PAPM 4099 Capstone Seminar – Policy Seminar

2026 Winter

Faculty of Public And Global Affairs/Arthur Kroeger College of Public Affairs

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> Office Hours Thursday 12:00 PM-1:00 PM. Loeb D199. Otherwise by appointment.

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> Office Hours Thursday 1:00 PM-2:00 PM. Loeb D199. Otherwise by appointment.

Teaching Assistants

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https://brightspace.carleton.ca/d2l/home/367152

Course 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.

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 has 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, the ways that it impacts diverse groups, and the types of reforms that may improve its sustainability, its ability to provide equitable access and delivery, and its responsiveness to Canadians' diverse health needs.

The course begins with an overview of Canada's healthcare 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 on preparing final year students for the workforce and/or future studies. Given this, **students are expected to prepare for classes and to take an active role in class discussion and activitie**s. During the course, various guest speakers will share their expertise and integrate insight from theory and practice.

Preclusions

There are no preclusions for this course.

Learning Outcomes

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

- Identify and analyze policy issues in the context of the Canadian healthcare system using methodological, analytical and practical frameworks, and knowledge of policy making, implementation, and evaluation.
- Develop the ability to present arguments through diverse formats that relate to different conceptions of the public sphere and civic institutions, their processes and practices, and the interactions of government bodies, private organizations and nongovernmental groups with 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 a personal understanding of what is economically feasible and philosophically desirable regarding public policy for Canadian healthcare.

Texts & Course Materials

Students are not required to purchase textbooks or other learning materials for this course. Course materials will be available via Brightspace and/or Ares.

Course Calendar

Course Meeting Time (in-person course)

The class meets in Room 518 Southam from 8:35 AM to 11: 25 AM every Thursday morning beginning 8 January 2026 and ending 2 April 2026. There is no class on Thursday 19 February (Reading Week).

1 (Jan 8)   **Course introduction**
Lead: Halpern & Shewell

This class will introduce students to the overview and format for the course. We will discuss how to give and receive constructive feedback (note: the compliment sandwich isn't always it!). We will also do a class exercise that focuses upon the different stakeholders and knowledge frameworks involved in the development of health care policy.

Reading

While Crinson's text has a U.K. focus, broader lessons on the study of health policy apply to the Canadian and comparative healthcare systems.

Crinson, I. (2009). "Studying Health Policy" (p. 16-26) and "The Governance of Health Care Systems" (p. 31-48). *Health Policy: Critical and Comparative Perspectives*. SAGE. Available as an e-book at the Carleton Library. https://ebookcentral-proquest-com.proxy.library.carleton.ca/lib/oculcarleton-ebooks/reader.action?docID=537796&c=RVBVQg&ppg=1

How to Give & Get Constructive Feedback (2024). Dr. Adam Grant & Dr. Ron Huberman. https://www.youtube.com/watch?v=sPWRjjj2iok

2 (Jan 15)   **Brief history and overview of the Canadian healthcare system**
Lead: Halpern

Readings
Choose two from:

CBC News. (2024, November 23) Petition by RFK Jr. fan pushes Montreal to stop putting fluoride in drinking water | CBC News

Martin, D., A.P. Miller, A. Quesnel-Vallee, N.R. Caron, B. Vissandjee, Marchildon, G. P. (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.

Class Activity: Presentation Group Coordination and Refining Presentation and Discussion Facilitation Skills

3 (Jan 22)   **Healthcare system funding/privatization of healthcare**
Lead: Shewell

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

Esping-Andersen, G. (2013). The three political economies of the welfare state. In *The Three Worlds of Welfare Capitalism*, Part 1, Chapter 1. Cambridge: Polity Press.

Presentation Readings:

Choose at least 1 from:

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.

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.

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

Choose at least one from:

CBC News (2023). Canada's health-care crisis: Problems, solutions and privatization

CBC News (2022, August 20) Would more privatization in Canadian health care solve the current crisis. https://www.cbc.ca/news/health/canadahealthcare-privatization-debate-second-opinion-1.6554073

Fraser Institute (2024, August 20). The Price of Public Health Care Insurance, 2024 | Fraser Institute

Council of Canadians (2024, May 24). Briefing note on Bill C-64 (Pharmacare Act) for the Standing Committee on Health – The Council of Canadians

4 (Jan 29) **International models of healthcare delivery**
Lead: Halpern

Readings
Choose two from:

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

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.

