

**PAPM 4099**  
**Capstone Seminar – Policy Seminar**

Selected Topic:

**The Legacy of Covid-19: Building a more Equitable, Sustainable Canadian Health Care System**

Arthur Kroeger College of Public Affairs  
Faculty of Public Affairs  
Carleton University  
Winter 2024  
Thursday 8:35-11:25am  
Refer to Brightspace for location

**Instructors:**

Hugh Shewell ([hughshewell@cunet.carleton.ca](mailto:hughshewell@cunet.carleton.ca))

Claire McMenemy ([Clairemcmenemy@cmail.carleton.ca](mailto:Clairemcmenemy@cmail.carleton.ca))

Please include PAPM 4099 on the subject line.

**Office Hours:**

Claire: Thursdays 11:45am-1:00pm; Location TBC. Otherwise by appointment.

Hugh: Thursday 1:30-2:30 pm; Location TBC. Otherwise by appointment.

**Course Calendar Description**

In this course students address a specific policy problem or problems, in interaction with local, national or international policy experts or practitioners. An emphasis is placed on policy analysis, research, and communication skills.

**Expanded Course Description**

As the impacts of the Covid-19 impact lessen, we continue to regularly hear in the news about how the Canadian health care system is suffering, if not failing. The Canadian Health Coalition recently described it as a “leaky bathtub” that required not only more investment, but also structural changes to increase quality and accountability (Brend, 2022). This course explores the argument made by the CHC and others, focusing on how political ideologies and economic circumstances impact public policy in the context of the Canadian health care system, and the types of reforms that may improve its sustainability and responsiveness to Canadians’ diverse health needs.

The course begins with an overview of Canada’s health care system, how Canadian health policy is made and how the system is funded. It also explores the relationship between law and policy, and some different comparative international models. The focus then shifts to different subtopics in health policy including mental health, Indigenous health care and long term care. Given that this is a capstone course, it is assumed that students will come to the course with a strong knowledge of different frameworks for understanding and approaching policy making, implementation, and evaluation.

This class has a seminar format, and is focused upon preparing final year students for the workforce and/or future studies. Given this, students are expected to prepare for classes and take an active role

in class discussion and activities. During the course, various guest speakers will share their expertise and integrate insight from theory and practice.

We would like to credit and thank Lisa Halpern for the creation of significant parts of this course outline.

### **Learning Outcomes**

By the end of this course, students will be able to:

- Identify and analyze policy issues in the context of the Canadian health care system using methodological, analytical and practical frameworks, and knowledge of policy making, implementation, and evaluation.
- Develop a presentation in which you discuss conceptions of the public sphere and civic institutions, their processes and practices, and the interactions of government bodies, private organizations and nongovernmental groups for the Canadian health system.
- Research and assess public policies about Canadian Medicare to develop general problem-solving strategies for their system improvement.
- Identify gaps in scholarship, underdeveloped areas of research, and/or what is economically unfeasible or philosophically undesirable regarding public policy for Canadian health care.

### **Course Meeting Time**

We will be meeting at 8:35 on Thursday mornings in Room 303, St. Patrick's Building. There is no class on February 22<sup>nd</sup> (Reading week).

### **Appropriate Conduct and Destigmatizing Language**

At times we will be discussing sensitive topics in this class. Please keep in mind that all of us are affected by different health concerns, directly or indirectly. Please consult these resources for information and examples on using person and identity first language.

Mental Health Commission of Canada. (2021). *Language matters*.

<https://mentalhealthcommission.ca/resource/language-matters/> Employer Assistance and Resource Network on Disability Inclusion. (n.d.). *Person-first and identity-first language*.

<https://askearn.org/page/people-first-language>

### **Course Structure and Evaluation**

This is a capstone course that is aimed at supporting students in their final year of study to consolidate and demonstrate their learning gained over their undergraduate degree. The goal of this course is to support students to engage in independent learning and development of the oral and written presentation skills that will support them in the workplace or in subsequent graduate-level study.

Starting in Week 2, students will complete weekly readings, that will form the basis for a series of student presentations. Additionally, student presentations will start in Week 2. Each class will follow a similar format: an instructor or guest will provide an introduction, followed by student presentations in the second and third hours. Each set of presentations will be followed by discussion and student evaluations. During the first class, there will be a sign-up sheet for the weeks in which a student wishes to complete their oral presentation.

Oral presentations are to be on the topic of the week using the required readings as a springboard. Alternative readings are encouraged for the student presentations, which students can select according to their interests. Students will evaluate their fellow students' presentations using the form included in the course outline.

For the final paper, students will focus upon a key theme from their oral presentation. The paper will be based upon additional research that the student has completed on this theme, as well as their own policy-focused reflections. Students may also choose a different subject area, with prior approval of the course instructor. For example, some students may wish to focus explore their own interest in environmental health policy, pharmaceutical policy, public health policy or specific policies related to Covid-19.

There will be four types of class assignments for evaluation (percentage of total course grade): weekly one-page reflections on the articles assigned for the week (35%) – select and submit 5 weekly reflections out of 10 that are each worth 7%; oral presentation (25%); active participation in class and evaluations of colleagues who make oral presentations (15%) and the final paper, that will be based upon and develop a theme from the oral presentation (25%).

