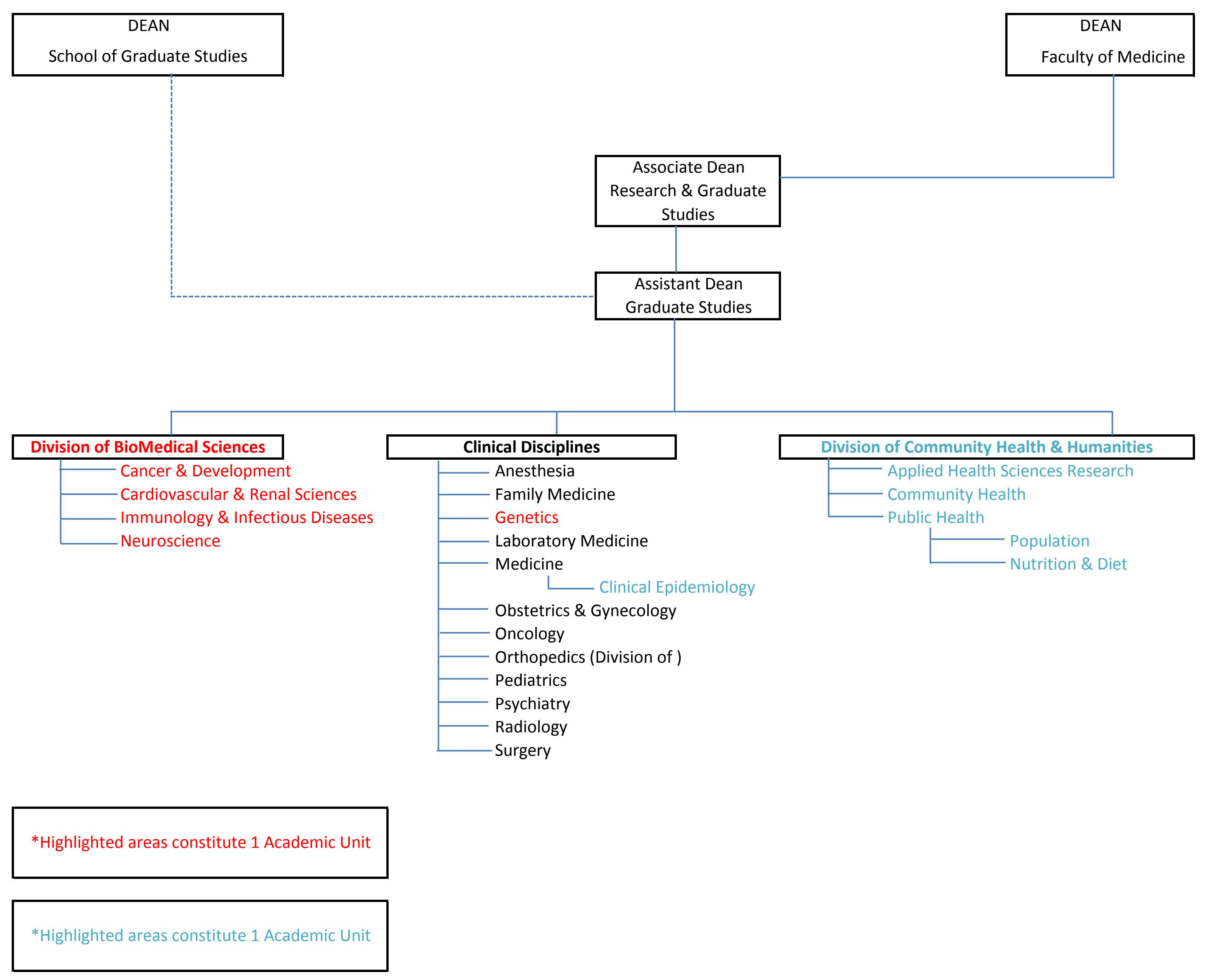
DEAN
School of Graduate Studies
DEAN
Faculty of Medicine
Associate Dean
Research & Graduate
Studies
Assistant Dean
Graduate Studies
Division of BioMedical Sciences
Cancer & Development
Cardiovascular & Renal Sciences
Immunology & Infectious Diseases
Neuroscience
Clinical Disciplines
Anesthesia
Family Medicine
Genetics
Laboratory Medicine
Medicine
Clinical Epidemiology
Obstetrics & Gynecology
Oncology
Orthopedics (Division of)
Pediatrics
Psychiatry
Radiology
Surgery
Division of Community Health & Humanities
Applied Health Sciences Research
Community Health
Public Health
Population
Nutrition & Diet
*Highlighted areas constitute 1 Academic Unit
*Highlighted areas constitute 1 Academic Unit

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Synopsis

Self-Study Background

An Academic Program Review (APR) is a formative process initiated by the Vice-President, Academic (VPA) under the authority of the Senate, and carried out by the academic unit for the purpose of evaluating academic programs.

For the purpose of this APR, Dr. Doreen Neville, Associate Vice-President (Academic), identified two academic units within the Faculty of Medicine. Each unit was each responsible for conducting a self-study of their graduate programs. The documents that comprise this self-study constitute a review of the four programs in Clinical Epidemiology, (Discipline of Medicine) and in the Division of Community Health and Humanities (CHH).

The Dean of Record for this APR is Dr. Noreen Golfman, the Dean of the School of Graduate Studies.

Dr. Neville and members of the Centre for Institutional Analysis and Planning (CIAP) introduced the review process to faculty, staff and students of CHH and the Clinical Epidemiology Unit at an information session held on March 23, 2012. A committee leading the self-study included Dr. Diana Gustafson, Interim Assistant Dean (Graduate Studies), Dr. Shree Mulay, Associate Dean (CHH), Dr. Gerry Mugford, Director, (Clinical Epidemiology), Dr. Catherine Donovan, Program Coordinator (Master of Public Health), Dr. Barbara Roebothan, Program Coordinator (Community Health), Dr. Rick Audas, Principal (Applied Health Services Research), Dr. Kathleen Hodgkinson, Acting Program Coordinator (Clinical Epidemiology) and Justin Oake, graduate student representative. The first meeting of the committee was held on April 4, 2012.

This synopsis provides an overview of the key elements identified in the reports submitted by the program coordinators and graduate students of the graduate programs that comprise this academic unit. As an APR aims "to evaluate the quality, success, and role of academic units and programs in the fulfillment of their own and the University's mission and strategic goals" the synopsis is organized using the three strategic frameworks adopted by Memorial University in 2012: Research, Teaching and Learning, and Public Engagement. Attention is given to the alignment of the self-study indicators with these University frameworks and the mission of the Faculty of Medicine.

Overview and Background

The Faculty of Medicine is housed in the Health Sciences Centre on the St. John's campus of Memorial University and operates under a non-departmental system. Faculty and graduate programs are located in the Division of Biomedical Sciences (established in 1971), the Division of Community Health and Humanities (designated a separate unit in the early 1970s), and Clinical Disciplines.

The School of Graduate Studies is home to graduate students enrolled in nine graduate programs in the Faculty of Medicine. The School assists the Office of Research and Graduate Studies in developing and administering graduate programs, and in ensuring that standards are maintained according to policies relating to graduate studies, including recruitment, admissions and enrolment, registration, supervisory support, graduate funding (such as assistantships, fellowships and scholarships), comprehensive and thesis examinations, and thesis defenses.

This APR reports on:

- the diploma, MSc (Med) and PhD programs in Community Health.
- the MSc program in Applied Health Services Research. The program is offered by the Atlantic Regional Training Centre (a collaborative initiative delivered jointly by three universities in Atlantic Canada).
- the Master's in Public Health (MPH) program with two streams: Population and Public Health; and Nutrition/Dietetics. These streams registered incoming students for the first time in 2008 and 2010 respectively.
- the diploma, MSc (Med) and PhD programs in Clinical Epidemiology, a unit under Medicine (Clinical Disciplines).

Research

Strategic Objectives: Research is the first of three strategic frameworks adopted by Memorial University since the last APR. CHH and the Clinical Epidemiology Unit have clearly stated strategic objectives that are in alignment with the mission and strategic plan of the Faculty of Medicine and the University. The aspirational goals and strategic objectives of this academic unit are consistent with eight of the strategic research themes. These themes are listed with examples of health research in this academic unit:

- ***Aboriginal Peoples*** through research on contemporary health issues relating to, for example, community development in collaboration with the Nunatsiavut Government;
- ***Arctic and Northern Regions*** through research relating to, for example, access to health care in remote locations;
- ***Creative Arts, Culture and Heritage*** through interdisciplinary research in health, arts and well-being;
- ***Community, Regional and Enterprise Development*** through community health research relating to, for instance, social and economic well-being, housing and safe drinking water;

- ***Environment, Energy and Natural Resources*** through research that addresses, for example, occupational health and safety in extreme environments;
- ***Information and Communication Technology*** (ICT) through research using GIS and electronic health care delivery;
- ***Social Justice*** through research that explores the equitable and just distribution of human, economic and social resources to promote health and capacity; and
- ***Well-being, Health and Biomedical Discovery*** through research on health ethics, population health, healthy public policy, health promotion, and health services delivery.

In accordance with goals set during three retreats in CHH held since the last APR, new courses were developed, two MPH programs were approved, and a Master's in Health Ethics has successfully undergone external review. The doctoral program in community health was evaluated and three streams of specialization were developed (epidemiology and biostatistics; applied health and policy research; social justice and equity in health). The first intake occurred in the fall 2012.

CHH is also planning to develop four new programs to address identified learning needs in the province. Plans are underway to develop a Master in Medical Geography and three MPH streams: aboriginal health, global health, and health informatics.

The Health Research Unit (HRU) based in CHH provides support to researchers, community organizations, government and industry in research design, implementation and knowledge dissemination focused on improving the health and wellbeing of the provincial population. Over the last two decades the HRU has been involved in over 70 projects.

At the June 21, 2012 retreat, the Clinical Epidemiology Unit revised its strategic direction and set a goal to expand the core curricula by developing courses that address identified learning needs in health analytics/informatics, data extraction and analysis of population health databases, epidemiology for genetics and issues associated with personalized medicine (e.g. ethical, legal, social), and pharmaco-epidemiology. To build capacity to address these strategic objectives, the Unit has begun faculty and staff recruitment.

Infrastructure: Office space for faculty, clerical staff and students to meet and build intellectual communities is maximized and there remains a critical space shortage. The shortage is regarded as a key barrier to increasing graduate student enrolment and faculty complement, attracting post-doctoral fellows, and providing secure work space for research assistants.

A new facility scheduled to open in 2013 will help to address some of the acute space shortages in the Faculty of Medicine. Space allocated for faculty, staff and students in clinical epidemiology will be available in 2014. Redevelopment of space vacated by faculty and staff in other Faculty of Medicine programs may provide some of the much needed office and meeting space required by faculty and research assistants in the other programs. However there will be no relief for faculty, staff and students in CHH until 2019 when vacated space is renovated and

reconfigured. In the interim, the Faculty of Medicine is seeking to alleviate the shortage by renting space off-campus.

Faculty Complement and Research Productivity: At the time of this report, there is a complement of 20 full-time faculty, 3 joint appointed faculty, 2 Canada Research Council Tier II Chairs, and 5 clinical professors in CHH. Over the past five years there have been three post-doctoral fellows and two visiting scholars located in CHH. The Clinical Epidemiology Unit has 3.5 full-time equivalent faculty, 10 geographic full-time faculty (medical clinicians with academic appointments) and 5 cross-appointed faculty. This unit has no CRC chairs or post-doctoral fellows. Faculty members range in seniority representing Assistant, Associate and Full Professorships.

All faculty members are actively engaged in a range of research pursuits (community-based, theoretical, and applied) with solid records of publication and good levels of funding from external sources. The projected decline in research funding opportunities is a recognized challenge to fulfilling some of the strategic objectives. The significant expansion of programs both CHH and the Clinical Epidemiology Unit offers opportunities to hire new and mid-career faculty to reinforce existing strengths and program priorities. Improvements in infrastructure (office space for faculty and research assistants) would make it possible to increase the full-time faculty to 26 in CHH, and to 10 in the Clinical Epidemiology Unit by 2020.

Administrative Support and Efficiency: The Office of Research and Graduate Studies provides administrative support to faculty and students for all matters pertaining to graduate programs (e.g., admission, course and program changes, comprehensive and thesis examinations, funding, scholarships and awards). The Office staff are competent and helpful in administering programs and providing assistance to faculty and students across a range of activities. The administrative structure has been strengthened since the last APR with the creation of an Associate Dean position responsible primarily for research, and an Assistant Dean responsible primarily for graduate programs. These two positions replace the previous Assistant Dean role. A full-time staff member with expertise in navigating grant proposals has been added bringing the current full-time staff complement to six. These investments undertaken by the Faculty of Medicine have strengthened administrative efficiency.

Increased flexibility in the skill set of clerical staff in CHH and Clinical Epidemiology will maximize administrative support and efficiency to meet the changing needs of the academic unit. With the dramatic growth of the Clinical Epidemiology program, an additional administrative assistant is needed to serve the needs of faculty, staff and students.

Teaching and Learning

The Teaching and Learning Framework is the second of three strategic components. The success of this academic unit was measured using a variety of indicators listed below. Five key elements are highlighted here. This academic unit has established specific program requirements and learning outcomes that students are expected to meet. These requirements

are posted on the CHH and the Clinical Epidemiology websites and in course syllabi provided with the self-study reports. The programs are supported by the Office of Research and Graduate Studies, program administrators, clerical staff and expert academic faculty with a commitment to interdisciplinarity.

Graduate Student Enrolment: There has been significant and steady growth (20.1%) in total graduate enrolment in the Faculty of Medicine in the five years since the 2006 APR (199 in 2007 to 239 in 2011). This overall growth falls short of the 30% projection listed in the Faculty of Medicine Strategic Plan 2008-2012. Growth in enrolment in this academic unit is reaching a plateau for two main reasons: infrastructure and faculty complement.

The MPH program was introduced since the last APR. The two streams (population health and nutrition/dietetics) are popular programs attracting high numbers of student applicants. The MPH supports considerable interaction and consultation with the Regional Health Authorities and national accreditation bodies (e.g. Dietitians of Canada).

Summer University Research Assistantship (SURA) attracts Memorial's undergraduate students allowing them to team up with a faculty member providing opportunities for hands-on research experience and training. Funding comes from internal and external sources and has funded between 10 and 20 students each summer since the last APR. The popularity (and competitiveness) of the program is increasing. The majority of students who take advantage of this program tend to be students interested in biomedical sciences rather than clinical epidemiology or community health research. This may be due to faculty availability, the popularity and competitiveness of the program or the marketing of the program to undergraduate students. The Office of Research and Graduate Studies does not currently track SURA recipients to determine if this is a successful recruitment strategy for graduate programs in this academic unit.

Graduate Student Outcomes: Faculty and current students regard the diploma, masters and doctoral programs offered in each of the programs areas (community health, public health, applied health services research and clinical epidemiology) as rigorous and challenging. Some measures of the effectiveness of the programs are time to completion, Grade Point Average (GPA), faculty-student ratio, internal and external funding, research productivity, student publication record and student awards and fellowships. These and other indicators are recorded in individual student paper files and electronic databases internal and external to the Faculty of Medicine.

Banner is a database that provides a snapshot of current student status. There is no single, comprehensive, searchable electronic database held by the Faculty of Medicine for tracking graduate student outcomes over time. This makes monitoring student outcomes and calculating future projections challenging. There are also gaps in the inventory of graduate training outcomes. A comprehensive and searchable electronic database would provide detailed and reliable historical data to track trends and calculate projections.

The MPH program surveys exiting students about program outcomes and tracks post-convocation placements. None of the other programs nor the Office of Research and Graduate Studies routinely interview or survey exiting students about program outcomes or reasons for leaving the program. Systematically tracking student professional and academic placement post-convocation would improve the ability to evaluate programs.

In 2011, faculty in CHH initiated work on a course evaluation tool that would better meet faculty and student needs for valid and reliable information about course content and effectiveness. In the fall 2012, a division-specific course evaluation tool was used in lieu of the university's Course Evaluation Questionnaire (CEQ). Faculty members in Clinical Epidemiology use a course evaluation tool they created.

Doctoral students have at least two opportunities to defend their disciplinary knowledge and research (oral and written comprehensive examinations, and doctoral defense). Master's students are not required to defend their theses.

The completion time for the two-year master's program ranges from 2-3 years with marked improvement in completion times since the last APR. The completion time for the four-year doctoral program ranges from 4-7+ years. Variation may be related to skill level of incoming students (e.g., academic background), student status (full-time vs. part-time), leaves of absence (illness, parental leave) or the extent of the research commitment undertaken by the student.

Student Funding: It is the goal of this academic unit to fund all students who want to study full-time. Students in thesis-based programs frequently work on a topic closely related to that of their faculty supervisors whose funding supports them financially. Full-time students in thesis-based programs receive a minimum of $12,000 funding per annum for two years for master's students and four years for doctoral students. Funding support of $6,000 per year for each eligible student can be leveraged through the Office of Research and Graduate Studies on a first-come, first served basis, to a maximum of three students per supervisor. In the past, this system has worked in the interests of some students in this academic unit. With the expansion of programs and increased student enrolment, this is no longer the case.

Students who wish to study full-time but whose supervisors cannot provide funding support are not eligible for leveraged funding, and must enrol as part-time students. Students who must enrol part-time because of the Faculty of Medicine funding regulation cannot defer student loan repayment, are ineligible for most internal awards, have a lower tax credit and were ineligible, until recently, for health and dental benefits.

Students in course-based programs (MPH, diplomas in Community Health and Clinical Epidemiology) are not eligible to receive a stipend and there are fewer opportunities for funding and scholarships because of the course-based status.

The Graduate Studies Committee reporting to the Assistant Dean, Graduate Studies struck an ad-hoc committee to review the funding allocation procedures with a goal of ensuring equitable distribution of funds across the Faculty of Medicine and a more competitive student stipend to attract the most suitable and qualified student applicants.

Workload Balance: A collaborative and interdisciplinary approach to teaching and learning is a prominent feature of the graduate programs in this academic unit. The ratio of faculty to graduate students is regarded by most faculty and students as appropriate. One exception is the MPH program where the demand for admission from suitably qualified students far exceeds faculty capacity.

Most faculty members are engaged in teaching courses, student supervision, co-supervision or advising (in the case of diploma and course-based degree programs), supervisory committee membership, comprehensive committee membership, and thesis examinations in addition to their independent research programs and administrative/service commitments.

Distribution of graduate teaching and supervisory responsibilities may not be equitably distributed. This may be related to heavier research, service and administrative responsibilities, or teaching in the undergraduate medical program. A few courses are team taught to take advantage of faculty expertise. Because several courses (e.g., biostatistics, epidemiology) cross-cut program boundaries (e.g. Clinical Epidemiology, Masters in Community Health), faculty may teach courses required by more than one program.

Historically, teaching opportunities in this academic unit were limited and this was considered a hindrance to promotion and tenure. As the number of programs and courses has increased, faculty have more opportunity to engage in traditional and virtual classrooms. There remain few opportunities for graduate students to develop teaching skills. One reason for this is that the Faculty of Medicine undergraduate program trains medical students and this is not a feeder program for graduate studies. A new Teaching Skills Enhancement Program (TSEP) was launched in fall 2012 and may provide teaching opportunities for some graduate students planning an academic career.

Administrative and Technical Support: The programs in CHH already have, and Clinical Epidemiology is creating a position for, dedicated program administrator(s) to support faculty and students through the admissions process and with program issues. Applications for admission to all programs in this academic unit are vetted through admission committees that assess eligibility of applicants and facilitate matching eligible students with appropriate faculty.

Classroom space is maximized. Technologies (SMART classrooms, D2L) are available in most courses. Experienced staff are able and willing to assist with training and operational challenges in educational delivery in traditional and virtual learning environments.

Public Engagement

The Public Engagement Framework is the third component of Memorial University's strategic plan. There are some important elements in place to support faculty and students engagement with areas for growth identified.

