities/blogs/a-primer-on-defining-the-triple-aim). *Institute for Healthcare Improvement*. Retrieved from <http://www.ihf.org/communities/blogs/a-primer-on-defining-the-triple-aim>
- Richardson, E. (2016, June 30). [Off-label drug promotion \(Policy Brief\)](http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=159). *Health Affairs*. Retrieved from http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=159
- Scholastic. (n.d.). [Persuasive letter checklist \[PDF\]](https://www.scholastic.com/). Courtesy of Scholastic Inc. Available from <https://www.scholastic.com/>
- USA.gov. (n.d.). [Infographic: The federal government's budget process](https://www.usa.gov/budget#item-213709). Retrieved from <https://www.usa.gov/budget#item-213709>

Suggested

The following materials are recommended to provide you with a better understanding of the topics in this course. These materials are not required to complete the course, but they are aligned to course activities and assessments and are highly recommended for your use.

Optional

The following optional materials are offered to provide you with a better understanding of the topics in this course. These materials are not required to complete the course.

External Resource

Please note that URLs change frequently. While the URLs were current when this course was designed, some may no longer be valid. If you cannot access a specific link, contact your instructor for an alternative URL. Permissions for the following links have been either granted or deemed appropriate for educational use at the time of course publication.

- Democratic National Convention. (2004). [2004 Barack Obama keynote speech \[Video file\]](https://www.youtube.com/watch?v=_fMNIofUw2I). Retrieved from https://www.youtube.com/watch?v=_fMNIofUw2I
- Healthcare.gov. (n.d.). [Glossary](https://www.healthcare.gov/glossary/). Retrieved from <https://www.healthcare.gov/glossary/>
- Scott, J. T., & Maryman, J. (2016). [Using social media as a tool to complement advocacy efforts](http://www.gjcpp.org/en/article.php?issue=21&article=121). *Global Journal of Community Psychology Practice*, 7(1S), 1–22. Retrieved from <http://www.gjcpp.org/en/article.php?issue=21&article=121>

Unit 1 >> Setting the Stage: An Introduction to Health Policy and Management

Introduction

In the United States, health and policy are intimately linked. In this course, we will use the word *health* to describe "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (World Health Organization, 1948, p. 1).

The highest U.S. public health authority, the Department of Health and Human Services, has established in its mission that *all* Americans' health needs are to be enhanced and protected (U.S. Department of Health & Human Services, 2018). Consequently, if everyone deserves to live a healthy life in this country, a relatively straightforward concept, then why is legislating health care and health policies such a complicated process?

A careful response to this question will consider that politics is the process that we use to make decisions about our society. This process is inherently intricate due to access, cost, choice, bias, competing priorities, and a plethora of other factors. Politics involves many key actors—namely, the public actors; which include Congress, the President, the courts, and the private actors, which include the stakeholders. These actors frame, debate, and ultimately reach consensus to implement health policies.

Further, health care and health policies affect everyone at the individual, group, and population level. Health policies encompass a wide array of issues from the beginning of life to its end. In sum, American health care and health policies are complex. Yet, this complexity in the American system ensures that every actor's input, including yours and mine, is included in decisions that determine health. Health policy and management is a riveting drama that occurs in real time. In Unit 1, we will set the stage as we discover how health policies shape every aspect of our lives and examine the factors that drive the policy development, management, and funding processes in this country.

References

U.S. Department of Health and Human Services. (2018, February 28). Mission statement. Retrieved from <https://www.hhs.gov/about/strategic-plan/introduction/index.html#mission>

World Health Organization. (1948, April 7). Constitution of the World Health Organization. Retrieved from <http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>

Learning Activities

u01s1 - Studies

Readings

Use your *Health Politics and Policy* text to read the following:

- Introduction, pages xxi-xliv.
- Chapter 1, "Values in Health Policy: Understanding Fairness and Efficiency," pages 2–13.
- Chapter 2, "Markets and Politics in Health Care," pages 14–25.
- Eyewitness 1, "Twenty Classic Observations about Health Politics and Policy," pages 26–27.

Multimedia

- Click [Health Policy Time Line \(1930–2018\)](#) to view the presentation.

u01s1 - Learning Components

- Analyze key U.S. public health issues and significant legislative actions from a historical perspective.
- Recognize how over time the United States implemented policy solutions in response to public health challenges facing communities and the nation.

u01s2 - Assignment Preparation

To help you successfully complete the four course assignments, read them now. They appear in Units 3, 5, 7, and 9. Be sure to read the scoring guide associated with each assignment, and note the due dates. This preparation work will enable you to create a plan from the course outset to complete each assignment by the submission deadline.

u01s2 - Learning Components

- Analyze key learnings about public health issues based on best evidence about what makes and keeps people healthy.
- Assess key learnings about the development of policies that maximize the positive impacts of social and economic determinants on the health of individuals, communities, and populations.
- Describe key learnings about the relationship between cost, quality, and outcomes in determining public health funding decision making.
- Reflect on key learnings about the impact of policies and legislation on individual and population health.

u01d1 - Fairness and Efficiency

By definition, the ideals of fairness and efficiency in health care systems are in opposition. On the one hand, fairness implies equity for everyone. Efficiency, on the other hand, involves getting the most output with the least input. Your readings in this unit demonstrate how these opposing ideals have affected and determined key public health issues over time.

Let's consider a specific example. How would a policy maker, tasked with developing and funding a program to help poor residents in a community, balance these two opposing ideals? If the policy maker is not careful, some residents may receive more help (100% federal poverty level); others may receive almost none (200% federal poverty level). For this discussion, choose one ideal, fairness or efficiency, and explain:

- What poor resident group should the policy maker's program help (for example, homeless adults or working poor families)? Consider historical precedence. Which group has received the most attention in the past?
- Why does this group need the most help? In other words, identify the main problem this group faces.
- On which ideal—fairness or efficiency—should this program be based? Use evidence to support your recommendation. Again, please consider historical precedence. On which idea—fairness or efficiency—have previous programs been based and why?

Response Guidelines

These general response guidelines apply to all discussions in this course. Please choose posts that have had few responses thus far and respond. Focus on similarities, differences, and insights you had as a result of reading each post. Include the following:

- Engage your peer. Tell him or her specifically why you chose to respond to the post.
- Seek clarification. Talk about what is unclear. Ask questions. Offer suggestions.
- Add perspective. Include personal examples or work experiences that add perspective to your reply.
- Be a practitioner/scholar. In addition to your personal or work experience, include one academic reference in your reply. Use APA style and formatting appropriate to the type of reference you provide.

For this **particular** discussion prompt, select colleagues' posts who chose the **same** ideal you did. In response to your colleague's resident group and main problem, present an argument that explains why the opposite ideal needs to be adopted.

Course Resources

Undergraduate Discussion Participation Scoring Guide

u01d1 - Learning Components

- Analyze key U.S. public health issues and significant legislative actions from a historical perspective.
- Recognize how over time the United States implemented policy solutions in response to public health challenges facing communities and the nation.

u01d2 - Competencies Assessment

Now that you have carefully reviewed the four course assignments, please read the course competencies below:

1. Explain the impact of policies and legislation on individual and population health.
2. Identify and define public health issues based on best evidence about what makes and keeps people healthy.
3. Describe the relationship between cost, quality, and outcomes in determining public health funding decision making.
4. Develop policies that maximize the positive impacts of social and economic determinants on the health of individuals, communities, and populations.
5. Communicate in a manner that is scholarly, professional, and respectful of the diversity, dignity, and integrity of others and is consistent with health care professionals.

First, share with your colleagues why you are taking this course. For example, do you plan to pursue a career in health policy? Do you have a personal interest in the course topics?

Second, evaluate your current skill level or experience on all the course competencies as a whole (not individually) using the proficiency scale below. Be sure to state your current skill level (Basic, Intermediate, et cetera).

- 1 = None—I don't feel I am able to demonstrate any of the competencies.
- 2 = Basic—These topics are new to me, but I am able to demonstrate one or two of the competencies.
- 3 = Intermediate—I have been exposed to these concepts before and can demonstrate at least three of the competencies independently.

- 4 = Advanced—I have been exposed to these concepts before and can demonstrate at least four of the competencies independently.
- 5 = Expert—I have professional experience in health policy. I understand these concepts well and can demonstrate all competencies and model this for other learners.

Finally, explain your learning goals for this course. Where do you feel you have room to grow? Identify the relevant competency(ies) in which you would like to increase your skills.

Response Guidelines

These general response guidelines apply to all discussions in this course. Please choose posts that have had few responses thus far and respond. Focus on similarities, differences, and insights you had as a result of reading each post. Include the following:

- Engage your peer. Tell him or her specifically why you chose to respond to the post.
- Seek clarification. Talk about what is unclear. Ask questions. Offer suggestions.
- Add perspective. Include personal examples or work experiences that add perspective to your reply.
- Be a practitioner/scholar. In addition to your personal or work experience, include one academic reference in your reply. Use APA style and formatting appropriate to the type of reference you provide.

For this **particular** discussion prompt, affirm how you think this course will help your colleagues grow personally or professionally based on their identified reasons for taking this course and stated learning goals.

Course Resources

Undergraduate Discussion Participation Scoring Guide

u01d2 - Learning Components

- Analyze key learnings about public health issues based on best evidence about what makes and keeps people healthy.
- Assess key learnings about the development of policies that maximize the positive impacts of social and economic determinants on the health of individuals, communities, and populations.
- Describe key learnings about the relationship between cost, quality, and outcomes in determining public health funding decision making.
- Reflect on key learnings about the impact of policies and legislation on individual and population health.

Unit 2 >> Public Actors in Health Policy: The Three Branches of Government

Introduction

In this unit, we will explore the major U.S. political institutions responsible for developing health care policies. Many of these topics will hearken back to lessons you may have first learned in your high school history or civics class. However, you don't have to look back that far. Today, you can follow the politics all around you in a brief flip through the Washington Post, Twitter, or while listening to NPR. Our daily headlines keep us apprised of the powers, constraints, and inner-workings of our nation's major political institutions. And it is a riveting drama that unfolds right before our eyes.

This week's readings will position the three branches of government—the executive branch (the presidency), the judicial branch (the courts), and the legislative branch (Congress)—within a health policy framework. As you engage in your readings, your political affiliation or vote in the most recent election, whether presidential or local, is not important. Rather, it is more significant that you are knowledgeable of one fact—policy change is an incremental process. In fact, our nation's founding fathers intentionally formulated it this way. Look for the unique roles each of the three branches of government has played historically in initiating and impeding health policy reforms.

We can learn a lot from Gallup's annual survey of Americans' confidence in our nation's major political institutions (Gallup, 2017). Since 2016, Americans have shown increased confidence in the U.S. Supreme Court and Congress, with decreasing support in the presidency. While confidence in two major institutions is increasing, the overall confidence ratings in Congress and the presidency remain low, below 20%. With 44% of Americans polled saying they have "very little confidence" in our legislators, it is obvious that the policy making process has disappointed the people whom it was intended to serve. Nevertheless, we all play a pivotal role in politics, not just legislators, courts, or the president. Our societal decision-making process matters, and it certainly determines how health policies are developed, managed, and funded in our nation.

Reference

Gallup. (2017). Americans confidence in institutions' edges up. Retrieved from <http://news.gallup.com/poll/212840/americans-confidence-institutions-edges.aspx>

Learning Activities

u02s1 - Studies

Readings

Use your *Health Politics and Policy* text to read the following:

- Chapter 3, "Congress," pages 30–55.
- Chapter 4, "The Presidency," pages 56–75.
- Chapter 5, "The Courts," pages 76–93.

u02s1 - Learning Components

- Analyze key U.S. public health issues and significant legislative actions from a historical perspective.
- Recognize how over time the United States implemented policy solutions in response to public health challenges facing communities and the nation.

u02s2 - Assignment Preparation

This is a friendly reminder that your Public Health Issue and Policy Review assignment is due in Unit 3. To help you to prepare and successfully complete your assignment, you will conduct a policy search.

Choose **one** of the following topics, based on your interests and your community's needs:

- Access to reproductive health care/reproductive health rights.
- Maternal and child health.
- Environmental health/conservation.
- Obesity prevention.
- Occupational safety.
- Smoking cessation/substance abuse prevention.
- Violence prevention/public safety.