### Assignment Weight

Assignment	Weight	Due Date
Weekly Reflections (complete 5 out of 10)	5 x 7% = 35%	Before the beginning of class on the week the readings are being considered in class
Oral Presentation	25%	Occurs during the week that the readings are being considered in class
Class participation, including completion of student evaluations	15% (7% Student Evaluations and 8% Class Participation)	Ongoing
Final Paper	25%	April 4

### ***Weekly Reflections (35%)***

Weekly reflections should focus on the connections or contradictions between the assigned readings, explain the authors' theoretical approach or conceptual framework in the assigned readings, and/or highlight the contrasting political/ideological basis for different positions that are being taken. Each student will complete 5 reflections, that can be completed in the weeks of their choice.

Each reflection must be double spaced and not exceed one page in length. The reflection is due in hard copy at 8:35 (beginning of class) on the day in which the class from which the readings are

drawn. An overdue reflection will be deducted one grade point for up to the first 24 hours it is late; 2 grade points for over 24 hours and up to 72 hours late; and 3 grade points in excess of 72 hours late. Note that you may choose not to hand in an overdue reflection provided that you still hand in 5 separate reflections on the due dates for other classes. If your reflection is overdue you must email both instructors informing them that this is the case. To submit an overdue reflection, you must email both instructors and attach the one-page document/weekly reflection to the email.

Reflections will be evaluated as follows:

	Exemplary (9-10)	Proficient (8-9)	Developing (7-8)	Poor (<7)
Thesis/focus: Originality	Develops fresh insight that challenges the reader's thinking.	Thesis/focus is somewhat original.	Thesis/focus may be obvious or unimaginative.	Thesis/focus is missing.
Thesis/focus: Clarity Task	Thesis and purpose are clear, closely matches the writing	Thesis and purpose are mostly clear and match the writing task.	Thesis and purpose are somewhat vague OR loosely related	Reader cannot determine thesis and purpose OR thesis is

			to the writing task.	unrelated to the writing task.
Organization	Fully and imaginatively supports thesis and purpose. Sequence of ideas is effective. Transitions are effective.	Organization supports thesis and purpose. Transitions are mostly appropriate. Sequence of ideas could be improved.	Some signs of logical organization. May have abrupt or illogical shifts and ineffective flow of ideas.	Unclear organization OR organization plan is inappropriate to thesis. No transitions.
Support/ reasoning  a) Ideas b) detail	Substantial, logical and concrete development of ideas. Assumptions are made explicit.	Offers solid but less original reasoning. Assumptions are not always recognized or made explicit. Contains some appropriate details or examples.	Offers  Somewhat obvious support that may be too broad. Details are too general, not interpreted, irrelevant to thesis, or Inappropriately repetitive.	Offers  simplistic, undeveloped, or cryptic support for the ideas. Inappropriate or off-topic generalizations, faulty assumptions, errors of fact.
Use of sources/ documentation	Uses sources to support, extend, and inform, but not substitute writer's own development of idea. Combines material from a variety of sources. Doesn't overuse quotes.	Uses sources to support, extend, and inform but not substitute writer's own development of idea. Doesn't overuse quotes.	Uses relevant sources but lacks in variety of sources and/or the Skillful combination of sources. Quotation and Paraphrases may be too long or inconsistent.	Neglects important sources. Overuse of quotations or paraphrase to substitute writer's own ideas. Possibly uses some sources without proper acknowledgment.

Adapted from: Barbara Walvoord, Winthrop Univ., Virginia Community College System, Univ. of Washington.

***Oral Presentations (25%)***

Oral presentations will be 10-12 minutes long. The presentation will be based upon the readings for the week. Students must rely on a minimum of 2 readings from the assigned list. They should be accompanied by a PowerPoint or similar slide deck, that includes reference to the key readings upon which the presentation relied. Students may also draw on additional readings, according to their own interest.

A typical presentation might begin with the identification of a clear theme, issue or area of debate that was developed in the readings. If the readings provide empirical evidence of the scope of a problem or issue, this would be shared. The presentation might then explore different viewpoints on this theme, and seek to situate these viewpoints based upon different theoretical, political or ideological grounding. Students may draw upon analytical frameworks, approaches and tools learned in other courses over the course of their studies. Finally, the presentation might identify key fault lines or unanswered questions that the readings raise.

Oral presentations will be marked as below.

<b>Category</b>	<b>Scoring Criteria</b>	<b>Total Points</b>	<b>Score</b>
<b>Organization (15 points)</b>	The type of presentation is appropriate for the topic and audience.	5	
	Information is presented in a logical sequence.	5	
	Presentation appropriately cites requisite number of references.	5	
<b>Content (45 points)</b>	Introduction is attention-getting, lays out the problem well, and establishes a framework for the rest of the presentation.	5	
	Technical terms are well-defined in language appropriate for the target audience.	5	
	Presentation contains accurate information.	10	

	Material included is relevant to the overall message/purpose.	10	
	Appropriate amount of material is prepared, and points made reflect well their relative importance.	10	
	There is an obvious conclusion summarizing the presentation.	5	
<b>Presentation (40 points)</b>	Speaker maintains good eye contact with the audience and is appropriately animated (e.g., gestures, moving around, etc.).	5	
	Speaker uses a clear, audible voice.	5	
	Delivery is poised, controlled, and smooth.	5	

	Good language skills and pronunciation are used.	5	
	Visual aids are well prepared, informative, effective, and not distracting.	5	
	Length of presentation is within the assigned time limits.	5	
	Information was well communicated.	10	
<b>Score</b>	<b>Total Points</b>	<b>100</b>	

*Rubric for Assessing Student Presentations Scoring Rubric for Oral Presentations (Adapted from Illinois State University)*

### ***Class Participation and Student Evaluation***

#### **Class Participation (8%)**

Students are expected to come to class, having read the materials and prepared to engage in discussion related to the lecture and student presentations. Class Participation will be assessed based upon the student's engagement with the lectures and presentations, and their ability to offer insight and raise thought-provoking questions for class consideration. Assessment will be made based upon the quality and not the quantity of participation over the trajectory of the course. For

students who are not completing their oral presentation in a given week, it is not expected that they will have read in detail each assigned reading. In these weeks, a general guideline is that students should have read 3 of the assigned readings.