Rostila, M. (2015). Gøsta Esping-Andersen: Welfare Regimes and Social Inequalities in Health. In *The Palgrave Handbook of Social Theory in Health, Illness and Medicine* (pp. 644-659). London: Palgrave Macmillan UK.

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

Presentation Readings (focus on comparing 1 or 2 countries with Canada for presentations):

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

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

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.

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

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

5 (Feb 5)	**Family physician shortage/access to health services/hospital emergency department capacity issues**

Family physician shortage/access to health services/hospital emergency department capacity issues
Lead: Halpern
Guest speaker: Dr. Benoit Robert, Chief Medical Officer, Perley Health

Readings

Choose two from:

Taylor, B. & Young, M. (2022). Pediatric ED department complexity: A different approach to the concept of ED crowding. *Canadian Journal of Emergency Medicine*, 24: 318-324.

Linder, G. & Woitok, B. (2021). Emergency department overcrowding: Analysis and strategies to manage a global phenomenon. *Wiener Klinische Wochenschrift: The Central European Journal of Medicine,* 133: 229-233.

Gorfinkel, I. (2025, October 6). Too many Canadians are leaving ERs before getting assessed. *Globe and Mail.*

https://www.theglobeandmail.com/gift/b10b411c1934472a5d6bac575f22ebc8521855dfecd02639c40b14dcee1e0956/GSWOGCX44JHZNBCNOWFTPSIHNQ/

Choose two from:

CBC News. (2025, October 3). Toronto ER costs, visits by frequent patients reduced with new housing model. https://www.cbc.ca/news/canada/toronto/dunn-house-toronto-hospital-1.7650086

CBC News. (2025, September 18). In a losing battle for care, she applied for MAID. Now this Halifax woman is ready to live. https://www.cbc.ca/news/canada/nova-scotia/jennifer-brady-lymphedema-nova-scotia-health-care-1.7634129

CBC News. (2025, September 19). First-of-its-kind clinic in Ottawa offers nurse practitioners to patients. https://www.cbc.ca/news/canada/ottawa/first-of-its-kind-clinic-in-ottawa-offers-nurse-practitioners-to-patients-1.7637423

CTV Your Morning. (2023). *Crisis in Canada's Emergency Rooms* [Video]. Youtube. https://youtu.be/qo0dtIG_MLA

Presentation Readings

CBC News. (2024, November 23). Would you pay to see a family doctor faster? Quebecers are, and critics are worried | CBC Radio

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)

6 (Feb 12)   **Indigenous healthcare: jurisdiction, access to healthcare services and geographic disparities**
Lead: Shewell
Guest Speaker: TBD

Readings

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. https://www.thelancet.com/action/showPdf?pii=S0140-6736%2818%2930177-616
Note: You will be prompted to register free of charge to read the Lancet article.

Health Canada. (2022). "Indigenous health care in Canada" https://www.sac-isc.gc.ca/eng/1626810177053/1626810219482

Canada. Health Canada. (2022). "Health care services for First Nations and Inuit."https://www.sac-isc.gc.ca/eng/1581895601263/1581895825373

Presentation 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/pch17368.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/pch-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

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. file:///Users/hughshewell/Downloads/Experiences_of_Indigenous_peoples_in_Canada_with.14%20(2).pdf

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

Winter Break (No class Feb 19)

7 (Feb 26)   Mental health

Lead: Halpern
Guest speaker: Dr. Kristine Levesque, Head of Psychiatry, Montfort Hospital

Readings
Choose two from:

CBC News. (2025, October 4). The Royal to reopen emergency clinic amid rising demand for mental health care. https://www.cbc.ca/news/canada/ottawa/the-royal-urgent-mental-health-clinic-police-crisis-team-1.7650973

CBC Radio. (2025, September 27). This Ontario ER built a separate waiting room for patients with mental health emergencies. https://www.cbc.ca/radio/whitecoat/montfort-hospital-mental-health-emergency-zone-1.7643240

Canadian Mental Health Association. (2022). Federal Plan for Universal Mental Health & Substance Use Health. https://cmha.ca/wp-content/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.

