I. COURSE OBJECTIVES AND DESCRIPTION:

Health is not just being free of “illness,” rather, it is a physical and psychological “state of wellbeing,” influenced by a host of socioeconomic factors such as social relations, the working and living conditions, employment status, the level of income, access to healthcare, education, personal safety and security—to mention a few. Each of these factors has the potential to affect health and health equity even though health may not be the core concern of all these factors. A policy framework that aims to address population health, and that is pro-equity therefore demands integration between health and other sectors of social organization. This course provides students with a theoretical and empirical understanding of the major socioeconomic determinants of health, and the complex physiological pathways by which socioeconomic factors get inside the human body making people vulnerable to disease. The course will also examine the role of the community in helping individuals to cope with stress during adversity.

The social and economic problems influence health in all stages of life. For example, studies have shown that delayed growth in utero and during infancy is associated with the development of cardiovascular disease in adult life. Further, low birth weight and emotional deprivation in childhood are known to cause learning disabilities and other behavioral problems, which could, in turn, be a precursor to long-term material disadvantages in adult life (Life-course Health Development). While socioeconomic disadvantages influence both absolute and relative health, the impact of these conditions can be minimized by social support. Described as the third sector, nonprofit sector, voluntary sector, and community organizations, civic associations facilitate social interaction; bring individuals together (bonding and bridging social capital) through shared values, mutual trust, and networks to realize social goals. The general wellbeing can be improved by strengthening “social capital” of a given population. A cohesive society is richly endowed with stocks of social capital such as interpersonal trust, mutual support and social networks, which are known to promote positive health outcomes. Social capital is believed to enhance the resilience to stress, and help protect against psychosocial risk factors associated with a wide range of psychosomatic disorders. The extent to which social capital enhances individual cooperation and facilitates coordinated actions, increases health and wellbeing of the community.

Although the principal focus of the course is contemporary Canadian society, it will examine a wide range of materials to highlight specific case studies in population health and the role of the community. In this context, the emerging policy implications for “health care” in Canada will be discussed. The key objectives of the course are:

1) To understand the difference between “individual health,” and “population health,” and the determinants of individual “risks,” and the determinants of “population health,”

2) To understand the physiological and neuroendocrine mechanisms that connect socioeconomic status to psychosomatic disorders, which develop in adulthood that were not evident at earlier stages (epigenetic processes),

3) To examine the relationship between social determinants of health and social capital (social support), and the health benefits accrued to individual and to the community by the properties of social capital,

4) To discuss a policy framework that would lead to “population health promotion” strategies in Canada.

These objectives have been developed in view of the changing approaches to health in Canada, and across the globe, and the required understanding of broad social issues to formulate public policies.
II. DISTINGUISHING INDIVIDUAL RISKS FROM POPULATION HEALTH DETERMINANTS:

In clinical practice, doctors consider the *individual* patient as their priority. Professionally, appropriate action is to maximize the benefit of an individual patient. Expanding the clinical role to include prevention generally means focusing on individual risks—detecting why someone is at risk to a particular disease, and preventing the progression of the disease. This may include advising patients to quit smoking, reduce fat-intake, or counseling pregnant mothers. These are all aimed at detecting and modifying individual risks.

In contrast, the focus of the population health approach is the entire community, and the underlining socioeconomic, environmental and political factors that contribute to illness and health inequities of the population: there are patterns of disease in a given population. Some groups have a higher burden of morbidity and mortality than others; there are class, ethnic and gender differences in rates of disease occurrence. It has been well documented that even in countries with universal access to health care, there is a socioeconomic gradient in morbidity and mortality, which points to the evidence that there are factors in the socio-economic environment that affect health. The population health approach focuses on *health determinants and vulnerabilities of the population* rather than individual risk factors. The population health strategies are concerned with the overall reduction of morbidity, mortality, injury and infirmity within the larger community.

III. LINKING POPULATION HEALTH TO SOCIAL CAPITAL:

One of the main objectives of the population health approach is to examine the interrelated socio-environmental conditions that underlie the health of a given population, and to suggest policy actions to mitigate such conditions, and to improve the wellbeing of those people. However, no amount of national wealth allocated to strengthen the social safety net can address the physical and psychological effect the social isolation in modern society. While absolute poverty deprives the poor from the benefits of basic material requirements in life, social and economic inequalities lead to the social isolation of the poor. Socially isolated people die at two or three times the rate of people with a network of social relations and sources of emotional and instrumental support. Reciprocity, a key attribute of social capital, is an informal safety net that could prevent the individual falling through the cracks of a broken social system.

IV. COURSE REQUIREMENTS AND GRADING

I. **Critical Review of a published paper** assigned by the instructor (3 typed pages max.) 25%

II. **Research Paper** on any aspect of population health (further instructions will follow) 50%

III. **Class Presentation** (based on the research for the paper) 25%

**Readings:** Using PubMed/Sociological Abstracts (ProQuest) and other major databases, the instructor has selected a set of published papers (by leading authors in the field) on: Population health and social capital encompassing areas such as: 1) Population health and individual health, 2) Social determinants of health, 3) Physiological and psychological mediators of disease, 4) Social capital and its key contours that mediate health, 5) Policy measures that mitigate health inequities. Students are required to make copies of these papers in the beginning of the course so that they can study them in preparation for each class. A list of additional readings can be found at the end of the course outline. The course will be presented in a lecture-seminar format. All students are expected to read the assigned readings for each session and participate actively in class discussions.