Faculty and students agreed that there are several established venue for building intellectual communities, enhancing presentation skills, and learning about cross-disciplinary research. These include the seminar/ journal club (a requirement in all programs), and conferences, forums or symposiums, retreats and speakers series. Although these tend to be program specific, they do attract students and faculty from across the academic unit who are enthusiastic about learning and interested in enhancing their communication skills. More opportunities can be created to promote an appreciation of faculty and students' diverse interests in health research and to enhance visibility by conducting basic and applied research that directly impacts the community.

Summary

Graduate programs in this academic unit are academically sound as evidenced by:

- fit with Memorial University's strategic frameworks for research, teaching and learning and public engagement
- development of new programs to meet stakeholders' identified needs
- growth in graduate student enrolment
- program and course satisfaction as expressed by students and faculty
- favorable program completion times
- satisfaction with library, technical and administrative support as expressed by students and faculty

To promote continued success and to meet established projections for expansion of programs and increased student enrolment in this academic unit, the following issues must be addressed:

- equitable distribution of funding across the two academic units in the Faculty of Medicine to provide competitive student stipends
- improved office and meeting space to accommodate faculty, staff and students and facilitate projected expansion of programs and faculty-staff complement
- continuous improvement in the development and communication of policies and procedures by the Office of Research and Graduate Studies about all aspects of graduate programs (e.g., admissions, funding, scholarships, program requirements)
- a comprehensive and searchable electronic database to provide detailed and reliable historical data to track student and program outcomes, and calculate projections for enrolment.

Position Specification

Dean of Medicine

Memorial University of Newfoundland

Introduction

Memorial University enjoys a strong and growing reputation in Canada and internationally for excellence in higher education and research.

The University aims to enable its students to acquire a fine, well-rounded education, to provide its employees with an excellent working environment and to serve the needs of the Province of Newfoundland and Labrador.

The Faculty of Medicine has an equally strong and clear Mission Statement: "Our purpose is to enhance the health of the people of Newfoundland and Labrador by educating physicians and health scientists; by conducting research in clinical and basic medical sciences and applied health sciences and by promoting the skills and attitudes of lifelong learning."

The Faculty succeeds in playing a key role in the University and in the Province. In addition to offering sound programs at the undergraduate and the graduate levels and pursuing a robust research agenda, the Faculty provides clinical support to the Province with particular emphasis on specialty services and community health issues. It continues to play a leading role in the development and deployment of telehealth.

The undergraduate curriculum is designed to foster integrated learning and permit contact with patients and with community agencies early in each student's training. Plans are currently being developed to expand opportunities for distributed learning. At the graduate level new program specializations are being developed and distance education is being expanded. There is also a substantial continuing education program. The more than 160 full-time and 280 part-time faculty members have major strengths in research as well.

The Faculty operates on a non-departmental system, with faculty members divided into three broad areas. The Division of Basic Medical Sciences has graduate programs in Cancer Biology, Cardiovascular Sciences, Immunology and Neurosciences and includes expertise in anatomy, biochemistry, endocrinology, immunology, molecular and cell biology, pharmacology and physiology. In the Division of Clinical Disciplines faculty members specialize in anesthesia, family medicine, genetics, medicine, obstetrics and gynaecology, oncology, pathology, pediatrics, psychiatry, radiology and surgery. The Division of Community Health covers behavioural sciences, community medicine, epidemiology and biostatistics, genetics, health care and delivery and occupational health. There is substantial collaboration across these three divisions in both teaching and research.

Role Description

The Dean is expected to develop and articulate an engaging, inspiring strategic vision for the future of the Faculty. The successful candidate must work effectively with the leadership of the University, Faculty and affiliated health care organizations to ensure the highest quality of medical, graduate and post-graduate education and research together with the delivery of health care in the Province. These objectives will be achieved by sustaining an aggressive agenda of research and education agenda, recruiting new faculty members and securing the resources necessary for these goals. The Dean will also lead the day-to-day administration of the Faculty and exercise prudent fiscal management. He or she will be responsible for strengthening partnerships with clinical affiliates, developing collaborative opportunities with other schools, colleges and universities and building effective relationships within the University, the Department of Health and Community Services, the Health Care Corporations and partners in industry and the broader community.

Because the Faculty of Medicine is funded directly by the Department of Health and Community Services, the management of this particular relationship will be critical to the Dean's success, as will his or her ability to develop other sources of funding for the Faculty.

The Dean of Medicine plays a crucial role in the Province as a key advocate of health care issues and as an interface between the University and the community.

Background Requirements

The new Dean of Medicine must offer Memorial a credible and sustained record of achievement as a clinician or in medical research or community health. The Dean will combine a strong educational background with experience in leading and successfully managing large complex organizations. The successful candidate should be sensitive to issues in community health, familiar with the Canadian health care system and able to demonstrate the ability to form and sustain strong professional relationships with people at different levels and with organizations of various cultures.

Faculty of Medicine
Memorial University of Newfoundland
Research and Graduate Studies (Medicine)

NAME:
POSITION: Associate Dean, Research & Graduate Studies (Medicine)
DISCIPLINE/DIVISION: Faculty of Medicine, Deans Office
Term: 3 years, renewable effective January 1, 2011
Stipend: $11,500.00 per annum

REPORT TO AND APPOINTED BY: Dean, Faculty of Medicine

PURPOSE:

Faculty of Medicine - Mission statement

"**O**ur purpose is to enhance the health of the people of Newfoundland and Labrador by educating physicians and health scientists; by conducting research in clinical and basic medical sciences and applied health sciences and by promoting the skills and attitudes of lifelong learning"
This statement was reaffirmed at the November 2002 retreat. The Assistant Dean, Postgraduate Medical Studies, has a major responsibility for the education and preparation of Newfoundland physicians for medical practice and lifelong learning

DESCRIPTION

The Associate Dean of Research and Graduate Studies has a pivotal role in the day-to-day activities related to research within the Faculty of Medicine. S/he is a leader in developing educational programs for health scientists. S/he will, in consultation with the Associate Deans of Clinical Research, Biomedical Sciences and of Community Health and Humanities Divisions, identify the needs of research and graduate studies in the day to day administration of the Medical School. The Associate Dean, Research and Graduate Studies (Medicine), will lead the Faculty of Medicine in a strategic planning process for research, in consultation with the Associate Deans of Biomedical Sciences and of Community Health and Humanities divisions and the Associate Dean of Clinical Research and in collaboration with current and potential researchers and interested stakeholders.

ACTIVITIES AND RESPONSIBILITIES

The Associate Dean, Research and Graduate Studies (Medicine), reporting to the Dean of Medicine will:

- Develop, a strategic plan for research in the faculty of medicine and its implementation in consultation and collaboration of all stakeholders in Medicine and oversee the implementation of the strategic plan;
- Facilitate the development of research teams, including multi-disciplinary and intra-faculty teams to take advantage of funding opportunities to grow the research agenda of the Faculty of Medicine

- Communicate with granting agencies both at the Provincial and Federal levels on broad issues related to research in the Faculty of Medicine
- Maintain a register of all research equipment in the Faculty in conjunction with the Manager of MELS.
- provide information on matters such as:
    - sources of research funds, expenses involved in research activities submission of grant applications
    - equipment available to faculty within the Medical School and within the larger university community
- Provide guidance and advice to new faculty members, in terms of obtaining and maintaining research funds, in collaboration with the Associate Dean of Clinical Research and the relevant Division Associate Deans and Discipline Chairs.
- Ensure that the research proposals follow the procedures and guidelines of the university;
- Assess the results of grant competitions and maintain a comprehensive registry of grants for reporting to the Faculty yearly, to the University and to outside agencies;
- Represent the Faculty of Medicine on the AFMC Standing Committee on Research and Graduate Studies;
- Liaise with the University Office for Research and VP research on matters relating to research operations within the Faculty of Medicine
- Collaborate with the Communications Coordinator to publish appropriate brochures regarding research within the Faculty of Medicine
- Provide guidance and advice in addressing issues related to proper conduct of research in the Faculty of Medicine;
- Oversee the smooth and effective running of the office of Research and Graduate Studies;
- In the absence of the Assistant Dean of Graduate Studies (Medicine)or when there is a perceived conflict of interest, the Associate Dean will fulfill the role of the Assistant Dean under special circumstances;
- Represent the Faculty of Medicine on University Committees or most other external committees related to research;
- Meet at regular intervals with the Dean of Medicine to apprise him of new developments and issues of concern.

Committee participation includes:

- Senior Management Committee (member)
- Faculty Council (member)

In addition the Associate Dean will also undertake such other duties or special assignments as may from time to time, be requested by the Dean.

October 2011

Faculty of Medicine
Memorial University of Newfoundland
Research and Graduate Studies

NAME:
POSITION: Assistant Dean, Graduate Studies
DISCIPLINE/DIVISION: Faculty of Medicine, Office of the Dean
Term: 3 years, renewable
Stipend:
REPORT TO: Associate Dean, Research and Graduate Studies

PURPOSE:

Faculty of Medicine - Mission statement

"Our purpose is to enhance the health of the people of Newfoundland and Labrador by educating physicians and health scientists; by conducting research in clinical and basic medical sciences and applied health sciences and by promoting the skills and attitudes of lifelong learning"
This statement was reaffirmed at the November 2002 retreat. The Assistant Dean, Graduate Studies, has a major responsibility for the education and preparation of graduate students and post-doctoral scholars

ACTIVITIES AND RESPONSIBILITIES

The Assistant Dean, Graduate Studies is responsible for:

- Coordinating and supervising of the graduate programs and post doctoral fellows in the Faculty of Medicine to include (but not limited to)
  - Admissions
    - Oversight and coordination of the admissions,
  - Assessment and Evaluation
    - Oversight and coordination of evaluation processes
    - Organization of regular internal reviews of graduate programs
  - Meeting graduate students individually or in groups annually
  - Facilitating approval of new courses within existing programs
- Developing, implementing and monitoring procedures for graduate studies education within the faculty of medicine
- Lead the development of new graduate research programs and facilitate the approval process
- Implement and monitor Graduate Studies and University regulations and policies

Faculty of Medicine
Memorial University of Newfoundland
Research and Graduate Studies

- Coordinate activities related to graduate student stipends, awards, fellowships and other Graduate Student applications
- Promotion of graduate programs externally
- Liaison with Assistant Deans, Postgraduate Residency Directors, and the Director of Clinical Research Development where applicable

Committee participation includes:

- Committees related to Graduate Studies and Post-Doctoral Scholars (Faculty of Medicine representative)
- Faculty of Medicine Graduate Studies Committee (chair)
- Senior Management Committee (member)
- Faculty Council (member)
- Academic Council for the Medical Education Scholarship Centre (MESC)
- Association of Faculties of Medicine Canada (AFMC) Committee

In addition the Assistant Dean will also undertake such other duties or special assignments as may from time to time, be requested by the Dean or Associate Dean, Research and Graduate Studies.

June 10, 2009

DR. SHREE MULAY

ASSOCIATE DEAN FOR COMMUNITY HEALTH AND HUMANITIES

TERMS OF REFERENCE

PURPOSE:

Faculty of Medicine – Mission Statement

"Our purpose is to enhance the health of the people of Newfoundland and Labrador by educating physicians and health scientists; by conducting research in clinical and basic medical sciences and applied health sciences and by promoting the skills and attitudes of lifelong learning".

The Faculty of Medicine is organized into three divisions: BioMedical Sciences, Community Health and Humanities, and Clinical Sciences. The academic functions of the faculty are achieved through organization of faculty wide programs headed by Assistant Deans. A matrix organization is used to deliver the Medical Education program, the Postgraduate Residency Training Program, and the Graduate Studies Program. The Associate Deans of Community Health and Humanities, and BioMedical Sciences, and Discipline Chairs are responsible for the development and deployment of resources, particularly faculty, needed to fulfill academic program objectives. In fulfilling this responsibility for deployment of resources, the Associate Deans of Community Health and Humanities, and BioMedical Sciences, and Discipline Chairs or their delegates, will need to relate directly to the Assistant Deans and/or Committee Chairs responsible for these programs.

The Associate Dean for Community Health and Humanities is the Dean's representative and assistant. His/Her primary function of the post is interpreting and implementing policy pertaining to the Division of Community Health and Humanities and is responsible for the overall direction and function of the Division of Community Health and Humanities.

Responsibilities:

1. To provide a source of advice or consultation on all matters relating to the Division of Community Health and Humanities within the Faculty of Medicine.

2. To serve in those ex-officio roles for Associate Deans referred to the Constitution and By-laws of the Faculty of Medicine.

3. To assist in developing the general policies and areas of emphasis of the Medical School, particularly in relation to Community Health and Humanities, ensuring that these policies are reflected in faculty recruitment and other activities.

4. To discuss with faculty members the allocation of their time so as to ensure appropriate distribution between teaching, research, administration and other activities and to guide and evaluate the academic and professional contribution of faculty members of the division, and to monitor the contribution of individual members, and of the division as a whole to teaching, research, clinical service and administration in the Faculty of Medicine and the University.

5. To encourage and advise faculty members with respect to their research, including the identification of and approach to the most appropriate sources of support; to develop and implement policies directed toward increasing external research support of the Division; and to support the Health Research Unit as a resource to community and government organizations to conduct community based research.

6. To assist the Dean in the development and implementation of administrative inter-relationships in the Faculty with primary emphasis directed towards the Division of Community Health and Humanities and to promote, in association with the other Associate Deans, Clinical Chairs and the Assistant Deans, the optimum interdisciplinary relationships in the Faculty and in the University and to foster and strengthen linkages with community and government organizations.

7. Through direct participation or by delegated representation, the Associate Dean, Community Health and Humanities, will participate in various committees and make the views of the discipline known to the appropriate committees and Faculty Council.

8. To assure appropriate development and adequacy of Faculty and materials for the M.D. education, postgraduate residency and graduate studies programs in association with the Assistant Deans for Medical Education (UGMS), Postgraduate Residency Program (PGMS) and Research and Graduate Studies, and appropriate committees.

9. To assist the Dean of Medicine and the Faculty of Medicine and the University with the appointments, promotion and tenure processes for Community Health and Humanities members and is responsible for making recommendation to the Dean's office regarding: all full-time and part-time appointments and resignations; promotions and appointments without term (tenure); salary levels; sabbatical leaves; absences; certain committee memberships; equipment purchases and appointment of support staff and to development of policies for recruitment of Faculty and assuring that appropriate searches for suitable Faculty are conducted.

10. To develop the budget for the Division, submitting it for approval to the Dean and for maintaining control of expenditures by the division and to administer budgetary matters delegated by the Dean's Office. The Associate Dean, Community Health and Humanities will also periodically undertake budget review and advise the Dean in a timely fashion of significant variance from the budget plan.

11. To hold regular meetings of full-time faculty in his/her discipline; and joint meetings of all part-time and full-time faculty members at least once a year.

12. To prepare an annual report of the activities and programs of the discipline with an emphasis on major accomplishments.

Committee Memberships:

1. Resource Management Committee
2. Member of Space Committee (Medicine)
3. Member of Graduate Studies Committee
4. Member of Medical Research Endowment Fund Board.

POSITION:	Director, Clinical Epidemiology
DISCIPLINE/DIVISION:	Medicine
Term:	3 years, renewable
REPORT TO AND APPOINTED BY:	Chair, Discipline of Medicine

PURPOSE:

The Faculty desires a future research structure of increased multi disciplinary approaches and enhanced collaboration, coordination and resource sharing. The Director of Clinical Epidemiology, in collaboration with the Associate and Assistant Deans, Research and Graduate Studies (Medicine) and the Chair of the Discipline of Medicine, will foster research collaborations in the Faculty and enhance the graduate medicine learning experience and support the Clinical Epidemiology program it its pursuits of becoming a center of excellence.

ACTIVITIES

The Director, Clinical Epidemiology will manage the Clinical Epidemiology Faculty members and Programme including:

- Scheduling courses and faculty teaching; and monitor successful execution of teaching responsibilities
- Negotiating faculty/student conflicts as they arise
- Reviewing faculty performance evaluations and addressing concerns that may arise
- Assisting with faculty recruitment
- Conducting periodic curriculum review
- Reviewing program goals and opportunities for expansion
- Assisting in the review of applications and selection of applicants to the program
- Assisting in the review of grants/fellowships/scholarships
- Mentoring of graduate students
- Overseeing seminar series
- Overseeing representation of CE on Graduate Studies committees
- Maintaining correspondence with internal and external agencies
- Overseeing the maintenance of the paper trail for both program operations and student progress
- Overseeing management of the CE budget
- Assisting in the delivery of core curriculum
- Maintaining externally funded research agenda

May 9, 2011

Division of Community Health and Humanities

Faculty of Medicine, Memorial University of Newfoundland

Self-Study Submission representing

Diploma, M.Sc. and Ph.D. in Community Health

for Academic Program Review

Barbara Roebothan R.D., Ph.D.

Co-ordinator of Graduate Studies

Division of Community Health and Humanities

Introduction

The Division of Community Health and Humanities was designated a separate unit within the Faculty of Medicine in the early 1970s. It is a growing and vibrant division contributing to the education of students, both undergraduate and graduate; health research, encompassing a broad spectrum ranging from theoretical investigations to community participatory events; and community service, to both the university and the broader community (1-3).

The Division of Community Health and Humanities (CHH) offers a number of programs for graduate study. The most recent addition to these programs is the Masters in Public Health (MPH) which now has two active streams, Population and Public Health and Nutrition/Dietetics, registering incoming students for the first time in 2008 and 2010 respectively. In 2002 CHH accepted its first graduate students into the Applied Health Services Research Program (often referred to by the acronym ARTC), a collaborative initiative supported jointly by a number of universities in Atlantic Canada. However it is the diploma, Master of Science (M.Sc.) and Doctor of Philosophy (Ph.D.) in Community Health which have historically formed the basis of graduate study in CHH. It is the intent of this report to highlight these latter programs, addressing such issues as program goals/objectives, student enrollment , program outcomes, curriculum, teaching, and other related factors. The primary focus of this overview was on the period from 2006/07 to the present as the last self-study for academic program review of Graduate Studies, Faculty of Medicine was submitted in 2006. Therefore most of this self-study addresses our current status and our recent past. This report however concludes with some remarks pertaining to the future, especially as it pertains to the diploma, M.Sc. and Ph.D. programs in Community Health.

Data Collection Process

This program self-study was conducted by the co-ordinator of Graduate Studies, CHH, considering guidelines suggested by *Revised Procedures for the Review of Units and Programs* (4). Many individuals were consulted including Christa McGrath, the Academic Program Administrator of graduate programs, CHH; Dr. Shree Mulay, Divisional Head CHH and Associate Dean, Faculty of Medicine; Sandra Meadus, Administrative Assistant to the Divisional Head; Krista Fowler, secretary, CHH, and some current and past graduate students of CHH. Consultations were also made with representatives of the Office of Research and Graduate Studies, Faculty of Medicine and both Dr. Catherine Donovan and Dr. Rick Audus, faculty members and co-ordinators of other graduate programs offered through CHH. Memorial University has developed copious literature, in both electronic and printed forms, pertaining to its activities and program offerings. The literature used for the development of this report is cited throughout and presented altogether on page 15.

The assignment of specific program self-studies was made by the acting Associate Dean, Research and Graduate Studies, Faculty of Medicine. All three CHH program self-study reports were submitted to the Associate Dean, CHH, for co-ordination and final submission to the Office of Research and Graduate

Studies, Medicine. It is that office which developed the Academic Program Review for graduate studies, Faculty of Medicine, Memorial University of Newfoundland.

Unfortunately CHH has not maintained an adequate database to allow easy monitoring of many issues addressed in this report. Some data are therefore unavailable. When data from multiple sources did not coincide, data from the divisional annual reports were used. Occasionally data are presented in tables/figures which has not previously been made available in print. Such data came from electronic files maintained by Christa McGrath, Academic Program Administrator of Graduate Programs CHH.