Mental Health Commission of Canada. (2012). Mental Health Strategy for Canada. https://mentalhealthcommission.ca/what-we-do/mental-health-strategy-for-canada/

Presentation Readings

Kurdyak, Paul, and Scott Patten. (2022). The burden of mental illness and evidence-informed mental health policy development. *The Canadian Journal of Psychiatry* 67, no. 2 (2022): 104-106.

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. https://ebookcentral-proquest-com.proxy.library.carleton.ca/lib/oculcarleton-ebooks/detail.action?docID=6282048

Beresford, Peter and Russo, Jasna. Eds. (2021). *The Routledge International Book of Mad Studies.* Routledge (Taylor & Francis). See especially three Canadian chapters; 12, 19 and 26. Beresford's "Introduction" is highly recommended. Available as an Ebook through the Carleton Library. https://www-taylorfrancis-com.proxy.library.carleton.ca/books/edit/10.4324/9780429465444/routledge-international-handbook-mad-studies-peter-beresford-jasna-russo

Ontario Legislative Assembly. (2000). Brian's Law, Bill 68 (Mental Health Legislative Reform. https://www.ontario.ca/laws/statute/s00009

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

8 (Mar 5)   **Community-based health care and patient advocacy**
Lead: Shewell

Readings
Choose two from:

Heath, S. (2020). The Difference Between Community Health, Community-Based Health. Patient Access News. *Patient Engagement.* June 16. https://www.techtarget.com/patientengagement/news/366583906/The-Difference-Between-Community-Health-Community-Based-Health

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 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.

Tenbensel, 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

Presentation Readings:

Canadian Association of Community Health Centres. https://www.cachc.ca/

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

Public Health Agency of Canada (2023). Community-based Primary Health, CBPHC Outcomes and impacts - CIHR

McGill, A., Salehi, V., McCloskey, R., Smith, D., & Veitch, B. (2024). Mapping the way: functional modelling for community-based integrated care for older people. *Health Research Policy and Systems*, *22*(1), 103.6

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

9 (Mar 12)   **Social determinants of health 1: Focus on poverty**
Lead: Shewell

Readings
Choose two from:

Kershaw, Paul. (2018). 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.

Raphael, D., & Bryant, T. (2004). The welfare state as a determinant of women's health: support for women's quality of life in Canada and four comparison nations. *Health Policy*, *68*(1), 63-79.

Pomeroy, Claire. Social Determinants of Health: Claire Pomeroy at TEDxUCDavis

Holland, M. R., Noordegraaf, R., DaCosta, J., & Guan, T. H. (2024). Moving on income as a social determinant of health: free transit for social assistance recipients in Kingston, Ontario. *Canadian Journal of Public Health*, *115*(1), 111-116.

Presentation Readings:

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

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

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

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)

Smith-Carrier, T., Kerr, D., Wang, J., Tam, D. M., & Ming Kwok, S. (2017). Vestiges of the medical model: A critical exploration of the Ontario Disability Support Program in Ontario, Canada. *Disability & Society*, 32(10), 1570-1591.

Suthakaran, K., & Raphael, D. (2025). Canada and the Three Public Policy Taboos: Promoting Health Equity in Difficult Times. *Critical Studies*, On-line First.
https://ojs.scholarsportal.info/ontariotechu/index.php/cs/article/view/373/302

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

10 (Mar 19)　　　**Long-term care and its future development**
　　　　　　　　　Lead: Halpern
　　　　　　　　　Guest Speaker: Professor Susan Braedley, Social Work, Carleton University

Readings

Choose two from:

Braedley, S., Armstrong, P., and Klostermann, J. (2023) Ch 10: Making joy possible in care homes policies and practices. In Armstrong, P., and Braedley, S. *Care Homes in a Turbulent Era: Do They Have a Future?* Edward Elgar Publishing Limited.
Available from an e-book in the Carleton Library.
https://ebookcentral-proquest-com.proxy.library.carleton.ca/lib/oculcarleton-ebooks/reader.action?docID=30721841&c=UERG&ppg=162

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

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.