Law and Policy Research

Use the Capella University Library to search for **three** state or federal legislative actions, which have occurred within the past five years, on your chosen topic. To help you conduct your search, start with the [Policy & Law: Legal Research Library Guide](#). You will use this research in one of this unit's discussion posts and in the upcoming Unit 3 assignment.

u02s2 - Learning Components

- Critically assess an array of modern public health issues facing U.S. communities.
- Examine publicly available federal, state, or local data that describes common health status measures, such as morbidity, mortality, health care costs, et cetera.
- Identify a relevant public health issue among the list of relevant public health challenges currently facing U.S. communities.

u02d1 - Which Branch Is Responsible: Executive, Judicial, or Legislative?

This week we have considered our nation's major political institutions. All have an individual role and collaborative function to influence the development, enforcement, and interpretation of health care legislation. For this discussion, cite evidence from your readings to take a clear position regarding which one of the three major political institutions you think is preeminently responsible for developing a health care policy agenda for our nation.

Response Guidelines

These general response guidelines apply to all discussions in this course. Please choose posts that have had few responses thus far and respond. Focus on similarities, differences, and insights you had as a result of reading each post. Include the following:

- Engage your peer. Tell him or her specifically why you chose to respond to the post.
- Seek clarification. Talk about what is unclear. Ask questions. Offer suggestions.

- Add perspective. Include personal examples or work experiences that add perspective to your reply.
- Be a practitioner/scholar. In addition to your personal or work experience, include one academic reference in your reply. Use APA style and formatting appropriate to the type of reference you provide.

For this **particular** discussion prompt, suggest problems with your colleagues' positions which were raised in the readings. In other words, what evidence would suggest the identified political institutions might not be well suited to develop the health care policy agenda? As a result of the problems you mentioned, what approaches would you recommend to resolve the problems you raised?

Course Resources

Undergraduate Discussion Participation Scoring Guide

u02d1 - Learning Components

- Analyze key U.S. public health issues and significant legislative actions from a historical perspective.
- Recognize how over time the United States implemented policy solutions in response to public health challenges facing communities and the nation.

u02d2 - Which Public Health Issue?

One of the studies for this unit required you to select a public health issue from a provided list and then research federal and legislative actions that have occurred in the past five years related to that issue. Share with your colleagues the issue you chose and why. Without sharing any information that is too private, do you have a personal or professional experience with your chosen topic? Based on your search results, identify and describe one legislative action that was enacted on a state or federal level to address the specified issue.

Response Guidelines

These general response guidelines apply to all discussions in this course. Please choose posts that have had few responses thus far and respond. Focus on similarities, differences, and insights you had as a result of reading each post. Include the following:

- Engage your peer. Tell him or her specifically why you chose to respond to the post.
- Seek clarification. Talk about what is unclear. Ask questions. Offer suggestions.
- Add perspective. Include personal examples or work experiences that add perspective to your reply.
- Be a practitioner/scholar. In addition to your personal or work experience, include one academic reference in your reply. Use APA style and formatting appropriate to the type of reference you provide.

For this **particular** discussion prompt, assume the role of a health policy evaluator and blogger. Write a 6–8 line blog post in response to the public health issue and legislative action your colleagues have shared. Use the blog post to evaluate possible positive or negative consequences that could arise from the legislative action if it were implemented in your community or state. What evidence might cause you to think differently about your original evaluation?

Course Resources

Undergraduate Discussion Participation Scoring Guide

u02d2 - Learning Components

- Critically assess an array of modern public health issues facing U.S. communities.
- Analyze key U.S. public health issues and significant legislative actions from a historical perspective.
- Recognize how over time the United States implemented policy solutions in response to public health challenges facing communities and the nation.
- Examine publicly available federal, state, or local data that describes common health status measures, such as morbidity, mortality, health care costs, et cetera.
- Identify a relevant public health issue among the list of relevant public health challenges currently facing U.S. communities.

Unit 3 >> A View From the Audience: Modern Perspectives on Public Health Issues in America

Introduction

At the crux of all major health policy initiatives lies a perplexing and challenging public health issue. In this country, before health policies can be developed, public health issues have to be identified and possible solutions prioritized. Likewise, political support for a way forward has to be created and sustained.

Public health issue identification occurs at the national level after collecting, analyzing and reporting health data. These outlined steps, however, are time consuming, yet a need for immediate solutions exists. Time-sensitive demands do not necessarily allow for an extended and careful review of data, consensus setting around data-driven priorities, objective assessments of best resource allocation methods, and finally an evaluation of where and how best outcomes can be achieved.

Often the most out-spoken constituencies, such as voters and issue advocates, can heavily influence policy development. In the United States, constituencies have been built around many key public health issues from equity for the LGBTQ community to the benefits of parks and recreational space in urban centers. Although political support for policy action exists, often barriers to successful policy implementation ensue. Examples of these barriers to successful policy implementation include fragmented decision making without necessary data and knowledge, and unequal distribution of services and resources to those in need.

In the case of child health, one of the key issues in our readings this week, effective policy action seems to take two steps forward and one step back. Although our common societal perspective is that children need to be kept healthy and protected from harm, policy wheels turn slowly to accomplish these ideals. As you complete your readings this week, ponder this health policy backdrop and the tenuous link between support for policy action and sustained positive health impacts.

Learning Activities

u03s1 - Studies

Readings

Use your *Health Politics and Policy* text to read the following:

- Chapter 18, "Aging Policy in the 21st Century," pages 270–287.
- Chapter 19, "Reproductive Health," pages 292–305.
- Chapter 20, "Children," pages 306–327.

Use the Internet to study the following:

- Kaiser Family Foundation. (n.d.). [State health facts](https://www.kff.org/statedata/). Retrieved from <https://www.kff.org/statedata/>
 - You will use this information in a unit discussion.

u03s1 - Learning Components

- Critically assess an array of modern public health issues facing U.S. communities.
- Examine publicly available federal, state, or local data that describes common health status measures, such as morbidity, mortality, health care costs, et cetera.

u03a1 - Public Health Issue and Policy Review

You are a newly hired summer legislative intern in Minnesota. Currently, several public health issues have risen to the forefront in constituent and stakeholder town hall meetings. These include:

- Access to reproductive health care/reproductive health rights.
- Maternal and child health.
- Environmental health/conservation.
- Obesity prevention.
- Occupational safety.
- Smoking cessation/substance abuse prevention.
- Violence prevention/public safety.

These are not new issues, but a need for new policy development always exists. The legislator is eager to respond to requests for action from his supporters and detractors and to embark on a strong public health legislative agenda.

Demonstration of Proficiency

By successfully completing this assignment, you will demonstrate your proficiency in the course competencies through the following assignment scoring guide criteria:

- Competency 1: Explain the impact of policies and legislation on individual and population health.
 - Provide a summary of three recent, relevant legislative actions that includes the implementation level, legislative supporters, and positive public health impacts on individuals and populations.
- Competency 2: Identify and define public health issues based on best evidence about what makes and keeps people healthy.
 - Provide the best evidence that demonstrates a chosen public health issue's relevancy and significance to the community, state, or U.S. residents.
- Competency 5: Communicate in a manner that is scholarly, professional, and respectful of the diversity, dignity, and integrity of others and is consistent with health care professionals.
 - Cite in APA format a minimum of five current, scholarly, and/or authoritative sources within the text and in a separate reference page.
 - Write a clear, persuasive, organized, and generally error-free policy review that is reflective of professional communication in the public health field.

Instructions

As your first task, the legislator's chief of staff has assigned the public health issues list to you. In a real policy creation context or in professional practice, a public health issue list may not be provided. In actuality, issue identification is part of a larger guided and data directed process informed by an in-depth community needs assessment. For the purpose of this assignment, this list is being provided to you.

Based on what you know about your community or state and your interests, choose one issue from the list provided. You will then write a 3–5-page review of the issue you selected. The chief of staff, legislative director, and the legislator will use your review to inform a substantive conversation they will have to determine tangible, actionable next steps.

Use the **Public Health Issue and Policy Review Template** to complete your assignment. Your review needs to address all of the following:

- **Cover page** (1 page).
 - Include your name, course number and title, instructor name, and assignment title.
- **Introduction** (1 page).
 - Explain why the issue is important or why it *should* be important to residents in your community, state, or in the United States.
 - **Note:** Do not simply rely on your personal opinion. Look for data (morbidity, mortality, cost, indicators of health access, et cetera) that support the issue's importance and relevance.
- **Summary of Recent Legislative Actions** (1–2 pages).
 - Summarize **a minimum of** three significant recent legislative actions that have occurred within the past five years that have been implemented on the state and/or federal level to directly address the chosen issue. In your summary be sure to:
 - Specify the implementation level (state or national).
 - Identify key legislative supporters (individual stakeholders or stakeholder groups).
 - Present for each legislative action, one measurable, successful outcome. For example, in a neighborhood gun buy-back program, did the number of gun-related deaths or injuries decrease? By how much?
- **Conclusion** (1–2 paragraphs).
 - Summarize the most important takeaways you want the reader to remember about your public health issue and policy review. Remember this is your final opportunity to make a lasting impression.
- **References** (1 page).
 - Include a reference list that adheres to APA style and formatting guidelines to support all information cited.
 - Be sure to cite your sources within your review in APA format.

Additional Requirements

- **Written communication:** Be sure your review clearly describes the public health issue's importance and the legislative steps that have been taken. Also, your review needs to be clear, concise, well organized, and generally free of errors in grammar, punctuation, and spelling. The title page, citations, and references need to be in APA format.
- **Cover page:** Be sure to include with your review a cover page in APA format with the information specified in the instructions.
- **Length:** 3–5 double-spaced content pages in Times New Roman, 12-point type.
- **References:** Include a separate reference page in APA format. Also be sure you cite **at least five** references to current, scholarly and or authoritative sources in APA format throughout your review.
- **Scoring guide:** Review this assignment's scoring guide so that you understand how your faculty member is going to evaluate your work.

u03d1 - Child Health in Your State

This unit's readings have presented a complex array of public health issues and modern policy responses to aging, reproductive health, and child health.

For this discussion post:

- Visit the Kaiser Family Foundation State Health Facts website, linked in the Resources.
- Select the state in which you currently reside.
- Select Health Status from the Categories and Indicator list.

Thinking solely about the issue of child health:

- Select five data criteria that describe child health status in your state. Examples: infant mortality rate = deaths per 1,000 live births, percent of children with oral health problems, et cetera.
- Report the data you found.
- Describe what **each** criterion means.
- Interpret the criteria to provide a brief summary of child health status in your state

Response Guidelines

These general response guidelines apply to all discussions in this course. Please choose posts that have had few responses thus far and respond. Focus on similarities, differences, and insights you had as a result of reading each post. Include the following:

- Engage your peer. Tell him or her specifically why you chose to respond to the post.
- Seek clarification. Talk about what is unclear. Ask questions. Offer suggestions.
- Add perspective. Include personal examples or work experiences that add perspective to your reply.
- Be a practitioner/scholar. In addition to your personal or work experience, include one academic reference in your reply. Use APA style and formatting appropriate to the type of reference you provide.

For this **particular** discussion prompt, select **one** post that is from a different state than the one in which you reside. Comment on the similarities and differences in reported child health status. Recommend what other publicly available data your colleague may use to further support his or her findings or that may disprove them. Be sure to identify the source of the publicly available data you cite. Examples include Centers for Disease Control and Prevention, U.S. Census Bureau, National Behavioral and Health Interview Survey, et cetera.

Course Resources

Undergraduate Discussion Participation Scoring Guide

[State Health Facts](#)

u03d1 - Learning Components

- Use publicly available health status measures, such as morbidity, mortality, and health care costs, to describe a public health issue's significance.

Unit 4 >> Power Struggles: The Federal, State, and Local Governments

Introduction

Government agencies and officials at the federal, state, and local levels fulfill independent and interdependent roles to ensure health care access and health services delivery to citizens. When we consider health care and health policy, in many respects each state acts as its own environment. Think of your state, including its locales, counties, and cities, as a mini-United States. At the same time, states rely heavily on federal government resource allocations. Most state budgets are comprised of funding from taxation, revenue, federal grants, and other sources. Approximately 31% of state budgets come from federal grants (Lav & Leachman, 2017). In the same way that federal dollars trickle down to states, local governments rely on state funding. State and local areas are powerful, semi-autonomous governments, yet the intergovernmental initiatives (federal, state, and local) deliver health care services and implement health policy development.

Federalism is the power distributed from the federal government to state governments and ultimately local governments and agencies (Morone & Ehlke, 2013). Over time, federalism has increased and decreased as the balance of power shifts back and forth between the states and the federal government.