Goals and Objectives

One goal of CHH is to offer graduate programs which aim to "…promote health and improve the quality of life in society…" through its students by helping them to develop "…an understanding of factors that contribute to health and illness…" but probably of greater importance to "…build… the capacity to create change, [to] create… 'new' knowledge, [to] share…and engage…in research in and with the community, and [to] serve… as a resource for the community." (3, p.1)This is a lofty goal but one which coincides well with the mission statement of Memorial University of Newfoundland which identifies this institution as "…an inclusive community dedicated…" of course to "…excellence in teaching and learning, research and scholarship…" but also"…to public engagement and service." (5, p.3).

Memorial University has set many broad institutional goals to which our division, through graduate programs such as the diploma, MSc and PhD in Community Health, especially aspire. These include the university's commitment to enhance its "…contribution to the economic, cultural and social development of [the provincial community]…", and to provide students with both "…the skills and high quality educational opportunities needed to succeed."(5, p.5). Not only do all three of these programs require the completion of coursework updated and offered by the guidance of an intellectually vibrant, capable and active faculty (2) but they also require the completion of at least two graduate seminars (MED6400/01/02/03,MED6410/11/12/13) a number of which are focused on the introduction and attainment of skills planned to support the student's more formal in-class education. In addition students of the M.Sc. and Ph.D. programs complete an individualized research program guided by a supervisory committee with members chosen by the expertise which they can provide for each student undertaking a specific research endeavour. Such guided research develops both practical and analytical skills in students. Many of the research projects conducted by graduate students through our M.Sc. and Ph.D. programs have a strong emphasis on community, especially the provincial community. A few theses titles among the many which illustrate research conducted by students in these programs supporting the study and development of the NL community include, *The Adequacy of Vitamin E and Vitamin C Intakes by Residents of NL and its Possible Relationship to Diabetes Status* (M.Murphy), *Barriers and Facilitators to Health for People Living with HIV/AIDS in NL* (S. Cutler), *Nutritional Health Promotion in NL: an examination of the potential roles of family physicians and Canada's Food Guide in promoting nutritional health among NL residents* (T.L.Weir), *Familial and Hereditary Colorectal Cancer Screening in NL: specialists' knowledge, attitude and practice patterns* (J.MacEachern), *The Aging*

Population and its Impact on Health Outcomes in NL (F. Liu), *Characterization of Individuals residing in the Province of NL who Consume Native Grown and Locally Available Foods* (S. Iqbal)*, Prevalence of Cardiovascular Disease Risk Factors in Young NL Adults Living in Rural and Urban Communities* (S. Kettle, 2000) and *Association of Continuity of Family Physician Care with Healthcare Service Utilization in NL* (J. Knight) (2,6,7).

The fact that the supervisory committees guiding the CHH students' research represent faculty from many disciplines across campus and indeed many institutions apart from Memorial University illustrates our support of the broad institutional goal of fostering "…an environment of cooperation and unity of purpose across all campuses, faculties and schools." (5, p.5). CHH has established numerous clinical/adjunct/joint/cross appointments with experts representing a variety of disciplines within Medicine but also units throughout Memorial (including the Faculty of Nursing, Student Counselling Centre and Faculty of Arts) and even units external to the university such as the NL Centre for Health Information, the NL Centre for Applied Health Research and the Department of Health and Community Services, Province of NL (2). Our enthusiastic participation in the current Academic Program Review of Graduate Studies, Faculty of Medicine also illustrates our support of yet another of the University's broad institutional goals which is to "Continuously improve the transparency and accountability of Memorial's operations." (5, p.5).

Student Intake / Program Outcome

Student Selection Process

Applications for entry to the diploma, M.Sc. and Ph.D. programs in Community Health must be submitted to Memorial University by February 1 to be considered for the following September intake of students. This application deadline date is presented on the Division of Community Health and Humanities website with admission requirements under each specific program (3). Applications are submitted by students directly to Memorial University's School of Graduate Studies. After initial processing they are forwarded to CHH via the Office of Research and Graduate Studies, Medicine. CHH has a nine member Graduate Studies Committee (one graduate student, two support staff and six faculty including the Divisional Co-ordinator of Graduate Studies and the Divisional Head). A subcommittee of the Graduate Studies Committee, the selection committee, reviews all applications and objectively selects students on academic merit. Selected students are recommended for admission. The number of students selected yearly is rarely limited by the number of applicants, as these are normally in excess of the number of students which can be accommodated by these three programs. Figure 1 illustrates the number of students who applied for entry to the diploma program in recent years, the number who were recommended for admission by the selection committee, and the number of students who accepted the offer for entry. Figures 2 and 3 present similar data for the M.Sc. and Ph.D. programs in Community Health respectively (2,6,7).

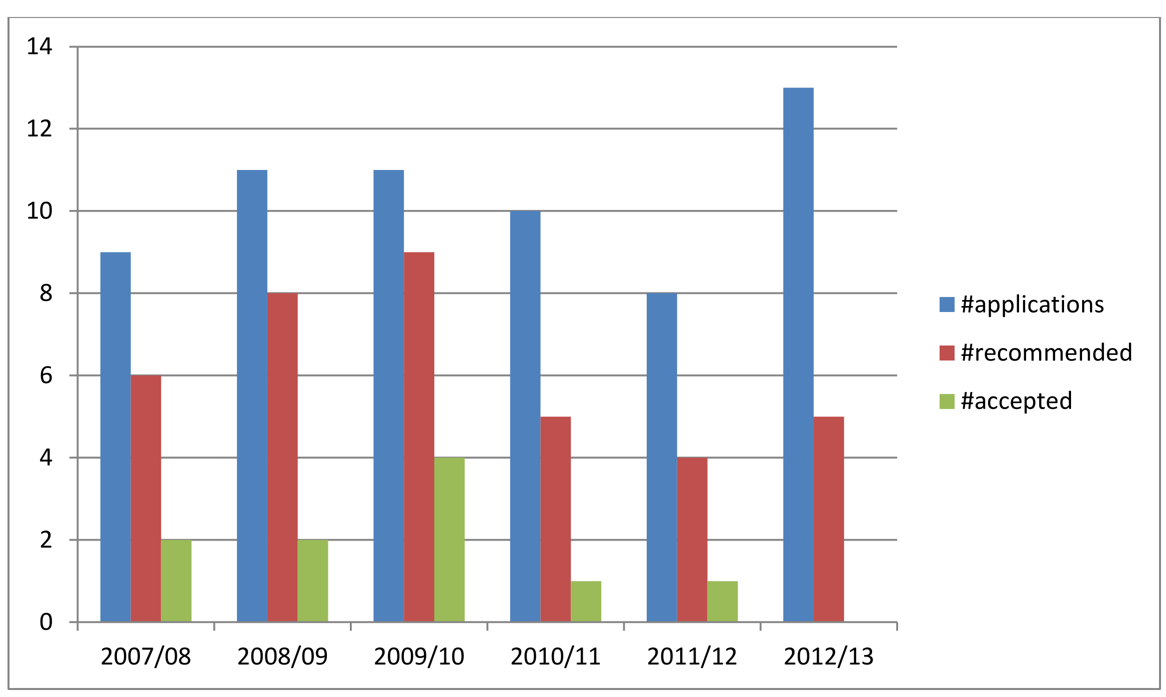

Figure 1. Diploma Program in Community Health: number applications, recommendations and acceptances with time.

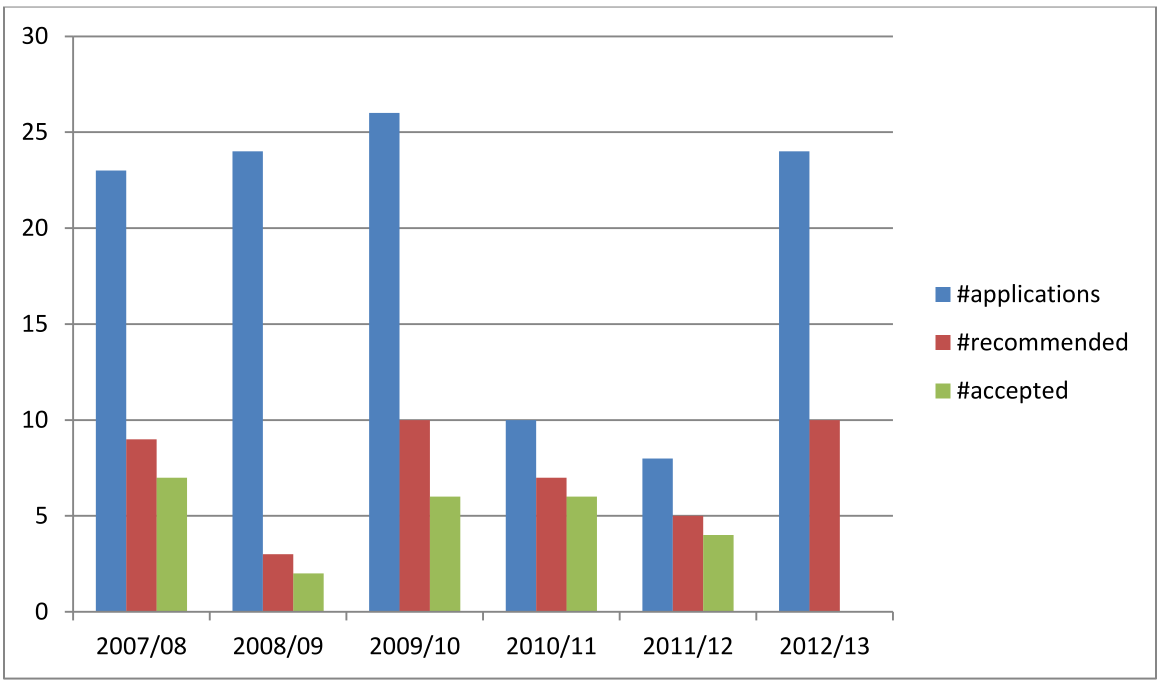

Figure 2. M.Sc. in Community Health: number applications, recommendations and acceptances with time.

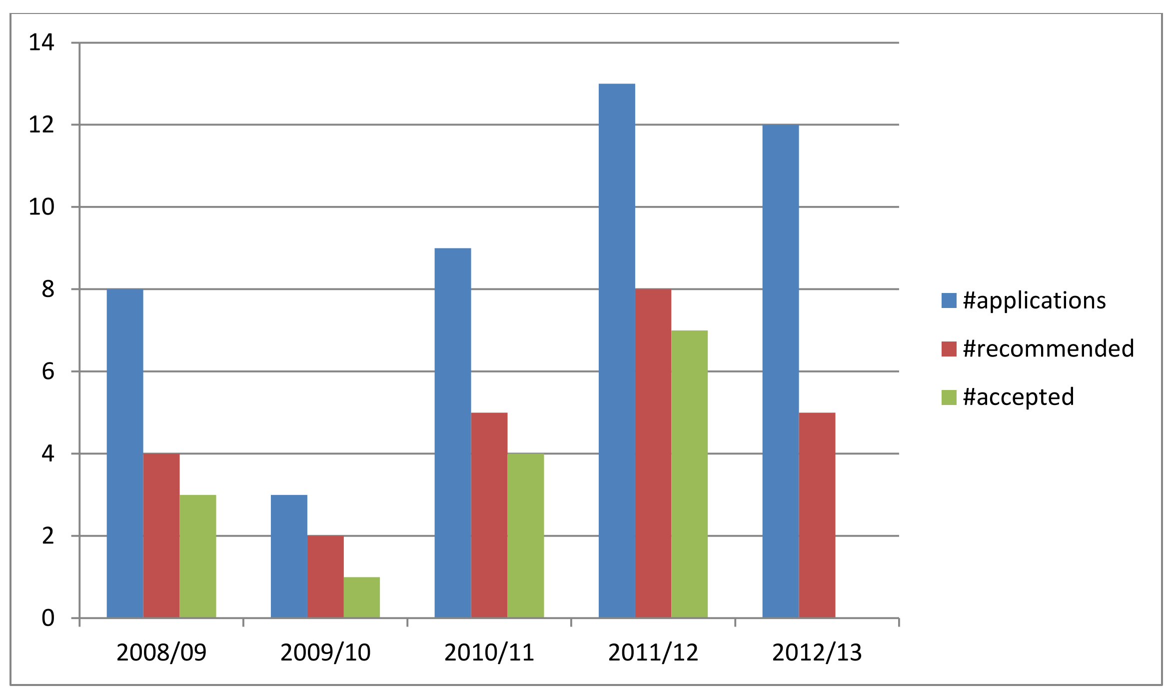

Figure 3. Ph.D. in Community Health: number applications, recommendations and acceptances with time.

As there is a research component to the MSc and the PhD programs, each student accepted into these programs must have an individual academic/research supervisor. In addition any applicant who would like to study as a full-time graduate student with the Faculty of Medicine must have adequate funding in place. It is the availability of a suitable supervisor and/or funding which normally limits the number of students accepted into the M.Sc. and Ph.D. programs in Community Health. As diploma students do not undertake an individual research project limitations on acceptance of students into this program is largely determined by class size limits. For example, if there is a class size limit of 30 students for Epidemiology I in the upcoming fall, a course required for multiple CHH graduate programs including the diploma in Community Health, and 22 seats are designated for incoming MPH students, four for M.Sc. students and two for Ph.D. students, then there will be room to accept two students into the diploma program (22+4+2+2=30).

Some institutions monitor their intakes of non-traditional students, male versus female students and/or representatives of visible minority groups. Such monitoring has not been done historically by CHH. We pride ourselves in selecting students as objectively as possible and based solely upon the contents of their submitted applications and this may be in part why such data have not been collected in the past. Nevertheless this information could be recorded after student selection is complete and probably should be.

CHH is aware of the institutional goal set by Memorial University to increase the number of international students (5, GOAL 4). The division supports growth in the diversity of its student population. Faculty members are encouraged to consider the acceptance and supervision of foreign students applying to our graduate programs. However it should be noted that procuring adequate funding for full-time status is often a challenge for foreign students (non Canadian citizens).

Student Enrolment

The annual intake of new students into the diploma, M.Sc. and Ph.D. programs in Community Health varies from year to year but in total represents approximately 10-12 students (7 in 2008/09, 11 in 2009/10, 11 in 2010/11 and 12 in 2011/12 according to Figures 1-3)(2,6,7). The interest in these programs appears to be maintained when one reviews the numbers of applicants in recent years (Figures 1-3) however it could be argued that some students who may have been applying to the MSc and possibly even in the PhD in Community Health may now alternately be applying to the newer graduate program offerings such as the MPH. Figure 4 suggests that a trend to maintain (or slightly drop) the total number of students registered in Community Health graduate programs (M.Sc. and Ph.D.) approximately coincides with the introduction and growth of the MPH. Figure 4 shows the distribution of all graduate students among graduate programs being offered by CHH in recent years (2,6,7). It is challenging to maintain the number of students in the M.Sc. and Ph.D. programs maybe in part due to the competition for students by other CHH graduate programs but probably more due to the fact that each student requires the supervision of at least one faculty member of CHH and that that same pool of faculty members is responsible for the teaching and supervising of a continuously growing total number of CHH graduate students. There has been an introduction of new graduate programs in CHH such as the MPH in 2008 and the Applied Health Services Research program (ARTC) in 2004. According to the data presented in Table 1, the total number of graduate students registered in programs offered by CHH increased from 53 in the 2006/07 academic year to 76 in 2011/12. The data used in Figure 4 plus the total number of graduate students registered in all CHH graduate programs with time in recent years is presented in Table 1 (2,6,7). Although the number of students registered in the diploma program is usually very low, these data are not available for 2006/07 and 2007/08 and so the total number of graduate students in CHH may be underestimated in these two academic years by Table 1.

It should be noted that students take different time periods to complete their graduate programs. Figure 4 and Table 1 include information on all students registered in CHH graduate programs without considering the year of each student's study or whether the student is registered in a full-time or part-time program. The number of full-time versus part-time students varies yearly. We try to accommodate the needs of students as much as possible. Some students change their status in this regard part way through their graduate program. A recent distribution of Community Health graduate students by full time and part time status (2011/12 academic year) is presented in Table 2 (personal correspondence with C.McGrath).

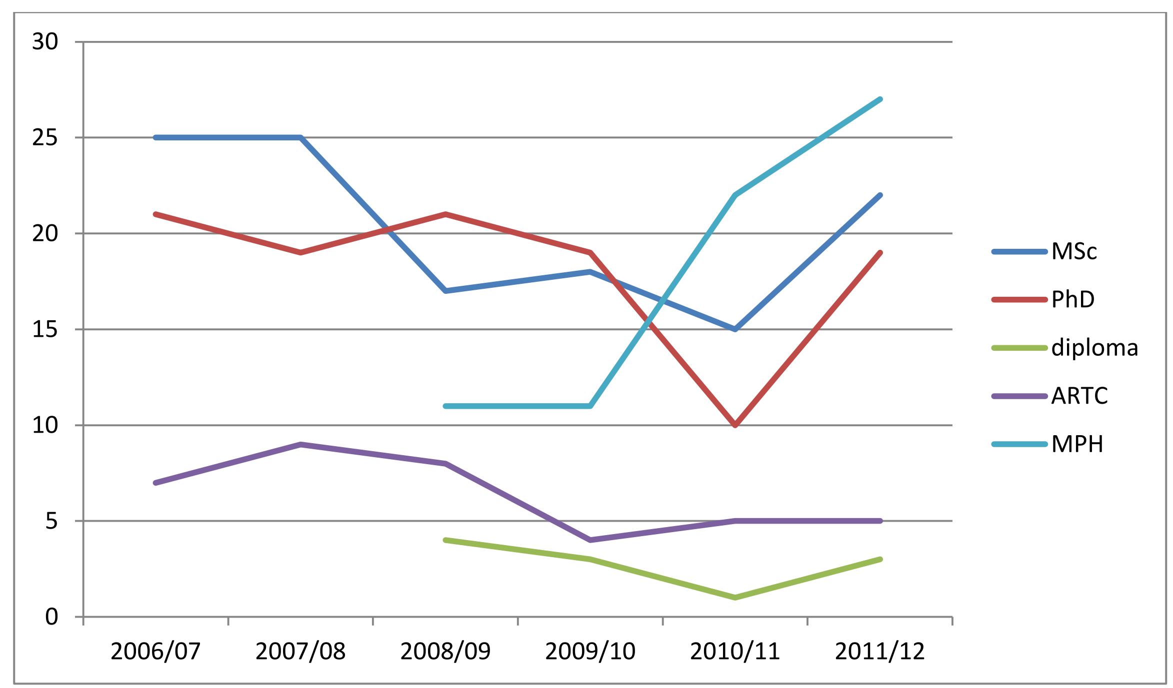

Figure 4. Distribution of all Graduate Students of CHH by Program, 2006-2012

Table 1. Distribution of all CHH Graduate Students by Program and Total Number of Students, 2006-2012

	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Diploma	*	*	4	3	1	3
M.Sc.	25	25	17	18	15	22
Ph.D.	21	19	21	19	10	19
ARTC	7	9	8	4	5	5
MPH	0	0	11	11	22	27
Total	53	53	61	55	53	76

*Data unavailable

Table 2: Graduate Students in Community Health by Full Time/ Part Time Status, 2011/12

	Full Time	Part Time	Total
Diploma	3	0	3
MSc	14	7	21
PhD	8	10	18

Memorial University supports a policy which states that a graduate student will normally have seven years to complete his/her graduate degree whether it is undertaken on a full-time or part-time basis. As graduate students have a variety of extracurricular factors which influence their programs of study, some do drop out of their programs before they are complete. Although the 2006/07 academic year was especially troublesome in this regard with six Ph.D. students dropping out and one diploma student being required to withdraw for academic reasons, there has been 100% retention of graduate students of Community Health since that time. However there has been some transfer of students from one graduate program to another within the Community Health offerings (M.Sc. to Ph.D., Diploma to M.Sc., M.Sc. to Diploma and Ph.D. to Diploma)(personal correspondence with C.McGrath).

