

HLTH AGE 703: SOCIAL SYSTEMS, SERVICES AND POLICY: CRITICAL PERSPECTIVES

Winter 2019 Term

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Course Description

This course provides an overview of systems, services and policies that exist in more developed, industrialized societies to promote and protect the health and well-being of people over the life course, from infancy to late life. It adopts a population health/ social determinants of health approach. By the end of the course, students should be familiar with concepts and topics such as life course approaches; the social determinants of health; the policy formation process; health care finance; delivery and institutions; early learning and healthy child development policy; income security policies; public health systems and policies; and policies related to housing and the built environment and their relationship to health. By way of skills, students in the course will gain skills in reading critically (both significant peer reviewed publications and current media), oral presentation, debate and group discussion, writing policy briefs and papers.

Course Objectives

By the end of the course students should be able to:

- Identify and describe various policies, systems, and services in Canada designed to facilitate health across the life course
- Understand the policy-making process and how to formulate and write about policy problems
- Appraise the impacts of Canada's health & social systems, policies and services on population health outcomes and inequities in health
- Identify and describe important policy problems in Canada that contribute to population health inequities, and propose policy-relevant strategies to overcome these problems

Required Materials and Texts

- Lavis JN (editor), Ontario's health system: Key insights for engaged citizens, professionals and policymakers. Hamilton: McMaster Health Forum; 2016.
<https://www.mcmasterforum.org/find-evidence/ontarios-health-system>
- Armstrong, P. and Armstrong, H. (2010). ***Wasting Away: The Undermining of Canadian Health Care***, 2nd ed. Don Mills: Oxford University Press.
- In addition, readings for each week will be provided in .pdf format on Avenue to Learn.

Class Format

The class will meet once a week. Students are expected to attend all class meetings having completed the assigned readings, and to participate in discussions; this will form the basis of the class participation component of the evaluation. The in-class discussion will centre on the content of the readings and on the weekly current topic, and it is imperative that students are familiar with the material in order to actively participate. Class time will emphasize peer-based dialogue, engagement and critical

thinking fostered through mutual respect. In an effort to limit classroom distractions that compromise the learning process, students are requested to arrive on time for class, turn off and stow away any devices and refrain from eating until the scheduled break.

Each three hour class will include a brief overview of the class content for the week, review and discussion of the readings (facilitated by a student), small group discussions on the policy issue of the day, large group review of the issue (facilitated by a student) and ending with open question period about the course and assignments.

Course Evaluation – Overview

Students will write a research paper which explores a topic raised in the course. Students will also complete a proposal in order to allow for feedback early in the course about their chosen topic.

In addition, each student will be responsible for preparing a short policy brief on a timely health or social policy problem, at any level of government, and will present their policy brief to the class.

1. Assignment 1 – Facilitation of readings/current issue (15%), sign-up due Jan. 11, 2019
2. Assignment 2 - Policy Brief (30%) due Feb. 25, 2019
3. Assignment 3 - Paper proposal (10%) due March 4, 2019
4. Assignment 4 - Policy Brief Presentations (10%) March 25 and April 1, 2019
5. Assignment 5 - Paper (35%) due April 1, 2019

Course Evaluation – Details

Assignment 1: Readings review or current policy topic (15%), sign-up sheet due Jan. 11, 2019

Each week students will chose to either facilitate the weekly readings **OR** a timely relevant policy topic. Feedback will be recruited from the class and used as input for the grade.

Assignment 2: Policy Brief (30%), due Feb. 25, 2019

In this assignment students will write a policy brief on a topic of their choice in the broad area of health and/or social policy. A policy brief is a document which outlines the rationale for choosing a particular policy alternative or course of action. Usually policy briefs are prepared by policy analysts and delivered to a decision-maker in order to assist them in identifying the options available, along with the rationale and the pros and cons of each option. More and more, however, a variety of organizations are using a slightly different form of policy brief as a means to advocate with the media, decision-makers and the public for a particular position. This means that the neutrality of the writer of a policy brief may be different under different circumstances.

Most people acknowledge that an important characteristic of a policy brief is that it should be persuasive, clear and succinct. It is intended to convince the reader of the urgency of the problem, give clear, logical alternative courses of action to address it, the advantages and disadvantages of each option, and (in some cases) recommend a course of action based on this analysis.

Ideally students will select a topic that is of particular interest and / or contributes to a thesis or major project they must do for their degree, but that is not required. The topic does not have to be based in Canada, international topics are welcome. Students may choose to address topics at the system, service or program level. The policy brief could address a current policy priority (and offer options for a new direction), or it could make an argument intended to get something onto the agenda of a decision-maker, and then offer options for action having established the importance of the issue.

