



MPA 836

## Health and Public Policy in Canada

January - March 2022

Wednesdays, 9am-12pm

**Instructors** Samantha Buttemer MD, CCFP  
Dr. Hugh Guan, Acting Medical Officer of Health, KFL&A

### Design

This is an elective course intended to enhance students' understanding of the policy framework underpinning the functions and interrelationships of the elements of Canada's healthcare "system" and provide the opportunity to explore policy alternatives to the *status quo*.

The course is offered in a non-traditional, interactive, learning environment where all views and expressions are heard.

Texts and references are suggested but, by real-time exploration, students will be guided to understand the complexities of healthcare, the variable determinants of a society's health, the policies, structures and institutions that support a system (with comparative international examples) and the metrics for success and accountabilities to patients, families, funders and government.

Students are expected to participate, to identify, analyse and critique issues and policies verbally and in writing and to be involved in team-based policy development as they would, and many will be, in the work-place.

Students who prefer a more traditional text and assignment-based course structure may find this approach rather different.

### Goals

Students will be encouraged to:

- develop as critical thinkers,
- identify health policy issues (at the provincial, federal or global level),
- search for, marshal, analyse and critically appraise evidence bearing on those issues and
- develop, concisely describe and defend, orally and in writing, realistic policy options for healthcare reform and implementation as if to an audience of the deputy and Minister of Health and Long- Term Care or equivalent.

## Structure

Twelve 2-hour virtual real-time sessions + offline guidance with instructors

Teamwork required

Student presentations required

Individual class participation expected

Final briefing paper required

## Student responsibilities in the course

### 1 Occasional reading

Sources recommended include:

- The King's Fund
  - <https://www.kingsfund.org.uk>
- Longwoods
  - <https://www.longwoods.com>
- The Commonwealth Fund
  - <https://www.commonwealthfund.org>
- HealthyDebate
  - <https://healthydebate.ca>
- Newspapers with national focus e.g.
  - The Globe and Mail <https://www.theglobeandmail.com>
  - The National Post <https://nationalpost.com>
  - The Toronto Star <https://www.thestar.com>
- QSPS Health Policy Blogs <http://www.queensu.ca/connect/policyblog/>

### 2. Team Policy Presentations

The class will be formed into teams and each week one team will present a policy proposal. *Instructors will be available to teams to guide their policy proposal development.*

The Policy Presentations topic to be developed is described in the weekly course calendar that follows below.

One team will present each session. Each team is required to:

- Address the assigned policy challenge; reframing the challenge is permissible if the assigned topic is, in your opinion, improperly framed. Any modification must be justified.
- Present the proposed policy, or policy options, which addresses the issue at hand; derive evidence that supports the selected policy; address the various ramifications and implications of the policy option (e.g. financial, political); outline implementation steps and how and over what time line success or failure might be measured. Consideration of public vs private funding/delivery methods should be included.

The team will present as if to the deputy and Minister of Health (and any expert retained by the Minister) for 30 minutes maximum following which there will be questions and discussion from the class

*A pre-circulated written policy brief* shall be distributed electronically before the start of the class (preferably the prior evening).

### 3. Final Policy review

Each student will create a “**Memorandum to Cabinet**” based on the ten team policy presentations. Of the ten topics/problems considered, please advise the Minister which you consider a) the most difficult to solve and b) that which has the greatest potential to contribute to the efficiency and effectiveness of the health/healthcare “system” over the long term? Give reasons for a) and b) which may not refer to the same topic/problem.

Maximum 1500 words.

### 4. Participation

The class experience is intended to encourage individual and collective participation in an environment of respect and listening.

## Final letter Grading will be based on:

Team-work and presentation	45%
Final Policy brief	45%
Class Participation (quality > quantity; incl attendance)	10%

## Readings to support your learning (*under review*)

The following sources are suggested:

### General Health Policy Sources

Canada Health Act R.S.C., 1985, c. C-6  
<http://laws-lois.justice.gc.ca/PDF/C-6.pdf>

Exploring the 70/30 Split: How Canada's Health System is Financed  
<https://secure.cihi.ca/estore/productFamily.htm?pf=PFC588&lang=en&media=0>

International Health Care System Profiles. The Commonwealth Fund.  
<https://www.commonwealthfund.org/international-health-policy-center/system-profiles>