Resources

Many resources are required to support the graduate programs in Community Health offered through CHH but they can generally be categorized into human, physical and financial. The human resources required to support these programs are the staff and faculty. It is difficult to evaluate the labour required to support these programs or the contribution made to these programs by individual faculty and/or staff as both the faculty and staff of CHH provide support for multiple graduate and undergraduate programs offered by Memorial University plus they provide a variety of other services to the university and the larger community. The faculty is also involved in research. However it can be stated that the time available to give to the diploma, M.Sc. and Ph.D. programs per support person in CHH is probably less than it was in 2006/07. This is due in part to the increasing number of total graduate students in all programs offered through CHH (Table1) but also due to the fact that the growth in support persons for these programs has not been as great as the growth in student numbers.

Although the total number of faculty has increased in CHH since 2006/07, the growth has likely not kept up with the growth in total number of graduate students, considering all CHH programs. CHH had 16 full-time faculty in 2006/2007(6), one of which had a primarily administrative role (Associate Dean Medicine and Divisional Head). Assuming that the Associate Dean had half of her time available for graduate program support then in 2006/07 the faculty support would have been equivalent to 15.5 full time equivalents (FTE). In summer 2012 the division had 20 full-time faculty with three filling roles which are primarily or entirely administrative (Associate Dean Medicine and Divisional Head, acting Associate

Dean Medicine for Research and Graduate Studies, and Vice President) (Table 3) (2, personal correspondence with C.McGrath). If the Associate Dean and Divisional Head position does provide 0.5 FTE to CHH graduate student support, the Associate Dean Medicine for Research and Graduate Studies provides 0.5 FTE of support and the Vice President position no longer provides significant support to CHH graduate programs, then the current faculty support is 18.0 FTE. The core faculty in CHH is supported by a number of individuals with clinical/cross/adjunct/joint academic appointments. Although staff cannot assist with teaching or research supervision they do provide very valuable support to the graduate programs as well. The number of staff providing support to all graduate programs offered by CHH has increased from six in the 2006/07 academic year to eight in the 2011/12 academic year (2,6). It could be valuable to compare these data with other Departments/Divisions in the Faculty of Medicine, Memorial University.

Table 3. Changes in Core Faculty and Staff Support since the last Academic Program Review

	2006/07	2011/12
Core faculty	15.5 FTE (16*)	18 FTE (20*)
Support staff	6	8
Total graduate students	53	76

*The number of core faculty does exceed FTE(full time equivalents) as one faculty member was in a largely administrative position in 2006/07 contributing an estimated 0.5 FTE to graduate student support. In 2011/12 two faculty members were in similar positions and a third faculty member was in a position which was entirely administrative with little or no time available to provide support to graduate students in CHH.

The growth in the total number of divisional graduate students provides a challenge to the faculty of CHH but it does support Memorial University's broad institutional goal of increasing graduate enrollment (5, GOAL 4). A number of faculty and staff of CHH also provide support to the undergraduate medical program and it is intended that the enrollment of incoming medical students will increase from 64 to 80 in the fall of 2013.

The growing total number of graduate students in CHH means that the physical space available per student is growing less as no new space has been allotted for CHH graduate student use. This is true for all graduate students of CHH regardless of program. Physical space for graduate students is inadequate in many divisions of the Faculty of Medicine. The 2006 Academic Program Review of graduate studies, Faculty of Medicine identified lack of available physical space as an area to be improved. "The growth potential for graduate studies is severely limited by lack of space." (1, p. iv). It is unfortunate that no more space has been made available to CHH graduate students of any program since 2006 as the number of students has increased from approximately 53 to 76. A large extension of the building which houses Memorial University's Faculty of Medicine is now underway. Possibly more space for all graduate students will be found when that building is opened in 2013.

Tuition, Scholarships and Awards

Tuition fees associated with all Community Health graduate programs are stated on the CHH website (3). Due primarily to the support of the provincial government, Memorial University is able to keep student tuition fees among the lowest in Canada. This has a positive influence on graduate student recruitment. Some scholarships and awards are available to students to offset costs associated with their studies. These awards, their values and the criteria upon which applicants are judged are all included in the *Handbook for Graduate Studies in the Faculty of Medicine, Memorial University of Newfoundland* (8). Three new scholarships were awarded for the first time in the fall of 2011 to incoming students in the M.Sc. and Ph.D. programs in Community Health. The Shree Mulay Community Health Graduate Award (for one incoming M.Sc. or Ph.D. student), one Community Health Masters Student Award and one Community Health Doctoral Student Award are each valued at $6000. The intent is that this money would be matched by leveraged funding provided through the Office of Research and Graduate Studies, Faculty of Medicine to provide $12,000 for three incoming Community Health graduate students. $12,000 per year is the amount required to support a full-time graduate student.

Program Outcomes

Table 4 displays the number of students graduating from the Diploma, M.Sc. and Ph.D. programs in Community Health since the last Academic Program Review of Graduate Studies in Medicine (2,6,7).

Table 4. Number of Students Graduating from Community Health Programs with Time

	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Diploma	*	*	3	1	3	4
MSc	*	*	6	3	6	2
PhD	*	*	1	1	6	4
Total	9	5	10	5	15	10

*Official data are not available.

Individual faculty members do keep contact with past graduate students of CHH although this is largely an unofficial process. This is especially so for the M.Sc. and PhD. programs in Community Health due to the relationships which have been developed through research endeavours. Many of our past graduate students are employed in metropolitan St. John’s and attend

divisional seminars and presentations. Some past students even collaborate with divisional faculty members on research initiatives. Memorial University is hosting a student reunion in late summer of 2012. CHH is participating in this initiative.

We have not formally undertaken a survey of past diploma, M.Sc. or Ph.D. students to monitor their professional activities post graduation. However, such an investigation is now being undertaken for another graduate program offered by CHH. A list of all students graduating from the Community Health graduate programs, their theses topics and any rewards which they might have received are normally included in the Annual Report of the Division of Community Health and Humanities which is available through the divisional website (2,3,6,7).

There is a conscious effort by faculty to make improvements to the diploma, M.Sc. and Ph.D. programs in Community Health based upon feedback obtained from current students, past students and colleagues. One student representative sits on the divisional graduate studies committee. Graduate students are included in divisional social events. Graduate student representatives are normally invited to divisional retreats. CHH has hosted three divisional retreats since our last Academic Program review, one of which was entirely focused on a discussion of graduate studies.

Curriculum and Teaching

Curriculum

Curriculum and course contents are being upgraded continuously. For example, in 2008 there was a major revision of program requirements for all three Community Health Programs. The content of some graduate course offerings were altered and two new courses were introduced, MED6102 (Critical Theory) and MED6275 (Epidemiology II). The primary goal of the revision at that time was to allow students of the M.Sc. and Ph.D. programs to choose between a qualitative or a quantitative program of study. This should allow graduate students to be better prepared to focus on their chosen area of research. The program contents introduced at that time are currently posted on the divisional website for the Diploma and M.Sc. programs (3).

The Ph.D. program content has been revised very recently allowing students at this level to choose from three streams of study – Applied Health and Policy Research, Epidemiology and Biostatistics or Social Justice and Equity in Health. Students beginning their graduate studies at the Ph.D. level in Community Health in the fall of 2012 will enter one of these three focus areas for the first time. The divisional website has been updated accordingly (3).

When new courses and programs are introduced by CHH a specified process is followed. For example, a template has been developed internally for new course development. When a new course offering is

proposed by a faculty member a proposal for that course must be drafted according to the template. This is then submitted to the divisional Graduate Studies Committee. This committee provides feedback to the individual instructor(s) who submitted the proposal. Then the submission is redrafted and presented to the division as a whole. Once accepted by CHH then it proceeds to the official Memorial University review procedure.

Faculty/Teaching

As Table 3 illustrates there are 20 individuals who currently make up the core faculty component of the Division of Community Health and Humanities. They contribute a wide range of expertise which is identified on the divisional website (3). Three of our faculty members are currently in roles which have a large or primary administrative component. Faculty are supported by staff and a variety of clinical/cross/adjunct/joint appointments. There is a minimum amount of support which must be provided to the division by those who hold such an appointment.

The same core faculty members are responsible for teaching in all CHH graduate programs. As in many departments/divisions at Memorial University, most members of the core faculty are also responsible for teaching undergraduate students, primarily in the Faculty of Medicine. There is an expectation that all core faculty maintain an active research agenda. Also some degree of service is also expected, at a divisional, university and/or larger community level. One challenge in a division such as Community Health and Humanities is that service tends to play a bigger role in the function of many core faculty members as compared to faculty in other divisions. Some faculty members have formal arrangements to provide services to such off campus organizations as the Eastern Regional Health Authority. Networking with community groups is necessary to maintain the rapport required for maintaining community research networks. Memorial University does encourage collaborations of faculty members with both the public and private sector (5, GOAL 9).

The quality of graduate teaching has not formally been assessed by CHH to date. However, in 2011 an Education Committee was struck within the division in part to develop an assessment tool for this purpose. The committee is also investigating how assignment of duties to individual faculty members within the division can be more equitably distributed.

In Summary: The past, the current and the future

The Division of Community Health and Humanities offers educational training at both the graduate and undergraduate levels. Graduate offerings include the diploma, M.Sc. and Ph.D. in Community Health but also two more recently introduced graduate programs. This report addresses, to some degree, where the division has come since the 2006/07 academic year and where it is today. It is a division with broad expertise from which both the university and the larger community can, and do, draw support. It is growing in both student number and faculty complement. Future challenges may encompass-

- Establishing a broader, more encompassing data base to monitor such issues as
    - incoming students
        - characteristics
        - number
        - identification of potential pool
    - students registered in CHH programs
        - characteristics associated with success
        - numbers of program drop-outs
        - time it takes to complete program and associated factors
        - internal transfers from program to program
    - program graduates
        - characteristics
        - professional placements and professional successes
        - general feedback on program offerings
- Ongoing adaptations of graduate program offerings to ensure an appropriate balance between
    - Continued offerings of largely course-based programs to meet the needs of potential students (MPH, Population and Public Health stream)
    - Maintaining the offering of graduate programs with a research focus (M.Sc. and Ph.D. in Community Health; MPH in Nutrition/Dietetics) to help meet the research needs of individual faculty members, students and the community at large.
- Evaluating the varied time commitments of faculty such that their assignments by and contributions to Memorial University are equitable.
- Ensuring that adequate physical space is available to meet the needs of all CHH graduate students.
- Ensuring that adequate financial incentives are in place to maintain a high quality of research students.

The Division of Community Health and Humanities is growing in size and thus is able to exert a larger influence on the Faculty of Medicine and Memorial University overall. Ironically in many ways it is also growing in cohesiveness. It encompasses a vibrant faculty, staff and student body with a lot to contribute to the larger institution and it is strategically located to make a substantial contribution to Memorial University's future focus towards community engagement.

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3) **Division of Community Health website**

http://www.med.mun.ca/CommunityHealth/Home.aspx

4) **Revised Procedures for the Review of Units and Programs**

http://www.mun.ca/vpacademic/Revised_APR_Procedures_Web_FINAL.pdf

5) **Memorial University of Newfoundland**
Strategic Plan
Strategic Plan Targets and Indicators

http://www.mun.ca/strategicplanning/strategicplanjan25webfinal.pdf

6) **Annual Report**
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Division of Community Health and Humanities
Faculty of Medicine
Memorial University of Newfoundland
Graduate Students
2011-2012

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Master's in Applied Health Services Research (MAHSR)

Background

Memorial University is part of the Atlantic Regional Training Centre, (ARTC) which is a region-wide initiative to offer graduate level training in Applied Health Services Research. The Centre's members are Memorial, University of New Brunswick (UNB) and University of Prince Edward Island (UPEI). Dalhousie University was part of the original partnership, but has left the ARTC. Saint Mary's University (SMU) is currently in the process of joining the consortium. The ARTC was funded for ten years with a significant grant from the Canadian Health Services Research Foundation. As the funding from this grant has now expired, the Centre is currently examining its programming and seeking out new opportunities for the future. More details about the Centre can be found at http://www.artc-hsr.ca/Home.aspx.

The ARTC offers a Masters in Applied Health Services Research (MAHSR), which is delivered entirely by distance by academics across the region. Students are required to complete seven courses (listed below) as well as complete a professional internship and a thesis. The program duration is 24 months. Full-time MAHSR students at Memorial receive at least the minimum stipend required by the Faculty of Medicine.

When CHSRF funding lapsed, the MAHSR had a one-year moratorium on taking on new students (2011-12). However, we are taking new students in September 2012.

Memorial has taken 3-5 new students in virtually every intake since the program inception in 2002. For September 2012, we have commitments from four new full-time students and one part-time student. The students are being funded from grants held by faculty members.

Since Memorial is one of three (soon to be four) partners in the Centre, it is beyond the scope of this APR to discuss the resourcing issues at these institutions. Under the current program configuration we have been able to find instructors to make the Memorial contribution to the program. This is our first year of taking students without CHSRF funding and we have been able to place five students, suggesting that there remains a strong interest in faculty to work with MAHSR students. However, as part of the Division of Community Health and Humanities we do share the same resource concerns outlined in the discussion of the Diploma, MSc and PhD programs.

Goals and Objectives

As stated on the ARTC website (http://www.artc-hsr.ca/The-Program/Objectives.aspx), the goals of the program (and by extension the ARTC) are to:

- provide an interdisciplinary training program that integrates theory and concepts with application and practice

- learn how to infuse evidence in policy development processes through post graduate training in research transfer and dissemination strategies

- further students' understanding of public policy through an understanding of diffuse decision-making environments which affect the use of research in making decisions;

- understand knowledge requirements of decision-makers and the role of specialized environments in knowledge uptake

- build a curriculum centered on cross-cutting themes of ethics and values; evidence and critical assessment; contextual factors and decision environments; and critical appraisal of evidence.

Selection and Entry

Program entry has historically been competitive as the prospect of a significant stipend is an attractive option. Going forward, we do anticipate a need to do more marketing of the program to generate interest amongst both students and potential funders. While we were able to attract very strong students this year, the overall number of applicants was small. We believe this may be due to the onerous degree requirements (this will be discussed later).

We largely adhere to CHH's schedule with a single intake of students each September. We are, however, more flexible with admissions leading up to September. This flexibility has allowed us to take on students that we may not have been able to take on otherwise.

MAHSR Program Requirements

MAHSR students are required to take seven courses, complete a workplace practicum and write a thesis.

Courses:

AHS 6001 Canadian Health System
AHS 6002 Ethical Foundations of Applied Health Research
AHS 6003 Research and Evaluation Design and Methods
AHS 6004 Determinants of Health

AHS 6005 Policy and Decision Making
AHS 6007 Knowledge Transfer and Research Uptake
AHS 6008 Advanced Qualitative Methods
or
AHS 6009 Advanced Quantitative Methods[1]

Historically AHS 6005 and AHS 6009 have been taught by instructors at Memorial University. It is likely like that an additional course will need to be taught by Memorial instructors in 2012. Assuming Saint Mary's is able to join the partnership for 2013, we will revisit the teaching allocation and consider re-assigning courses as appropriate.

Our Graduates

Our graduates have taken up diverse positions, primarily in the health care sector. Many take jobs with the employers that sponsored their internships. Others have gone onto further education (including PhDs, Medical School and Law School). While we have not done a formal evaluation of the employment outcomes of our graduates, most, if not all, have had their career trajectories improved following the completion of the MAHSR and many have become professional colleagues and collaborators with faculty. We believe the success of our graduates speaks to the quality of the students that we accept into the program and the quality of the education they receive in pursuing the MAHSR. A full list of graduates, their theses topics and supervisors is provided in Appendix 1.

The Future

The ARTC is at something of a crossroads. We are currently in the process of reviewing our current MAHSR, with a tentative plan to divide into two streams, tentatively referred to as a 'Research Stream' and a 'Professional Stream'. Our belief is that the MAHSR's current program requirements are too much and may be an impediment for students to apply. Compared to our MPH, which includes ten courses and a practicum or the MSc, which includes six courses and a thesis. The Professional Stream will include eight courses (six compulsory and two electives) and a practicum. The Research Stream will include six courses and a thesis. We believe this will make it easier to find external funding for Research Stream students (who will require funding as per RGS regulations) as they will have fewer program requirements in addition to their thesis. These students would be expected to complete in six semesters. Professional Stream students could be part-time or full-time and more widely distributed geographically since all courses will continue to be provided by distance. Tentatively, we would expect that this degree could be

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[1] Students choose either Advanced Qualitative or Advanced Quantitative Methods depending on their thesis topic.

completed in three semesters on a full-time basis. However, it is expected that this stream will be particularly attractive to part-time students, who could complete the program in 2-3 years.

We believe the long-term viability of the program requires that we increase the throughput of students and we see streamlining the current program and adding a professional stream as being vital to keeping the student numbers at a level that is economically viable. Furthermore, by giving research oriented students an opportunity to more quickly engage in active research will be important for our funding model, which relies on students getting funded to participate in specific research projects or to take on research projects funded by health authorities, provincial departments of health or other agencies and NGOs in the health sector. To be of value to these organizations, students will need to be able to start to engage in the research process early in their programs of study and remain engaged throughout.

Conclusion

We believe that the ARTC is an exemplar of how institutions can cooperate across the region to develop and deliver academic programming that each institution would find challenging, if not impossible, to independently offer. We believe that with the expiry of CHSRF funding that the program will need to be changed to increase student intake and to make funding students attractive to grant holders and external bodies, we have a tentative plan in place to accommodate this.

Appendix One: MUN ARTC Graduates

Roger Chafe (NOTE: He rolled over to the PhD in Community Health)

Supervisors: Dr. Doreen Neville and Dr. Thomas Rathwell

Thesis: An examination of three types of heath care resource allocation decision

Amanda Hancock

Supervisor: Dr. Diana Gustafson

Thesis: An exploration of HIV testing policy and services through a social justice lens

Emma Housser

Supervisor: Dr. Maria Mathews

Thesis: Out-of-pocket cost of cancer for cancer patients

Jill MacEachern

Supervisors: Dr. Daryl Pullman and Dr. Maria Mathews

Thesis: Familial and hereditary colorectal cancer screening in NL: Specialists' knowledge, attitude, and practice patterns

Erin Mayo

Supervisor: Dr. Maria Mathews

Thesis: Spousal perspectives on factors influencing recruitment and retention of rural family physicians

Etienne Orr-Ewing

Supervisor: Dr. Daryl Pullman

Thesis: Governmental decision makers' views' perceptions, and concerns regarding privacy and confidentiality issues surrounding personal information, personal health information, and electronic health records in NL

Amanda Park

Supervisor: Dr. Maria Mathews

Thesis: Understanding women's reasons for having or declining maternal serum screening

Valerie Penton

Supervisor: Dr. Diana Gustafson

Thesis: Assistive technology provision: An assessment of services and supports in NL

Kara Roberts

Supervisor: Dr. Barbara Roebothan

Thesis: Assessing the impact of an exposure based intervention on elementary school children's liking, willingness to try, and tasting of three new fruits

Melissa Sullivan

Supervisor: Dr. Rick Audas

Thesis: Why are fewer medical students choosing family medicine as a career choice?

Jennifer Thornhill

Supervisor: Dr. Diana Gustafson

Thesis: Atlantic Canadian daily newspaper coverage of wait times for medical services

Academic Program Review 2012
Master of Public Health

Description

In the wake of SARS, effort focused on building public health capacity in Canada. As such, Newfoundland & Labrador conducted its own review of public health capacity which supported the need for opportunities to advance academic training in public health for the existing workforce. It also indicated a need to train new workers who can contribute to public health in diverse roles and settings. As a result of this review and extensive consultations held with the public health community, a program to meet both community and student need was developed – the Master of Public Health (MPH).