### Student Evaluations (7%)

Student evaluations are considered an important part of their class participation. To evaluate their peers, students will fill out an evaluation form that is provided by the course instructors. The form will be comprised of the following questions. Evaluations will be, in turn, evaluated based upon whether they were completed in a way that shows attention to the presentation, is respectful of and provides informed feedback to the presenter.

1. What was the thesis or key theme of the presentation?
2. List the 2 main points from the presentation?
3. What was effective about the presenter's presentation style?
4. In what way did the slides/PowerPoint assist the listener in following and understanding the presentation?
5. What is one area for possible improvement?
6. How did this presentation help you to gain more insight about the subject area?

*Designing Peer Assessment Assignments (Adapted from McGill University)*

### **Essay (25%)**

The essay should be submitted on or before class on April 4<sup>th</sup>. It should be submitted by email to [clairemcmememy@cmail.carleton.ca](mailto:clairemcmememy@cmail.carleton.ca) with the file name: yourlastname\_Essay Please be sure that you have kept a copy of your essay, so that in case your essay goes missing, it remains available for submission.

It should be approximately 2500 words in length (about 10 double-spaced pages). In addition, each paper must include a 250 word “abstract” that summarizes the subject and key themes developed in the paper.

The paper should be considered policy research. The subject area will be the same as the student's presentation. The student will choose a one policy issue within the subject area, that may have been identified as a key theme in the oral presentation, and will conduct independent research that:

- a) Describes empirical literature about the issue or challenge that the policy addresses
- b) Identifies 2 or more different policy approaches or options that are being taken or are recommended to address or respond to the issue
- c) Situates these policy approaches within different theoretical, conceptual or political approaches and frameworks
- d) Critically evaluates the policy approaches

While student may ultimately “take a side” and recommend one or none of the policy approaches, the focus is on “taking a step back” and focusing upon the contextual factors that



impact the policy area and the positions being taken. Students may wish to consider models in different countries when evaluating the policy options.

The paper must be properly cited, using the American Psychological Association (APA) style. Various resources exist to help build knowledge of APA citation style including at the [Owl Purdue website](#).

### **Grades**

Grades will be assigned according to the [Faculty of Public Affairs Grading Guidelines](#).

### **Texts**

There is no textbook for this course. Readings will be available on Brightspace or accessible online.

## **Outline of Weekly Sessions and Readings**

### **Week/Date Topic**

#### **1 (Jan 11) Course Introduction**

Lead: McMenemy & Shewell

This class will introduce students to the overview and format for the course. We will also do a class exercise that focuses upon the different stakeholders and knowledge frameworks involved in the development of health care policy. There are three resources for this week:

CBC News. (2023, May 8). Ontario Passes Health Reform Bill that expands private delivery of care. <https://www.cbc.ca/news/canada/toronto/ontario-health-care-bill-1.6835997>

Lesperance, S. (2023). President's Message—Rural emergency room closures. *Canadian Journal of Rural Medicine*, 28(1), 5. [President's Message – Rural emergency room closures : Canadian Journal of Rural Medicine \(lww.com\)](#)

CTV Your Morning. (2023). *Crisis in Canada's Emergency Rooms* [Video]. Youtube. [https://youtu.be/qo0dtlG\\_MLA](https://youtu.be/qo0dtlG_MLA)

#### **2 (Jan 18) Overview of Canadian Medicare and Health Care**

Lead: McMenemy

##### ***Readings***

Commission on the Future of Health Care in Canada. 2002. Building on Values: The Future of Health Care in Canada. National Library of Canada cataloguing in publication data. "A Message to

Canadians” and “Executive Summary”: ix-xxxiv.

European Observatory on Health Systems and Policies, Marchildon, Gregory P., Allin, Sara & Merkur, Sherry. (2020). Canada: Health system review. *Health Systems in Transition*, 22 (3), World Health Organization. Regional Office for Europe. <https://iris.who.int/handle/10665/336311>

Kurdyak, Paul, and Scott Patten. "The burden of mental illness and evidence-informed mental health policy development." *The Canadian Journal of Psychiatry* 67, no. 2 (2022): 104-106. [The Burden of Mental Illness and Evidence-informed Mental Health Policy Development - Paul Kurdyak, Scott Patten, 2022 \(sagepub.com\)](https://doi.org/10.1177/08281275221104106)

Martin, D., A.P. Miller, A. Quesnel-Vallee, N.R. Caron, B. Vissandjee, G. P. Marchildon. 2018. Canada’s Global Leadership on Health: Canada’s Universal Health Care System: Achieving Its Potential. *Lancet* 391: 1718-35.

Simpson, J. 2013. *Chronic Condition: Why Canada’s Health-Care System Needs to be Dragged Into the 21st Century*. Penguin. 57-95.