In your readings, you will focus on five significant aspects of this relationship among federal, state, and local governments:

- The history of federalism and health care from the 1780s to the past decade.
- The states' and the federal government's roles in health insurance regulation.
- Federal grants to fund state and local government programs.
- The Affordable Care Act's role in shifting the power and choice of health insurance implementation back to the states.
- Specific examples of state governments' structuring of health care and implementation of health care reform.

With this backdrop in mind, all states and their leaders are subject to one national political system. While the political climate shifts nationally and locally as a result of federal, state, and local elections, policy makers at all levels of government must work together to address our most significant health problems.

References

Lav, I. J., & Leachman, M. (2017, March 13). At risk: Federal grants to state and local governments. Retrieved from <https://www.cbpp.org/research/state-budget-and-tax/at-risk-federal-grants-to-state-and-local-governments>

Morone, J. A., & Ehlke, D. C. (2013). *Health politics and policy* (5th ed.). Stamford, CT: Cengage Learning.

Learning Activities

u04s1 - Studies

Readings

Use your *Health Politics and Policy* text to read the following:

- Chapter 6, "Federalism and Health Care Policy," pages 94–115.
- Chapter 11, "The View From the States: An Introduction," pages 176–181.
- Chapter 12, "Massachusetts," pages 182–189.

Use the Internet to read the following:

- USA.gov. (n.d.). [Infographic: The federal government's budget process](https://www.usa.gov/budget#item-213709). Retrieved from <https://www.usa.gov/budget#item-213709>

u04s1 - Learning Components

- Analyze the process of public health issue identification, priority setting, policy and resolution development.
- Match the health policy's purpose to government budget priorities at the federal, state, and local levels.
- Distinguish between effective and ineffective legislative actions targeted at social and economic determinants of health improvements.

u04s2 - Assignment Preparation

You have nearly reached the midpoint of the course. This is a friendly reminder that your second assignment, the Advocacy Letter, is due in Unit 5.

To help you to prepare and successfully complete your assignment, use the Internet to study the following:

- Campbell, J. R. (2018, January 30). [Five steps to becoming an advocate \[Video file\]](https://www.youtube.com/watch?v=nlo31mMB4P8). *TEDx Adelaide* | [Transcript](#). Retrieved from <https://www.youtube.com/watch?v=nlo31mMB4P8>
 - This short seven-minute inspiring video emphasizes the power of advocacy in our society to spur social and political engagement.
- Scholastic. (n.d.). [Persuasive letter checklist \[PDF\]](#). Courtesy of Scholastic, Inc. Available from <https://www.scholastic.com/>
 - This checklist can serve as a guide to your Advocacy Letter assignment due in Unit 5.

u04s2 - Learning Components

- Analyze the process of public health issue identification, priority setting, policy and resolution development.

u04d1 - To Build a Cancer Satellite Clinic or Not?

The following excerpt is from a case study in your *Health Policy and Politics* text called "Cancer Center Satellite":

"A major cancer center wants to open a satellite clinic several counties away from its main campus to make it easier for its patients to access its services without having to travel to the central city The Department of Health does not solicit the opinions of local oncologists who may have clinic or office-based practices and will also be affected by the proposed center. . . . The neighboring hospitals protest that their cancer treatment programs are the key to their financial viability, and if they lose patients to the new center, they may be forced to close down entirely. . . . The new facility would be on the border of Connecticut and near several hospitals just over the border and a large cancer center less than an hour away" (Morone & Ehlke, 2013, p. 211).

After reading this excerpted case study:

- Identify what your original response to this issue would have been prior to Unit 4. For example, should the cancer satellite clinic be built even though it would negatively impact the existing large cancer center in Massachusetts?
- Describe whether your thinking on this issue has changed based on what you have learned (post-Unit 4). If your thinking has changed, how so?
- How can you reconcile the differences between your initial and new found perspectives?

Response Guidelines

These general response guidelines apply to all discussions in this course. Please choose posts that have had few responses thus far and respond. Focus on similarities, differences, and insights you had as a result of reading each post. Include the following:

- Engage your peer. Tell him or her specifically why you chose to respond to the post.
- Seek clarification. Talk about what is unclear. Ask questions. Offer suggestions.
- Add perspective. Include personal examples or work experiences that add perspective to your reply.
- Be a practitioner/scholar. In addition to your personal or work experience, include one academic reference in your reply. Use APA style and formatting appropriate to the type of reference you provide.

For this **particular** discussion prompt, consider how your colleagues' thinking may have also evolved during this unit. How do your colleagues' learnings compare with yours?

Reference

Morone, J. A., & Ehlke, D. C. (2013). *Health politics and policy* (5th ed.). Stamford, CT: Cengage Learning.

Course Resources

Undergraduate Discussion Participation Scoring Guide

u04d1 - Learning Components

- Analyze the process of public health issue identification, priority setting, policy and resolution development.

u04d2 - Tweet, Tweet

Social media is an influential and interactive communication platform. Stakeholders and key government agencies communicate about key health policy issues via social media every day. Imagine that you follow several leading health policy experts on Twitter. Compose a tweet to influence open and collaborative health policy dialogue on a key public health issue of your choosing. Compose your tweet using 280 characters. Also develop a hashtag based on the key issue (for example, #obesityprevention). Clearly state the gaps in current policy on the federal or state level to address the chosen issue. In other words, what is the most significant need to positively impact persons affected by the public health issue? **Note:** You are not obligated to post your tweet on Twitter.

Response Guidelines

These general response guidelines apply to all discussions in this course. Please choose posts that have had few responses thus far and respond. Focus on similarities, differences, and insights you had as a result of reading each post. Include the following:

- Engage your peer. Tell him or her specifically why you chose to respond to the post.
- Seek clarification. Talk about what is unclear. Ask questions. Offer suggestions.
- Add perspective. Include personal examples or work experiences that add perspective to your reply.

- Be a practitioner/scholar. In addition to your personal or work experience, include one academic reference in your reply. Use APA style and formatting appropriate to the type of reference you provide.

For this **particular** discussion prompt, complete only **one** of the two response posts:

1. You are not obligated to post your tweet on Twitter. If you choose to do so, start or join a health policy conversation. Take the tweet you composed and post it on Twitter. Gather the feedback you received from Twitter and share with your peers in this discussion forum.

OR

2. Adopt the role of a leading health policy expert. Review your colleagues' tweets. Select two tweets and support or refute your colleagues' positions in a response tweet of 280 characters or less. Use evidence in this week's readings or from other current scholarly and/or authoritative sources. Attach a brief video clip (maximum of 1 minute), an infographic, chart/graph, or photo in your response that further supports your findings.

Course Resources

Undergraduate Discussion Participation Scoring Guide

u04d2 - Learning Components

- Analyze the process of public health issue identification, priority setting, policy and resolution development.
- Match the health policy's purpose to government budget priorities at the federal, state, and local levels.
- Distinguish between effective and ineffective legislative actions targeted at social and economic determinants of health improvements.

Unit 5 >> Private Actors in Health Policy: The Stakeholders

Introduction

Let's go back to the beginning of the course. We considered a key point—Politics is the process we use to make decisions about our society. We recognized that this process involves many key actors. In Unit 4 we examined the public actors' roles and functions. These included Congress, the president, and the courts. In this unit, we will focus on private actors, which we will refer to as health policy stakeholders. Literally, these are the individuals with a stake in the health policies the public actors develop, fund, and manage.

In health policy, a myriad of individuals have a stake in individual, group, and population health. The World Health Organization enumerates key stakeholder categories, including:

- Nongovernment and not-for-profit organizations.
- Community groups and civic organizations.
- Businesses and the private sector.
- Health insurance groups and other health care funders, or payers.
- Donors.
- Health care workers.
- Health care organizations and health care providers.
- Consumers, the people who use health services (2018).

Careful inspection of these categories reveals that stakeholder groups encompass and affect everyone in our society. And they should because health care and health policies affect us all. The effective implementation of health policies depends upon the broadest inclusivity of stakeholders within and outside of health sectors. Health policies encompass a wide array of issues. In many cases, professional advocacy organizations, foundations, special interest groups, and their allies engage in health policy debates directly and influence legislation through lobbying and negotiations with legislators.

Our U.S. health policy-making process is broad in order to:

- Engage all public and private actors in policy dialogue.
- Reach consensus on significant public health issues.
- Strategically direct policy action to improve health outcomes.

Technological innovations have added more seats to the health policy bargaining table, enabling real-time communication between stakeholder groups. Opinions and facts can be presented with a quick e-mail or tweet. Individuals who never would have met face-to-face due to political party, race, class, geography, or other divides can openly articulate and debate their stances on key issues.

These communications happen on a large stage, often with a global audience. Whether the health policy making environment is contentious or not, health policy actions are the outgrowth of collaborative dialogue. Policies based on shared stakeholder interests are the most likely to succeed.

Reference

World Health Organization. (2018). National health policies, strategies, and plans: Engaging stakeholders. Retrieved from <http://www.who.int/nationalpolicies/processes/stakeholders/en/>

Learning Activities

u05s1 - Studies

Readings

Use your *Health Politics and Policy* text to read the following:

- Chapter 15, "Public Opinion," pages 214–235.
- Chapter 16, "Ten Myths About Health Lobbyists," pages 236–253.
- Chapter 17, "The Business of Health Care: How Employers Influence Politics," pages 254–269.

Multimedia

- Click **An American Family: The Opioid Crisis Hits Home** to view this media piece.
 - View this media piece to see how health policy directly impacts individuals in a community. You will see that various groups have competing interests in the opioid crisis. These include the drug companies, the insurance industry, providers, et cetera. With all these different interests, sometimes it is the individual who gets lost in the process when trying to get needed care. As a result, this individual in the American Family story reaches out to the legislator for help.

Optional Resources

- Scott, J. T., & Maryman, J. (2016). [Using social media as a tool to complement advocacy efforts](http://www.gjcpp.org/en/article.php?issue=21&article=121). *Global Journal of Community Psychology Practice*, 7(1S), 1–22. Retrieved from <http://www.gjcpp.org/en/article.php?issue=21&article=121>

Course Resources

An American Family: The Opioid Crisis Hits Home

u05s1 - Learning Components

- Interpret the purpose of health policies based on needed improvements in individual, group, and population health.
- Analyze the process of public health issue identification, priority setting, policy and resolution development.
- Describe the significance of stakeholder support for successful legislative action.
- Recognize the significance of stakeholder support in the policy development process.

u05a1 - Advocacy Letter

You continue to enjoy your summer legislative internship in Minnesota. Since you submitted your public health issue and policy review, the chief of staff, legislative director, and the legislator have met to discuss it. Strong support is building for the public health issue you selected and presented in your policy review. Several other legislators have contacted the office to express their support for legislative action on this public health issue. As a result, you have received another assignment.

Building on your previous work (the public health issue and policy review), you have been asked to continue working on your identified public health issue. For **one** of the three legislative actions you described previously, you are to develop a 1–2-page advocacy letter, written in the legislator's voice, requesting another legislator's support. Remember several legislators have already expressed their support directly to the legislator's office.

Demonstration of Proficiency

By successfully completing this assignment, you will demonstrate your proficiency in the course competencies through the following assignment scoring guide criteria:

- Competency 1: Explain the impact of policies and legislation on individual and population health.
 - Concisely state the advocacy letter's purpose in the first paragraph.
- Competency 3: Describe the relationship between cost, quality, and outcomes in determining public health funding decision-making.

- Provide a summary of the public health issue and one recent, relevant legislative action, including the implementation level and a measurable outcome.
- Explain how two key stakeholder groups' support could advance the new legislation's development and implementation.
- **Competency 4:** Develop policies that maximize the positive impacts of social and economic determinants on the health of individuals, communities, and populations.
 - Recommend two to three specific legislative improvements to bolster the legislation's positive impact on social and economic determinants of health.
- **Competency 5:** Communicate in a manner that is scholarly, professional, and respectful of the diversity, dignity, and integrity of others and is consistent with health care professionals.
 - Cite in APA format a minimum of two current, scholarly and/or authoritative sources that support the advocacy letter's content within the text and in a separate reference page.
 - Compose a clear, persuasive, organized, and generally error-free advocacy letter that is reflective of professional communication in the public health field.