Chapter 5: Health, Commission on the Reform of Ontario's Public Services.  
Public services for Ontarians: A path to sustainability and excellence. <https://www.fin.gov.on.ca/en/reformcommission/chapters/ch5.html>

Unleashing Innovation: Excellent Healthcare for Canada: Report on the Advisory Council on Health Care Innovation  
<http://healthycanadians.gc.ca/publications/health-system-systeme-sante/report-healthcare-innovation-rapport-soins/alt/report-healthcare-innovation-rapport-soins-eng.pdf>

The People's Health Care Act, 2019, S.O. 2019, c. 5 - Bill 74  
<https://www.ontario.ca/laws/statute/s19005>

Hallway Health Care: A System Under Strain: First Interim Report from the Premier's Council on Improving Healthcare and Ending Hallway Medicine  
[http://www.health.gov.on.ca/en/public/publications/premiers\\_council/report.aspx](http://www.health.gov.on.ca/en/public/publications/premiers_council/report.aspx)

Scott D, Klein E, Golshan T. Everybody Covered: What the US can learn from other countries' health systems.

<https://www.vox.com/2020/1/13/21055327/everybody-covered>

### Light reading

- *Better Now: Six Big Ideas to Improve Health Care for all Canadians* Danielle Martin, pub Penguin
- *Matters of Life and Death: Public Health Issues in Canada* Andre Picard, pub Douglas & McIntyre
- *Being Mortal* Atul Gawande, pub. Doubleday

### Professors

**Dr. Samantha Buttemer MD** is an adjunct faculty member, a qualified family physician completing a fellowship program in Public Health and Preventive Medicine at Queen's based at the Kingston, Frontenac, Lennox and Addington Health Unit. Graduated with distinction from the MSc Public Health program of the London UK School of Hygiene and Tropical Medicine. Member of the QSPS Health Policy Council.  
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**Dr. Hugh Guan** is the Acting Medical Officer of Health at Kingston, Frontenac, and Lennox & Addington Public Health and an Adjunct Assistant Professor in Department of Medicine and Department of Family Medicine. He completed his medical degree at McMaster University, public health and preventive medicine residency program at Queen's University, and a MSc in Public Health at the London School of Hygiene and Tropical Medicine. His areas of interest are in communicable diseases and health systems. [thg@queensu.ca](mailto:thg@queensu.ca)

### STATEMENT OF INCLUSION

In this class I will work to promote an anti-discriminatory environment where everyone feels respected, valued and welcomed. It is my intent to produce materials and activities that are respectful of the diversity of students and the experiences each of you brings to this class. Students are encouraged to participate during class. Because the class will represent a diversity of people, beliefs, backgrounds and experiences, every member of our class (including me, of course) must show respect for all other members.

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Academic Integrity is constituted by the five core fundamental values of honesty, trust, fairness, respect and responsibility (see [www.academicintegrity.org](http://www.academicintegrity.org)). These values are central to the building, nurturing and sustaining of an academic community in which all members of the community will thrive. Adherence to the values expressed through academic integrity forms a foundation for the "freedom of inquiry and exchange of ideas" essential to the intellectual life of the University (see the Senate Report on Principles and Priorities [www.queensu.ca/secretariat/policies/senate/report-principles-and-priorities](http://www.queensu.ca/secretariat/policies/senate/report-principles-and-priorities)).

Departures from academic integrity include plagiarism, use of unauthorized materials, facilitation, forgery and falsification, and are antithetical to the development of an academic community at Queen's. Given the seriousness of these matters, actions which contravene the regulation on academic integrity carry sanctions that can range from a warning or the loss of grades on an assignment or the failure of a course to the rescinding of a degree.

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Students with physical and learning disabilities must contact the instructor as soon as possible in order for accommodations/modifications for course expectations to be made.

Queen's University is committed to achieving full accessibility for persons with disabilities. Part of this commitment includes arranging academic accommodations for students with disabilities to ensure they have an equitable opportunity to participate in all of their academic activities. If you are a student with a disability and think you may need accommodations, you are strongly encouraged to contact Queen's Student Accessibility Services (QSAS) and register as early as possible. For more information, including important deadlines, please visit the QSAS website at:

<https://www.queensu.ca/studentwellness/accessibility-services>]

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