### **3 (Jan 25) Health Care System Funding/Privatization of Health Care** Lead: Shewell

#### ***Readings***

Arrow, K. J. 1963. Uncertainty and the Welfare Economics of Medical Care. *The American Economic Review*, 53(5): 941-973.

Marchildon, G. P. 2020. Private Finance and Canadian Medicare: Learning from History. In *Is Two-Tier Health Care the Future?* Flood, C. M., and Thomas, B, eds. University of Ottawa Press. 2020.

Miller, A., and Shingler, B. 2022. Would more privatization in Canadian health care solve the current crisis. *CBC News*. 20 August 2022. <https://www.cbc.ca/news/health/canadahealthcare-privatization-debate-second-opinion-1.6554073>

Tuohy, C. H., Flood, C.M. Stabile, M. 2004. How does private finance affect public health systems? Marshalling the evidence from OECD nations. *Journal of Health Politics, Policy, and Law*, 29(3): 359-396.

### **4 (Feb 1) International Models of Health Care Delivery: Sweden,**

## Denmark, Australia and the UK

Lead: McMenemy with Guest Speaker

### *Readings*

AllianceON. (2012). *A European Model for Healthcare* [Video]. Youtube.  
<https://www.youtube.com/watch?v=2GWzGN1tcLU>

Anderson M, Pitchforth E, Edwards N, Alderwick H, McGuire A, Mossialos E. The United Kingdom: Health system review. *Health Systems in Transition*, 2022; 24(1): i-192.

Burau, V., Kuhlmann, E., & Lotta, G. (2023). Comparative health policy goes qualitative: Broadening the focus of research after COVID-19. *The International Journal of Health Planning and Management*, 38(5), 1135-1141.

Christiansen, T., and K. Vrangbaek. 2018. Hospital Centralization and Performance in Denmark – Ten Years On. *Health Policy* 122: 321-328.

Commonwealth Fund. 2020. International Health Care System Profiles: Australia. Available at:  
<https://www.commonwealthfund.org/international-health-policycenter/countries/Australia>

Guardian Explainer. (2016). *The National Health System Explained* [Video].  
<https://www.youtube.com/watch?v=bDdZCv5v2Rg&t=7s>

Marchildon, G. P. 2021. Social Democratic Solidarity and the Welfare State: Health Care and Single-Tier Universality in Sweden and Canada. *Methods and Issues* 38 (1): 177-196.  
<https://doi.org/10.3138/cbmh.443-052020>

Unruh, L., Allin, S., Marchildon, G., Burke, S., Barry, S., Siersbaek, R., Thomas, S., Rajan, S., Koval, A., Alexander, M, Merker, S., Webb, E & Williams, G. A. (2022). A comparison of 2020 health policy responses to the COVID-19 pandemic in Canada, Ireland, the United Kingdom and the United States of America. *Health Policy*, 126(5), 427-437.

## 5 (Feb 8) **Mental health**

Lead: Shewell with Guest Speaker, Gareth Park

### *Readings*

Canadian Mental Health Association. (2022). Federal Plan for Universal Mental Health & Substance Use Health. <https://cmha.ca/wpcontent/uploads/2022/11/AfMH-White-Paper-EN-FINAL.pdf>

Bartram, M. (2020). Government Structure, Service System Design, and Equity in Access to Psychotherapy in Australia, the United Kingdom, and Canada. *Canadian Journal of Community Mental Health*, 39(2), 11–23. <https://doi.org/10.7870/cjcmh-2020-010>.

Selvarajah, S., Corona Maioli, S., Deivanayagam, T. A., de Morais Sato, P., Devakumar, D., Kim, S.-S., Wells, J. C., Yoseph, M., Abubakar, I., &

Paradies, Y. (2022). Racism, xenophobia, and discrimination: Mapping Pathways to Health Outcomes. *The Lancet*, 400(10368), 2109–2124. [https://doi.org/10.1016/s0140-6736\(22\)02484-9](https://doi.org/10.1016/s0140-6736(22)02484-9)

#### Supplementary Readings and Videos

Mental Health Commission of Canada. 2012. “Mental Health Strategy for Canada.”

<https://mentalhealthcommission.ca/what-we-do/mental-healthstrategy-for-canada/>

Reville, David. 2011. Toronto Metropolitan University (formerly Ryerson University). “Presenting the Consumer/Survivor/Ex-Patient Movement.”

<https://www.youtube.com/watch?v=9uTbEBPkAAk>

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Mental Patients’ Association. Vancouver (2013). “The Inmates Are Running the Asylum.” [The Inmates are Running the Asylum | Madness Canada](#)

Beckman, Lanny and Davies, Megan J. (2013). “Democracy is a Very Radical Idea,” in Brenda A. LeFrançois, Robert Menzies, and Geoffrey

Reaume, eds., *Mad Matters: A Critical Reader in Canadian Mad Studies*, pp. 49-63. Canadian Scholars’ Press, Inc.

Available as an E book in the Carleton Library.

Beresford, Peter and Russo, Jasna. Eds. (2021). *The Routledge International Book of Mad Studies*. Routledge (Taylor & Francis).

Available as an Ebook through the Carleton Library.

<https://doiorg.proxy.library.carleton.ca/10.4324/9780429465444>

See especially three Canadian chapters; 12, 19 and 26. Beresford’s “Introduction” is highly recommended.

Walker, Jennifer. (2008). “The Legacy of a Story: Commemoration and the Double-Narrative of Jeffrey Arenburg and Brian Smith.” *Disability Studies Quarterly*. Vol. 28, No. 1.