Instructions

In addition to being accurate and persuasive, your letter requesting support from another legislator needs to include all of the following key components:

- **Date and Addressee Line.**
 - Name the legislator whose support and sponsorship your legislator is seeking.
- **Advocacy Letter's Purpose** (1–2 sentences in the first paragraph).
 - State the advocacy letter's purpose.
- **Summary of Public Health Issue and One Recent Legislative Action** (1 paragraph).
 - Summarize the public health issue and **one** of the three recent legislative actions you previously presented in your policy review.
 - Specify for the one legislative action you have selected the implementation level and one measurable outcome. Remember that you already identified the implementation level and measurable outcome in your previous assignment.
 - Remember that this needs to be a summary suitable for a 1–2-page letter. Do not simply copy and paste the information from your previous assignment into the letter. Instead summarize the information.
- **Two to Three Improvements to Existing Legislation** (2–3 paragraphs).
 - Propose two to three specific improvements to the existing legislation that could be developed into new legislation to strengthen, sustain, or expand the legislation's positive impact.
 - Example: You previously described an obesity prevention policy implemented at the state level. This policy requires food establishments to display the calories in all food and beverages sold. One improvement to the legislation might be to require that this information also be made available in Spanish to meet state residents' increasing language diversity.
- **Support of Two Key Stakeholder Groups** (1 paragraph).
 - Name two key stakeholder groups (such as organizations, agencies, or public health associations) whose buy-in would further support the legislation's development and implementation.
 - Include an explanation as to why these groups' support is needed.
- **Signature Line.**
 - Remember you are penning the letter for your legislator. The signature line needs to provide the legislator's name and title rather than yours.

Additional Requirements

- **Written communication:** Your advocacy letter needs to be clear, concise, persuasive, well organized and generally free of errors in grammar, punctuation, and spelling.
- **Length:** 1–2 single-spaced pages in Times New Roman, 12-point font. Do not exceed the two-page maximum length.
- **References:** Include a separate reference page in APA format. Also be sure you cite **at least two** references to current, scholarly and/or authoritative sources in APA format throughout your letter.
- **Scoring guide:** Review this assignment's scoring guide so that you understand how your faculty member is going to evaluate your letter.

u05d1 - Traditional vs. Contemporary Advocacy Efforts

Two doctoral students, J. Taylor Scott and J'Vonnah Maryman, wrote a 2016 article, "Using Social Media as a Tool to Complement Advocacy Efforts," which focuses on advocacy efforts and corresponding social media approaches. The authors stated:

"In the past, communication between constituents and politicians was limited to letters, phone calls, or face-to-face meetings. In the digital age, social media expand communication channels with public officials, many of whom maintain Facebook and Twitter accounts, by allowing constituents to send brief messages and share information about public concerns" (para. 6).

The full article is linked in the Resources if you would like to read more. Please note this is optional, not required reading.

For this discussion, compose a post in which you comment on the balancing act between traditional and contemporary advocacy efforts. First, share why you think social media better equips health policy stakeholders and advocates to lead and influence health policy decisions. Next, based on the key public health issue you presented in the Unit 4 discussion, Tweet, Tweet, present a recommendation for a mixed advocacy approach (that is, using social media *and* nonsocial media). For example, one mixed advocacy approach might use Facebook to raise money for advocacy efforts and also to host a forum to raise awareness to community residents. Imagine that these approaches would be implemented in a community that you identify.

Response Guidelines

These general response guidelines apply to all discussions in this course. Please choose posts that have had few responses thus far and respond. Focus on similarities, differences, and insights you had as a result of reading each post. Include the following:

- Engage your peer. Tell him or her specifically why you chose to respond to the post.
- Seek clarification. Talk about what is unclear. Ask questions. Offer suggestions.
- Add perspective. Include personal examples or work experiences that add perspective to your reply.
- Be a practitioner/scholar. In addition to your personal or work experience, include one academic reference in your reply. Use APA style and formatting appropriate to the type of reference you provide.

For this **particular** discussion prompt, consider how some marginalized groups who do not have continuous internet access might experience the digital divide. For example, think of individuals who lack internet access at home or through a personal handheld device. Adopt the perspective of such an individual impacted by this digital divide *and* the key public health issue presented by your colleagues. Comment on how the mixed advocacy approach (that is, using social media *and* nonsocial media) may benefit *and* alienate some stakeholders wanting to participate in significant health policy dialogue.

References

Scott, J. T., & Maryman, J. (2016). Using social media as a tool to complement advocacy efforts. *Global Journal of Community Psychology Practice*, 7(1S), 1–22. Retrieved from <http://www.gjcpp.org/en/article.php?issue=21&article=121>

Course Resources

Undergraduate Discussion Participation Scoring Guide

[Using Social Media as a Tool to Complement Advocacy Efforts](#)

u05d1 - Learning Components

- Analyze the process of public health issue identification, priority setting, policy and resolution development.
- Describe the significance of stakeholder support for successful legislative action.
- Recognize the significance of stakeholder support in the policy development process.

Unit 6 >> Plot Twist Part 1: The Path to Health Care Reform

Introduction

At this point in the course, you have reviewed several key themes and readings. As you reflect on what you have learned, it may be evident to you that throughout U.S. history several health policy actions have recurred time and again. Aging policies are one such example. Although U.S. aging policies have varied in scope and impact, they have been repeatedly endorsed. Here are just some examples over the decades of the many ways the United States has addressed aging policies:

- In the 1930s, Congress enacted Social Security.
- The 1960s brought about another aging policy in the form of the Older Americans Act (OAA). Medicare and Medicaid were also signed into law.
- The 1970s saw amendments to the OAA.
- In the 1980s, Congress repealed the Medicare Catastrophic Coverage Act.
- The Medicare Prescription Drug, Improvement, and Modernization Act became law in 2003.

In many ways, health care reforms show this same recurrence pattern. Each American president from Franklin Delano Roosevelt, elected in 1932, to Donald John Trump, elected in 2016, has contended with health care reform (Blumenthal & Morone, 2010). Presidents have either pushed or shunned

the opportunity and responsibility to fundamentally revolutionize health and health care access for Americans. They have grappled with how to make health care coverage available to the under- and uninsured. Likewise, how can they protect health care coverage for those who are insured? And how can they simultaneously achieve economic and political balance in the process?

With this historical backdrop in mind, the path leading to health care reform from 2008 to 2010 has been a winding one throughout the 20th century. Policy steps and missteps on the part of public and private actors in our political system have been responsible for many of the turns that have occurred on that winding path.

President Barack Hussein Obama, elected in 2008, entered the Oval Office with a health care reform agenda that differed drastically from the strategies implemented by President William Jefferson Clinton. In 2004, then Senator Obama of Illinois, endorsed presidential nominee John Kerry at the Democratic National Convention. Some argue that this speech foreshadowed the ideals of equity and access that would be written into Obama's signature health care reform legislation years later, the Patient Protection and Affordable Care Act (March 23, 2010).

Click [2004 Barack Obama Keynote Speech](#), if you would like to listen to the speech. **Note:** This is not required but is available if you would like to learn more.

This week's readings provide a historical overview of U.S. health care reform policy action across nearly five decades. Look for similarities and differences in presidential strategies and legislators' tactics. Consider which stakeholders and special interest groups influenced health care policy implementation. Look for recurring patterns in the populations that continue to rise to the forefront of the health policy discussion. As you reflect on the path leading up to health care reform, you will be well positioned for Unit 7 as we consider where we are headed in the future.

Reference

Blumenthal, D. and Morone, J.A. (2010). *The heart of power: Health and politics in the oval office*. Berkeley, California: University of California Press.

Democratic National Convention. (2004). 2004 Barack Obama keynote speech [Video file]. Retrieved from https://www.youtube.com/watch?v=_fMNIofUw2I

Learning Activities

u06s1 - Studies

Readings

- Use your *Health Politics and Policy* text to read the following:
 - Chapter 7, "Why Health Reform Happened," pages 116–122.
 - Chapter 8, "Medicare: The Great Transformation," pages 126–141.
 - Chapter 9, "Medicaid: Designed to Grow," pages 142–163.
- Use the Capella University Library to read the following:
 - Blumenthal, D., & Morone, J. (2016). Past as prologue: Presidential politics and health policy. *The New England Journal of Medicine*, 375(14), 1314–1316.
- Use the Internet to read the following:
 - Levy, M. (2018). Patient protection and affordable care act. *Encyclopedia Britannica*. Retrieved from <https://www.britannica.com/topic/Patient-Protection-and-Affordable-Care-Act>

Optional – Resources

You may find the following optional resources useful:

- Democratic National Convention. (2004). [2004 Barack Obama keynote speech \[Video file\]](#). Retrieved from https://www.youtube.com/watch?v=_fMNIofUw2I
- Healthcare.gov. (n.d.). [Glossary](#). Retrieved from <https://www.healthcare.gov/glossary/>
 - Refer to this glossary of commonly cited health care terms to support this week's and next week's readings.

u06s1 - Learning Components

- Determine how the identified public health issue intersects with the larger public health care reform debate.

u06s2 - Assignment Preparation

This is a friendly reminder that your Speech Draft for Meeting With Community Leaders assignment is due in Unit 7. To help you prepare and successfully complete your assignment, the following resources provide additional information about giving a call to action.

On American Public Health Association (APHA) TV, listen to two health policy advocates speak about two different issues. Both speakers:

- Provide background information on a key public health issue.
- Cite data as evidence.
- Describe collaborative public health work across stakeholder groups.
- Summarize which policy and program actions are successful and which are not.
- Provide a call to action.

In this short video, Sarah Tofte, Director of Everytown for Gun Safety, speaks about gun violence:

- American Public Health Association. (2017). [Gun violence prevention With Sarah Tofte at APHA 2017 \[Video file\] | Transcript](https://www.youtube.com/watch?v=6QYaCwbC7MU&feature=youtu.be). Retrieved from <https://www.youtube.com/watch?v=6QYaCwbC7MU&feature=youtu.be>

In this video, Evelyn Kappeler, Director of the Health & Human Services Office of Adolescent Health, speaks about adolescent health:

- American Public Health Association. (2017). [HHS's Evelyn Kappeler on adolescent health at APHA 2017 \[Video file\] | Transcript](https://www.youtube.com/watch?v=F829ZsYf5bA&feature=youtu.be). Retrieved from <https://www.youtube.com/watch?v=F829ZsYf5bA&feature=youtu.be>

Note: Other brief videos on this website may prove useful in your development of a compelling call to action in your assignment.

Use the methods exemplified by these speakers as you develop the call to action portion of your speech in the Unit 7 assignment.

u06s2 - Learning Components

- Recognize elements of effective concluding calls to action that advance public health policies that positively impact, individuals, communities, and populations.
- Analyze responses to objections, concerns, or questions related to cost, quality, or outcomes for strengths and improvements.

u06d1 - Peer Review Forum

The purpose of this peer review forum is to provide an opportunity for review and feedback. Your colleagues' suggestions can inform your work, and your suggestions can inform theirs.

For this discussion:

- Post in the discussion area for peer review a draft of **one** section of your Speech Draft for Meeting With Community Leaders assignment—due in Unit 7.
 - Post the section of your speech in which you respond to two potential objections, concerns, or questions.
- Identify within your post, two specific areas of this section of your speech on which you would like comments and feedback.
- Explain why these areas are of particular concern to you.

Response Guidelines

These general response guidelines apply to all discussions in this course. Please choose posts that have had few responses thus far and respond. Focus on similarities, differences, and insights you had as a result of reading each post. Include the following:

- Engage your peer. Tell him or her specifically why you chose to respond to the post.
- Seek clarification. Talk about what is unclear. Ask questions. Offer suggestions.
- Add perspective. Include personal examples or work experiences that add perspective to your reply.
- Be a practitioner/scholar. In addition to your personal or work experience, include one academic reference in your reply. Use APA style and formatting appropriate to the type of reference you provide.

For this **particular** discussion prompt, be sure to address the learners' areas of concern. In your response, please consider these questions:

- What additional evidence could strengthen your colleagues' responses?
- What perspectives are being overlooked in your colleagues' responses?

In addition, remember to provide feedback on aspects of the drafts that stand out to you. These may be areas in need of further work or areas that are particularly effective. As always, remember to be kind, supportive, and encouraging. These are your colleagues.

