

**HEALTH POLICY IN THE INDUSTRIALIZED WORLD**  
**POLSCI 4RR3**  
**Term 2, Winter 2020**

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**Lecture:** Wednesday, 11.30am-2.20pm

**Classroom:** KTH 105

**Office Hours:** by appointment after  
class at KTH 505

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## **Course Description**

This course challenges students to take a critical view of health policy in Canada and other industrialized countries. This policy area is a significant and sometimes contentious component of public expenditures and often citizens' main point of contact with government. This course aims to provide the necessary foundation of knowledge for engaged citizenship with regards to health policy, and possible future employment or graduate work related to health. It seeks to develop skills of critical evaluation of policy that will transfer to other areas of study by focusing on the identification of policy problems and possible solutions, and then the often more difficult task of adjudicating between solutions and understanding roadblocks to reform.

The course begins with a general introduction to health policy, and then in-depth discussion of the Canadian health system. We then discuss selected problems in health policy and compare the Canadian health system to two others (the United Kingdom and the United States).

## **Course Objectives**

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

- demonstrate a good understanding of the key features of Canadian health systems regarding funding and decision-making, and explain how they differ from the UK and the US
- identify a specific health policy problem and describe its significance in a short policy memo
- propose possible policy solutions and discuss the costs and benefits of each in a short policy memo
- give a presentation about a health policy problem

## **Required Materials and Texts**

- Fierlbeck, Katherine. 2011. Health Care in Canada: a Citizen's Guide to Policy and Politics. University of Toronto Press, Scholarly Publishing Division. A limited number are available from the Campus Store. Students may also purchase the book from major online retailers (\$27.10). It is on 2-hour reserve at Mills Library.
- All other articles and book chapters are available on the Avenue page

## **Class Format**

One weekly seminar, 3 hours

## **Course Evaluation – Overview**

| <b>Component</b>              | <b>Due Date</b> | <b>Percentage</b> |
|-------------------------------|-----------------|-------------------|
| In-class active participation | Ongoing         | 10%               |
| Online active participation   | Ongoing         | 10%               |

| Component                        | Due Date    | Percentage |
|----------------------------------|-------------|------------|
| Reflective paper                 | January 15  | 10%        |
| Discussion leadership            | TBD         | 30%        |
| Topic statement and bibliography | February 12 | 10%        |
| Decision note                    | April 01    | 30%        |
| Total                            |             | 100%       |

### **Guidelines for all class submissions**

Please provide both your name on each assignment. Please note that an electronic copy of all your assignments must be uploaded directly onto Avenue to Learn. A late written assignment will be penalized by 5% (i.e., 5 marks out of 100) for each 24-hour period it is late. The first 24-hour period begins at the start of the class in which it is due. Assignments more than three days late will receive a grade of zero.

Please note that you must immediately follow up with the instructor regarding the nature of any relief for missed academic work. Failure to follow-up with the instructor immediately may negate the opportunity for relief.

Style matters. Written assignments offer a good occasion to polish your academic writing, regardless of your stage of career or writing experience. Before submitting your written assignment, edit it thoroughly.

### **Course Evaluation – Details**

#### **In-class active participation (10%, ongoing)**

Half (50%) of your participation grade will be comprised of attendance while the other half (50%) will depend on the quantity (how often you participate in discussions) and quality (the degree to which your comments reflect genuine critical thinking) of your contributions in classes. Students' participation in discussions will be evaluated each week. Students will be asked a set of questions each week to evaluate their preparation for lecture (i.e., completed the readings for the class), and active participation in class for that week. Students will engage in a debrief peer review commentary to student-led discussions. This will count towards the in-class active participation grade.

A central feature of a seminar is that students learn from each other through discussion. As such, it is essential that all students do the readings in advance of the seminar and come prepared to participate actively in the class discussion. I strongly encourage you to think about what insights you can gain from the readings, not just what's "wrong" with them, which can be one's first inclination. Think about how the readings fit together (or don't), how they relate to readings in previous weeks, and especially how they relate to the topic of your policy memos. I recognize that speaking in seminar can be intimidating at times, but it is a crucial skill in academia (and life!), and my goal is for our seminar to be an open-minded and considerate place to practice.