<https://dsq-sds.org/article/view/69/69>

Ontario Legislative Assembly. (2000). "Brian's Law, Bill 68 (Mental Health Legislative Reform). <https://www.ola.org/en/legislativebusiness/bills/parliament-37/session-1/bill-68>

Warne, Gordon. (2013). "Removing Civil Rights: How Dare We?" in Brenda A. LeFrançois, Robert Menzies, and Geoffrey Reaume, eds., *Mad Matters: A Critical Reader in Canadian Mad Studies*, pp. 210-20. Canadian Scholars' Press, Inc.  
Available as an E book in the Carleton Library.

Berlyne, Naomi and Likely, Sibyl. (2013). Back Wards Productions. Toronto. "If These Walls Could Talk." [If these walls could talk: Stories behind Toronto's psychiatric patient built wall - YouTube](#)

LeFrançois, Brenda A., Menzies, Robert, Reaume, Geoffrey. (2013). *Mad Matters: A Critical Reader in Canadian Mad Studies*. Canadian Scholars' Press, Inc. Available as an E book in the Carleton Library.

## 6 (Feb 15) The Law(s) and Health Policy

Lead: McMenemy

### *Readings*

CBC News (2020). *Private Vancouver clinic loses constitutional challenge of public health-care rules*. <https://www.cbc.ca/news/canada/british-columbia/cambie-surgeries-case-trial-decision-bc-supreme-court-2020-1.5718589>

Cosco, T. D., Randa, C., Hopper, S., Wagner, K. R., Pickering, J., & Best, J. R. (2022). Ageing and mental health in Canada: Perspectives from law, policy, and longitudinal research. *Journal of Population Ageing*, 15(3), 863-878.

Fierlbeck, K. A. (2016). The Dialectics of Law and Policy: Federal Health Policy in Canada and the EU. In *The EU and Federalism* (pp. 155-177). Routledge.

Kammerer, E., & Estrella-Luna, N. (2020). Law and Public Policy: A Gap Between Theory and Teaching? *PS: Political Science & Politics*, 53(2), 292-297. doi:10.1017/S1049096519002178 [Law and Public Policy: A Gap Between Theory and Teaching? | PS: Political Science & Politics | Cambridge Core](#)

\*Students may want to choose one of the following as an area of focus for the oral presentations.

### Regulatory Frameworks

Brend, Y. (2022). [Health care is showing the cracks it's had for decades. Why it will take more than cash to fix it | CBC News](#)

Downie, J., & Chandler, J. A. (2018). Interpreting Canada's medical assistance in dying legislation. [Interpreting Canada's Medical Assistance in Dying Legislation \(dal.ca\)](#)

Leslie, K., Moore, J., Robertson, C., Bilton, D., Hirschhorn, K., Langelier, M. H., & Bourgeault, I. L. (2021). Regulating health professional scopes of practice: comparing institutional arrangements and approaches in the US, Canada, Australia and the UK. *Human Resources for Health*, 19(1), 1-12.

PBS Vitals (2023). *How Canada is transforming assisted death safeguards* [Video]. Youtube. <https://www.youtube.com/watch?v=4oSJWgkLfV4&t=13s>

Pesut, B., Thorne, S., Stager, M. L., Schiller, C. J., Penney, C., Hoffman, C., ... & Roussel, J. (2019). Medical assistance in dying: a review of Canadian nursing regulatory documents. *Policy, Politics, & Nursing Practice*, 20(3), 113-130.

### Right to Health

Crombie, J. (2021). Intellectual property rights trump the right to health: Canada's Access to Medicines Regime and TRIPs flexibilities in the context of Bolivia's quest for vaccines. *Journal of Global Ethics*, 17(3), 353-366.

Dhand, R., & Diab, R. (2015). Canada's Refugee Health Law and Policy from a Comparative, Constitutional, and Human Rights Perspective. *Can. J. Comp. & Contemp. L.*, 1, 351.

Dittrich, R., Cubillos, L., Gostin, L., Chalkidou, K., & Li, R. (2016). The international right to health: what does it mean in legal practice and how can it affect priority setting for universal health coverage?. *Health Systems & Reform*, 2(1), 23-31.

Garver, N. (2022). Medically Assisted Dying in Canada and its About Turn for Positive Rights. *Available at SSRN 4162803*.

Ho, S., Javadi, D., Causevic, S., Langlois, E. V., Friberg, P., & Tomson, G. (2019). Intersectoral and integrated approaches in achieving the right to health for refugees on resettlement: a scoping review. *BMJ open*, 9(7), e029407.

Obadina, I. (2020). The Future of Canadian Universal Health Care System: A Contextual Analysis of Section 7 of the Charter and Chaoulli. *International Journal of Legal Studies and Research (IJLSR) Volume*, 9.

WHO (2012). *Health and Human Rights* [Video]. Youtube. [\(469\) WHO: Health and human rights - interview with Professor Paul Hunt - YouTube](#)

**Winter Break (No class Feb 22)**

## 7 (Feb 29) Community-Based Health Care

Lead: Shewell

### *Readings*

Heath, S. (2020). “The Difference Between Community Health, Community-Based Health.” Patient Access News. *Patient EngagementHit*. June 16.