Limit the policy brief to 4 pages in length (1,000 words), typed, double-spaced. Indicate the word count on the cover page. References should be handled a little differently than a normal academic paper. Only statements that are factually verifiable (e.g., the child poverty rate in Ontario in 2012 was X%) and particularly unique or innovative policy ideas that have been published (e.g., 'health care accounts') should be referenced. Much less referencing is expected than in an academic paper. On-line sources should be carefully scrutinized for their credibility and properly documented.

Policy briefs generally have a defined structured format. There are many similar formats to choose from. Students can draw from this web site <https://writingcenter.unc.edu/policy-briefs/> or guides posted on Avenue to writing a policy brief to select the format you want to use. There are also several sample policy briefs available on Avenue.

The deadline for this assignment is **Feb. 25, 2019, to be submitted on Avenue, by the beginning of class**. If you are unsure about any aspect of this assignment, please contact the instructor. Feedback and marks for this assignment will be provided by March 4, 2019. Students are expected to address the feedback in their presentation at the end of the course.

Assignment 3: Term Paper Proposal (10%), due March 4, 2019

A two page double spaced proposal for the term paper is required. This proposal should include the topic chosen and brief rationale for the choice, the argument to be presented, a brief summary of the literature to be used to defend the argument and draft recommendations for policy and practice. Feedback will be provided on March 11, 2019. The final paper is expected to incorporate the feedback.

Assignment 4: Policy Brief Presentations (10%), March 25 and April 1, 2019 (sign up due Feb. 25, 2019)

Students will present their policy brief papers along with updates/revisions made after receiving feedback. Each student will have 10 minutes to present and 10 minutes for Q&A. Feedback will be received from the class and used as input for the grade.

Assignment 5: Term Paper (35%), due April 1, 2019

Students will write a term paper on a topic relevant to systems, services and policies for health and/or well-being. Students will select a topic that is of particular interest and / or contributes to a thesis or major project for their degree. The topic does not necessarily have to be about a specific service, system or policy that actually exists, it could, for instance, be a more theoretical / conceptual paper that analyses a particular policy problem, system delivery issue or service problem. It could then make an argument about how the issue / problem should be conceptualized in order to best understand how to address it in policy or programs. Examples appear below. Students cannot chose the same topic as for the policy brief paper.

For the term paper, limit it to 20 pages, typed, double-spaced (maximum 6,000 words) and properly referenced. Any commonly used style is acceptable (e.g., Chicago, Vancouver, etc.), although a style that uses (Author, Date) in the text and an accompanying reference list is preferred. On-line sources should be carefully scrutinized for their credibility and properly documented. Indicate the word count on the title page.

There is no prescribed structure for the term paper, but **it should generally be in the style of a scholarly paper that carefully sets out the problem, clearly indicates the argument that is intended, uses appropriate evidence to support that argument, summarizes the argument and then discusses its implications for policy and practice.** It should be in a style that would be acceptable to a scholarly journal.

The term paper should be more than just descriptive. The term descriptive means just reporting figures, events, the opinions of others, etc. The report, in addition to including descriptive material should also involve critical analysis of whether arguments are cogent and consistent, and also often involves bringing in competing perspectives to shed light on whether authors have overlooked or not sufficiently justified.

Examples of topics include (this is not an exhaustive list, it is just illustrative):

- ⇒ The shortcomings of fee-for-service payment of physicians have been described by many critics. What are these shortcomings, and what measures have been attempted to address them? How successful have these measures been? What alternatives have not been tried?
- ⇒ Critics suggest that the public health sector suffers from a number of important challenges, including chronic under-investment relative to its importance in

maintaining the health of the population and problems of co-ordination across levels. What are the key problems? What are the best solutions to these problems? What has been tried elsewhere and with what impact?

- ⇒ Home care is often portrayed as a more humane and desirable alternative to institutional care. What are the shortcomings of home care in Ontario? How have these issues been addressed in current policy? What do other jurisdictions do? What kinds of alignment with other policy sectors is required for home care to work well? How well is that being done?

Weekly Course Schedule and Required Readings (Note additional required and optional readings will be added through the course)

Week 1 (Jan. 7, 2019) Introduction to Course

Readings:

Marmot, M. (2010). *Fair Society, Healthy Lives. The Marmot Review*. Strategic Review of Health Inequalities in England post-2010.

Forsey, E. (2010). *How Canadians Govern Themselves, 7th ed.* Ottawa: Minister of Public Works and Government Services Canada.