Peer review is a crucial element of academic work. Unfortunately, poor peer review can be destructive. Shallow, inexperienced, or too gentle a critique can allow poor work to pass, which wastes resources and learning opportunities. Over time, it can degrade the value of new knowledge in the field. On the other hand, overly harsh reviews can censor excellent work or discourage excellent scholars. Many brilliant scholars (including Albert Einstein) have had breakthrough studies rejected for publication by peers who were too ignorant or threatened to recognize their excellence.

In this class, we engage in a friendly, internal review process. Students will engage in a debrief peer review commentary for each of the student-led sessions, answering the following questions:

- what went well with the session;
- what could have been improved with the session; and
- what did you learn about this pressing health related issue in Canada

Students are expected to regularly read a newspaper with Canadian and international coverage and to contribute to class discussion on current events related to public policy.

### **Online active participation - weekly reading posts (10%, ongoing)**

To help you prepare for class, you are required to post a brief (150 word) reading response to the online post question under each week by Tuesday at 11.59pm. You should read your colleagues' responses before class. You can skip one week's response without notice or penalty.

Participation bonus marks can be earned by (a) responding to your colleagues' posts in advance of class; and (b) bringing health-related current events for discussion in Avenue posts or in class. Consider both regular news sites (in Canada: CBC, Globe & Mail, Ipolitics; US/international: Politico, New York Times, Washington Post, BBC, the Economist) and health specific sites (**Healthy Debate.ca is a great option**). Paying attention to health policy issues in the news is a good way to find a topic for your written assignments.

### **Reflective Paper (10%)**

1 page single-spaced, 12-point font, 1-inch margins (2.54 cm), do not use point form – write in full paragraphs and include citations

The reflective paper must have two elements. First, explain why you are taking this course and what you hope to learn. Second, say what you **personally** think is a major current or future health policy issues facing the Canadian health system.

This paper should reflect your own views and as such you do not need to use any references, unless you are making factual statements, e.g., a statement such as “newborn infants are only being screened for 28 genetic disorders” would need a reference. This assignment should be ~ 500 words. Please include word count. This

assignment will be marked on the following: writing style, organization, and how clearly you express your views.

**Discussion leader (30%)**

You will take on the role of discussion leader for one week, in some cases in collaboration with a fellow student. It will be the discussion leader(s)' responsibility to review their colleagues' responses on Avenue before their session. Student leading the discussion must prepare a 90 minutes large group discussion around their assigned topic. Make sure you outline two or three learning objectives for your session.

To accommodate student's presentation preferences, students can choose a variety of strategies to deliver their assigned session. This may include a video, a poem, small group discussions, a song, case study analysis, presentation slides (least favorable method as I would like to encourage creativity in your delivery of the key health policy issues), etc. Students will be evaluated on their ability to communicate the key messages around the health policy issues in an engaging and effective manner.

**Evaluation: 4RR3 Discussion leader rubric**

Student name(s): Click or tap here to enter text.

Date: Click or tap here to enter text. Grade (out of 100):Click or tap here to enter text.

| Criteria   | Comments |
|--|----------|
| <p><u>Position statement</u></p> <ul style="list-style-type: none"> <li>- clear, brief statement of the position with regard to the assigned health policy issue</li> <li>- appropriate responses to questions about the position statement (if applicable)</li> </ul>   |          |
| <p><u>Presentation deliverable</u></p> <ul style="list-style-type: none"> <li>- highlighting of the <u>key</u> points that advance the position being taken on the health-system policy issue                             <ul style="list-style-type: none"> <li>o e.g., leading with strong arguments in favour</li> <li>o e.g., ‘inoculating’ against areas of weakness (if applicable)</li> </ul> </li> <li>- style of presentation that best engages the audience                             <ul style="list-style-type: none"> <li>o e.g., showing a compelling image, brief video or other visual that conveys the big picture concisely</li> <li>o e.g., avoiding jargon, acronyms and other barriers to communication</li> </ul> </li> <li>- appropriate responses to questions about the position statement (if applicable)</li> </ul> |          |
| <p><u>Conclusion</u></p> <ul style="list-style-type: none"> <li>- conclusion consistent with the position statement and rationale</li> </ul>   |          |
| <p><u>General</u></p> <ul style="list-style-type: none"> <li>- ideas presented fluently and make good sense</li> <li>- ideas flow logically from one point to another</li> <li>- spelling, grammar and punctuation correct</li> <li>- if slides were used, they were presented neatly and legibly</li> </ul>   |          |