The MPH program was developed using the ***Guidelines for MPH programs in Canada, July 2006** and **Core Competencies for Public Health in Canada Release 1.0 (Public Health Agency of Canada).***

Program & Course Objectives are based on the core competencies which include the following:

- Public Health Sciences
- Assessment and Analysis
- Policy and Program Planning, Implementation and Evaluation
- Partnerships, Collaboration, and Advocacy
- Diversity and Inclusiveness
- Communication
- Leadership

The Public Health/ Population Stream:

This program stream offers an advanced program of study for students from various fields who are interested in a professional degree which will prepare them for practical work in a variety of public health practice settings. There is no thesis requirement. Students complete 8 core courses, 2 elective courses, 2 seminars, and a practicum or capstone project. The program is available on a full-time or part-time basis. Students studying full-time will complete the program in one academic year

Program Requirements:

MED6200 - Biostatistics
MED6270 - Epidemiology I
MED6288 - Health Policy
MED6725 - Public Health Leadership
MED6724 - Communicable Disease Prevention & Control

MED6723 - Health Promotion
MED6722 - Environmental Health
MED6721 - Disease and Injury Prevention
2 electives
MED6700-6701 - 2 public health seminars
MED6710 - Workplace Practicum **or** MED6711 - Capstone Research Project

Nutrition/Dietetics Stream

This program stream offers an advanced program of study for students who wish to pursue a career in dietetics or community nutrition. It offers an opportunity for advanced academic study in the area of public health with a qualifying internship that will permit practice in the field of dietetics. Students complete 6 core courses, 2 seminars, a dietetics internship, and a research project.

Students will develop skills in the area of wellness maintenance, public health nutrition, and disease prevention. The program is only available on a full-time basis. Students will complete the program in 24 consecutive months.

Program Requirements:

MED6280 - Community Health Research Methods
MED6725 - Public Health Leadership
MED6200 - Biostatistics
MED6270 - Epidemiology I
MED6730 - Professional Practice
MED6731 - Community Nutrition
MED6700-6701 - 2 public health seminars
MED6733-6736 - Dietetic Internship I, II, III, IV
MED671A/B - Research Project

A. Program Objectives

MPH Goal and Objectives
Goal

To prepare graduates, skilled in public health practice, to make a contribution to promoting health and preventing illness and injury in their community.

Objectives

1. To offer a combination of quality academic and professional training in different areas of public health.

2. To ensure the academic program is designed and delivered to the national standard identified in "**Guidelines for MPH programs in Canada, July 2006",** Public Health Agency of Canada **.**
3. To ensure graduates demonstrate proficiency in the public health core competencies.
4. To offer students an engaging and productive learning environment.

*"Core Competencies For Public Health In Canada Release 1.0" Public Health Agency of Canada

Based on student performance, supervisor evaluations and subsequent student success these objectives have been meant to date.

Annually there are course and program reviews with students. There is an overall program debriefing conducted at the end of each semester. This is an informal discussion held with the program coordinator. Generally the students indicate that course objectives are met, feel that they are prepared for the practicum phase of their program and are overwhelmingly positive in these reviews, although they always have constructive suggestions for improving courses and the program. The 2011/12 cohort identified more concerns than previous classes. These concerns were also documented in a Student Focus Group conducted by staff from the Academic VP's office. (Appendix A). These issues have primarily focused on coordination of assignments, weighting of assignments, inclusion of more practical experiences and delivery of distance courses. These concerns are addressed individually with course faculty and in coordination with all faculty teaching in the MPH in an annual planning session. Training in D2L occurred last fall and a more comprehensive workshop is planned for this spring to assist faculty in delivery of distance courses. A calendar of assignments is being created to try to address coordination. A new instructor has responded to concerns expressed regarding MED 6220 by the 2010 graduating class.

A long-term follow-up evaluation (Appendix B) will be conducted with the first five cohorts in the program. This speaks not only to the courses but also the MPH programs capacity to prepare them for their future endeavours. To date this evaluation has been completed with 3 cohorts. The results of the evaluations conducted to date are consistently positive although some issues have been identified and addressed. It is important to note that number completing the evaluation is still small. The 2 year follow-up with the first class identified limitations in terms of professional preparedness related to job search skills and identification, as well as issues related to policy. The later has been addressed in adjustments to courses MED6288 and MED6725 and there are current plans to look at the issue of professional preparedness through an existing course in professionalism MED6730.

Site supervisors for the practicum component of the program are asked in their final evaluation if the student is adequately prepared for their positions or if there are any

notable gaps in their public health education. To date all evaluations from site supervisors indicate the students are appropriately prepared.

University Strategic Plan

The MPH program supports several goals in the University Strategic Plan: Innovation in program delivery, growing academic programs, responding to demand, increasing graduate enrollment, enhancing distance program delivery, accessibility, education opportunities in Labrador, partnership with aboriginal people and growing international student enrollment.

The number of applicants has increased in each year, as has intake although we are likely at our maximum intake for the foreseeable future. We now have all courses available for distance delivery and we continue to work with HSIMS to design creative solutions where there are still delivery challenges. We have practicum sites in Labrador and courses are taught from Labrador. Through the Aboriginal Health Initiative which includes the MPH program we have a partnership with all aboriginal communities in the province. We have reserved positions for international students, unfortunately they are challenged at time to accept these position because of immigration requirements, however we will continue to offer these spaces and make accommodation allowing for deferral to ensure that students can access our program.

Focus on Excellence

The Master of Public Health program was designed to align with the **Core Competencies for Public Health(2007)** and the **"Guidelines for MPH programs in Canada, July 2006"** designed nationally by an expert group in collaboration with the Public Health Agency of Canada. A national review of the application of MPH Program Guidelines was conducted in 2011 which included a survey and interview. The results were presented at the Canadian Public Health Association Conference, June 2011. In the process of reviewing the Guidelines relevant to the program at Memorial two issues were noted: we did not have goals and objectives articulated and our culminating experience was currently subsumed in the Practicum and as such not well defined. Goals and Objectives have been developed and a comprehensive paper has been included in the Practicum in which students reflect on their experience in relation to the program overall. An annual meeting is held with programs and Schools of Public Health across the country which provides an opportunity to discuss issues and concerns and to learn about new and promising practices.

Most students achieve an A average in the program and to date a student from each of the first 3 graduating classes has received the University Medal for Excellence for a course based Master. No student has failed the program to date.

B. Student Enrolment/Program Outcomes

Between 2008 and 2011, 51 students have been enrolled in the program, 29 students have successfully graduated. No students have left the program. A student in each of the (3) graduating classes to date has received the University Medal for Excellence in a Course Based Master program.

As referenced previously a long-term follow-up evaluation is being conducted with the first five cohorts in the program. To date this evaluation has been completed with 3 cohorts. Response rate has been about 40-50 % for first year graduates and only 1 or 2 graduates from previous years. Although small numbers, results of the evaluations conducted to date are consistently positive results. (Appendix B) 75-80% have secured suitable employment or continued on to professional schools of their choosing. (It should be noted that the first class for the Nutrition stream graduates in 2012 so has not participated in this long-term evaluation to date, they will be included next year. They have however participated in the informal discussion held with all students at the end of each semester.)

Student Quotes

"The MPH program surpassed my expectations. Due to my coursework I was able to secure a practicum with PHAC and a fulltime job following completion of my course."

"Knowledgeable instructors that care about student progress and concerns. The program also covers the core competencies for public health in depth."

Approximately 10 % of qualified applicants are offered a position. Student admissions have been limited because of faculty available for teaching and the potential for practicum opportunities. The program is committed to training NL students with a special commitment to students form aboriginal communities and international students. Of 55 students admitted since the program began, 1 student self-identified as coming from an aboriginal community and 3 international students have been admitted. At least 2 international students are offered a position each year however immigration issues have limited their capacity to attend. A space is reserved for a qualified aboriginal student from NL.

There are resource challenges including capacity for distance teaching, space for students in addition some challenges have recently been encountered in securing paid practicum opportunities, we have received a one time grant from the Dept. of Health & Community Services to address lack of funding within Regional Health Authorities. There is considerable demand for this program with close to 200 applicants currently for approximately 20 full-time positions. With current faculty numbers, admissions must be restricted to ensure the quality of teaching and learning.

Population/Public Health Stream

	2008	2009	2010	2011	TOTAL (up to 2011)
# of Graduates	0	Fall: 8	Spring: 1 Fall: 8	Spring: 1 Fall: 11	29
# of Applications	8 National: 6 International: 2	78 National: 47 International: 31	119 National: 69 International: 50	187 National: 97 International: 90	392
# of transfer requests	4	1	0	0	4
Total Intake (# includes transfers)	11	9	13	18	51
Part time / Full time	3 PT; 8 FT	3 PT; 6 FT	0 PT; 13 FT	5 PT; 13 FT	
International Student(s) program	1	1	0	1	3
Withdrawal(s)	1	1	1	0	3

Nutrition/Dietetics Stream

	2010-2011	2011-2012	Total (up to 2011)
# of Applications	7 National: 7 International: 0	24 National: 22 International: 2	31
Total Intake	2	2	4

C. Curriculum and Teaching

The performance in course evaluations, response of practicum supervisors and subsequent success of students indicates that the curriculum in general is consistent with objectives, standards and calendar descriptions. When an issue is identified individual faculty responsible for courses are approached to address the problem. As the program is based on national guidelines it is relevant to needs in the public health environment and the presence of public health practitioners on faculty ensures that the material remains current. Student performance would indicate that the curriculum is being taught effectively although each year we identify and address areas which need improvement. We do not have significant areas of overlap with other departments although topics may be addressed in other curriculum particularly in the areas of determinants of health and health promotion. We have set up collaborations for teaching, for example faculty from

the Dept. of Geography assist with instruction on Geographic Information Systems. Where resources permit, students from other faculties have participated in our courses. The diversity of experiences represented by our students also provides an important learning environment.

At the inception of the program it had been anticipated that eventually specializations would be created in the areas of health promotion, public health information and primary care. This is not likely to be realized in the near term because of limitations in the number and suitability of faculty, space constraints and the reality that all faculty have teaching commitments in the undergraduate medical program which will increase in the size from 64 to 80 students and which will introduce an entirely new curriculum in 2013.

APPENDIX A

Student Focus Group
March 29, 2012

Master of Public Health Program
Faculty of Medicine

There were 16 students who participated in this focus group, including two students who took part via Eluminate Live. The main discussion points are summarized below, according to the four broad questions used to structure the session. For most of these points there was agreement or consensus from several students, unless otherwise noted.

What are your views on the organization of the program curriculum?

Only a few comments were made concerning the organization of the curriculum, as students noted the program is only one year in duration.

- It would have been useful to take the Biostatistics course before Epidemiology.
- Certain sessions within courses could be positioned earlier, such as diversity training and social impact.
- Aboriginal health as a topic could also be introduced at the beginning of the program and covered in more depth.
- A structured or recommended schedule of courses would be helpful for part-time students.

Is the content of the curriculum appropriate?

Relevance/Currency

- There was general agreement that a greater emphasis on current issues is needed, and it would be helpful if this were incorporated throughout all courses. The Policy course might be the best fit for this material as this would allow students to apply their course knowledge to practice.
- Students indicated the Nutrition course was focused toward clinical nutrition rather than public health nutrition. It would be beneficial to have a greater social focus and include the areas of food security and food systems.
- It was felt that there should be more opportunity for literature evaluation, to allow students to understand scientific literature and how to critique it. Epidemiology was identified as a course that would benefit from this. A "how-to" session on critiquing literature would be beneficial to guide or direct students on how to go about this and what information to look for.
- The project within the Epidemiology course involving analysis of a current issue would be a better fit within the Health Promotion course.
- Research Methods has a qualitative focus but quantitative is needed as well.

Course Objectives

- The clarity of course objectives varies across courses. Information concerning objectives is available in the course outline, but these objectives may not always be met. It would be useful to review the objectives at the end of the course to see how well they were met. A CEQ-type evaluation could be included.
- Some students noted a discrepancy between courses taught through D2L and those taught in class. Some examples noted were a reduced opportunity for discussion and variability in the organization of the course. The delivery mode is often impacted by class size; it was felt that students should all have access to the same delivery options (i.e., through different sections) for a course as students do not all learn the same way and may be disadvantaged if they want to do

a course in-class but have to take it online. Introduction to Community Health and Communicable Disease were identified as two courses that are good models for an online course.

Topic Areas

- The topic of Health Promotion should have a greater emphasis in the program, as some students noted they feel they cannot apply their knowledge fully in this area. It was suggested that covering health promotion throughout the lifespan would have been very beneficial and practical.
- There is some disconnect between course requirements and their value, as the amount of marks allocated to some assignments and other evaluative components do not always reflect the amount of time or work the students put into them.
- It was noted that Community Health is no longer a required course in the program but it was very practical.
- A general sentiment was that many aspects of the program could involve less theory and a greater focus on practical application.
- Students would like to see more opportunities for practical experience in the program overall.

Overlap

- There is some overlap and repetition between courses. An example given was overlap between the material covered in Community Health and that of other courses.
- There was a sense that greater collaboration between professors may help reduce overlap in content between courses.

What do you feel are the overall strengths of the program?

A number of strengths were identified for the program:

- The diversity of both the professors' and the students' backgrounds are a positive aspect of the program.
- Although there is some repetition of material between courses, this can provide different perspectives on the same topics.
- Guest speakers bring expertise to the course content.
- The small program size allows for contact and participation among students and instructors.
- All aspects of the Biostatistics course were excellent.
- Students appreciate opportunities to learn from each other through class presentations.
- The practical assignments are very good.

Are there aspects of the program that you think could be improved?

Expectations

- Both students and employers should have a greater understanding of what a MPH degree enables you to do. Students need a clear understanding of what to expect from the degree and the job opportunities it creates, and employers should be educated on what students with this degree can offer and the options it opens up.

Practical experience

- More opportunities for practical experience/application and an integration of these experiences throughout the program were identified as areas that would benefit the program. Some ideas related to this were raised: having the practicum divided into smaller sessions that could be started in the middle of the program after the basic courses are completed; having the practicum take place in the Winter semester and the remainder of coursework in the Spring; and creating opportunities for "job shadowing" (such as three-hour blocks of time) to provide students with an earlier introduction to the practical experience aspect.

Preparation for the workforce

- There was general agreement that a professional development aspect would add value to the program. Students expressed that they would like to learn strategies for getting into the workforce, how to "sell" themselves to employers, and career preparation in general. Graduate Studies offers profession al development sessions but these are normally during class time. A professional experience course would be valuable to introduce students to what career options are out there. It was also noted that speakers could provide information on what they do in their work on a daily basis.

Scholarships/Funding

- A lack of scholarship options for students in the program was identified and an area where improvements could be made. Students commented that they cannot apply for scholarships because their degree is not research based, but felt the program could assist in the development of scholarships. The general lack of opportunities for funding can be a limitation for both the practicum and career options.

Practicum

- Several points were raised in relation to the practicum component of the program. It was suggested that the program take advantage of opportunities to network with employers, as the program is new and needs to be promoted in the marketplace. There are differences in the number of practicum opportunities from one year to the next, but it was acknowledged that this could be due to a number of factors. As the program is practical-focused as opposed to research-focused, this can create limitations when there is a lack of funding. Despite this, students felt it was important that they know what is happening with the practicum opportunities. Currently students feel they are receiving limited or conflicting communication about this. Some students do find their own practicum but there is little lead-time to prepare to go elsewhere. Several students stated that although there will be differences in funding from year to year, the program should be prepared for this and the university should find alternate funds for the practicum. One suggestion was for the program to partner with the co-op education office to perhaps find ways to subsidize the practicum.

APPENDIX B

Masters in Population and Public Health Program – Student Evaluation III Results

Division of Community Health and Humanities
Faculty of Medicine, Memorial University
May 2012

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MPH Evaluation 2011 Survey Results

Demographic Section

1. What year did you start in the MPH program? What month and year did you graduate?

Of the 6 respondents, the 5 indicated they had started the program in 2010 and the remaining respondent started in 2009. NOTE: One respondent started the program then took a LOA then completed.

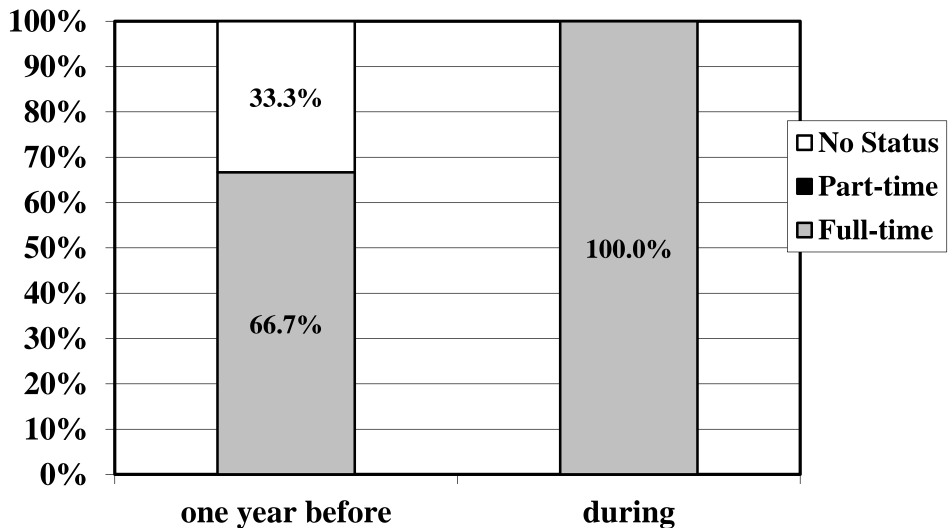
2. Gender and Age: All respondents were female and ranged in age from 24-29 years.

3. Highest degree before MPH: All respondents had completed a Bachelor's degree (BSc, BA, or BTech) prior to the completion of the MPH program.

4. Employment prior to entering the MPH program: Half of the respondents indicated being employed the year before their entry into the MPH program, of these all were employed part-time.

5. Student status the year before starting in the MPH program and during the program.

Prior to their entry into the MPH program, 4 respondents indicated they were enrolled as full-time students; 2 responded that they were not enrolled as a student prior in the year prior to their entry into the MPH program.



6. Principal source of funding for the MPH: All of the respondents indicated that they were enrolled as full-time students during their program. Of these, 4 were self-funded and 2 had student loans.

7. When asked why they chose to enter the MPH program respondents cited many different reasons (see quotes below), they focused on their field of interest, good job prospects, and that it was a practical program.

"As a backup to medical school. I also thought it would help me understand more public health/medical issues."

"I chose the program because I was interested in public health, wanted to enrol in a one year program (as opposed to two), and wanted to live in Newfoundland."

"I have always been interested in the health field and knew I would like to have a career in the area. The MPH program seemed like a wonderful opporunity to look beyond treatment and towards health promotion and prevention initiatives, a holistic approach."

"I was working in another industry and I thought the MPH would lead me to more supervisor roles within the same industry."

"I was interested in the Master's in Community Health but could not find a supervisor. This program was suggested to me instead. It was desirable as a one year intensive program."

8. Present activity (post completion)

In response to a question about their present activity (post completion), 2 respondents indicated they were full time students and 4 were employed; places of employment for these 4 included a public health organization, an educational institution, and a provincial or federal government or regulatory agency.

Course Evaluations

Respondents were asked to evaluate the courses and seminar series which make up the MPH program by rating course objectives on a scale from strongly disagree to strongly agree. Introduction to Community Health (Med6220) is no longer a required course for the program and has been replaced with Public Health Leadership and Management (Med6275).