Statistics Canada. (2025). *Women who work in seniors' homes: Work-related injuries and illnesses and retention rates before the COVID-19 pandemic*. https://doi.org/10.25318/36280001202500100004-ENG

Presentation 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 ongoing 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/

Brown, J. (2024). The financialization of long-term care in Canada: The case of Ontario. In *The Routledge Handbook of the Political Economy of Health and Healthcare* (pp. 234-244). Routledge. https://www-taylorfrancis-com.proxy.library.carleton.ca/books/edit/10.4324/9781003017110/routledge-handbook-political-economy-health-healthcare-robin-chang-rodney-loeppky-david-primrose

Antonipillai, V., Ng, E., Baumann, A., Crea-Arsenio, M., & Kohen, D. (2024). Work precarity, employment characteristics and health among Canada's long-term care and seniors' home workers during the COVID-19 pandemic. *Health Reports*, *35*(2), 3-16.

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., Phillips, S. D., and Grasse, N. J. (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., Deber, R., and Baumann, A. (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 26)   **Social determinants of health 2: health and housing**
Lead: Shewell

Readings
Choose two from:

Casey, S. (2021). Indigenous Housing: The Direction Home Report of the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities, Ottawa: Government of Canada, pp. 19-42.

Santos, T., & Young, G. J. (2024). Evolution of Hospitals' Community Benefits: Addressing Social Determinants of Health Through Investments in Housing Security. *Medical Care*, *62*(6), 353-355.

Walton, L., Skillen, E., Mosites, E., Bures, R. M., Amah-Mbah, C., Sandoval, M., ... & Lloyd, J. (2024). The intersection of health and housing: Analysis of the research portfolios of the National Institutes of Health, Centers for Disease Control and Prevention, and US Department of Housing and Urban Development. *Plos one*, *19*(1), e0296996.

MacDonald, K. M. (2024). Vulnerability and Constructed Precarity in the Canadian Housing Regime. *Housing, Theory and Society*, 1-18.

Presentation Readings:

Belanger, Y. D. (2024). The Policy of State as a Social Determinant of Health: Canada's Indigenous Homelessness Policy. In *The Routledge Handbook of Global Perspectives on Homelessness, Law & Policy* (pp. 238-256). Routledge.

Caxaj, C. S., Weiler, A. M., & Martyniuk, J. (2024). Housing conditions and health implications for migrant agricultural workers in Canada: A scoping review. *Canadian Journal of Nursing Research*, *56*(1), 16-28.

Lindsay, S., Fuentes, K., Ragunathan, S., Li, Y., & Ross, T. (2024). Accessible independent housing for people with disabilities: A scoping review of promising practices, policies and interventions. *Plos one*, *19*(1), e0291228.

Tariq, S., Grewal, E. K., Campbell, R. B., & Campbell, D. J. (2024). Exploring the role of psychological factors in diabetes management for people experiencing housing instability: a qualitative descriptive study of providers' perspectives across Canada. *Journal of Social Distress and Homelessness*, 1-12.

CBC News (2024, May 3). [Man who died on Hamilton mall roof was improperly evicted, inquest hears | CBC News](#)

Coroner's Inquest (2023). [Recommendations from the Inquest Jury for Attila Csanyipdf (hamiltonjustice.ca)](#)

12 (Apr 2) Last Class - Retrospective reflection on course (final paper due)

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.

Students will complete weekly readings, that will form the basis for a series of student oral team presentations. **Oral team presentations will occur beginning Week 3 through Week 12.**

Each class will follow a similar format. In the first half of the class, an instructor or guest will provide an introduction to and overview of the topic. Student participation is encouraged through reflection and discussion activities. In the second half of the class, there will be two student team presentations, each followed by a facilitated discussion and completion of student evaluation. **Student teams (2-3 persons) will sign up for presentation topics online during the first week of the course.**

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. Students will also complete a cellphilm, that may be a similar topic as their presentation.

For the **final paper, students individually will focus on a key theme from their team's 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. Note: Students may also choose a different subject area, with prior approval of the course instructor. For example, some students may wish to explore their own interest in environmental health policy, pharmaceutical policy, public health policy or specific policies related to COVID.

Attendance is required to foster a collaborative learning environment and enrich discussion. Punctuality is important because there is a significant amount of learning material and discussion to cover as well as several classes with guest speakers at the beginning of the class. In addition to attending class 3 hours per week, the amount of time reading and working on assignments will depend on students' own reading speed, time taken to complete assignments, etc.

There are five types of class assignments for evaluation (percentage of total course grade):

1) Four (4) reflections on the articles assigned for any one of the weeks 3-12 – select and submit 4 reflections out of 10 that are each worth 7%, (28%);

2) Oral team presentation (15%);

3) Cellphilm (18%). Cellphlims are short, focused videos that are shot entirely with a phone or tablet camera.