**Topic statement and bibliography (10%, Due February 12 at 11.59)**

1 page single-spaced, 12-point font, bibliography (included in one-page limit), 1-inch margins (2.54 cm), do not use point form – write in full paragraphs and include citations

In order to benefit from early feedback on your topic and a chance to discuss the problem with your colleagues, students should prepare a one-page overview of their proposed policy problem and an annotated bibliography of at least five sources. This assignment is due on Avenue to Learn by midnight the day before our scheduled writing workshop so I can assign students a discussion partner for the workshop. Because this assignment will form the basis for collaborative work, late assignments are not acceptable.

Describe a health policy problem in a jurisdiction of your choice (Canadian province, federal level in Canada, international jurisdiction). This statement will form the basis for your information note and decision note, so take some time to choose a topic that interests you. The problem may be specific to a certain policy (for example, high patient copayments for prescription drugs) or related to a linked set of policies (high surgical wait times), but it should be amenable to government action. Are there specific things government could do to change or improve the issue?

The bibliography should contain both academic and non-academic sources (scholarly journal articles and books, news stories, information from government websites, policy documents prepared by interest groups or health professional associations). Unlike a standard bibliography, for this assignment you may include materials that are not cited in the text of your statement. Each entry in the bibliography should include a sentence or two about the type of information contained in the source and why you think it will be useful (also note whether you think any biases are present). The goal of the bibliography is to demonstrate research effort and assess whether there is enough information available on your topic to complete the two main assignments. I suggest aiming for 5-8 quality citations (a citation to a government website or an academic article will usually be high quality; a citation to an online dictionary, an online student essay, or Wikipedia is usually not high quality).

Resource suggestions:

- Course readings – and follow up on their reference lists! Look ahead in the course outline for topics that interest you, or browse the Fierlbeck book for topics we don't cover this term.
- HealthyDebate.ca
- Journal of Health Politics, Policy and Law (browse archives or special issues; search for specific topics)
- Health Affairs (top policy journal, tends to have issues organized by topic)
- Browse Research Profiles and Research Results at the [Canadian Institutes of Health Research](#)
- Visit [Canadian Institute for Health Information](#) for topic ideas and data
- Recent publications at McMaster's Centre for Health Policy and Analysis and UBC's Centre for Health Services Research and Policy



**Decision note (30%, Due April 01 by 11.59pm)**

2 pages single-spaced, 12-point font, bibliography (not included in page limit), 1-inch margins (2.54 cm), do not use point form – write in full paragraphs and include citations. The format of the memo is similar to the standard decision memo in many Canadian governments, except it is somewhat longer (brevity is an advanced skill!) and should include citations like any academic work.

Describe a health policy problem in a jurisdiction of your choice (Canadian province, federal level in Canada, international jurisdiction) **and** propose policy solutions. Note that the problem may be specific to a certain policy (for example, high patient copayments for prescription drugs) *or* related to a linked set of policies (high surgical wait times), as long as it can be described in some detail in the space allotted. Your memo should be addressed to a minister or deputy minister of health and should be aimed at convincing them to take a specific course of action in solving the problem. It should include appropriate citations to a variety of academic and non-academic sources. I suggest aiming for 9-12 quality citations.

Below is an example of a decision note that you can use as guidance.