Undergraduate Discussion Participation Scoring Guide

u06d1 - Learning Components

- Anticipate the most critical objections, concerns, or questions related to cost, quality, or outcomes leaders may have on behalf of their stakeholders.
- Analyze responses to objections, concerns, or questions related to cost, quality, or outcomes for strengths and improvements.
- Formulate responses to objections, concerns, or questions that address the underlying issues of cost, quality, or outcomes.

u06d2 - Clinton vs. Obama Health Care Reform

In this unit, we have learned that health care reform battles have been fought repeatedly in the United States for decades. Focusing on health care reform triumphs and tragedies in the Clinton era vs. the Obama era:

- Explain one specific key policy strategy the Obama administration implemented that differed from the Clinton administration in terms of shaping health care reform legislation.
- Specify which key stakeholder groups unified to strengthen the Obama health care reform proposal.
- Describe your views of these administrations' implementation strategies.
- Identify which presidential administration approach you agree with most.

Response Guidelines

These general response guidelines apply to all discussions in this course. Please choose posts that have had few responses thus far and respond. Focus on similarities, differences, and insights you had as a result of reading each post. Include the following:

- Engage your peer. Tell him or her specifically why you chose to respond to the post.
- Seek clarification. Talk about what is unclear. Ask questions. Offer suggestions.
- Add perspective. Include personal examples or work experiences that add perspective to your reply.
- Be a practitioner/scholar. In addition to your personal or work experience, include one academic reference in your reply. Use APA style and formatting appropriate to the type of reference you provide.

For this *particular* discussion prompt, explain whether you agree with your colleagues' opinions. In your response:

- Detail at least two other extrinsic factors—circumstances outside of President Obama's control, such as the economic downturn—that influenced his health care reform proposal's adoption.
- Comment on how these extrinsic factors compared and contrasted to factors that occurred during the Clinton era.

Undergraduate Discussion Participation Scoring Guide

u06d2 - Learning Components

- Determine how the identified public health issue intersects with the larger public health care reform debate.

Unit 7 >> Plot Twist Part 2: Post-Health Care Reform

Introduction

The Patient Protection and Affordable Care Act, or the Affordable Care Act (2010), was implemented to accomplish specific reforms in U.S. health care. The act's ten titles outline these reforms:

- Title I. Provide quality, affordable health care for all Americans.
- Title II. Improve the role of public programs [e.g., Medicaid].
- Title III. Improve the quality and efficiency of health care.
- Title IV. Improve prevention of chronic disease and public health.
- Title V. Ameliorate the health care workforce.
- Title VI. Provide transparency and program integrity.

- Title VII. Improve access to innovative medical therapies.
- Title VIII. Establish voluntary insurance to purchase community living insurance [i.e., the CLASS Act; **Note:** Title VIII was repealed in January 2013].
- Title IX. Impose revenue provisions.
- Title X. Implement approaches to strengthen the quality and affordability of health care for all Americans.

These 10 titles contain all of the protections and increased access provisions you may be familiar with, such as coverage for young adults up to age 26 on their parent's insurance plan. Moreover, the individual mandate, which states that persons who can afford health insurance but choose not to buy it may incur a penalty, remains at the center of the health care reform debate (HealthCare.gov, 2017). The mandate was developed to create a larger pool of insured persons and lower everyone's health care premiums. Once again, the ideals of fairness and efficiency, covered in Unit 1, are called into question. Does the government have the power to mandate individual health care responsibilities even if lower costs will result?

Since the Affordable Care Act's passage and following the 2012 Supreme Court ruling to uphold the law, evidence shows the number of uninsured Americans has decreased. At the same time, insured Americans' access to care has increased (The Commonwealth Fund, 2018).

Current data also reveal that out of 50 states, 33 states, including the District of Columbia, implemented the ACA Medicaid expansion to extend Medicaid coverage to adults. This means more than 15 million individuals previously ineligible for Medicaid now have health insurance coverage (The Commonwealth Fund, 2018; Kaiser Family Foundation, 2017). Despite this data, current polls gauging American opinion, regardless of political party, show splintered thinking on health care reform priorities:

- 67% want decreases in the amount we each pay for health care.
- 37% want the ACA to be repealed.
- 35% think the federal government has spent too much on health care over time.
- 35% want a smaller federal government role in health care (The Commonwealth Fund, 2018; Kaiser Family Foundation, 2017).

Take a moment to contemplate what you think the future path of U.S. health care reform will bring. Is the best post-health care reform option to repeal and replace the ACA? Can ACA implementation succeed with the omission of certain provisions of the law? Should legislators adopt a single-payer option? Would you advocate for a mix of reform approaches to address the root causes of quality, cost, and outcomes in U.S. health care delivery?

At this time, the safest conclusion to draw is that the future of U.S. health care reform efforts is uncertain. On one hand, President Trump has stated, "Let Obamacare fail, and then everybody's going to have to come together and fix it." Yet others, such as Rick Pollack, President and CEO of the American Hospital Association, have stated, "Repeal without any effort to replace would leave millions of patients at risk during their most vulnerable times" (Pallarito, 2017).

References

The Commonwealth Fund. (2018). Effect of the Affordable Care Act on health care access. Retrieved from <http://www.commonwealthfund.org/publications/issue-briefs/2017/may/effect-aca-health-care-access>

Healthcare.gov. (2017). If you don't have health insurance: How much you'll pay. Retrieved from <https://www.healthcare.gov/fees/fee-for-not-being-covered/>

Kaiser Family Foundation. (2017). Interactive maps: Estimates of enrollment in ACA marketplaces and Medicaid expansion. Retrieved from <https://www.kff.org/interactive/interactive-maps-estimates-of-enrollment-in-aca-marketplaces-and-medicaid-expansion/>

Kaiser Family Foundation. (2017). U.S. public opinion on health care reform, 2017. Retrieved from <https://www.kff.org/slideshow/us-public-opinion-on-health-care-reform-2017>

Pallarito, K. (2017). Future of health care reform in limbo. Retrieved from <https://www.webmd.com/health-insurance/news/20170718/future-of-health-care-reform-in-limbo?#1>

Patient Protection and Affordable Care Act, 42 U.S.C. § 18001 et seq. (2010).

Learning Activities

u07s1 - Studies

Readings

Use the Capella University Library to read the following:

- Buchmueller, T. C., Levinson, Z. M., Levy, H. G., & Wolfe, B. L. (2016). Effect of the Affordable Care Act on racial and ethnic disparities in health insurance coverage. *American Journal of Public Health, 106*(8), 1416–1421.
- Jaffe, S. (2016). U.S. election: What are the candidate's health-care pledges? *The Lancet, 387*(10026), 1361–1362.
- Oberlander, J. (2016). The virtues and vices of single-payer health care. *The New England Journal of Medicine, 374*(15), 1401–1403.

Use the Internet to read the following:

- Burwell, S. M. (2016, December 12). [Building a system that works: The future of health care \[Blog post\]](https://www.healthaffairs.org/doi/10.1377/hblog20161212.057877/full). *Health Affairs*. Retrieved from <https://www.healthaffairs.org/doi/10.1377/hblog20161212.057877/full>
- Glied, S., Ma, S., & Borja, A. (2017, May 8). [Effect of the Affordable Care Act on health care access \(Issue Brief\)](http://www.commonwealthfund.org/publications/issue-briefs/2017/may/effect-aca-health-care-access). *The Commonwealth Fund*. Retrieved from <http://www.commonwealthfund.org/publications/issue-briefs/2017/may/effect-aca-health-care-access>
- Kaiser Family Foundation. (2017, November 15). [CBO projects 13 million more nonelderly uninsured by 2025 if the individual mandate is repealed](https://www.kff.org/health-reform/slide/cbo-projects-13-million-more-nonelderly-uninsured-by-2025-if-the-individual-mandate-is-repealed/). Retrieved from <https://www.kff.org/health-reform/slide/cbo-projects-13-million-more-nonelderly-uninsured-by-2025-if-the-individual-mandate-is-repealed/>
 - You will use this information in a unit discussion.
- Kodjak, A. (2017, December 19). [What happens to Obamacare if the individual mandate disappears?](https://www.npr.org/2017/12/19/572068640/what-happens-to-obamacare-if-individual-mandate-disappears) *NPR*. Retrieved from <https://www.npr.org/2017/12/19/572068640/what-happens-to-obamacare-if-individual-mandate-disappears>

Optional – Resources

You may find this glossary of commonly cited health care terms useful in completing this unit's activities:

- Healthcare.gov. (n.d.). [Glossary](https://www.healthcare.gov/glossary/). Retrieved from <https://www.healthcare.gov/glossary/>

u07s1 - Learning Components

- Determine how the identified public health issue intersects with the larger public health care reform debate.

u07a1 - Speech Draft for Meeting With Community Leaders

Your summer legislative internship continues on as does summer in Minnesota. The chief of staff has asked you to remain after this morning's staff meeting. Your previous tasks—the public health issue and policy review and advocacy letter—have been well received. In particular, consensus exists for the specific legislative improvements you recommended. The legislator intends to wrap these suggestions around a robust strategy to bolster and sustain the legislation's positive impact.

While momentum for policy action is building, a speed bump has occurred. At yesterday's press conference, reporters raised concerns voiced by the commissioner of the Department of Health, board chair of the region's largest health care system, and CEOs of managed care organizations.

Other significant multi-sector managers have voiced opinions also. These leaders represent the following types of organizations and agencies: for-profit, nonprofit, education, faith-based, health and human services, public safety, and the environment.

Taken together, the leaders are concerned about the new legislation's potential impact on their organizations, consumers, and communities. Specific concerns include:

- **Cost:** How will the new legislation negatively impact their annual budgets, their bottom line?
- **Quality:** How will this new legislation create new health access barriers for vulnerable groups that they represent?
- **Outcomes:** What ethical impacts does this new, proposed legislation present? Could negative population health status outcomes result?

These leaders represent a strong power base within their communities and in Minnesota. The legislator is scheduled to appear at an upcoming community leaders' meeting and wants to provide a strong response to these concerns.

Demonstration of Proficiency

By successfully completing this assignment, you will demonstrate your proficiency in the course competencies through the following assignment scoring guide criteria:

- Competency 1: Explain the impact of policies and legislation on individual and population health.
 - Summarize the public health issue and two specific legislative improvements previously proposed.
- Competency 3: Describe the relationship between cost, quality, and outcomes in determining public health funding decision-making.
 - Identify two objections, concerns, or questions related to cost, quality, or outcomes a specific leader, clearly identified by title, might raise.
 - Respond to the objections, concerns, or questions related to cost, quality, or outcomes in a way that engenders support for the proposed legislation.
- Competency 4: Develop policies that maximize the positive impacts of social and economic determinants on the health of individuals, communities, and populations.
 - Demonstrate in a concluding call to action what community leaders can do to advance public health policies that positively impact individuals, communities, and populations.

- Competency 5: Communicate in a manner that is scholarly, professional, and respectful of the diversity, dignity, and integrity of others and is consistent with health care professionals.
 - Cite in APA format a minimum of two current, scholarly and/or authoritative sources that support the speech's content within the text and in a separate reference page.
 - Write a clear, persuasive, organized, and generally error-free speech draft that is reflective of professional communication in the public health field.

Instructions

You have been asked to develop a 2–3-page draft speech for the legislator to present at the community leaders' meeting. The chief of staff has informed you to include all of the following components in your draft:

- **Summary of Public Health Issue and Recommended Legislative Improvements** (2 paragraphs).
 - Summarize the public health issue and the two strongest legislative improvements you proposed previously.
 - Remember you described both of these components in your advocacy letter.
- **Objections, Concerns, Questions About Proposed Legislative Improvements** (2 paragraphs).
 - Identify two potential objections, concerns, questions related to cost, quality, or outcomes some of the multi-sector leaders are *most* likely to raise.
 - Example: I am concerned this new reproductive health care access legislation will increase my employer-share costs of health care.
 - Identify by title the leader raising the objection.
 - Example: Head of the state restaurant association.
- **Responses to Objections, Concerns, and Questions** (1/2 page).
 - Compose appropriate responses to each of the two objections, concerns, or questions raised related to cost, quality, or outcomes that show why the new legislation is needed. Be specific and cite evidence in your responses.
 - Include, as appropriate, persuasive, compelling, motivational language to spur leaders to support the proposed legislation.
- **Conclusion** (1/2 page).
 - Include a specific ask, that is, a clear call to action on the part of the community leaders. Remember that this is the apex of the entire speech. To accomplish this:
 - Consider how your readings have demonstrated the power of the business community in health policy development. We have learned that business leaders have influenced the development and implementation of policies in many states and the nation.
 - Describe two specific approaches a business leader might take to support the legislation. For example, a call to action of the CEO of the state's largest hospital system might be to contact five persons in his or her professional network to encourage support of the legislation. These contacts may include: two lobbyists, the senior vice president of Minnesota's Medical Association, president of Minnesota's largest medical school, and the CEO of Minnesota's largest federally qualified health center.
 - Confirm your conclusion does all of the following:
 - Clearly explains that the legislator considers the business community as a united, key health policy stakeholder group.
 - Provides a clear call to action by asking the business leaders to take two steps to support the legislation.
 - Specifies two example approaches a business leader might take. Be sure to name the business leader by role or title in your examples.
 - Closes by thanking the business leaders and meeting organizers for their support

Additional Requirements

- **Written communication:** Your speech draft needs to be clear, concise, persuasive, well organized and generally free of errors in grammar, punctuation, and spelling.
- **Length:** 2–3 double-spaced pages in Times New Roman, 12-point font.
- **Citations and References:** Include a *minimum of two* current, scholarly and/or authoritative sources that support the speech's content within the text and in a separate reference page. Your citations and references need to conform to APA style and formatting guidelines.
- **Scoring guide:** Review this assignment's scoring guide so that you understand how your faculty member is going to evaluate your speech draft.

u07d1 - Repeal Individual Mandate?