4) Active participation in class and evaluations of colleagues who make oral presentations (15%) and;

5) The final paper, that will be based upon and develop a theme from the oral presentation (24%).

Students are encouraged to reflect early in the course about a key area of interest that may become the focus for their presentation, cellphilm and final paper.

Assignment Weight

Assignment	Weight	Due Date
Weekly Reflections (complete 4 out of 10)	4 x 7% = 28%	Before the beginning of class on the week the readings are being considered in class
Oral Presentation	15%	Occurs during the week that the readings are being considered in class
Cellphilm	18%	February 12
Class participation, including completion of student evaluations	15% (7% Student Evaluations and 8% Class Participation)	Ongoing
Final Paper	24%	April 20

Submission and return of graded work is via Brightspace.

Weekly Reflections (28 %)

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 4 reflections, that can be completed in the weeks of their choice. Reflections must address a minimum of 2 of the readings/videos assigned for the week. Students may complete up to 6 reflections, and their final mark will be assessed based upon their 4 highest marked reflections that were submitted.

For reflections, students are able to choose from 2 formats.
1) Paper reflection: Each reflection must be double spaced and may not exceed two pages in length. Reflections should include an introductory paragraph that describes the key issue upon which the reflection (and related readings) focus. Each article should be briefly summarized in 2-3 sentences, with a focus upon how they are "talking" to each other (e.g. do they build on or challenge/contradict each other?). The reflection should then provide a critical analysis that may focus on (1) the author's conceptual or theoretical frameworks, (2) the authors' political/ideological assumptions/values and/or (3) the implication of the articles for the development of health policy in Canada. Finally, reflections should have a conclusion that

includes a personal element, for example, something that the student found challenging or that they learned from the articles.

2) Infographic: Each infographic should be approximately 1 page long and include a minimum of 6 slides. It should identify a key issue and make an argument related to key course themes, for example, whether a particular aspect of health policy is being experienced equitably by one or more groups of people. It should have an appropriate balance of words and images/charts/graphics to share a clear message. More information and examples will be provided to students.

The reflection is due at 8:35 (beginning of class) on the day in which the class from which the readings are drawn. It will be handed in on Brightspace. 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 4 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 document/weekly reflection to the email and also, to Brightspace. Email and Brightspace are both required for late reflections to ensure that they are read and graded. For the 4 reflections, 2 must be completed before the February break and the final 2 no later than March 26. If a student chooses to complete 6 reflections, then 3 must be completed prior to the February break, and 3 must be completed no later than March 26.

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	Thesis/focus and purpose are clear, closely matches the writing Task	Thesis and purpose are mostly clear and match the writing task.	Thesis and purpose are Somewhat vague OR loosely related to the writing task.	Reader cannot determine thesis and purpose OR thesis is 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/ docu mentation	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 acknowledgem ent.

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

Oral Presentations (15%)

Oral presentations will be completed in groups of 2 or 3 and will be 10-12 minutes long. The presentation will be based upon (at least) 2 readings from the list of "additional" readings for the week, plus (at least) two related readings that the team have found in the academic and grey literature. Presentations must be accompanied by a PowerPoint or similar slide deck, which includes reference to the key readings upon which the presentation relied.

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 should pose a minimum of 3 questions to the class for discussion. The student presenters will then facilitate a discussion (with the support of the instructors) for approximately 5-10 minutes. There will be approximately 2 presentations per class.

In the second class, the two student groups presenting on each day will be given time to discuss their respective interests, and how to distribute the "additional readings" and offer complementary presentations. The goal is to coordinate with your partner and the "other group" to ensure the audience is offered presentations that built upon and complement, rather than duplicate, each other. More information will be offered in class.

Oral presentations will be marked as below.

Category	Scoring Criteria	Total Points	Score
Organization (15 points)	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	
Content (45 points)	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	
	Discussion questions are appropriate and help to stimulate critical thought and reflection.	5	
Presentation (40 points)	Speaker maintains good eye contact with the audience, uses a clear and audible voice and is appropriately animated (e.g., gestures, moving around, etc.).	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	
	Class discussion is well-facilitated, including ensuring inclusion of diverse voices.	15	
Score	**Total Points**	**100**	

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 this in-person 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 attendance and 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 (completed as a "survey" on Brightspace). The evaluation addresses the questions below. 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. What was effective about the presentation?
3. What is one area for possible improvement?
4. What is one thing you learned from the presentation that you did not know before?