MEMORANDUM TO THE MINISTER OF HEALTH (*JURISDICTION*)

Purpose: One clear sentence to identify the problem and goal of your note

Executive Summary: A very brief overview of the material contained in the note. Convince your reader that it is worthwhile to read the whole thing for additional details.

Context/Background:

- What is the problem? This summarizes the problem presented in your information note, and may include some background material that can include the main actors or affected group by the problem, and the relevant policies that exist

Considerations:

- Why the issue is problematic in terms of cost containment, efficiency, equity, or responsiveness or some other clearly articulated criteria
- This is your opportunity to convince a decision maker that the problem requires government action: consider Pal (2010) on the rationales for doing nothing and how you might counter them in your case
- May include both positive and normative considerations, but these have to be backed by evidence: you may assume that “fairness” is a normatively important criteria, but it is not enough to say the current policy is “unfair.” Need to document specific barriers to access, perceptions of voters as measured in polls, disparities in outcomes etc.
- Also consider goals or outcomes you wish to achieve: what would count as success?

- The presentation of policy alternatives: please suggest two or three
- Describe the different alternatives including pro and cons, groups affected, and how they help achieve policy goals (expand on goals introduced in information note)

Implementation considerations:

- The goal of a decision note: prompt government action – or to recommend a “do nothing” response, which is possible for this assignment as long as you consider more active options as well
- Which option is best? request that decision maker approve, reject or discuss your plan
- Are there any implementation considerations that the decision maker needs to keep in mind when approving your proposed plan (e.g., potential barriers and facilitators to successful implementation)

Conclusion:

- Brief summary of the main points raised and prompt for government action

**Evaluation: 4RR3 Decision note rubric**

Student name(s): Click or tap here to enter text.

Date: Click or tap here to enter text. Grade (out of 100): Click or tap here to enter text.

| Criteria   | Comments |
|--|----------|
| <p><u>Position statement</u></p> <ul style="list-style-type: none"> <li>- clear statement of the position being taken with regard to the issue being discussed</li> <li>- clear description of the perspective (e.g., organizational role) being brought to the discussion</li> </ul>  |          |
| <p><u>Rationale for the position taken (60)</u></p> <ul style="list-style-type: none"> <li>- clear articulation of the points that advance the position being taken on the issue                             <ul style="list-style-type: none"> <li>o e.g., Context: explains relevant policies, or lack of policies; summarizes problem from information note</li> <li>o e.g., Considerations: presents two or three policy alternatives (pros and cons, groups affected, links to policy goals)</li> <li>o e.g., Implementation considerations: presents potential barriers to and facilitators of successful implementation of the proposed policy</li> <li>o e.g., leading with strong arguments in favour, such as compelling data and research evidence, widely held values, and stakeholder support</li> <li>o e.g., if appropriate, establishing expertise on the topic</li> </ul> </li> <li>- style of argumentation that best engages the audience                             <ul style="list-style-type: none"> <li>o e.g., using a powerful anecdote</li> <li>o e.g., avoiding jargon, acronyms and other barriers to communication</li> </ul> </li> <li>- approach to formatting that facilitates rapid scanning                             <ul style="list-style-type: none"> <li>o e.g., using headings, bullets and bolding to draw attention to key points</li> </ul> </li> </ul> |          |
| <p><u>Conclusion (15)</u></p> <ul style="list-style-type: none"> <li>- conclusion consistent with the position statement and rationale</li> <li>- recommend option and ask for approval</li> </ul>   |          |

| Criteria   | Comments |
|--|----------|
| <p><u>General (10)</u></p> <ul style="list-style-type: none"><li>- ideas presented fluently and make good sense</li><li>- ideas flow logically from one point to another</li><li>- spelling, grammar and punctuation correct</li><li>- paper presented neatly and legibly</li><li>- bibliography contains both academic and non-academic sources</li></ul> |          |

## **Weekly Course Schedule and Required Readings**

### **Module 1: How does health policy work in Canada?**

#### **Week 1: January 08**

##### **What is health policy?**

Introduction into what policies are, examining ways of defining policy analysis, and examining why health policy?