In this post-health care reform era, the future is uncertain regarding health care coverage, access, cost, and other options. Many stakeholders have called for a bipartisan approach to health care reform, which will ensure long-term stability.

For this discussion, examine the graphic from the Kaiser Family Foundation, "CBO Projects 13 Million More Nonelderly Uninsured by 2025 if the Individual Mandate Is Repealed," linked in the Resources. The graphic shows that the Congressional Budget Office (CBO) projects that 13 million more

non-elderly persons will become uninsured if the ACA individual mandate is repealed (Kaiser Family Foundation, 2017). Imagine you are a legislator working on a bipartisan committee tasked with next steps in this health care policy debate. You are focused on policy action outcomes to prevent more Americans from becoming uninsured.

As the legislator, respond “yes” or “no” to this question: Do you favor repealing the individual mandate? Based on your answer:

- Determine the overall impact on individual citizens you would expect.
- Describe how a specific sub-population (for example, persons with HIV/AIDS) of your choosing would be impacted by your decision.
- Cite evidence to show that your position could be successful.
- Shed light on why the plight of the uninsured is significant to you without sharing details that are too personal or private.

Response Guidelines

These general response guidelines apply to all discussions in this course. Please choose posts that have had few responses thus far and respond. Focus on similarities, differences, and insights you had as a result of reading each post. Include the following:

- Engage your peer. Tell him or her specifically why you chose to respond to the post.
- Seek clarification. Talk about what is unclear. Ask questions. Offer suggestions.
- Add perspective. Include personal examples or work experiences that add perspective to your reply.
- Be a practitioner/scholar. In addition to your personal or work experience, include one academic reference in your reply. Use APA style and formatting appropriate to the type of reference you provide.

For this **particular** discussion prompt, select the posts of colleagues who disagreed with your stance. Look for common ground and propose a moderate suggestion to prevent 13 million more Americans from becoming uninsured.

Reference

Kaiser Family Foundation. (2017). CBO projects 13 million more nonelderly uninsured by 2025 if the individual mandate is repealed. Retrieved from <https://www.kff.org/health-reform/slide/cbo-projects-13-million-more-nonelderly-uninsured-by-2025-if-the-individual-mandate-is-repealed/>

Course Resources

Undergraduate Discussion Participation Scoring Guide

[CBO Projects 13 Million More Nonelderly Uninsured by 2025 If the Individual Mandate Is Repealed](#)

u07d1 - Learning Components

- Determine how the identified public health issue intersects with the larger public health care reform debate.

Unit 8 >> A Word from the Critics: The Problem of Cost, Quality, and Outcomes

Introduction

As we near the end of our course, we need to address the heart of all health policy and management actions. These main issues prevail irrespective of whether the policy action occurs at the organization, local, state, or national level.

The three overarching problems at the crux of all health policy attempts are:

- Health care's high **cost**.
- Health care services' mediocre **quality**.
- Poor **outcomes** from care received.

Cost

As consumers we think of cost primarily as a price tag. A receipt shows itemized costs for each good or service purchased. In a health care context, however, costs are not always so clear-cut. Likewise, depending upon your vantage point, the definition of cost may differ. As health care consumers, or patients, we share responsibility for the total costs of care, such as treatment, prescriptions, et cetera, with our insurer. For each health care episode, most consumers are unaware of the total cost of their care or the itemized cost of services received.

Taking a different vantage point, the CEO of a tertiary care hospital may assess overall costs in terms of operating costs, annual patient visits, and revenue.

The federal government, on the other hand, measures costs, or national health care expenditures, as a percent of the national economy, also called the gross domestic product (GDP). Put simply, as part of the overall U.S. economic pie, the government assesses and reports the size of the health care slice. In 2016, health care spending was 17.9% of our national economy, or \$3.3 trillion, or \$10,348 per capita (per person) (Centers for Medicare & Medicaid Services, 2018a).

Surprisingly, evidence shows that 20% to 30% of this spending is unnecessary or wasteful (The Dartmouth Atlas of Health Care, 2018a). Historically, national health spending has grown at a rapid rate. It has grown 7.3% from 1990 to 2007 and 4.2% between 2008 and 2016 (Centers for Medicare & Medicaid Services, 2018b). In addition, projections for national health spending indicate growth at an average annual rate of 5.5% between 2017 and 2026. Likewise, projections suggest national health spending will reach \$5.7 trillion by 2026.

Quality

Several landmark Institute of Medicine (IOM) reports frame a modern perspective of quality in U.S. health care. First, *To Err Is Human*, highlighted the significant concern of patient safety in our country. At that time, major studies reported that an estimated 44,000 to 98,000 patients died annually in hospitals as a result of preventable medical errors (Committee on Quality Health Care in America, Institute of Medicine (IOM), 2000).

In 2002, the second IOM report, *Crossing the Quality Chasm: A New Health System for the 21st Century*, described the need for fundamental redesigns in health care delivery aims to better meet patients' needs. Yet, nearly two decades following the IOM reports, data reveal stark variations in the quality of care patients receive (Dartmouth Atlas of Health Care, 2018a).

Why do Hawaiian patients give the hospital where they received care an overall rating of 50/100? Meanwhile, Alabama patients give the hospitals where they received care a rating of 70/100 (Dartmouth Atlas of Health Care, 2018b)? Patient experiences differ widely across the United States.

In addition, inequity in medical practice patterns, within medical practices, exists. This holds true across regions and states. For example, among male Medicare enrollees with prostate cancer who are 75 and under, the rate of prostate removal was 54.8/1,000 patients in Ocala, Florida. In Miami, Florida, the rate of prostate removal for these patients was 156.6/1,000 patients. In Munster, Indiana, the prostate removal rate for these patients was 479.5/1,000. Munster's prostate removal rate was the highest in the country. For comparison purposes, the national average was 189.3/1,000 (Dartmouth Atlas of Health Care, 2018c).

Outcomes

Are Americans healthy? This question assesses the results, or outcomes, of our health policies, programs, and funding efforts on a national scale. Healthy People 2020 is a robust source of U.S. health outcome data. This agency, which has been around for three decades, has an evidence-based agenda to improve *all* Americans' health (Healthy People 2020, 2018a).

Healthy People 2020 has identified 26 leading health indicators that represent the highest-priority health issues in our nation. Examples of these indicators include everything from access to health care services to tobacco use (Healthy People 2020, 2018b). Healthy People 2020's mid-point assessment (in other words, how are we doing at the halfway point in the decade) shows we have met or made progress on 14 of the 26 indicators in the target set. However, on 11 indicators, we have made little or no detectable change. In fact, we may even be getting worse. According to the Assistant Secretary for Health, Dr. Howard Koh, "too many people are not reaching their full potential for health because of preventable conditions" (U.S. Department of Health and Human Services, 2010).

References

Centers for Medicare and Medicaid Services. (2018a). National health expenditure data: Historical. Retrieved from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html>

Centers for Medicare and Medicaid Services. (2018b). National health data: NHE fact sheet. Retrieved from <https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nhe-fact-sheet.html>

Committee on Quality Health Care in America, Institute of Medicine (IOM). (2000). *To err is human: Building a safer health system*. Washington, D.C.: National Academy Press.

Committee on Quality Health Care in America, Institute of Medicine (IOM). (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, D.C.: National Academy Press.

The Dartmouth Atlas of Health Care. (2018a). Reflections on variations. Retrieved from <http://www.dartmouthatlas.org/keyissues/issue.aspx?con=1338>

The Dartmouth Atlas of Health Care. (2018b). How do patients rate the hospital overall 2007 [Data file]. Retrieved from <http://www.dartmouthatlas.org/data/table.aspx?ind=150>

The Dartmouth Atlas of Health Care. (2018c). Prostatectomy per 1,000 male Medicare enrollees with prostate cancer, by age. Retrieved from <http://www.dartmouthatlas.org/data/table.aspx?ind=319>

Healthy People 2020. (2018a). About healthy people. Retrieved from <https://www.healthypeople.gov/2020/About-Healthy-People>

Healthy People 2020. (2018b). Healthy People 2020 leading health indicators: Progress update. Retrieved from <https://www.healthypeople.gov/2020/leading-health-indicators/Healthy-People-2020-Leading-Health-Indicators%3A-Progress-Update>

U.S. Department of Health and Human Services. (2010). Press release: HHS announces the nation's new health promotion and disease prevention agenda. Retrieved from https://www.healthypeople.gov/sites/default/files/DefaultPressRelease_1.pdf

Learning Activities

u08s1 - Studies

Readings

- Use your *Health Politics and Policy* text to read the following:
 - Chapter 10, "The Delegated Warfare State," pages 164–174.
- Use the Capella University Library to read the following:
 - McIver, J. S. (2017). David B. Nash advocates better outcomes and lower costs through population health. *Pharmacy and Therapeutics*, 42(8), 522–526.
- Use the Internet to read the following:
 - Institute for Healthcare Improvement. (n.d.). The IHI triple aim initiative. Retrieved from <http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx>
 - Lewis, N. (2014, October 17). A primer on defining the triple aim [Blog post]. *Institute for Healthcare Improvement*. Retrieved from <http://www.ihl.org/communities/blogs/a-primer-on-defining-the-triple-aim>

u08s1 - Learning Components

- Examine public health issues from multiple stakeholder perspectives.
- Use publicly available health status measures, such as morbidity, mortality, and health care costs, to describe a public health issue's significance.
- Prioritize those public health issues that have the greatest impact on individuals, groups, and populations.

u08s2 - Assignment Preparation

To help you successfully prepare your policy brief, due in Unit 9, spend some time perusing the HealthyPeople.gov web site:

- Healthy People 2020. (2018). DATA2020. Retrieved from <https://www.healthypeople.gov/2020/data-search/v>

In particular, you will want to look for leading health indicators *and* national data related to your chosen public health issue for possible inclusion in your policy brief.

u08s2 - Learning Components

- Use publicly available health status measures, such as morbidity, mortality, and health care costs, to describe a public health issue's significance.
- Prioritize those public health issues that have the greatest impact on individuals, groups, and populations.

u08d1 - Four Forms of Delegated Governance

One of your readings this week introduced the concept of delegated governance. Delegated governance refers to the federal government giving responsibility to manage and deliver services in publicly-funded social welfare programs to private actors, state, and local governments. In health policy and management, significant responsibility for health care and authority over publicly-funded programs rests with private actors. These stakeholders include providers, hospitals, payers, et cetera. Remember that we explored stakeholders in Units 2 and 5. Apply the four forms of delegated governance presented in your readings to the four categories of stakeholders:

1. Nonprofit organizations or physicians.
2. For-profit organizations to drive market competition.
3. Consumers to ensure choice in the receipt of social welfare and services from publicly funded programs.
4. State and local governments that implement publicly funded programs.

Compose a post in which you consider one of the four forms of delegated governance listed above:

- Present pros and cons related to one of the four forms of delegated governance.
- Identify one of the four stakeholder groups to be solely in charge of the authority, management, and service delivery of a fictitious or actual public health program.
- Instead of implementation on a state or local level, consider that the identified stakeholder group would be in charge of implementation on a national level. In your argument, describe the impacts on health system cost, quality and outcomes for patients if the sole responsibility, management, and service delivery decisions rested with the stakeholder group you have named.