Cellphilm (18%)

Cellphlims are short, focused videos that are shot entirely with a phone or tablet camera. For this assignment, cellphilms should be no more than 3 minutes long. They should use moving images and audio/spoken word to convey a clear message. Students can choose from 3 approaches for the cellphilm:

1) Students can choose a particular policy or set of policies and answer: is this policy or set of policies equitable?
2) Students can choose a particular policy or set of policies and answer: what were the main political/economic/social factor(s) that led to the development of this policy?
3) Students can choose a particular policy or set of policies and answer: what reforms are needed for this policy(s) and why?

The following six (6) criteria will be used in evaluating the cellphilm:

1) Quality, Originality of Content – 3%
2) Goals/Objectives of the Cellphilm – 3%
3) Script/Engagement – 3%
4) Visual/Presentation Quality – 3%
5) Audio Quality – 3%
6) Accessibility of Content – 3%

More information about cellphilms and the evaluation rubric will be provided in the first class.

Essay (24%)

The final essay should be submitted on or before class on April 2nd. The essay will be submitted on Brightspace. 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 2000 words in length (about 8 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. More information and the evaluation rubric will be provided in the first class.

Final Grade

Standing in a course is determined by the course instructor subject to the approval of the Faculty Dean. This means that grades submitted by the instructor may be subject to revision. No grades are final until they have been approved by the Dean.

Academic Integrity

Group and Collaborative Work

Group projects are an opportunity for students to collaborate and learn from each other. It is expected that all members of the group will contribute equally to the final output. Students should attempt to resolve disputes initially within the group and thereafter should seek input from the instructors. With the exception of the group presentation, it is expected that work will be completed individually.

Generative AI

Unless explicitly permitted, either generally or for a specific assignment, any use of generative AI tools to produce assessed content is considered a violation of academic integrity. If we suspect violation, student will be contacted by both instructors using email.

Appropriate Conduct and Destigmatizing Language

Students are expected to conduct themselves in accordance with the code of conduct, found here

https://calendar.carleton.ca/undergrad/regulations/academicregulationsoftheuniversity/academic-integrity-and-offenses-of-conduct/

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/
- Resource Network on Disability Inclusion. (n.d.). *Person-first and identity-first language.* https://askearn.org/page/people-first-language

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 instructors. 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.

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/
- Suicide Crisis Helpline: call or text 9-8-8, 24 hours a day, 7 days a week.
- For immediate danger or urgent medical support: call 9-1-1

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- ecounselling-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

ACADEMIC ACCOMMODATION

Carleton is committed to providing academic accessibility for all individuals. You may need special arrangements to meet your academic obligations during the term. The accommodation request processes, including information about the Academic Consideration Policy for Students in Medical and Other Extenuating Circumstances, are outlined on the Academic Accommodations website (students.carleton.ca/course-outline).

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

Academic consideration for medical or other extenuating circumstances: Students must contact the instructor(s) as soon as possible, and normally no later than 24 hours after the submission deadline for course deliverables. [*Provide any additional information on your requirements for short-term informal accommodations. If you require supporting documentation for short-term considerations, you may only request the* Academic Consideration for Coursework form. *You may not request medical notes or documentation.*]

Students should also consult the Course Outline Information on Academic Accommodations for more information. Detailed information about the procedure for requesting academic consideration can be found here.[[failed link]]

Pregnancy and Family-Status Related Accommodation: Please write to me with any requests for academic accommodation during the first few weeks of class, or as soon as possible after the need for accommodation is known to exist. For more details about the accommodation policy, visit the Equity and Inclusive Communities (EIC) website.

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 for a formal evaluation. If you are already registered with the PMC, please request your accommodations for this course through the Ventus Student Portal at the beginning of the term, and no later than two weeks before the first in-class scheduled test or exam requiring accommodation (*if applicable*). Requests made within two weeks will be reviewed on a case-by-case basis. For final exams, the deadlines to request accommodations are published in the University Academic Calendars. 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 the instructors 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/wp-content/uploads/Accommodation-for-Student-Activities-1.pdf