<https://patientengagementhit.com/news/the-differencebetween-community-health-community-based-health>

Tenbenschel, T., Miller, F., Breton, M., Couturier, Y., Morton-Chang, F., Ashton, T., Sheridan, M., Peckham, A., Williams, A., Kenealy, T.,

Wodchis, W. (2017). “How do Policy and Institutional Settings Shape Opportunities for Community-Based Primary Health Care? A Comparison of Ontario, Québec and New Zealand,” *International Journal of Integrated Care*, 17 (2).

<https://www.ijic.org/articles/10.5334/ijic.2514/>

World Health Organization. (2016). “Community-based Health Services: a vital part of Universal Health Coverage.” United Nations.

<file:///Users/hughshewell/Downloads/UHC-discussion-paper-2016.pdf>

### Supplementary Readings and Videos

Canadian Association of Community Health Centres.

<https://www.cachc.ca/>

FYI: Ottawa has an excellent network of Community Health Centres. This central website is well worth exploring to get an idea of the various activities of Community Health Centres.

Canadian Centre for Policy Alternatives. (2022). “Alternative Federal Budget 2023.” See especially Food Security and Health and Health Equity under individual chapters.

<https://policyalternatives.ca/publications/reports/alternativefederal-budget-2023>

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## 8 (Mar 7) Integrating Health and Social Care and Policy

Lead: McMenemy with Guest Speaker

### *Readings*

Ireland, N. (2023, November 28). *Growing number of homeless people turning to ERs for shelter and warmth in Ontario, study says*. CBC.

<https://www.cbc.ca/news/canada/toronto/homeless-people-emergency-room-shelter-1.7042041>

Kershaw, Paul. "The Need for Health in All Policies in Canada." *Canadian Medical Association Journal (CMAJ)*, vol. 190, no. 3, 2018, pp. E64–65, <https://doi.org/10.1503/cmaj.171530>.

Raphael, D. (2011). A discourse analysis of the social determinants of health. *Critical Public Health*, 21(2), 221-236.

\*Students may want to choose one of the following as an area of focus for the oral presentations.

#### Justice and Health Partnerships/Key Issues

Beardon, S., Woodhead, C., Cooper, S., Ingram, E., Genn, H., & Raine, R. (2021). International Evidence on the Impact of Health-Justice Partnerships: A Systematic Scoping Review. *Public health reviews*, 42, 1603976. <https://doi.org/10.3389/phrs.2021.1603976>

Smith-Carrier, T., Montgomery, P., Mossey, S., Shute, T., Forchuk, C., & Rudnick, A. (2020). Erosion of social support for disabled people in Ontario: An appraisal of the Ontario Disability Support Program (ODSP) using a human rights framework. *Canadian Journal of Disability Studies*, 9(1), 1-30. [MacSphere: The Ontario Disability Support Program: An Overview of the Trends \(mcmaster.ca\)](https://www.mcmaster.ca/macsphere/ontario-disability-support-program-overview-trends)

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#### Caregiving Policy

Chiao, C. Y., Wu, H. S., & Hsiao, C. Y. (2015). Caregiver burden for informal caregivers of patients with dementia: A systematic review. *International nursing review*, 62(3), 340-350. <https://doi.org/10.1111/inr.12194>

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Rhee, Y. (2020). Policy Supports for Informal Caregivers: Focusing on Policy Changes in the United States and United Kingdom. *Journal of Digital Convergence*, 18(12), 389-399. <https://doi.org/10.14400/JDC.2020.18.12.389>



Taylor, A. (2010). *Care/Work: Law Reform to Support Family Caregivers to Balance Paid Work and Unpaid Caregiving*. [5. Care/Work: Law Reform to Support Family Caregivers to Balance Paid Work and Unpaid Caregiving – British Columbia Law Institute \(bcli.org\)](#) [Chapters 1 and 8]

Vanier Institute (2022, February 22). *The Value of Family Caregiving in Canada*. <https://vanierinstitute.ca/rapp-infographic-value-of-family-caregiving-in-canada>

WHO (2020). *Supporting Dementia Carers: care about those who care for others* [Video]. Youtube. <https://www.youtube.com/watch?v=k7x8Zqy6FAQ&t=80s>

## **9 (Mar 14) Indigenous Health Care: jurisdiction, access to health care services and geographic disparities**

Lead: Shewell

### ***Readings***

Barbo, G., Alam, S., Kiafar, A. (2021). “Experiences of Indigenous peoples in Canada with primary health care services: a qualitative systematic review protocol,” *JBI Evidence Synthesis*, 19 (9): pp. 2398-2405.

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Greenwood, M., de Leeuw, S., Lindsay, N. (2018). “Challenges in Health Equity for Indigenous Peoples in Canada,” *The Lancet.com*. Vol. 391, April 28. pp. 1645-1648.

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Note: You will be prompted to register free of charge to read the Lancet article.

Health Canada. (2022). “Indigenous health care in Canada”

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Canada. Health Canada. (2022). “Health care services for First Nations and Inuit.”

<https://www.sac-isc.gc.ca/eng/1581895601263/1581895825373>

Oosterveer, T., Young, T. (2015). “Primary health care accessibility challenges in remote indigenous communities in Canada’s North,” *International Journal of Circumpolar Health*, 26 October.

<https://www.tandfonline.com/doi/epdf/10.3402/ijch.v74.29576?needAccess=true&role=button>

Sinha, V., Sheppard, C., Chadwick, K., Gunnarsson, M., Jamieson, G. (2021). "Substantive Equality and Jordan's Principle: Challenges and Complexities," *Journal of Law and Social Policy*, 35: pp. 21-43. <https://digitalcommons.osgoode.yorku.ca/cgi/viewcontent.cgi?article=1422&context=jlsp>

#### Supplementary Readings

Blackstock, C. (2012). "Jordan's Principle: Canada's broken promise to First Nations children?" *Paediatrics Child Health*, Vol. 17, No.7: pp. 368-370.