##### **Objectives:**

1. Explore ways to define health policy
2. Examine ways of defining policy analysis and the different policy elements
3. Examine why health policy matters
4. Assign student discussion leaders starting week 3

##### **Required Readings:**

##### **Textbook:**

1. Deber, R. B. 2018. Treating health care: how the Canadian system works and how it could work better/ Raisa B. Deber. Chapter one: Defining our terms: What is Health Policy? What is Health. Pages 7-19
2. Fierlbeck, Katherine preface, Ch 1 p.1-8, 40-43

#### **Week 2: January 15**

##### **Restructuring Primary Care: Canadian HealthCare System**

Over the years there have been various proposals for reforming primary care in Ontario. This session examines the foundations behind the Canadian Health care system, history of reform including a couple of specific proposals, the differences in their origins and how those differences are reflected in the type of proposals

##### **Objectives:**

1. Understand basic principles that underlie the Canadian health care system
2. Examine the concepts of a one and two tier system
3. Be aware of the various acts, reports and policies that have influenced Canadian health care delivery

##### **Required Readings:**

##### **Textbook:**

1. Fierlbeck, Katherine Ch 1 Funding Health Care p.9-39

### **Scholarly Articles:**

1. Hutchison B. (2008). [A long time coming: primary healthcare renewal in Canada](#). *Healthcare Papers*, 8(2), 10-24.
2. Schoen, C., Osborn, R., Huynh, P. T., Doty, M., Peugh, J., & Zapert, K. (2006). [On The Front Lines Of Care: Primary Care Doctors' Office Systems, Experiences, And Views In Seven Countries](#): Country variations in primary care practices indicate opportunities to learn to improve outcomes and efficiency. *Health Affairs*, 25(Suppl1), W555-W571.

### **Important Deadline**

Reflective paper due January 15 at 11.59 pm uploaded onto Avenue to Learn.

## **Module II: Selected health policy problems**

Student-led class discussions start in week 3 (January 22)

Ontario has undergone the biggest health system reform in 50 years, since the advent of medicare. As part of this reform, the government has decided to merge agencies into what is being called "Ontario Health Teams". Each Ontario Health Team would receive a single pot of funding with a clear mandate on the range of health services they need to provide. Every week, students will be presented with a different set of health policy related issues that the "new" health system reform has to address. Students will come to understand the major themes in health policy in Canada, the types of decisions that can have an impact on health, the roles of different organizations involved in making these decisions, and the types of influences on these decisions.

### **Week 3: January 22**

#### **Social determinants of health**

Over the past 25 years there has been a strong push amongst Canadian policy makers to look at nonmedical determinants of health. While this position is generally accepted, there are critiques of the mainstream approach. This class looks at both sides of this issue.

#### **Objectives:**

1. Identify concepts related to health inequalities in Canada and describe the social determinants of health;
2. Understand the difference between health inequity and health inequality; and
3. Understand how social determinants of health has been addressed in other countries (e.g., US, UK)

#### **Required Readings:**

##### **Textbook:**

1. Fierlbeck, Katherine Ch 1 Funding Health Care p.9-39

**Scholarly articles:**

1. Harvey, J., Hynes, G., & Pichora, E. (2016). [Trends in Income-Related Health Inequalities in Canada](#). *Healthcare quarterly (Toronto, Ont.)*, 18(4), 12.
2. Embrett M and Randall, G. [Social determinants of health and health equity policy research: Exploring the use, misuse and non-use of policy analysis theory](#). *Social Science and Medicine* 2014; 108:147-155.

**Government website:**

1. Public Health Agency of Canada (2004). [What is the Population Health Approach?](#) Public Health Agency of Canada, January 15, 2013.

**Online learning post:**

This week's readings describe instances of SDH/HE issues making it onto the policy agenda but failing to be implemented.

1. What do you believe are some of the contributing factors playing a role in the failure of implementing SDH policies in Canada?