**Critical Review Paper:** Due May 6th, 2019 (your review must be e-mailed to: (my email address) and results will be given on May 13th). This is an analytical review of one of the assigned papers for the course. The review must demonstrate superior understanding of the issue, existing debates or criticisms and your own responses. **All independent opinions count!!** If you have any questions regarding Graduate Study’s policy on academic integrity, please visit the following website: [http://www.queensu.ca/calendars/sgsr/Academic_Integrity_Policy.html](http://www.queensu.ca/calendars/sgsr/Academic_Integrity_Policy.html) [For details on the School’s requirements/commitments, please see page 6 of this outline].

**Research Paper** must focus on any aspect of population health, and the role of the community in strengthening the wellbeing of fellow citizens. In essence, you are asked to focus on any community organization in Canada that is dedicated to helping others by providing material/nonmaterial assistance, and promoting the wellbeing of the community. The paper must address the following key issues:

1) Main purpose, and activities of the organization, and how does the particular organization fulfill these needs, and who are beneficiaries?
2) How does the organization contribute to the overall wellbeing and health of the service recipients?
3) How does the organization promote **social cohesiveness** among clients, and between clients and the community (i.e. bonding social capital)?
4) How important is the service provided by this organization for the larger community?
5) Sources of funding—community/government (municipal/provincial/federal), and other contributions (i.e., charitable donations, membership fees and endowments),
6) Obstacles to their activities, and how they perceive the future role of the organization,
7) What policy alternatives would you propose to address the problem that the organization deals with?

**Class Presentation: (June 6th and 7th):** The class presentation is a preliminary discussion of your paper. After the class presentation, you have the opportunity to further improve it before submitting the final paper. To facilitate a constructive discussion, it is recommended that a brief outline of the paper to be distributed prior to the class presentation. The **class presentation is a valuable opportunity to put together a cohesive analysis on your topic. You are encouraged to discuss your topic with the instructor.**

**Final Paper is due on:** June 14, 2019 (maximum 10 typed pages, minimum 7 pages).

**V. CLASS SCHEDULE:**

**April 26 & 27 - Introduction to Course Material**

- Introduction (MPA 853): Discuss the program, objectives, and materials.
- Understand the overall objectives of the course and how to achieve them.

**May 13 – 17 - Individual Risks and Social Determinants of Health: Why Population Health?**

- Theoretical and methodological parameters of population health: *Converging biology and sociology*
- Sick individuals and sick populations: *Why population health approach seems more logical*
- Epidemiological transition and social epidemiology: *Your position on the socioeconomic ladder predicts your longevity and health status during a lifetime*
- Absolute income vs. relative income: *Social gradient of mortality, mechanisms and pathways to chronic diseases (hypertension, diabetes, obesity, and memory impairment)*
- Theoretical models of work and level of control: *Risk of coronary heart disease*
- Fetal and early childhood development: *Epigenetic adaption and the life-course perspective of health*
- Racism, discrimination and health disparities: *Epidemics of obesity, metabolic syndrome and depression in marginalized communities*
- A model of intervention and coping strategies: *Actions that help the brain change itself*
  - social support and networks [e.g., Alameda County study]
  - regular physical activity [e.g. Erickson, et. al. 2011]
  - mindfulness and biofeedback [e.g., Harvard Center for Mindfulness Therapy]
  - finding meaning and purpose (eudemonism) modulate the neuroendocrine response to stress

**Required Readings:**

*The required readings provide specific materials on topics to be discussed for each week in the course, and the additional reading list at the end of this outline provides more general discussion on these topics.*


June 3 - 5 – Social Capital And Health, Pathways of Social Determinants Leading to Health

- The civic community, social capital and its key components: Social capital as a interface between community and social determinants and population health [bridging and bonding connectivity]
- Evidence of social integration and appropriate risk management/increased longevity: Mechanisms and pathways [oxytocin, empathy and PTSD]
- Models of collaborative partnership in delivering care and welfare: Private-public and public-nonprofit partnerships in care and welfare
- Models of public policies in population health promotion:
  - Donald Acheson Commission of the United Kingdom
  - WHO Commission on Social Determinants of Health
  - MacArthur Foundation Research Network of the United States, Reaching for Healthier Life
  - The World Bank, Public Policy and the Challenge of Chronic Non-communicable Diseases

Required Readings:


World Bank, “Public Policy and the Challenge of Chronic Non-communicable Diseases,” 2007, Washington, DC.

**June 6 & 7: Student Presentations:**

**June 14: Submission of Final Paper**

Academic Integrity is constituted by the five core fundamental values of honesty, trust, fairness, respect and responsibility (see 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 http://www.queensu.ca/secretariat/policies/senate/report-principles- and-priorities).

- Students are responsible for familiarizing themselves with the regulations concerning academic integrity and for ensuring that their assignments conform to the principles of academic integrity. Information on academic integrity is available in the Graduate Studies Calendar (http://www.queensu.ca/calendars/sgsr/Academic_Integrity_Policy.html). 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 to the failure of a course to a requirement to withdraw from the university.

- Disability Accommodations statement
The following statement on disability accommodations builds on a definition approved by Senate that clearly articulates both the commitment that Queen’s University has to facilitating the integration of students with disabilities into the University community and the responsibility that students with disabilities have to identify needs requiring accommodation. All educators are encouraged to add the following statement to their course syllabi provided by the Queen’s University Equity Office (http://www.queensu.ca/equity/accessibility/policystatements/accommodation-statement)

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 Student Wellness Services (SWS) and register as early as possible. For more information, including important deadlines, please visit the Student Wellness website at: http://www.queensu.ca/studentwellness/accessibility-services/

VI. A LIST OF ADDITIONAL READINGS:


McKeown, T., 1979 *The Role of Medicine: Dream, Mirage or Nemesis?* London: Nuffield Hospital Trust.


Prus, S. G., “Comparing social determinants of self-rated health across the United States,