[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3448536/pdf/pc\\_h17368.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3448536/pdf/pc_h17368.pdf)

Blackstock, C. (2016). "Toward the full and proper implementation of Jordan's Principle: An elusive goal to date," *Paediatrics Child Health*, Vol. 21, No.5: pp. 245-246.

[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4933052/pdf/pc\\_h-21-5-245.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4933052/pdf/pc_h-21-5-245.pdf)

The Jordan's Principle Working Group. (2015). *Without denial, delay, or disruption: ensuring First Nations children's access to equitable services through Jordan's Principle*, Assembly of First Nations. [https://www.afn.ca/uploads/files/jordans\\_principlereport.pdf](https://www.afn.ca/uploads/files/jordans_principlereport.pdf)

## **10 (Mar 21) Long-Term Care and its Future Development**

Lead: McMenemy with Guest

### ***Readings***

Armstrong, Pat. (2022). "Re-imagining Long-Term Residential Care: an International Study of Promising Practices." This is an ongoing research project which, besides its own articles and publications produced so far, provides an excellent source of key material in the on-going debate about the best way to provide long-term care. Several Carleton and former Carleton faculty members are involved in the project.

<https://reltc.apps01.yorku.ca/>

Béland, D., & Marier, P. (2020). COVID-19 and long-term care policy for older people in Canada. *Journal of Aging & Social Policy*, 32(4-5), 358-364.

Beresford, Peter. (2021). "What are we clapping for? Sending people to die in social care: why the NHS did this and what needs to happen next." In Peter Beresford, ed.,

*COVID-19 and Co-production in Health and Social Care Vol 1 Volume 1: The Challenges and Necessity of Co-production /*

*Volume 1, The challenges and necessity of co-production / The challenges and necessity of co-production / Volume 1*, pp. 89-98. Bristol University Press, Policy Press.

Braedley, S. (2021, May 3). *Braedley: A scathing summary of how Ontario mismanaged long-term care*. Ottawa Citizen.  
<https://ottawacitizen.com/opinion/braedley-a-scathing-summary-of-how-ontario-mismanaged-long-term-care>

Roman, K., (2023, January 31). *New voluntary standards released for long-term care homes devastated by the pandemic*. CBC.  
<https://www.cbc.ca/news/politics/long-term-care-canada-standards-pandemic-1.6730780>

Halpern, L., S.D. Phillips, and N.J. Grasse. 2022. “Non-Profit Long-Term Care in Ontario: How Financially Robust Is the System?” *Canadian Public Policy/Analyse de politiques* 48(S2):64–80. <https://doi.org/10.3138/cpp.2022-032>

Keefe, J. M., Taylor, D., Irwin, P., Hande, M. J., & Hubley, E. (2022). Do residential long-term care policies support family involvement in residents’ quality of life in four canadian provinces?. *Journal of Aging & Social Policy*, 1-26.

Roblin, B., R. Deber, and A. Baumann. 2022. “Addressing the Capital Requirement: Perspectives on the Need for More Long-Term-Care Beds in Ontario.” *Canadian Public Policy/Analyse de politiques* 48(S2):51–63.

## **11 (Mar 28) Patient Rights/Patient Advocacy**

Lead: Shewell

### ***Readings***

\*The first three (3) readings are required.

Arnstein, Sherry. (1969) “A Ladder of Citizen Participation.” *Journal of the American Institute of Planners*. Volume 35, Issue 4. pp. 216-224. Available online at:

[https://www.miguelangelmartinez.net/IMG/pdf/1969\\_Arnstein\\_participation\\_ladder\\_AJP.pdf](https://www.miguelangelmartinez.net/IMG/pdf/1969_Arnstein_participation_ladder_AJP.pdf) Don’t be fooled – this article is as relevant today as the date it was published and certainly has relevance to health care policy, planning, implementation and accountability.

Pivik, J. R. (2002). “Practical Strategies for Facilitating Meaningful Citizen Involvement in Health Planning,” Commission on the

Future of Health Care in Canada, Discussion Paper No. 23. Ottawa, CIHR.

Poulton, Alexander & Rose, Heather. (2015). "The Importance of health advocacy in Canadian postgraduate medical education: current attitudes and issues," *Canadian Medical Education Journal*, 6 (2), pp. e54-e60.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4795083/pdf/cm ej0654.pdf>

#### Supplementary Readings

Beresford, Peter. (Various Years). *The Guardian*. Visit this website for an excellent collection of opinion essays by Beresford.

Professor Beresford is one of the foremost advocates of citizen and service user involvement in the UK, but his arguments and case explorations have clear resonance for Canada.

<https://www.theguardian.com/profile/peterberesford>

Fleet, R., Plant, J., Ness, R., & Moola, S. (2013). "Patient advocacy by rural emergency physicians after major service cuts: the Case of Nelson, BC," *Canadian Journal of Rural Medicine*, 18 (2), pp. 56-61.

<https://srpc.ca/resources/Documents/CJRM/vol18n2/pg56.pdf>

Lexchin, J., Batt, S., Goldberg, D. & Shnier, A. (2022). "National patient groups in Canada and their disclosure of relationships with pharmaceutical companies: a cross-sectional study," *BMJ Open*, 9 March, pp. 1-10.