**Week 4: January 29**

**Chronic diseases conditions and management**

Canada is facing an epidemic of chronic diseases. This lecture looks at better understanding concepts of chronic disease prevention and management, their interrelationship within health system reform and a broad public health agenda

**Required Readings:**

**Scholarly article:**

1. Lewis, R., & Dixon, J. (2004). [Rethinking management of chronic diseases](#). *Bmj*, 328(7433), 220-222.

**Government website:**

1. Sargious, P. (March 2007). [Chronic Disease Prevention and Management](#).

**Online learning post:**

What can Canada learn from the NHS policy to improve the management of chronic disease? Identify at least two learning lessons that can be applicable in a Canadian setting?

**Week 5: February 05**

**Pharmacare: is there a perfect pill for that?**

This session is focused on examining why Canada is the only industrialized country with a universal health coverage that lacks comprehensive drug coverage.

**Required Readings:**

**Textbook:**

1. Fierlbeck, Katherine Ch 7 Drugs and Drug Policy, p.151-183 (omit “Regulatory Reform in Canada)

**Scholarly article:**

1. Morgan, S. G., & Boothe, K. (2016, November). [Universal prescription drug coverage in Canada: long-promised yet undelivered](#). In *Healthcare Management Forum* (Vol. 29, No. 6, pp. 247-254). Sage CA: Los Angeles, CA: SAGE Publications.

**Reports:**

1. Canada, H. (June 2019). [A PRESCRIPTION FOR CANADA: ACHIEVING PHARMACARE FOR ALL. Final Report of the Advisory Council on the Implementation of National Pharmacare.](#)

**Podcast:**

1. “The Health Briefs: Pharmacare” – Guest speakers discuss a timely health topic. The podcast is available on Spotify and apple podcast

**Online learning post:**

This week’s readings talked about health/health policy expert opinion on pharmacare, as well as the position developed by a representative group of citizens who participated in an education and deliberation process about pharmacare.

What do you believe to be the most convincing argument as to why pharmacare has not been implemented yet?

**Week 6: February 12**

**Mental health in Canada: Are we there yet? Changing approaches to mental health services**

This session aims to examine the various health policies aimed at reducing the stigma of mental illness in Canada and how to take action on Canada’s mental health strategy.

**Required Readings:**

**Textbook:**

1. Fierlbeck, Katherine Ch 4 Mental Health.

**Scholarly article:**

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

**Reports:**

1. Mental Health Commission of Canada. (2016). [Advancing the Mental Health Strategy for Canada: A Framework for Action \(2017–2022\)](#), Ottawa, ON: Mental Health Commission of Canada.



**Online learning post:**

This week's readings identify a number of problems with the existing mental health policies in Canada. Explain what you see as the most important problem or type of problem, and explain why you chose it, and what evidence the readings provide about the scope of the problem.

**Important deadline:**

Topic statement and bibliography due February 12 at 11.59 pm uploaded onto Avenue to Learn.

**February 19 – Reading week**

**No class**

**Week 7: February 26**

**Providing Community Care – putting the 'care' back into health care**

Looks at the trend to move health services out of hospitals and into the community. Explores the reasons for these trends and successes and failures

**Required Readings:**

**Scholarly Article:**

1. MacAdam, M. (2000). [Home care: it's time for a Canadian model](#). *HealthcarePapers*, 1(4), 9-36.

**Government website:**

1. Canada, G. o. (2016). [Home and community healthcare](#).

**Online learning post:**

Community-based care is coordinated, integrated care provided in a range of community settings, such as people's homes. How do we make sure that community-based care is person-centered and delivered in a way that is responsive to economic, social, language, cultural, and gender differences?

**Week 8: March 04**

**Cannabis and Health: How high can we go?**

On October 17, 2018, the *Cannabis Act* came into force which puts in place a new strict framework for controlling cannabis sale, possession, production, and distribution. This session intends to examine the debate and concerns about cannabis legalization in Canada.

**Required Readings:**

**Journalistic article:**

1. Denis, Marie-Maude. 2018. "[Licensed Cannabis Growers Have Ties to Organized Crime, Enquête Investigation Finds](#)." *CBC News* November 02 2018.