Epidemiology I (MED 6270)

I feel confident in my knowledge of the following concepts and abilities:	*Strongly Disagree*	*Somewhat Disagree*	*Neutral*	*Somewhat Agree*	*Strongly Agree*
Knowledge of the basic terminology used in epidemiology	0	1	0	1	4
Understanding of how epidemiologic studies contribute to understanding of disease etiology and designing prevention strategies	0	0	1	0	5
Ability to understand and critique epidemiological studies in the literature	0	1	0	3	2
Ability to generate research ideas with a population perspective	0	0	2	1	3
Ability to perform computations commonly used in epidemiological research	0	0	1	3	2

Biostatistics I (MED 6200)

I feel confident in my knowledge of the following concepts and abilities:	*Strongly Disagree*	*Somewhat Disagree*	*Neutral*	*Somewhat Agree*	*Strongly Agree*
Descriptive statistics such as measures of central tendency, dispersion and association	0	0	0	4	2
Probability and probability distributions	0	2	0	4	0
Sampling distributions	0	0	1	4	1
Estimation of confidence intervals and sample size	0	0	1	3	2
Hypothesis testing, Type 1 and Type 2 error and statistical power	0	0	0	4	2
Analysis of variance	0	1	2	2	1
Regression	0	2	0	4	0
Analysis of frequencies	0	1	2	3	0

Policy and Decision Making (MED 6288)

I feel confident in my knowledge of the following concepts and abilities:	*Strongly Disagree*	*Somewhat Disagree*	*Neutral*	*Somewhat Agree*	*Strongly Agree*
Knowledge of approaches to policy/health policy development	0	0	1	3	2
Knowledge of the role of institutions, key stakeholders and values in health policy development, implementation and evaluation	0	0	0	3	3
Knowledge of the processes of policy implementation in decision making environments	1	1	0	2	2
Knowledge of the process and methods of policy appraisal and evaluation	0	1	1	2	2
Knowledge of the approaches to policy synthesis	0	1	2	1	2
Knowledge of the strategies for communication of policy relevant information to decision-makers	0	0	1	3	2

Public Health Leadership and Management (MED 6725)

I feel confident in my knowledge of the following concepts and abilities:	*Strongly Disagree*	*Somewhat Disagree*	*Neutral*	*Somewhat Agree*	*Strongly Agree*
Demonstrate a basic understanding of public health leadership and management practice	0	2	0	2	2
Be able to contribute to strategic planning, project management, quality management processes in a public health organization	0	1	2	1	2
Understand the framework within which public health policy decisions are or should be made	0	0	1	4	1
Be able to critically evaluate the leadership and management literature related to public health	0	1		4	1
Explain the relevance of those factors external and internal to the organization that impact upon the planning and evaluation of health services; collect, analyze, interpret, present and evaluate data required for health services planning in the context of producing public health services plans	0	1	1	3	1
Design a process for the preparation of a public health services plan incorporating a statement of philosophy, mission, organizational goals, program plan, implementation techniques and evaluation methods	0	0	3	1	2
Relate leadership and management concepts to the broader policy agenda of improving health of the population	0	1	0	3	2
Demonstrate basic knowledge of the skills and qualities required to be a good leader and critical thinking skills to foster continuous improvement in management	0	1	0	3	2
Demonstrate knowledge of the core competencies related to leadership as outlined by the Public Health Agency of Canada, Core Competencies	0	0	2	4	0

Communicable Disease Prevention and Control (MED 6724)

I feel confident in my knowledge of the following concepts and abilities:	*Strongly Disagree*	*Somewhat Disagree*	*Neutral*	*Somewhat Agree*	*Strongly Agree*
Understanding of the infectious disease process	0	0	1	2	3
Appreciation of the epidemiological basis for the prevention and control of communicable diseases	0	1	0	3	2
Ability to discuss common agents responsible for communicable diseases	0	1	0	4	1
The key principles, practices and systems related to communicable disease surveillance	0	1	1	2	2
Ability to conduct an outbreak investigation	0		1	1	4
Understanding of the principles and practices of immunization	0	1	1	0	4
Ability to recognize the key features of an effective communicable disease prevention and control program	0	3	0	3	0
Ability to recognize key relationships in the communicable disease control process from primary care to WHO	0	3	0	2	1
Ability to identify emerging communicable disease issues	0	1	2	2	1

Health Promotion (MED 6723)

I feel confident in my knowledge of the following concepts and abilities:	*Strongly Disagree*	*Somewhat Disagree*	*Neutral*	*Somewhat Agree*	*Strongly Agree*
Understanding of different perspectives and approaches to health and the promotion of health	0	0	1	4	1
Understanding of the complex relationship between the social, cultural, material, environmental, and bio-psycho-social influences of health and health inequities	0	0	0	4	2
Ability to discuss the social determinants of health and illness and its impact on population health	0	0	1	1	4
Ability to critically examine the concepts of empowerment and community capacity, as central features of health promotion and its mandate: "the process of enabling individuals and communities to increase control over and to improve their health."	0	2	0	0	4
Ability to review the central values underlying some common health promotion research and practices	0	1	1	4	0
Ability to work collaboratively to identify and discuss from a health promotion perspective, specific challenges in your area of interest	0	1	2	1	2
Show skills related to an interactive, respectful engagement in the communication and dissemination of issues related to the promotion of health	0	2	0	2	2

Environmental Health (MED 6722)

I feel confident in my knowledge of the following concepts and abilities:	*Strongly Disagree*	*Somewhat Disagree*	*Neutral*	*Somewhat Agree*	*Strongly Agree*
Understand the relationship between human health and the environment	0	0	0	3	3
Be familiar with common environmental health terminology	0	0	0	3	3
Know the basic principles of environmental health (i.e. Ecosystem perspectives, environmental agents, risk assessment, risk management, precautionary principle, environmental epidemiology, waste management, sustainable development)	0	1	0	4	1
Understand key principles and practices in maintaining food, water and ambient air quality.	0	1	0	2	3
Be familiar with key issues in environmental health at national and global level	0	1	1	1	3
Appreciate the impact of emerging issues such as climate change and its impact on human health	0	0	1	2	3
Be aware of key issues and occupational health practices in the work environment	0	0	1	2	3
Identify gaps in the current knowledge base concerning the health effects of environmental agents and identify areas of uncertainty in the risk-assessment process	0	0	2	3	1
Understand the role of public health in the management of environmental health issues	0	1	2	0	3

Disease and Injury Prevention (MED6721)

I feel confident in my knowledge of the following concepts and abilities:	*Strongly Disagree*	*Somewhat Disagree*	*Neutral*	*Somewhat Agree*	*Strongly Agree*
Ability to define and describe the broad application of the terms primary, secondary and tertiary prevention	0	0	0	1	5
Understanding of epidemiological methods to measure the impact of preventive interventions	0	0	0	2	4
Understanding of the prevention of disease or injury using a systematic evidence based approach to assessment	0	0	0	4	2
Understanding the principles, concepts and ethical aspects of criteria for screening	0	0	0	3	3
Ability to develop strategies for prevention using recognized approaches to diseases, conditions and issues	0	1	0	2	3

Public Health Seminar Series (MED 6700-6701)

I feel confident in my knowledge of the following concepts and abilities:	*Strongly Disagree*	*Somewhat Disagree*	*Neutral*	*Somewhat Agree*	*Strongly Agree*
Familiarity with the MPH program, its purpose objectives and organization	0	0	0	0	6
Familiarity with the governance and administration of public health at a local, provincial, national and international levels	0	0	2	3	1
Understanding of the specific legal and ethical issues relevant to public health	0	0	2	2	2
Knowledge of the key principles and processes of Health Impact Assessment	0	1	2	2	1
Appreciation for the special issues related to public health research	0	1	1	3	1
Understanding of emerging public health issues	0	0	2	3	1
Appreciation for the issues of global health and their relevance to public health	0	0		4	2
Knowledge of key principles and programs for health surveillance	0	1	1	2	2

Electives

Respondents listed five other courses as the electives they chose to complete during the MPH program (see below). The majority of respondents completed "Introduction to Community Health", "Community Nutrition" and "Issues in Northern, Rural, and Remote Health" as their electives.

Course	Completed this course	.. as a first elective	.. as a second elective
Introduction to Community Health (MED6220)	4	3	1
Adult Learning and Development (ED6802)	1	1	0
Cultural Issues in Counselling (ED6719)	1	1	0
Community Nutrition (MED6731)	3	1	2
Issues in Northern, Rural, and Remote Health (MED6277)	3	0	3

When asked to evaluate their elective courses, from poor to excellent, respondents said that all the electives ranged from "average" to "excellent", with the majority rating their electives as "good".

Please rank your elective by time taken	*Poor*	*Fair*	*Average*	*Good*	*Excellent*
First Elective	0	0	0	4	2
Second Elective	0	0	2	4	0
Overall	*0*	*0*	*2*	*8*	*2*

Please evaluate your elective by course	*Poor*	*Fair*	*Average*	*Good*	*Excellent*
Introduction to Community Health (MED6220)	0	0	1	1	2
Adult Learning and Development (ED6802)	0	0	0	1	0
Cultural Issues in Counselling (ED6719)	0	0	0	1	0
Community Nutrition (MED6731)	0	0	0	3	0
Issues in Northern, Rural, and Remote Health (MED6277)	0	0	1	2	0
Overall	*0*	*0*	*2*	*8*	*2*

When asked why they chose those electives, most respondents reported an interest in the issues covered by the course(s); however one respondent reported choosing an elective based on the perception that it would be easy (see comments below).

"Intro to Community Health: It was the only elective available that I knew of Community Nutrition: wanted an easy course"

"I chose the Intro to Community Health course because I thought it would be a great introduction to a topic of which I was not familiar and was going to need to become familiar with very rapidly. I chose Community Nutrition because I have always been very interested in nutrition"

"I chose the first elective because of my interest in how people learn. I believe that more health professionals should understand how people learn or take in information so that health information can be conveyed effectively. This course examined many theories and encouraged the class to apply theories to outcomes. Unfortunately, the nature of the class did not really allow for a health perspective, but it did provide opportunities for self-reflection. I took the second course because I was very interested in discussing health challenges in rural communities, as well as highlighting positive things that happen in smaller areas."

"Community health was recommended and rural health was an interest to me based on the first semester."

"I was interested in the first elective. I had limited experience with multicultural issues. Community health was required for my Master's as I started in 2009."

"They represent important areas in public health and preventative medicine"

When asked if the electives they completed were helpful/useful for the MPH program or their work, Community Health in particular was identified as a course that provided an excellent introduction to core concepts in public health. Three students suggested the Community Nutrition course was either too basic or offered too little new information. Two students felt the content of the course in Northern, Rural, and Remote Health could have been improved (see comments below).

"Intro to Community Health greatly improved my general knowledge about public health in general. Set up a good foundation. Community Nutrition - exposed me to some nutritional issues. I had already completed a similar course, and did regret taking it to a certain extent because I did not learn a great deal of information."

"Intro to Community Health was a great course and very useful for providing a foundation. Community Nutrition was largely repitition from other courses I have taken in the past, and thus less useful."

"The self-reflection activities of my first elective were very useful for both this program and my work. As professionals in any area we are typically in a position of authority or trust. To effectively serve the people we must be aware of our own values, beliefs, bias, and advantages. The opportunity to self-reflect is extremely important. The second course was also beneficial. In my work I am consulting and collaborating with people who primarily live in rural, remote and northern communities."

"Community health was extremely helpful and identified the core concepts of public health. I actually found that the students who did NOT complete this course were actually at a disadvantage and didn't understand core concepts. Diana Gustafson was an excellent professor. It was the first year of rural health and I think the content could have been much better. Although I appreciate the purpose of this course, it was disorganized at times and didn't cover (in my opinion) the core concepts of rural health. That being said, I think that once the course if offered for a longer period of time, it will be very valuable and informative. The first year of any course is difficult."

"First elective was useful, in that it gave me experience with dealing with multicultural issues in a workplace that includes many different people of many different ethnicities."

"Yes, however both courses could be improved. Nutrition was too basic and should focus more in a public health perspective. Rural needs to dive into more issues and challenges and incorporate guest speakers from many of the communities we discuss, who actually deal with these issue. We spend a lot of time on aboriginal health...an aboriginal guest speaker could be of value."

Public Health Practicum/Capstone Research Project

All six of the respondents completed the public health practicum. The rated the practicum from "fair" to "excellent", with the majority rating as "good" or "excellent".

Please rank your Public Health Practicum	*Poor*	*Fair*	*Average*	*Good*	*Excellent*
	0	1	1	2	2

With regard to the practicum, students offered positive comments that included reference to the knowledge gained about communicable diseases, public health, and internal government processes. Students also enjoyed the opportunity to work, network, and gain experience in a "work world" setting. Negative comments related to the perception that the work completed in the practicum moved too slowly or was unimportant. One student also disagreed with the "lottery" process through which practicums were assigned.

"It was helpful in that I have a better knowledge of communicable diseases and their control, which I think will be very useful in my future career. Since it was a government job, it moved at a very slow pace, and I feel as if I could have gotten a lot more work done than I actually completed, due to the nature of the work environment."

"This course was the most useful in the program because students were given opportunity to gain experience and network in the working world."

"I believe the practicum is essential to the program. Many of the students, including myself, had not worked in the area of public health prior to the practicum and it is necessary to gain experience. There are some things that simply cannot be taught in a classroom setting. My practicum was with the provincial government and there are many internal processes that are necessary to learn that could not have been learned without the practicum."

"Yes- my practicum touched on many of the core competencies of public health that was taught in the course. In terms of finding a practicum, i completely disagree with the ""lottery"" procedure that was used to identify practicum sites this year. I think that the professors should identify student interests and then base practicum sites on that rather than random. I also think that students should be encouraged to find their own practicum sites in their area of interest."

"It was a great learning experience from the point of view of the operation of the Government. I made good contacts within the healthcare industry in the province. The research I conducted was not as scientific as I am accustomed to. I felt stifled by the secrecy of the project that I was doing, and also felt as though the project would sit on the shelf gathering dust."

"Yes, seeing public health is a practical setting is essential."

Online Learning Evaluation Section

Due to the increase in online learning methods, it was felt that online techniques should be looked at in the evaluation of the MPH program. The results of each course's online evaluation section have been combined for analysis due to the low number of respondents.

Please rate the level of your agreement with the following statements	*Strongly Disagree*	*Somewhat Disagree*	*Neutral*	*Somewhat Agree*	*Strongly Agree*
Discussion forums were used to generate group discussions	0	0	0	2	5
Online learning methods (i.e. teleconferences, eluminate lie, D2L)	0	0	1	4	1
Online learning activates (i.e. quizzes, questions) contributed to the understanding of the course content	0	0	0	2	4
Course resources (i.e. readings) were readily available	0	1	1	2	3
Sufficient instruction was provided in using the online components of the course(s)	0	0	1	3	3
Outside resources (i.e. library) were adequately accessible to complete the course(s)	0	0	1	2	4

1. Respondents were asked what they felt were the benefits of completing this course online versus in a classroom. Students commented on the flexibility in schedule and noted that they felt that the evaluation was easier than in class.

"Only aspects of the course were available online- i.e. readings and materials, test and quiz results, James would answer questions online. I found this very helpful."

"During the semester I was enrolled in Communicable Disease Control I was also working 20-25 hours per week. Taking this course online allowed me to be more flexible for work since taking the course online meant having a day during the week that I did not have to go to campus. Dr. Donovan did a wonderful job facilitating this course through D2L. Discussions online are more challenging since responses are not formulated right away, but Dr. Donovan was able to effectively move the conversations along and convey the messages."

"The conditions under which students were evaluated were easier in the online version of the class."

"Taking the course online allowed flexibility in my schedule."

"Flexibility"

2. When asked what they felt were the barriers to completing this course online versus in a classroom, students responded than they missed the classroom atmosphere, that the discussion was not as rich, and that they were able to put off work and engagement in discussions that would not have been possible in a classroom setting.

"At times I felt like I was missing the classroom atmosphere, not hearing someone teach or discuss the material. However, since I was on campus regularly for other classes Dr. Donovan was more than happy to clarify any material."

"Environmental health was an area that I had little interest in, therefore I often put activities off or did not engage in discussion as much as I should have. In a traditional classroom environment I would have had to engage more."

"discussion not as rich"

MPH Program Overview

Summary of Courses for the MPH Program

Summary from course objectives	*No. of objectives*	*Strongly Disagree*	*Somewhat Disagree*	*Neutral*	*Somewhat Agree*	*Strongly Agree*
Epidemiology I (Med 6270)	*8*	0 (0.0%)	2 (6.7%)	4 (13.3%)	8 (26.7%)	16 (53.3%)
Biostatistics I (Med 6200)	*6*	0 (0.0%)	6 (12.5%)	6 (12.5%)	28 (58.3%)	8 (16.7%)
Policy & Decision Making (Med 6288)	*6*	1 (2.8%)	3 (8.3%)	5 (13.9%)	14 (38.9%)	13 (36.1%)
Public Health Leadership & Management (Med 6725)	*9*	0 (0.0%)	7 (13.0%)	9 (16.7%)	25 (46.3%)	13 (24.0%)
Communicable Disease Prevention & Control (Med 6724)	*9*	0 (0.0%)	11 (20.4%)	6 (11.1%)	19 (35.2%)	18 (33.3%)
Health Promotion (Med 6723)	*7*	0 (0.0%)	6 (14.3%)	5 (11.9%)	16 (38.1%)	15 (35.7%)
Environmental Health (Med 6722)	*9*	0 (0.0%)	4 (7.4%)	7 (13.0%)	20 (37.0%)	23 (42.6%)
Disease & Injury Prevention (Med 6721)	*5*	0 (0.0%)	1 (3.3%)	0 (0.0%)	12 (40.0%)	17 (56.7%)
Public Health Seminar Series (Med 6700-6701)	*8*	0 (0.0%)	3 (6.3%)	10 (20.8%)	19 (39.6%)	16 (33.3%)

1. Respondents were asked what they felt the greatest strengths of the MPH program were. Strengths listed included the small program size which encouraged close and engaged relationships between students as a group and between students and professors. Students also commented on the high quality of the faculty and the breadth and depth of knowledge obtained in the program. The short (one-year) length of the program was also identified by one student as a strength (see comments below).

"The comeraderie between the students, as well as close relationships with the professors (ie. first name basis). Also, allowing us to generate a more broader outlook on health and how everything affects your health."

"The program has great faculty, and the one year duration is a huge draw. The small class size makes the lectures so much more engaging because peers are well known.

"It is hard to highlight any one strength of the program. The faculty members and division staff were definitely a very big asset. Their willingness and dedication to work with the students in so many areas was wonderful. I believe the required courses presented some large areas of public health and provided a good foundation for future work in those areas."

"It is a one year program."

"I feel like this was a very rigorous and well respected program. There were individuals from all different backgrounds who added a breadth of experience to the program. I learned about a range of scientific and social issues in public health."

"In evaluating each course individually much of the breadth and substance of the mph program is lost. For example, many of the skills listed I ""strongly agreed with"" internally but my evaluation was unable to reflect this because I didnt actually aquire them in the specific course that asked about them. For example, in injury and disease prevention I was asked about my knowledge of epidemiological assessment...I didn't learn much about this topic in that course so was forced to type ""nutural"", however I am very confident in my knowledge of this topic as a result of the epidemology course. I think the greatest asset of the mph program as a whole is the multiple perspectives it gives into complex multi facet issues. We learn about a particular principal from many angles in many different courses, which drives the point in different capacities. This is an asset since many of the principals in public health are not under discrete one dimensional headings."

2. The survey also asked respondents what they felt were areas in need of improvement in the MPH program. In their responses, some students indicated that the communicable disease and health promotion courses were poorly structured. Some students also felt the program could offer a stronger connect between the course work and the 'work world' (see comments below).

"From my experience, the communicable disease course that year was very poor (I know that has been addressed), and the health promotion course was very scatter-brained."

"The Communicable Disease course taugh by Janelle in fall 2011 was a joke. Students did all the presentations - it was completely self-taugh. Lectures that were scheduled for three hours were often 45 minutes in length. Health Promotion was facilitated in a similar way. I felt that I took very little away from these courses."

"Now that I have had some time in the field, I would recommend engaging in proposal writing. I understand that this may be something hard to do in a classroom setting since proposals change depending on the grant being applied for, but it would be a good exercise."

"Many of the courses should be improved to compliment what is happening in the ""real world"" For example, health promotion should use real examples of public health health promotion that is happening in the community; in addition, there should be a planning component to the program since planning and evaluation are two hot topics. In addition to courses, I think having people who have been employed in some capacity prior to entering the program would be good. Students should not be selected based soley on grades; there should be an interview component of the admissions process."

"I started in the Winter semester and felt that I was at a disadvantage. I had no orientation, and the expectation of the students leaned toward familiarity of the basic concept that I didn't have. I was not even sure which building my classes were in."

"Knowledge of Implementation of the principals we learn. Certain individual courses need tone critically evaluated with a team of staff for content, structure, lay out and evaluation methods. Examples are health promotion, communicable diseases (class room based), environmental (class room), rural, nutrition."

3. When asked how they felt the program had lived up to their expectations/the reasons why this program was chosen, students responded that their expectations had been either met or exceeded and commented that the program was interesting and challenging (see comments below).