Deber, R. (Quick Look) *Treating Health Care, How the Canadian Health System Works and How it could Work Better*

https://www.book2look.com//book/fsAimSFAhU&euid=97775107&ruid=0&referer_path=utorontopress.com&issecure=true&bibletype=html5&bibversion=2&bibzoomify=2&clickedby=lk&bibloc=0

https://www.mcmasterforum.org/docs/default-source/resources/sdi_summary-sheet.pdf?sfvrsn=6

Notes: Sign up for either reading review or current policy topic facilitation by end of week

Week 2 (Jan. 14, 2019) Defining the Issue - 1

Readings:

Armstrong Chapter 1

Canadian Council on the Social Determinants of Health (2015). *A Review of Frameworks on the Determinants of Health*. Canadian Council on the Social Determinants of Health. Ottawa.

Alvaro, C. Jackson, L.A., Kirk, S., McHugh, T.L., Hughes, J., Chircop, A. and Lyons, R.F. (2011). Moving Canadian governmental policies beyond a focus on

individual lifestyle: some insights from complexity and critical theories. *Health Promotion International*, 26 (1): 91-99

Shankardass K, Solar O, Murphy K, Freiler A, Bobbili S, Bayoumi A, O'Campo P. (2011). *Getting Started with Health in All Policies: A Resource Pack*. Toronto: St. Michael's Hospital.

http://www.stmichaelshospital.com/crich/wp-content/uploads/Health-in-All-Policies-A-Snapshot-for-Ontario_FINAL.pdf

Addy, N.A., Poirier, A., Blouin, C., Drager, N. and L. Dubé (2014). Whole-of-society approach for public health policymaking: a case study of polycentric governance from Quebec, Canada. *Annals of the New York Academy of Sciences*, 1331: 216–229.

Optional:

Lindblom, C.E. (1959). The science of muddling through. *Public Administration Review*, 19(2): 79-88.

Collins, J. and Koplan, J.P. (2009). Health impact assessment: A step towards health in all policies. *JAMA*, 302(3): 315-316.

Seigel, D. (2006). Recent changes in provincial-municipal relations in Ontario: A new era or a missed opportunity? In: Young, R. and Leuprecht, C. (eds.) *Municipal-Federal-Provincial Relations in Canada*. Montreal: McGill-Queen's University Press. pp. 181-97.

Week 3 (Jan. 21, 2019) Defining the Issue - 2

Readings:

Armstrong Chapter 2

Fafard, P. (2008). *Evidence and Healthy Public Policy: Insights from Health and Political Sciences*. Ottawa: Canadian Policy Research Networks.

Liverani, M., et al. (2013). Political and institutional influences on the use of evidence in public health policy. A systematic review. *PLoS ONE*, 8(10): e77404.

Optional:

Bambra, C. (2007). Going beyond *The three worlds of welfare capitalism*: regime theory and public health research. *Journal of Epidemiology & Community Health*, 61: 1098-1102.

Lundberg, et al. (2008). The role of welfare state principles and generosity in social policy programmes for public health: an international comparative study. *The Lancet*, 372(9650): 1633-40

Soroka, S. (2002). Chapter 1: Introduction. In *Agenda-Setting Dynamics in Canada*. Vancouver, BC: UBC Press. pp 3-14.

Week 4 (Jan. 28, 2019) Policy players: Government

Readings:

Armstrong Chapter 6

Lavis Chapter 2

Optional:

MacAdam, M. (2000). Home Care: It's Time for a Canadian Model. *Healthcare Papers*, 1 (4): 9-36.

Morgan, S. and Willison, D. (2004). Post-Romanow Pharmacare: Last-Dollar First ... First-Dollar Lost? *Healthcare Papers*, 4 (3): 10-20.

Health Canada. (2005). *Canada's Health Care System*. Ottawa, ON: Health Canada.

Hacker, J.S. (1998). The historical logic of national health insurance: Structure and sequence in the development of British, Canadian and U.S. medical policy. *Studies in American Political Development*, 12: 57-130.

Week 5 (Feb. 4, 2019) Policy players: Institutions

Readings:

Armstrong Chapter 3

Lavis Chapter 3 and 4

Evans, R.G. (2010). *Medicare is sustainable, for-profit care is not: Briefing note*. Canadian Health Coalition.

Optional:

Marchildon, G. (2004). The Public/Private Debate in the Funding, Administration and Delivery of Healthcare in Canada. *Healthcare Papers*, 4 (4): 61-8

Hutchison, B. et al. (2001) Primary Care in Canada: So Much Innovation, So Little Change. *Health Affairs*, 20 (3): 116-31.

Deber, R. and Gamble, B. (2007). What's In, What's Out: Stakeholders' Views About the Boundaries of Medicare. *Healthcare Quarterly*, 10 (4): 97-105.