**Scholarly article:**

1. Shover, C. L., & Humphreys, K. (2019). [Six policy lessons relevant to cannabis legalization](#). *The American journal of drug and alcohol abuse*, 1-9.
2. DeVillaer, M. (2019). [Cannabis Legalization in Canada: The Public Health Approach We Did Not Get](#). *Canadian Journal of Addiction*, 10(3), 51-59.

**Government website:**

1. Government of Canada (2019). [Cannabis in Canada](#). Get the fact.

**Online learning post:**

Why did you believe Canada legalized recreational cannabis? Did we do it "right"? What are the potential concerns?

**Week 9: March 11**

**Immigrants and Refugee Health: Prescription for Conflict**

Health care policy has traditionally been developed for problems of the middle class male. This class explores policy issues for groups that don't fit that model. The session intends to explore current key immigrant and refugee policy issues and its impacts on health.

**Required Readings:**

**Scholarly article:**

1. Khalid, A. F., Lavis, J. N., El-Jardali, F., & Vanstone, M. (2019). [The governmental health policy-development process for Syrian refugees: an embedded qualitative case studies in Lebanon and Ontario](#). *Conflict and health*, 13(1), 48.

**YouTube video:**

1. IOM. (2016). [IOM - Migrant People's Health](#). YouTube

**Policy brief:**

1. Hassen, N., Katakia, D., Cheff, R., & Sanchez, J. (2016). [The three-month wait builds inequity into our health care system](#). The Wellesley Institute.

**Online learning post:**

Readings this week focused on barriers related to accessing healthcare by a specific demographic (i.e., immigrants and refugees). Can you think of other sub-populations that might face similar barriers to accessing health services?

**Week 10: March 18**

**Indigenous Health: How to bring reconciliation to healthcare?**

20 years after the Royal Commission on Aboriginal Peoples, indigenous peoples living in Canada continue to face poorer health outcomes partly because of the fundamental underlying determinants of Indigenous health. This session takes a closer look on how to move forward on this key health policy issue facing Canadian health care system.

### Required Readings:

#### Scholarly article:

1. Jeffrey, Charlotte Loppie, and John O'Neil. 2016. "[Indigenous Health Systems Governance](#)." *International Journal of Health Governance* 21 (4): 222–28.

#### Government website:

1. Government of Canada (2017). [Indigenous health](#).  
Retrieved from:

#### Online learning post:

This week's reading urges us to come up with innovative intervention research that develops solutions to multi-generational disparities in health and well-being for indigenous peoples of Canada and globally. What do you believe researchers role is in moving reconciliation forward?

### Week 11: March 25

#### Can I come home? Health Professionals Regulation - Licensing International Trained Healthcare Personnel

This session aims to examine how to deal with the health policy issue of regulating and integrating internationally trained healthcare personnel into Canada's health care system.

### Required Readings:

#### Text book:

1. Fierlbeck, Katherine Ch 6 Health Human Resources

#### Opinion piece:

1. Monavvari, Alan A, Colette Peters, and Perle Feldman. 2015. "[International Medical Graduates: Past, Present, and Future](#)." *Canadian Family Physician* 61 (3). The College of Family Physicians of Canada: 205–8 [opinion piece]

#### Scholarly article:

1. Campbell–Page, R. M., Tepper, J., Klei, A. G., Hodges, B., Alsuwaidan, M., Bayoumy, D. H., ... & Cole, D. C. (2013). [Foreign-trained medical professionals: Wanted or not? A case study of Canada](#). *Journal of global health*, 3(2).

#### Government website:

1. Government of Canada (2018). [Internationally Educated Health Care Professionals](#)

#### Online learning post:

Provide an example of a country that has been successful in integrating internationally trained healthcare personnel in their health system? What could we learn from them?

### Week 12: April 01

#### Health system comparisons

This session aims to examine Canada's system in comparison to different health care systems all over the world, with a particular focus on the US and UK health care systems.