"It definitely lived up to and exceeded my expectations. I now have a greater interest and appreciation for public health. As my future career as an MD, I highly intend (and will) use the information I learned in this program in my practice, as well as on a larger community level. It has also sparked my interest in community medicine as a potential career."

"Although the program doesn't control this, I loved living in Newfoundland and Labrador. I was able to finish the program in one calendar year, and I learned so much about public health."

"The program was a little different than I had first imagined when applying, but that isn't necessarily a bad thing. I believe that it gave me the tools to question policies or programs and rate them from an angle that may be different from people with different training. There are some aspects of my current job that are exactly what I had pictured myself doing in the future, while some things are very different."

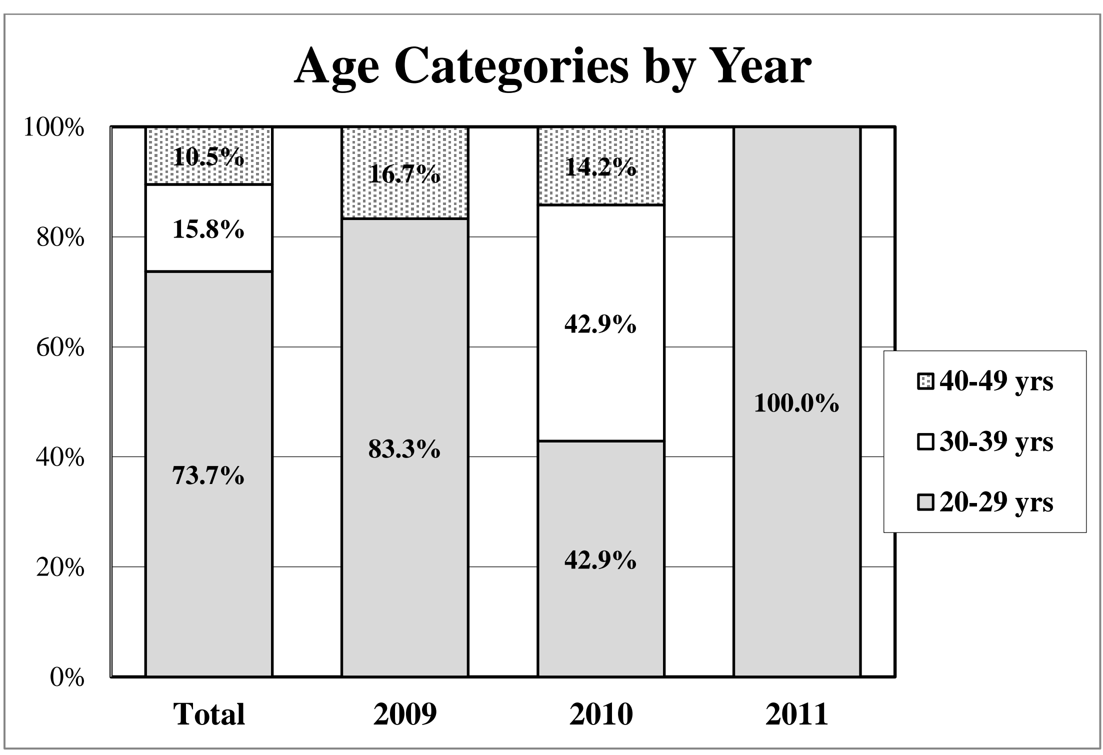
"Yes."

"Yes- it was an excellent and challenging program and I am satisfied with my experience."

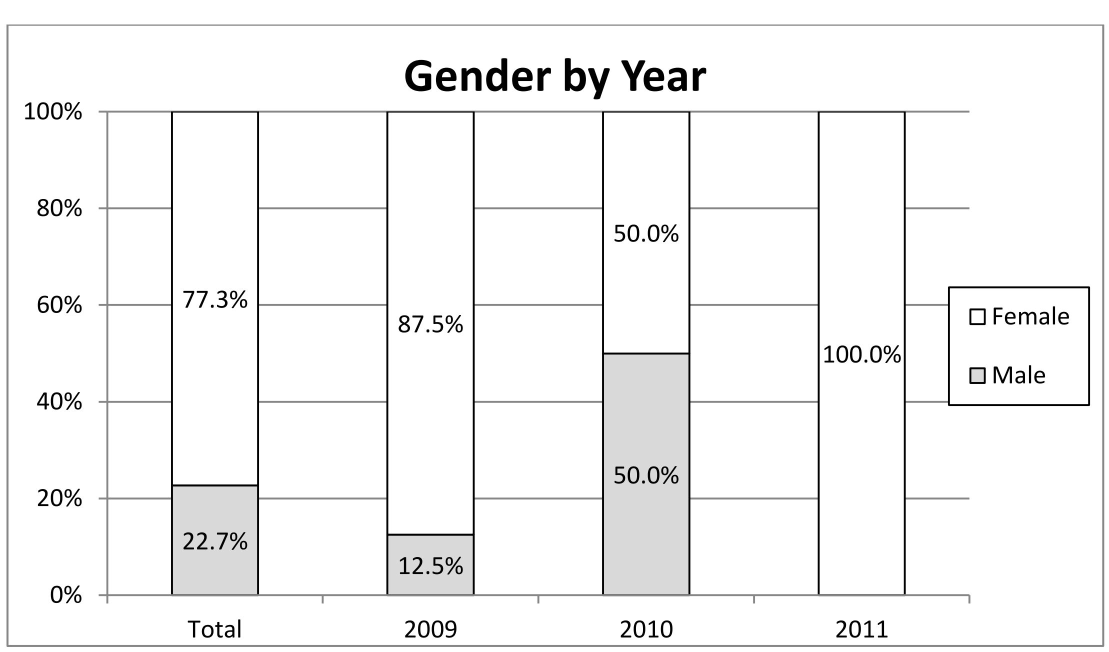
"Yes..it exceeded my expectations by opening my eyes and completely morphing my entire outlook on public health. I chose this program because of it's reputation and duration (1 year)."

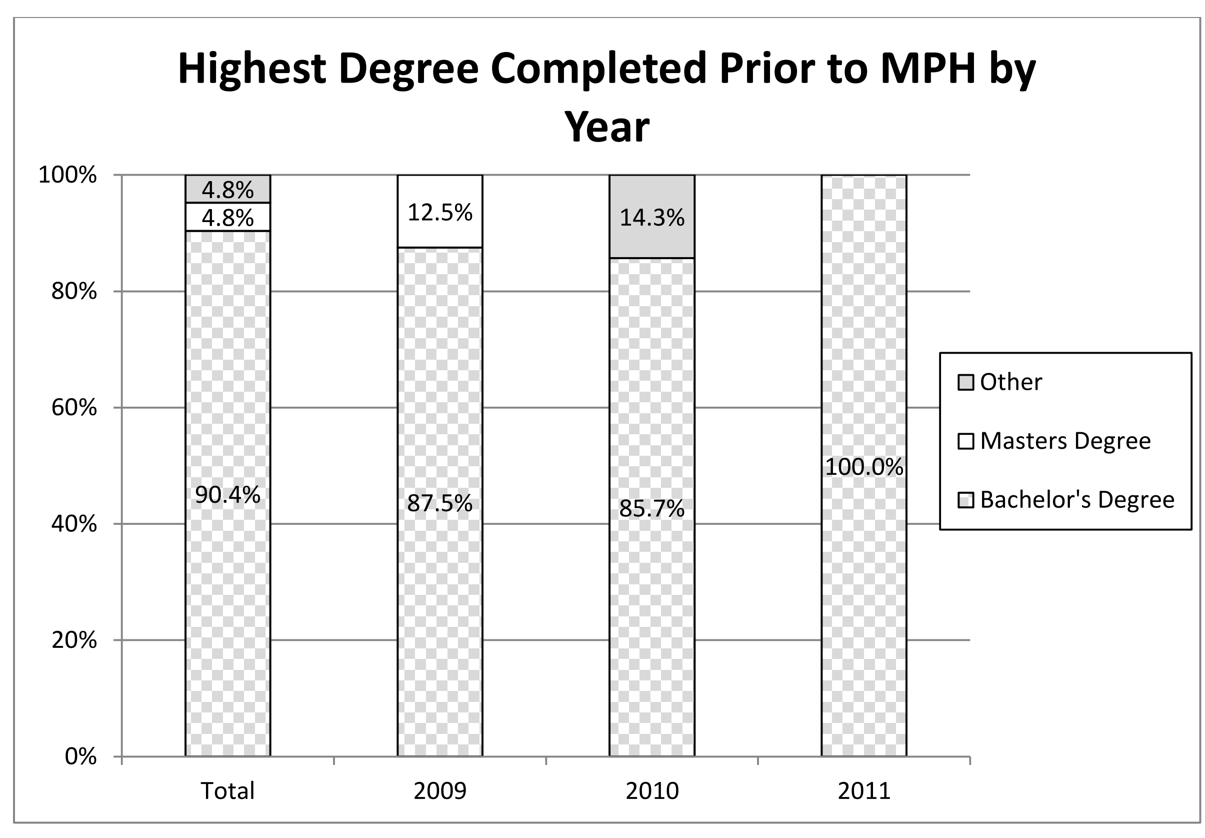
Comparison of Survey Results 2009-2011

Demographics

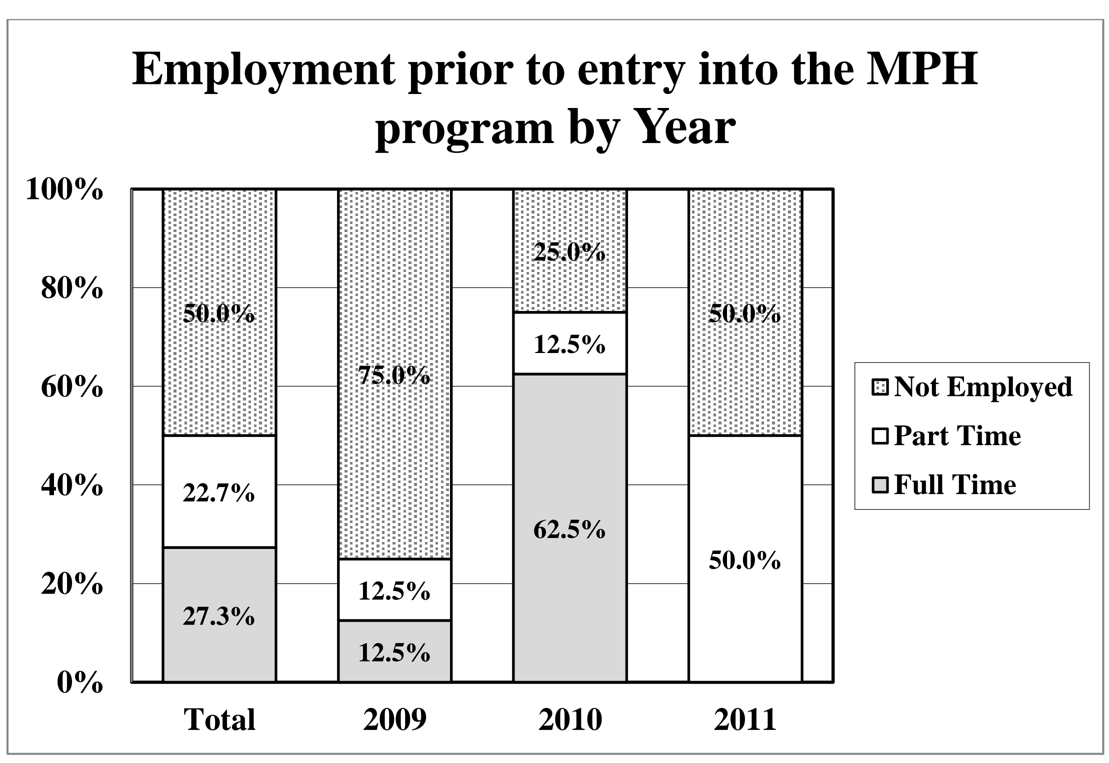


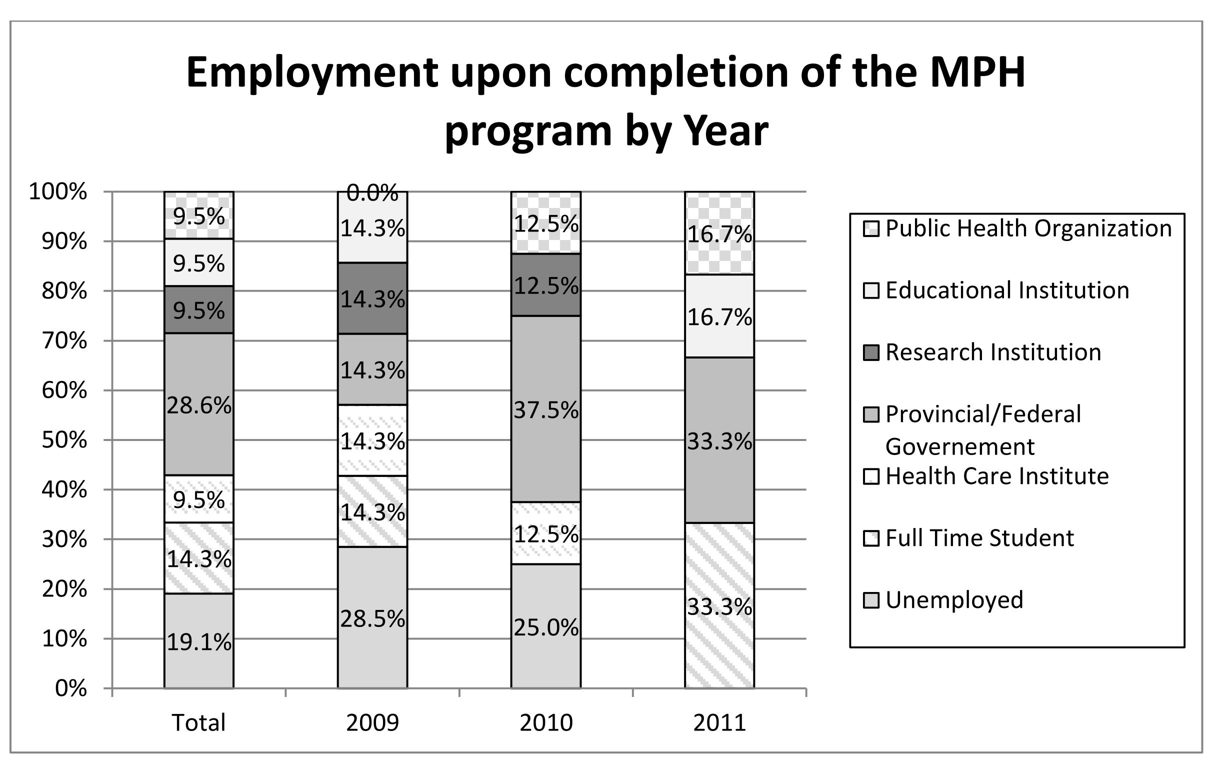
3 participants did not respond to the question concerning age.