Response Guidelines

These general response guidelines apply to all discussions in this course. Please choose posts that have had few responses thus far and respond. Focus on similarities, differences, and insights you had as a result of reading each post. Include the following:

- Engage your peer. Tell him or her specifically why you chose to respond to the post.
- Seek clarification. Talk about what is unclear. Ask questions. Offer suggestions.
- Add perspective. Include personal examples or work experiences that add perspective to your reply.
- Be a practitioner/scholar. In addition to your personal or work experience, include one academic reference in your reply. Use APA style and formatting appropriate to the type of reference you provide.

For this **particular** discussion prompt:

- Extend your colleagues' arguments for or against one of the four forms of delegated governance and one of the four stakeholder groups.
- Specifically apply your colleagues' arguments to the Affordable Care Act. In other words, is the form of delegated governance your colleagues identified exemplified in the Affordable Care Act?
- **Note:** Be sure to explain your response.

Course Resources

Undergraduate Discussion Participation Scoring Guide

u08d1 - Learning Components

- Examine public health issues from multiple stakeholder perspectives.
- Prioritize those public health issues that have the greatest impact on individuals, groups, and populations.

u08d2 - Health Disparities

Healthy People, an initiative which began nearly three decades ago, is a national, evidence-based, multi-sector, multi-stakeholder effort managed by the U.S. Department of Health and Human Services (HHS), Office of Disease Prevention and Health Promotion (ODPHP). Now in its third installation, Healthy People 2020 sets goals and objectives to improve the overall health and well-being of our nation's citizens. Healthy People has set individual targets for 26 leading health indicators covering 12 topics.

According to Healthy People 2020, a health disparity is "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their:

- Racial or ethnic group.
- Religion.
- Socioeconomic status.
- Gender.
- Age.
- Mental health.
- Cognitive, sensory, or physical disability.
- Sexual orientation or gender identity.
- Geographic location.
- Other characteristics historically linked to discrimination or exclusion" (2018).

Reflect on this Healthy People 2020 definition and the groups who are adversely affected by health disparities. Also consider the three overarching problems identified in this unit: cost, quality, and outcomes.

Consider health policies that are implemented to eliminate health disparities. What do you think the main goal of health policy action needs to be for these types of policies? Should it focus on lowered health care costs, improved health care quality, or improved health outcomes? In your post,

incorporate leading health indicator data related to your chosen public health issue that you explored in this unit's studies. Cite evidence from current, scholarly and/or authoritative sources to support your position.

Response Guidelines

These general response guidelines apply to all discussions in this course. Please choose posts that have had few responses thus far and respond. Focus on similarities, differences, and insights you had as a result of reading each post. Include the following:

- Engage your peer. Tell him or her specifically why you chose to respond to the post.
- Seek clarification. Talk about what is unclear. Ask questions. Offer suggestions.
- Add perspective. Include personal examples or work experiences that add perspective to your reply.
- Be a practitioner/scholar. In addition to your personal or work experience, include one academic reference in your reply. Use APA style and formatting appropriate to the type of reference you provide.

For this **particular** discussion prompt, specifically focus on the main goal of policy action your colleagues identified. Is it to lower health care costs, improve health care quality, or improve health outcomes? In your response posting:

- State whether you agree with your colleagues' conclusions.
- Indicate whether you see a clear link between your colleagues' arguments and the leading health indicator data they presented to support their arguments?
- Describe the barriers in a single-goal policy action approach.

References

Healthy People 2020. (2018). Disparities. Retrieved from <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>

Course Resources

Undergraduate Discussion Participation Scoring Guide

u08d2 - Learning Components

- Use publicly available health status measures, such as morbidity, mortality, and health care costs, to describe a public health issue's significance.
- Prioritize those public health issues that have the greatest impact on individuals, groups, and populations.

Unit 9 >> Is There a Resolution: An International Perspective of Health Care

Introduction

All nations are comprised of healthy and unhealthy citizens. When we compare U.S. health care and health services to other industrialized nations, such as Denmark, France, and Israel, stark contrasts become apparent, especially in terms of what services we deliver and how we deliver them.

The most significant distinction between the U.S. and other industrialized countries is the difference in health outcomes and health care costs. Examining leading health outcome data is revealing. Life expectancy at birth exceeds 80 in 25 countries, including Japan, Spain, and Switzerland. Yet, in the U.S., Chile, and other central and eastern European countries, life expectancy at birth ranges between 75 and 80 (Organisation for Economic Co-operation and Development (OECD), 2018a).

Moreover, in 2016, the United States spent 17.2% of its gross domestic product (GDP) on health. GDP is a percent of the national economy. This rate is higher than the 43 other countries assessed (OECD, 2018b). At the same time, we outspent all other countries on per capita, or per person, health care costs to the tune of \$9,892 per person (OECD, 2018c).

These cross-country comparison findings are not new. Organizations, such as the World Bank (WB), the World Health Organization (WHO), and the OECD have conducted a growing body of international health economics and policy research for many decades.

In the 2016 U.S. presidential election, many called for U.S. health care reforms, similar to those implemented in other developed nations. The goal was for Americans to attain the better outcomes these other nations enjoy. After all, the data show that Canada and the United Kingdom have national health care systems that provide more equitable health care access at a lower cost than the United States.

The fix, however, is not that simple. Within each country's borders, a complex confluence of economic, demographic, ideological, institutional, and cultural factors exist. Comparative health policy research has not yet revealed whether successful policy measures in Country A are directly transferable for implementation in Country B. At the same time, research into other countries' health policies, programs and services can increase the number of potential policy solutions available to us. When we learn what has worked in other nations, we can focus on *best* reform approaches instead of

considering *all* available reform options. And we are going to need to focus our efforts on these best reform options if we are going to address our nation's most vexing public health problems.

Let's not, however, rush ahead too quickly. When contemplating international health differentials, we also need to consider the root causes of health differences. Those root causes are the social and economic determinants of health within individuals, groups, populations, and between countries. Consider, for example, the groundbreaking Whitehall Study of British Civil Servants (Marmot, Shipley, & Rose, 1984). A worker's employment grade made dramatic differences in life expectancy. Those workers with higher employment grades lived longer than those at lower employment grades. Likewise, with each higher employment grade, life expectancy improved accordingly (Marmot et al., 1991).

In summary, regardless of where you live in the world, your social and economic circumstances matter to your health. Many researchers and policy makers contend, based on evidence, that many determinants of health, such as social support, unemployment, housing, et cetera, are social and economic. They further contend that given this is the case, policy solutions also need to be social and economic in nature (Marmot, 2005).

References

Marmot, M. (2005). Social determinants of health inequalities. *The Lancet*, 365(9464), 1099–1104.

Marmot, M. G., Shipley, M. J., and Rose, G. (1984). Inequalities in death—specific explanations of a general pattern. *Lancet*, 1(8384), 1003–1006.

Marmot, M. G., Smith, G. D., Stansfeld, S. A., Patel, C., North, F., Head, J., ... Feeney, A. (1991). Health inequalities among British civil servants: The Whitehall II study. *Lancet*, 337(8754), 1387–1393.

Organisation for Economic Co-operation and Development (OECD). (2018a). Life expectancy at birth. Retrieved from <https://data.oecd.org/healthstat/life-expectancy-at-birth.htm>

Organisation for Economic Co-operation and Development (OECD). (2018b). Health expenditure in relation to GDP. Retrieved from http://dx.doi.org/10.1787/health_glance-2017-45-en

Organisation for Economic Co-operation and Development (OECD). (2018c). Health expenditure per capita. Retrieved from http://dx.doi.org/10.1787/health_glance-2017-44-en

Learning Activities

u09s1 - Studies

Readings

- Use your *Health Politics and Policy* text to read the following:
 - Chapter 23, "American Health Care in International Perspective," pages 366–384.
 - Chapter 24, "England," pages 385–397.
 - Chapter 25, "Canada," pages 398–404.
 - Eyewitness 6, "How to Learn From Other Countries," pages 405–409.
- Use the Capella University Library to read the following:
 - Marmot, M. (2005). Social determinants of health inequalities. *The Lancet*, 365(9464), 1099–1104.
 - Michael Marmot's article is a seminal contribution to the literature on the social determinants of health and health inequalities. Marmot is a global thought leader and researcher. He was the principal investigator for the Whitehall studies on British civil servants.
 - Wong, S. L., Green, L. A., Bazemore, A. W., & Miller, B. F. (2016). How to write a health policy brief. *Families, Systems, & Health*, 35(1), 21–24.

Multimedia

- Click [The Amazing Health Comparison: The U.S. vs. Other Developed Nations](#) to view this media piece.

u09s1 - Learning Components

- Examine key international public health issues from a macro-perspective.
- Examine public health issues from multiple stakeholder perspectives.
- Use publicly available health status measures, such as morbidity, mortality, and health care costs, to describe a public health issue's significance.
- Recognize other nations' policies and programs to address key public health issues.

u09s2 - Assignment Preparation

As you prepare to submit your policy brief in this unit, you may find it helpful to review these policy briefs produced by nationally-recognized health and health policy organizations. These samples provide real-life exemplars of the issues and outcomes presented in actual policy briefs.

- Richardson, E. (2016, June 30). Off-label drug promotion (Policy Brief). *Health Affairs*. Retrieved from http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=159
- Cornachione, E., Rudowitz, R., & Artiga, S. (2016, June 27). Children's health coverage: The role of Medicaid and CHIP and issues for the future (Issue Brief). *Kaiser Family Foundation*. Retrieved from <https://www.kff.org/health-reform/issue-brief/childrens-health-coverage-the-role-of-medicaid-and-chip-and-issues-for-the-future/>

Note: These briefs are provided for your review only. Be sure to use the Policy Brief Template provided in the Unit 9 assignment to create your policy brief.

u09s2 - Learning Components

- Recognize elements of effective concluding calls to action that advance public health policies that positively impact, individuals, communities, and populations.
- Use publicly available health status measures, such as morbidity, mortality, and health care costs, to describe a public health issue's significance.
- Prioritize those public health issues that have the greatest impact on individuals, groups, and populations.

u09a1 - Policy Brief

The summer is drawing to a close as is your summer legislative internship in Minnesota. All staff efforts, including your previous three tasks, have led toward policy action. The legislator will send the language for the new legislation to the Legislative Counsel's office for further drafting and development. The legislator has asked you to develop a policy brief for distribution to news and media outlets, and stakeholder audiences.

Building on the research and key learnings you have gained from your previous three tasks—the public health issue and policy review, the advocacy letter, and the speech draft for the community leaders' meeting—you are to prepare a policy brief. The language you use in your policy brief needs to be clear and concise so that the average person can understand the policy brief's key messages.

Demonstration of Proficiency

By successfully completing this assignment, you will demonstrate your proficiency in the course competencies through the following assignment scoring guide criteria:

- Competency 1: Explain the impact of policies and legislation on individual and population health.
 - Provide a clear call for individual and population health action in a succinct concluding statement.
- Competency 2: Identify and define public health issues based on best evidence about what makes and keeps people healthy.
 - Describe the specific public health issue that has created a challenge for making and keeping a specific population or community healthy.
- Competency 3: Describe the relationship between cost, quality, and outcomes in determining public health funding decision-making.
 - Present the pros and cons of policy action.
- Competency 4: Develop policies that maximize the positive impacts of social and economic determinants on the health of individuals, communities, and populations.
 - Present a clear overview of the policy brief, highlighting the content covered in the brief.
 - Provide the best evidence-based recommendation for policy action, including two to three specific suggestions that will positively impact social and economic determinants of health.
- Competency 5: Communicate in a manner that is scholarly, professional, and respectful of the diversity, dignity, and integrity of others and is consistent with health care professionals.
 - Cite in APA format a minimum of five current, scholarly and/or authoritative sources within the text and in a separate reference page.
 - Write a clear, persuasive, organized, and generally error-free policy brief that is reflective of professional communication in the public health field.

Instructions

Consult these resources, linked in the Resources, for additional information about how to prepare a policy brief:

- Wong, Green, Bazemore, and Miller's 2016 article, "How to Write a Health Policy Brief," from *Families, Systems, & Health*, volume 35, issue 1, pages 21–24.
- Richardson's 2016 policy brief, "Off-Label Drug Promotion," from *Health Affairs*.

- Cornachione, Rudowitz, and Artiga's 2016 issue brief, "Children's Health Coverage: The Role of Medicaid and CHIP and Issues for the Future," from the *Kaiser Family Foundation*.