Devereaux P. et al. (2002). Comparison of Mortality Between Private For-Profit and Private Not-For-Profit Hemodialysis Centers: A Systematic Review and Meta-analysis. *JAMA*, 288: 2449-57.

Week 6 (Feb. 11, 2019) Policy players: Providers

Readings:

Armstrong Chapter 4

Lavis Chapter 5, 6 and 7

Optional:

Lewis, S. and Kouri D. (2004). Regionalization: Making Sense of the Canadian Experience. *HealthcarePapers*, 5 (1): 12-31

Abelson, J. and Gauvin, F-P. (2004). *Engaging Citizens: One Route to Health Care Accountability*. Ottawa, ON: Canadian Policy Research Networks.

Dhalla, I. (2007). Private health insurance: an international overview and considerations for Canada. *Healthcare Quarterly*, 10 (4): 89-96.

McMahon, M. et al. (2006). The Common Drug Review: A NICE start for Canada? *Health Policy*, 77: 339-51.

Week 7 (Feb. 18, 2019) Reading Week

No class this week

Notes: Policy Brief Assignment due next week

Week 8 (Feb. 25, 2019) Policy players: Community

Readings:

Lavis Chapter 8 and 9

Optional:

Health Canada. (2003). *Learning From SARS: Renewal of Public Health in Canada*. Ottawa: Health Canada. (known as the "Naylor report"), Executive Summary and Chapter 3

Tilson, H. and Berkowitz, B. (2006). The public health enterprise: Examining our twenty-First-Century Policy Challenges. *Health Affairs*, 25(4): 900-910.

Deber, R., McDougall, C. and Wilson, K. (2007). Public health through a different lens. *Healthcare Papers*, 7(3) 2007: 66-71.

Notes: Policy Brief Assignment due today, sign up for presentations due today; Paper Proposal Assignment due next week

Week 9 (March 4, 2019) Policy Options: Health and Social Programs

Readings:

Armstrong Chapter 5

Lavis Chapter 10

Bylaw primer

ALPHa Governance

Osypuk, T.L., Joshi, P., Geronimo, K. and D. Acevedo-Garcia. (2014). Do Social and Economic Policies Influence Health? A Review. *Current Epidemiology Reports*, 1(3): 149-164

Forget, E. (2011). The Town with No Poverty: The Health Effects of a Canadian Guaranteed Annual Income Field Experiment. *Canadian Public Policy*, 37(3): 283-305.

Optional:

Osberg, L. (2001). Poverty among senior citizens: A Canadian success story. In: Grady, P. and Sharpe, A. (eds.) *The State of Economics in Canada: Festschrift in Honour of David Slater*. Kingston: McGill-Queen's University Press.

Costello, E.J.. et al. (2003). Relationships between poverty and psychopathology: A natural experiment. *Journal of the American Medical Association*, 290: 2023-2029.

Fernald, L., Gertler, P.J. and Neufeld, L.M. (2009). 10-year effect of Oportunidades, Mexico's conditional cash transfer programme, on child growth, cognition, language, and behaviour: a longitudinal follow-up study. *The Lancet*, 374(9706): 1997-2005.

Battle, K. (2006). *Towards a New Architecture for Canada's Adult Benefits*. Ottawa: Caledon Institute.

Eggleton, A. (2008). *In From the Margins: A Call to Action on Poverty, Housing and Homelessness*. Senate of Canada: The Standing Committee on Social

Affairs, Science and Technology. Report of the Subcommittee on Cities. Sections 1 & 2.

Notes: Paper Proposal Assignment due today

Week 10 (March 11, 2019) Policy Options: Public Health Policy

Readings:

Sanjay Basu, Ankita Meghani and Arjumand Siddiqi (2017); Evaluating the Health Impact of Large-Scale Public Policy Changes: Classical and Novel Approaches *Annu. Rev. Public Health*.38:351-370

Weyman, J.T., Dunn, J.R., Gutmann, C., Sivanand, B., Bursey, G., Mowat, D.L. (2013). Planning health-promoting development Planning: creation and assessment of an evidence-based index in the Region of Peel, Canada. *Environment & B: Planning & Design*, 40(4) 707–722.

Optional:

McCain, M. and Mustard, J.F. (1999). *The Early Years Report: Reversing the Real Brain Drain*. Toronto: Founder's Network. (Preface and Summary)

UNICEF. (2008). *The Child Care Transition. A League Table of Early Childhood Education and Care in Economically Advanced Countries*. Innocenti Research Centre Report Card 8.