### Required Readings:

#### Journalistic articles:

1. Simpson, C. (September 24, 2017). [How healthy is the Canadian health-care system?](#) *The Conversation*.
2. Street, A. (September 25, 2017). [Britain's National Health Service: one model, four systems.](#) *The Conversation*
3. Haeder, S. F. (October 18, 2017). [US health care system: A patchwork that no one likes.](#) *The Conversation*.

#### Online learning post:

Are you aware of other countries health care systems (e.g., Finland, Australia)? Can you share one key element of other countries health care systems that you find particularly effective and is applicable to Canada?

#### Important deadline:

1. Decision note due April 01 by 11.59pm, on Avenue to Learn
2. Complete on-line course evaluations

## Course Policies

### Submission of Assignments

All assignments should be typed using a standard 12-point font, single spaced, and standard 1 inch margins. All written assignments require formal citations and a bibliography. Any standard citation style is acceptable ([for example, APA or Chicago style](#)).

All written assignments are to be submitted on Avenue to Learn at the specified time on their due date.

### Grades

Grades will be based on the McMaster University grading scale:

| <b>MARK</b> | <b>GRADE</b> |
|-------------|--------------|
| 90-100      | A+           |
| 85-90       | A            |
| 80-84       | A-           |
| 77-79       | B+           |
| 73-76       | B            |
| 70-72       | B-           |
| 67-69       | C+           |
| 63-66       | C            |

| <b>MARK</b> | <b>GRADE</b> |
|-------------|--------------|
| 60-62       | C-           |
| 57-59       | D+           |
| 53-56       | D            |
| 50-52       | D-           |
| 0-49        | F            |

### **Late Assignments**

The weekly reading responses are an important element of students' participation grade. No late reading responses will be counted towards the participation grade. There will be a penalty of 5% per day (including weekends) for late papers. Late submissions of the topic statement and bibliography will not be accepted. This exercise involves working in a group/team environment, and by not submitting your work on time, you are seriously inconveniencing your colleagues. If you become seriously ill or experience an emergency in advance of this assignment, it is important that you take steps to notify the instructor (me) about your situation so we can work something out.

### **Absences, Missed Work, Illness**

Participation in discussion is a crucial element of student learning in this class, and the discussion suffers when contributors are absent. If students are unavoidably absent, they should contact the instructor as soon as possible. Unexcused absences will impact participation grades.

### **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.

### **Turnitin.com**

In this course we will be using a web-based service (Turnitin.com) to reveal authenticity and ownership of student submitted work. Students will be expected to submit their work electronically either directly to Turnitin.com or via Avenue to Learn (A2L) plagiarism detection (a service supported by Turnitin.com) so it can be checked for academic dishonesty. Students who do not wish to submit their work through A2L and/or Turnitin.com must still submit an electronic and/or hardcopy to the instructor. No penalty will be assigned to a student who does not submit work to Turnitin.com or A2L. All submitted work is subject to normal verification that standards of academic integrity have been upheld (e.g., on-line search, other software, etc.). For more information please refer to the [Turnitin.com 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

### **Policy on Children in Class**

Currently, the university does not have a formal policy on children in the classroom. The policy described here is thus, a reflection of my own beliefs and commitments to student, staff and faculty parents.

- 1) All breastfeeding babies are welcome in class as often as is necessary to support the breastfeeding relationship.
- 2) For older children and babies, I understand that minor illnesses and unforeseen disruptions in childcare often put parents in the position of having to choose between missing class to stay home with a child and leaving him or her with someone you or the child does not feel comfortable with. While this is not meant to be a long-term childcare solution, occasionally bringing a child to class in order to cover gaps in care is perfectly acceptable
- 3) I ask that all students work with me to create a welcoming environment that is respectful of all forms of diversity, including diversity in parenting status
- 4) In all cases where babies and children come to class, I ask that you sit close to the door so that if your little one needs attention and is disrupting learning for other students, you may step outside until their need has been met. Non-parents in the class, please reserve seats near the door for your parenting classmates.

### **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](#).

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

### **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.