Note: The last two items listed above provide real-life exemplars of the issues and outcomes presented in actual policy briefs. These briefs are provided for your review only. Be sure to use the **Policy Brief Template** provided in the Resources to create your policy brief. Your policy brief should include all of the following headings and address all of the questions underneath each heading.

- **Executive Summary/Abstract** (1 page).

This is a concise summary of the key points you will present in the policy brief. Your summary needs to answer these questions:

- What is the problem you have identified that needs to be addressed with legislation?
- Why is this problem significant?
- What are the main recommendations for policy action that will help to improve the stated problem?
- What outcomes will result from this proposed legislation?
- **Note:** As a suggestion, you may want to consider drafting your executive summary **after** completing your policy brief.

- **The Problem** (1–2 pages).

This section of your policy brief describes the public health issue that has created a challenge for a specific population. In this section, address these questions:

- What is the public health issue?
- Which population in your community, state, or in the United States has been impacted the most by this public health issue?
 - What demographic and health status data will support your assertion?
 - How could you present this information visually to help convey your points? Consider graphs, charts, tables, photographs, et cetera.
- What is this issue significant to the stated population, or why *should* it be significant to this population?
 - What data could you include to show the significance and relevance of this public health issue? Consider data such as morbidity, mortality, cost, indicators of health access, et cetera.
 - How could you visually display the data you are presenting? Consider including one or two graphs, charts, tables, photographs, et cetera.
- Who has the influence to change the stated problem?
 - Who else besides policy makers can effect change?
 - What role could other stakeholders play in facilitating change? Consider fields such as health care, education, leaders in the for-profit and nonprofit sectors, et cetera.

- **Policy Recommendation** (1–2 pages).

In this section of your policy brief focus on the specific policy action that will help to address the identified problem. Be sure to address all of these questions in the description of your recommended policy action:

- What specific policy action is best for implementation?
- What are the two to three specific recommendations you are making?
- Which is the most appropriate implementation level (federal or state) for this policy action?
- Why is policy action at this level the best option?
- What previous policy actions have been taken by other policy makers that have proved inadequate to address the issue?
- Why did these previous efforts fall short?
- How does the proposed policy action extend or expand previous efforts other policy makers have made?

- **Anticipated Results** (1–2 pages).

- Why is policy action necessary?
- Why wouldn't stakeholder action alone be sufficient to achieve the desired outcome?
- What are two intended outcomes or results that would show how the policy has positively affected the population most impacted by the chosen public health issue?
- What are two potential negative outcomes that may occur as a result of the policy action? Be sure to consider the population most impacted by the proposed legislation. Also consider other groups that may be impacted.
- What barriers to implementation do you foresee that may hinder implementation in the short- or long-term? Be sure to consider ethical, legal, and/or financial challenges.

- **Call to Action** (1–2 paragraphs).

Provide a conclusion in which you specify exactly what action you want constituents and stakeholders to take as a result of reading this policy brief. Be sure your concluding call to action answers these questions:

- Why is policy action needed now?
- What specific actions can constituents take now?
- What specific actions can stakeholders take now?
- What happens if no action is taken?

Additional Requirements

- **Written communication:** Your policy brief needs to be clear, concise, persuasive, well organized and generally free of errors in grammar, punctuation, and spelling. Remember that the audience for your policy brief is the average person, not a public health expert.
- **Cover page:** Include your name, course number and title, instructor name, and assignment title. Create a clear title for your policy brief that specifically names the key public health issue you are addressing.
- **Length:** 6–8 double-spaced content pages in Times New Roman, 12-point font.
- **Citations and References:** Cite **at least five** current, scholarly and/or authoritative sources in APA format within the text and in a separate reference page.
- **Scoring guide:** Review this assignment's scoring guide so that you understand how your faculty member is going to evaluate your policy brief.

Course Resources

[Policy Brief Template \[DOCX\]](#)

[How to Write a Health Policy Brief](#)

[Off-Label Drug Promotion](#)

[Children's Health Coverage: The Role of Medicaid and CHIP and Issues for the Future](#)

u09d1 - The United States: A Health Care Leader?

The United States is home to many world-renowned health care facilities, such as the Mayo Clinic in Minnesota and Johns Hopkins Hospital in Maryland. Patients from different countries seek lifesaving care and treatment at these facilities. In some cases, the caliber and experience of specialists and care teams at these institutions may not exist elsewhere in the world. Despite advantages such as these, our health care system is plagued by mammoth challenges, which we have reviewed in Units 8 and 9.

Compose a post in which you impartially present **two** distinct perspectives on the following statement: The United States provides the best health care in the world compared to other countries.

Provide sufficient detail, support, and justification for each of the two perspectives you give. Your colleagues should not be able to determine which of the two perspectives is most closely aligned to your own personal opinions. In your justification:

- Describe how the social and economic determinants of health impact access to health care in the United States.
- Explain why a comprehensive and evidence-based health outcomes discussion needs to consider the social and economic determinants of health.

Response Guidelines

These general response guidelines apply to all discussions in this course. Please choose posts that have had few responses thus far and respond. Focus on similarities, differences, and insights you had as a result of reading each post. Include the following:

- Engage your peer. Tell him or her specifically why you chose to respond to the post.
- Seek clarification. Talk about what is unclear. Ask questions. Offer suggestions.
- Add perspective. Include personal examples or work experiences that add perspective to your reply.
- Be a practitioner/scholar. In addition to your personal or work experience, include one academic reference in your reply. Use APA style and formatting appropriate to the type of reference you provide.

For this **particular** discussion prompt, select **one** of your colleagues' posts. Identify the underlying assumptions of his or her statements. Are some assumptions questionable?

Course Resources

[Undergraduate Discussion Participation Scoring Guide](#)

u09d1 - Learning Components

- Examine key international public health issues from a macro-perspective.

- Examine public health issues from multiple stakeholder perspectives.
- Use publicly available health status measures, such as morbidity, mortality, and health care costs, to describe a public health issue's significance.
- Recognize other nations' policies and programs to address key public health issues.

Unit 10 >> The Closing Act: A Reflection on Health Policy and Management

Introduction

Over the past 10 weeks, we have examined key themes in health policy and management. Our careful assessment has included:

- An overview of policy making from a historical and modern perspective.
- The legislative processes involved in policy making.
- The socioeconomic impacts of these policies on individuals, groups, and populations.

Essential principles and practices of public health management were interwoven into these concepts. Through various readings, discussions, and exercises, we have considered all of the following:

- The public and private actors in health policy.
- The balance of power between the levels of government.
- Health care reform in the U.S.
- The problems of cost, quality, and outcomes.
- Health care structures across developed nations.

Putting all of these concepts together, policy makers manage the politics of health care services and systems. At the same time, everyone has a stake, or vested interest, in these services and systems. The future of health policy in local communities, states, the nation, and the world is dynamic. The key public health issues we have identified will continue to evolve as health care is mediated by several factors, including access, cost, choice, bias, competing priorities, and many others. Most importantly, as responsible public health professionals, we need to strive to uphold the health and well-being of everyone in society. As we discovered in this course, health policies matter because they shape every aspect of our lives.

Learning Activities

u10s1 - Studies

Readings

- Use the Capella University Library to read the following:
 - Dodson, E. A., Geary, N. A., & Brownson, R. C. (2015). State legislators' sources and use of information: Bridging the gap between research and policy. *Health Education Research*, 30(6), 840–848.
 - Emanuel, E. J. (2013). Going to the moon in health care: Medicine's big hairy audacious goal (BHAG). *JAMA*, 310(18), 1925–1926.
- Use the Internet to read the following:
 - Donkin, A., Goldblatt, P., Allen, J., Nathanson, V., & Marmot, M. (2018). Global action on the social determinants of health. *BMJ Global Health*, 3(1). Retrieved from <http://dx.doi.org/10.1136/bmjgh-2017-000603>

u10s1 - Learning Components

- Analyze key learnings about public health issues based on best evidence about what makes and keeps people healthy.
- Assess key learnings about the development of policies that maximize the positive impacts of social and economic determinants on the health of individuals, communities, and populations.
- Describe key learnings about the relationship between cost, quality, and outcomes in determining public health funding decision making.
- Reflect on key learnings about the impact of policies and legislation on individual and population health.

u10d1 - Reflection on Key Learnings

Reflect back on what you have learned in this course through the readings, discussions, and assignments. Your policy brief submission highlighted a key health issue and recommended policy action to bring about improvements for a specific group. In one sentence, summarize the key public health issue and target group. In a second sentence, summarize the policy action recommended. Describe one to two ways your stance—either partially or completely—shifted on this issue over the past 10 weeks. Explain how and why.

Response Guidelines

These general response guidelines apply to all discussions in this course. Please choose posts that have had few responses thus far and respond. Focus on similarities, differences, and insights you had as a result of reading each post. Include the following:

- Engage your peer. Tell him or her specifically why you chose to respond to the post.
- Seek clarification. Talk about what is unclear. Ask questions. Offer suggestions.
- Add perspective. Include personal examples or work experiences that add perspective to your reply.
- Be a practitioner/scholar. In addition to your personal or work experience, include one academic reference in your reply. Use APA style and formatting appropriate to the type of reference you provide.

For this **particular** discussion prompt, compare your experience and thoughts to those of the colleagues you selected.

Course Resources

Undergraduate Discussion Participation Scoring Guide

u10d1 - Learning Components

- Analyze key learnings about public health issues based on best evidence about what makes and keeps people healthy.
- Assess key learnings about the development of policies that maximize the positive impacts of social and economic determinants on the health of individuals, communities, and populations.
- Reflect on key learnings about the impact of policies and legislation on individual and population health.

u10d2 - Competencies Assessment Revisited

Now that you have submitted the course assignments, please review our course competencies one final time:

1. Explain the impact of policies and legislation on individual and population health.
2. Identify and define public health issues based on best evidence about what makes and keeps people healthy.
3. Describe the relationship between cost, quality, and outcomes in determining public health funding decision-making.
4. Develop policies that maximize the positive impacts of social and economic determinants on the health of individuals, communities, and populations.
5. Communicate in a manner that is scholarly, professional, and respectful of the diversity, dignity, and integrity of others and is consistent with health care professionals.

First, re-evaluate your current skill level or experience on all the course competencies as a whole (not individually) using the following proficiency scale:

- 1 = None—I don't feel that I am able to demonstrate any of the competencies.
- 2 = Basic—These topics are new to me, but I am able to demonstrate one or two of the competencies.
- 3 = Intermediate—I have been exposed to these concepts before and can demonstrate at least three of the competencies independently.
- 4 = Advanced—I have been exposed to these concepts before and can demonstrate at least four of the competencies independently.
- 5 = Expert—I have professional experience in health policy. I understand these concepts well and can demonstrate all competencies and model this for other learners.

Be sure to state your current skill level (Basic, Intermediate, et cetera). Has this changed since Unit 1? If so, how so? If not, why not?

Then, revisit your initial learning goals you described in the Unit 1 discussion, Competencies Assessment.

- Have you met your learning goals over the ten week course? Be sure to explain your answer.
- Where do you think you still have more room to grow? In other words, on which competencies would you like to continue to cultivate your skills?
- Has this course better equipped you to bridge the gap between the study of public health—as a learner—and the practice of public health—as a professional? Explain your answer.

Response Guidelines

These general response guidelines apply to all discussions in this course. Please choose posts that have had few responses thus far and respond. Focus on similarities, differences, and insights you had as a result of reading each post. Include the following:

- Engage your peer. Tell him or her specifically why you chose to respond to the post.
- Seek clarification. Talk about what is unclear. Ask questions. Offer suggestions.
- Add perspective. Include personal examples or work experiences that add perspective to your reply.
- Be a practitioner/scholar. In addition to your personal or work experience, include one academic reference in your reply. Use APA style and formatting appropriate to the type of reference you provide.

For this **particular** discussion prompt, select colleagues who shared your initial skill level. Comment on the learning your colleagues' have achieved over the course term.

Course Resources

Undergraduate Discussion Participation Scoring Guide

u10d2 - Learning Components

- Analyze key learnings about public health issues based on best evidence about what makes and keeps people healthy.
- Assess key learnings about the development of policies that maximize the positive impacts of social and economic determinants on the health of individuals, communities, and populations.
- Describe key learnings about the relationship between cost, quality, and outcomes in determining public health funding decision making.
- Reflect on key learnings about the impact of policies and legislation on individual and population health.