<https://bmjopen.bmj.com/content/bmjopen/12/3/e055287.full.pdf>

## **12 (Apr 4) Last Class - Retrospective Reflection on Course (final paper due)**

### **PLAGIARISM**

The University Academic Integrity Policy defines plagiarism as "*presenting, whether intentionally or not, the ideas, expression of ideas or work of others as one's own.*" This includes reproducing or paraphrasing portions of someone else's published or unpublished material, regardless of the source, and presenting these as one's own without proper citation or reference to the original source. Examples of sources from which the ideas, expressions of ideas or works of others may be drawn from include but are not limited to: books, articles, papers, literary compositions and phrases, performance compositions, chemical compounds, artworks, laboratory reports, research results, calculations and the results of calculations, diagrams, constructions, computer reports, computer code/software, material on the internet and/or conversations.

Examples of plagiarism include, but are not limited to:

- any submission prepared in whole or in part, by someone else, including the unauthorized use of generative AI tools (e.g., ChatGPT);
- using ideas or direct, verbatim quotations, paraphrased material, algorithms, formulae, scientific or mathematical concepts, or ideas without appropriate acknowledgment in any academic assignment;
- using another's data or research findings without appropriate acknowledgement;
- submitting a computer program developed in whole or in part by someone else, with or without modifications, as one's own; and
- failing to acknowledge sources through the use of proper citations when using another's work and/or failing to use quotations marks.

Plagiarism is a serious offence that cannot be resolved directly by the course's instructor. The Associate Dean of the Faculty conducts a rigorous investigation, including an interview with the student, when an instructor suspects a piece of work has been plagiarized. Penalties are not trivial. They can include a final grade of "F" for the course.

### **Statement on Student Mental Health**

As a University student you may experience a range of mental health challenges that significantly impact your academic success and overall well-being. If you need help, please speak to someone. There are numerous resources available both on- and off-campus to support you. Here is a list that may be helpful:

**Emergency Resources (on and off campus):** <https://carleton.ca/health/emergencies-andcrisis/emergency-numbers/>

#### **Carleton Resources:**

- Mental Health and Wellbeing: <https://carleton.ca/wellness/>
- Health & Counselling Services: <https://carleton.ca/health/>
- Paul Menton Centre: <https://carleton.ca/pmc/>
- Academic Advising Centre (AAC): <https://carleton.ca/academicadvising/>
- Centre for Student Academic Support (CSAS): <https://carleton.ca/csas/>
- Equity & Inclusivity Communities: <https://carleton.ca/equity/>

#### **Off Campus Resources:**

- Distress Centre of Ottawa and Region: (613) 238-3311 or TEXT: 343-306-5550, <https://www.dcottawa.on.ca/>
- Mental Health Crisis Service: (613) 722-6914, 1-866-996-0991, <http://www.crisisline.ca/>
- Empower Me: 1-844-741-6389, <https://students.carleton.ca/services/empower-mecounselling-services/>
- Good2Talk: 1-866-925-5454, <https://good2talk.ca/>
- The Walk-In Counselling Clinic: <https://walkincounselling.com>

soon as they are eligible and submit their booster dose information in **cuScreen** as soon as

### **Requests for Academic Accommodations**

#### **ACADEMIC ACCOMMODATION**

You may need special arrangements to meet your academic obligations during the term. For an accommodation request the processes are as follows:

**Pregnancy obligation:** write to me with any requests for academic accommodation during the first two weeks of class, or as soon as possible after the need for accommodation is known to exist. For accommodation regarding a formally-scheduled final exam, you must complete the

Pregnancy Accommodation Form ([click here](#)).

**Religious obligation:** write to me with any requests for academic accommodation during the first two weeks of class, or as soon as possible after the need for accommodation is known to exist. For more details [click here](#).

**Academic Accommodations for Students with Disabilities:** The Paul Menton Centre for Students with Disabilities (PMC) provides services to students with Learning Disabilities (LD), psychiatric/mental health disabilities, Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorders (ASD), chronic medical conditions, and impairments in mobility, hearing, and vision. If you have a disability requiring academic accommodations in this course, please contact PMC at 613-520-6608 or [pmc@carleton.ca](mailto:pmc@carleton.ca) for a formal evaluation. If you are already registered with the PMC, contact your PMC coordinator to send me your Letter of Accommodation at the beginning of the term, and no later than two weeks before the first in21 class scheduled test or exam requiring accommodation (if applicable). After requesting accommodation from PMC, meet with me to ensure accommodation arrangements are made. Please consult the PMC website for the deadline to request accommodations for the formally scheduled exam (if applicable).

### **Survivors of Sexual Violence**

As a community, Carleton University is committed to maintaining a positive learning, working and living environment where sexual violence will not be tolerated, and where survivors are supported through academic accommodations as per Carleton's Sexual Violence Policy. For more information about the services available at the university and to obtain information about sexual violence and/or support, visit: <https://carleton.ca/equity/sexual-assault-support-services>

### **Accommodation for Student Activities**

Carleton University recognizes the substantial benefits, both to the individual student and for the university, that result from a student participating in activities beyond the classroom experience. Reasonable accommodation will be provided to students who compete or perform at the national or international level. Write to me with any requests for academic accommodation during the first two weeks of class, or as soon as possible after the need for accommodation is known to exist. <https://carleton.ca/senate/wpcontent/uploads/Accommodation-for-Student-Activities-1.pdf>