Browne, G., Roulston, J., Ewart, B., Schuster, M., Edward, J. and Boily, L. (2001). Investments in comprehensive programming: Services for children and single-parent mothers on welfare pay for themselves within one year. In: Cleveland, G. and Krashinsky, M. (eds.) *Our Children's Future: Child Care Policy in Canada*.

Kershaw P, Anderson L, Warburton B, Hertzman C. 15 by 15: *A Comprehensive Policy Framework for Early Human Capital Investment in BC*. Vancouver: Human Early Learning Partnership, 2009.

<http://www.earlylearning.ubc.ca/documents/2009/15by15-Executive-Summary.pdf>

Bennett, J. (2008). *Benchmarks for Early Childhood Services in OECD Countries*. Innocenti Working Papers, 2008-02. <http://www.unicef-irc.org/cgi-bin/unicef/Lunga.sql?ProductID=515>

Osler, M. (2006) The life course perspective: a challenge for public health research and prevention. *European Journal of Public Health*, 16 (3): 230.

Week 11 (March 18, 2019) Policy Options: Healthy Public Policy

Readings:

Wernham, A. and S.M. Teustch. (2015). Health in all policies for big cities. *J Public Health Management Practice*, 21(1 Supp), S56–S65

Stergiopoulos, V., O'Campo, P., Hwang, S., Gozdzik, A., Jeyaratnam, J., Misir, V., Nisenbaum, R., Zerger, S. & M. Kirst (2014). *At Home/Chez Soi Project: Toronto Site Final Report*. Calgary, AB: Mental Health Commission of Canada.

Optional:

Dunn, J.R., Hayes, M.V., Hulchanski, D., Hwang, S.W. and Potvin, L. (2004) Housing as a socio-economic determinant of health: A Canadian research framework. In: Howden-Chapman, P. and Carroll, P. (eds.) *Housing & Health: Research, Policy and Innovation*. Wellington, New Zealand: Steele Roberts. pp. 12-39.

Eggleton, A. (2008). *In From the Margins: A Call to Action on Poverty, Housing and Homelessness*. Senate of Canada: The Standing Committee on Social Affairs, Science and Technology. Report of the Subcommittee on Cities. Sections 3 & 4.

Week 12 (March 25, 2019) Policy Brief Presentations

Readings: None

Notes: Final Paper due next week

Week 13 (April 1, 2019) Policy Brief Presentations

Readings: None

Notes: Final Paper due today

Course Policies

Submission of Assignments

Written assignments are to be uploaded on Avenue to Learn by the beginning of class on the due date.

Grades

Grades will be based on the McMaster University grading scale:

MARK	GRADE
90-100	A+
85-90	A

MARK	GRADE
80-84	A-
77-79	B+
73-76	B
70-72	B-
0-69	F

Late Assignments

Late assignments will be marked and the grade reduced by 5% per day for 5 days maximum.

Absences, Missed Work, Illness

Students are expected to attend every class. Absences must be reported to the Course Instructor prior to the class start time. Students who miss more than two classes for any reason will be required to complete extra work.

Avenue to Learn

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

University Policies

Academic Integrity Statement

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

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

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

The following illustrates only three forms of academic dishonesty:

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

Academic Accommodation of Students with Disabilities

Students with disabilities who require academic accommodation must contact [Student Accessibility Services \(SAS\)](#) to make arrangements with a Program Coordinator. Student Accessibility Services can be contacted by phone 905-525-9140 ext. 28652 or e-mail sas@mcmaster.ca. For further information, consult McMaster University's [Academic Accommodation of Students with Disabilities](#) policy.

Academic Accommodation for Religious, Indigenous or Spiritual Observances (RISO)

Students requiring academic accommodation based on religious, indigenous or spiritual observances should follow the procedures set out in the RISO policy. Students requiring a RISO accommodation should submit their request to their Faculty Office normally within 10 working days of the beginning of term in which they anticipate a need for accommodation or to the Registrar's Office prior to their examinations. Students should also contact their instructors as soon as possible to make alternative arrangements for classes, assignments, and tests.

Please review the [RISO information for students in the Faculty of Social Sciences](#) about how to request accommodation.

Faculty of Social Sciences E-mail Communication Policy

Effective September 1, 2010, it is the policy of the Faculty of Social Sciences that all e-mail communication sent from students to instructors (including TAs), and from students to staff, must originate from the student's own McMaster University e-mail account. This policy protects confidentiality and confirms the identity of the student. It is the student's responsibility to ensure that communication is sent to the university from a McMaster account. If an instructor becomes aware that a communication has come from an alternate address, the instructor may not reply at his or her discretion.

Course Modification

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

Extreme Circumstances

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