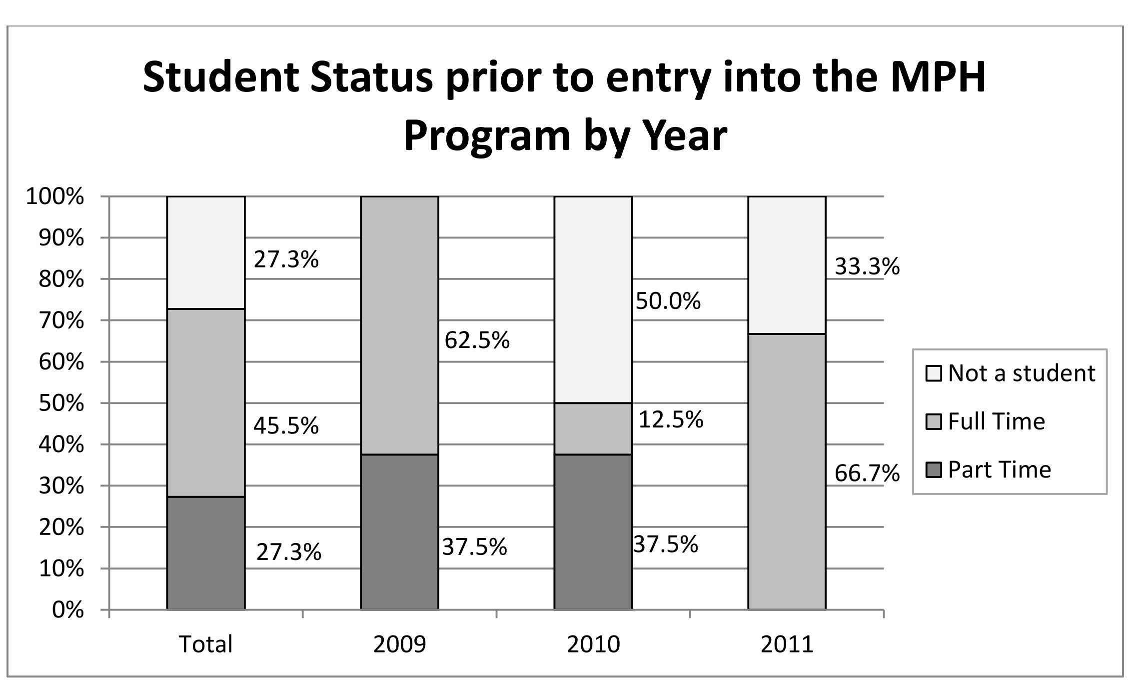


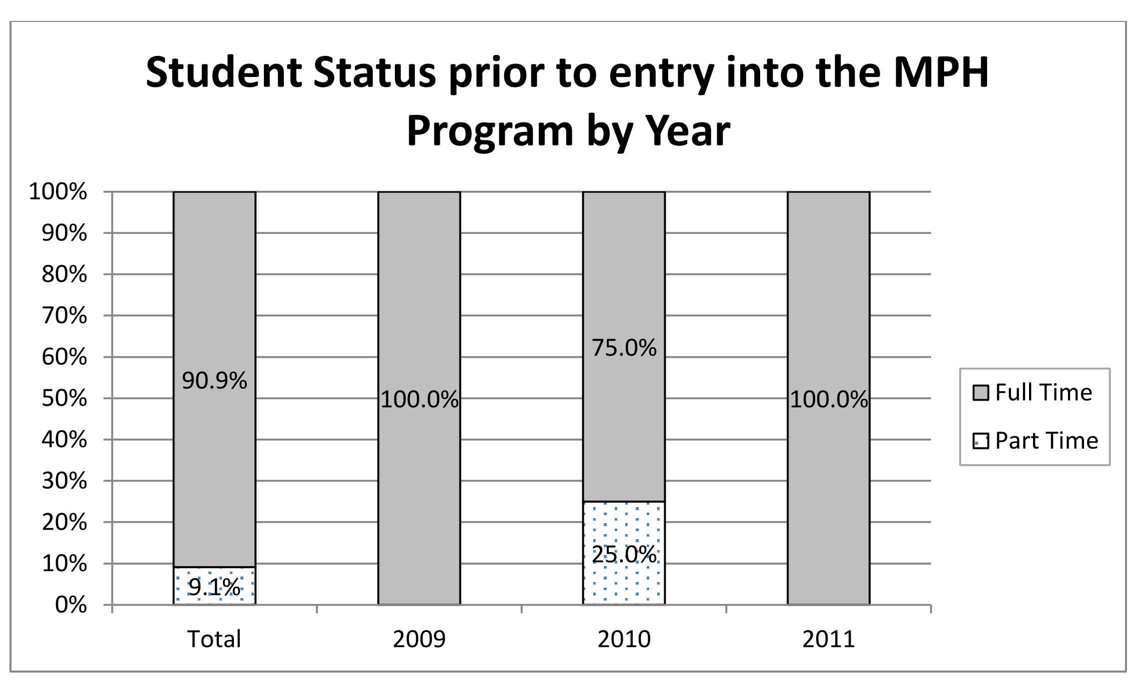
Employment





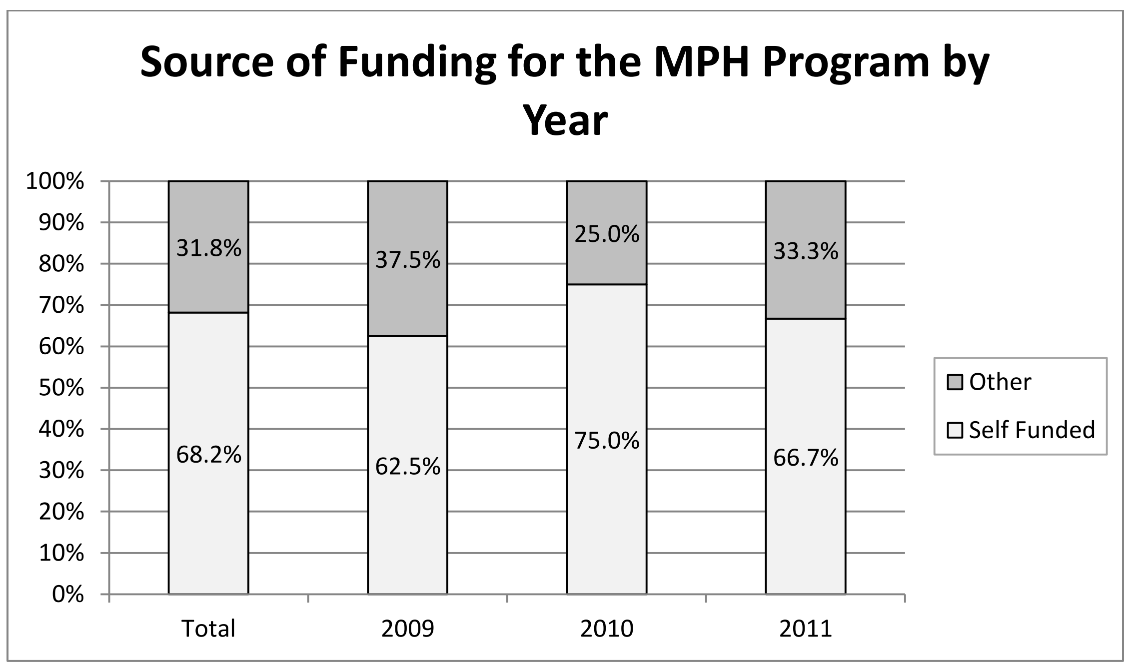
Student Status





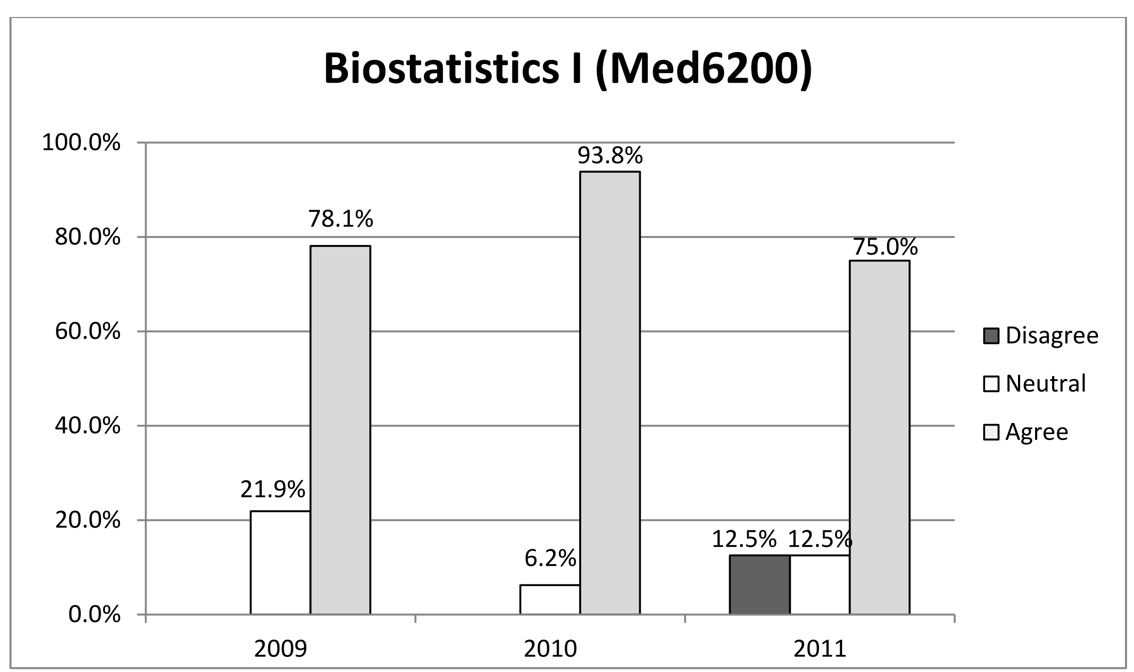
Primary Source of Funding for the MPH program

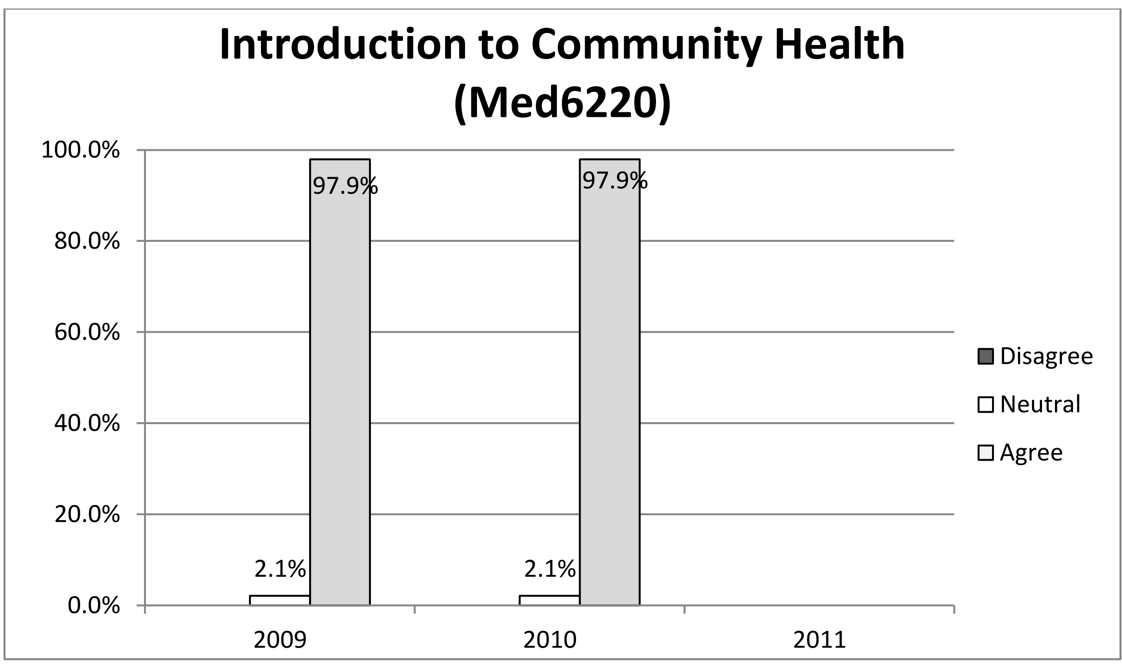
The majority of students were self-funded for the MPH program. Other sources of funding included: student loans, funding by employer, and OSAP.



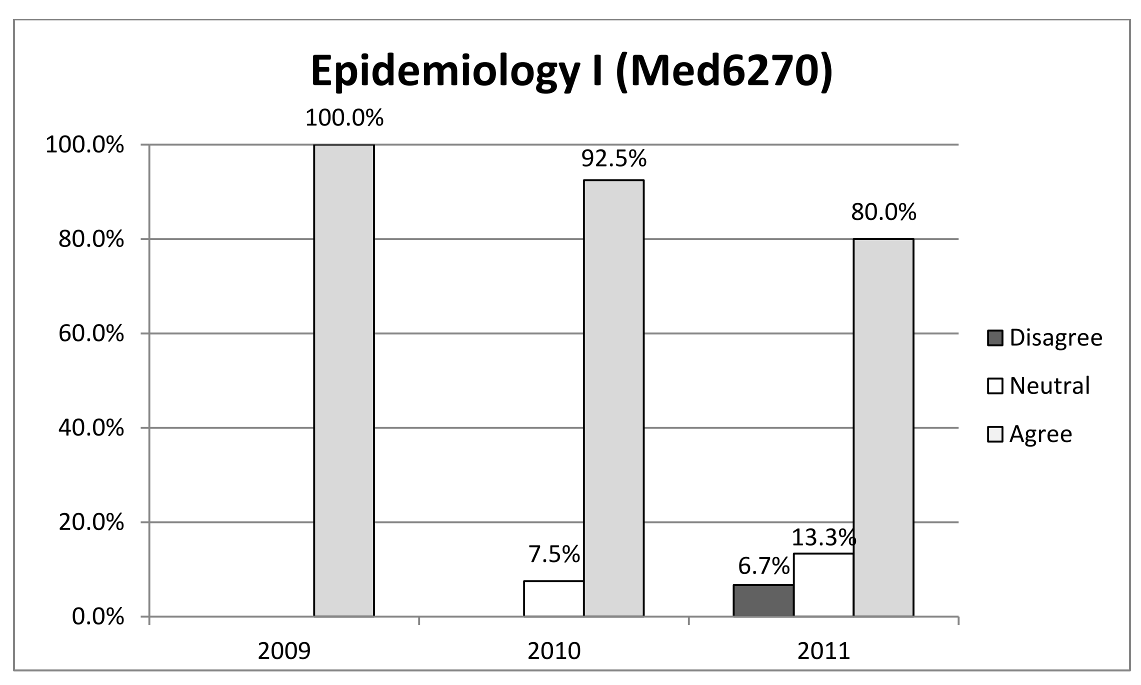
Overall Course Rating

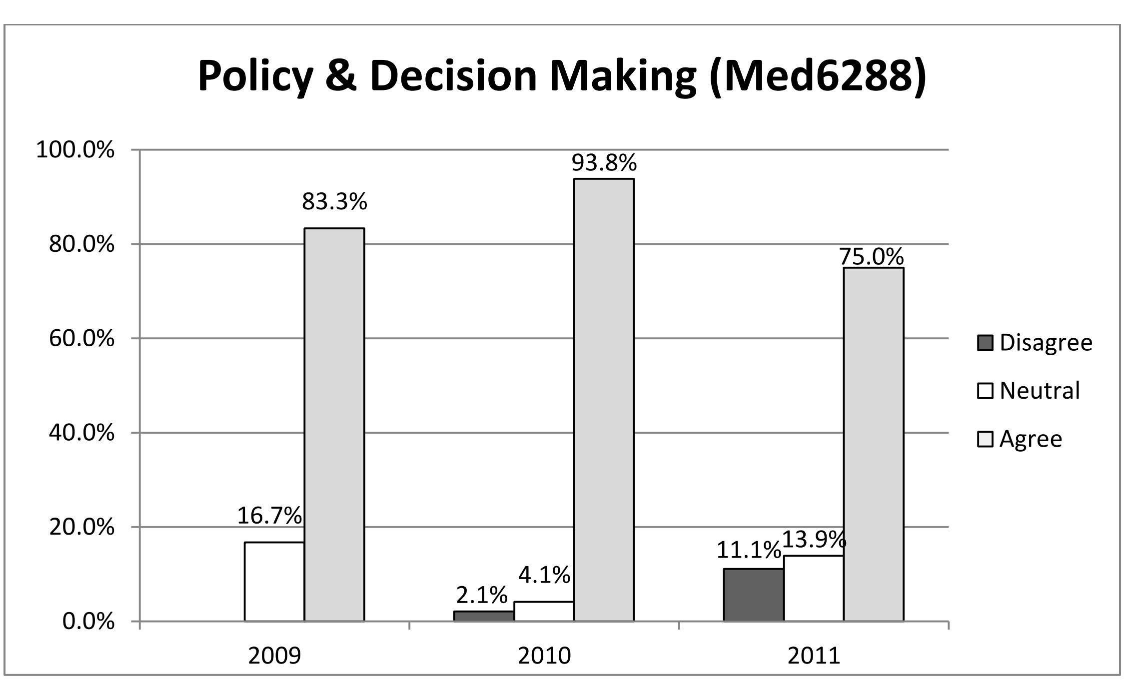
A comparison of each course in the MPH program by the rated course objectives over the 3 years of the program. Note that in 2011 the Introduction to Community Health course was no longer a requirement for completing the program and was replaced with Public Health Leadership and Management.

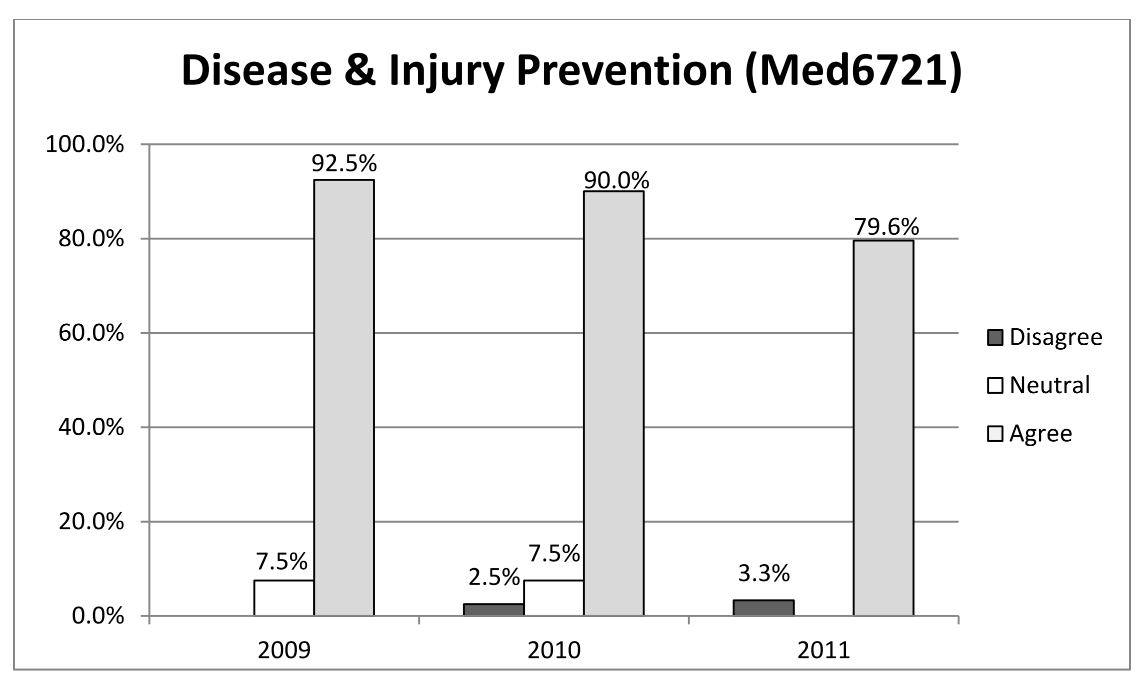


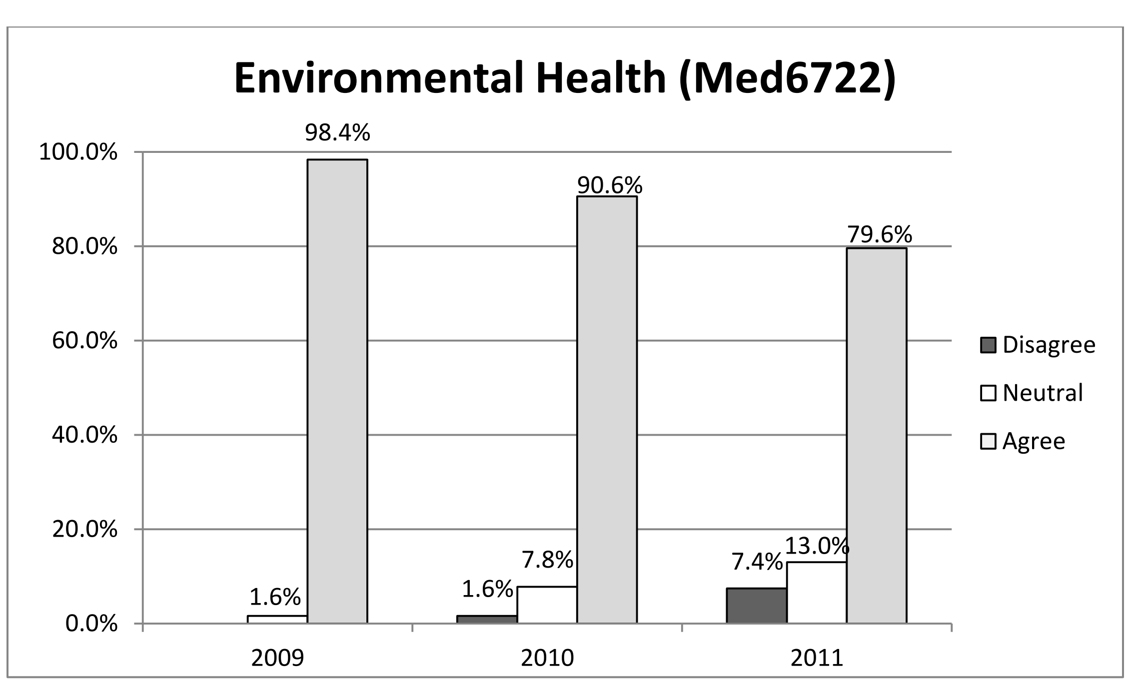


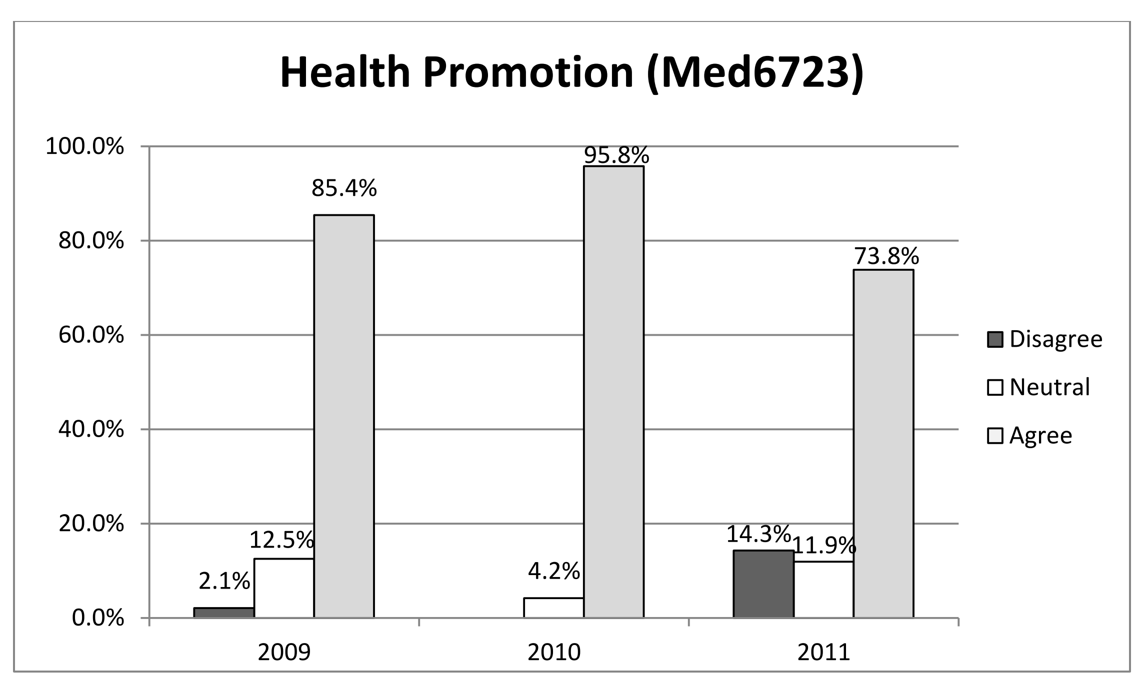
This course is no longer a requirement for the MPH program.

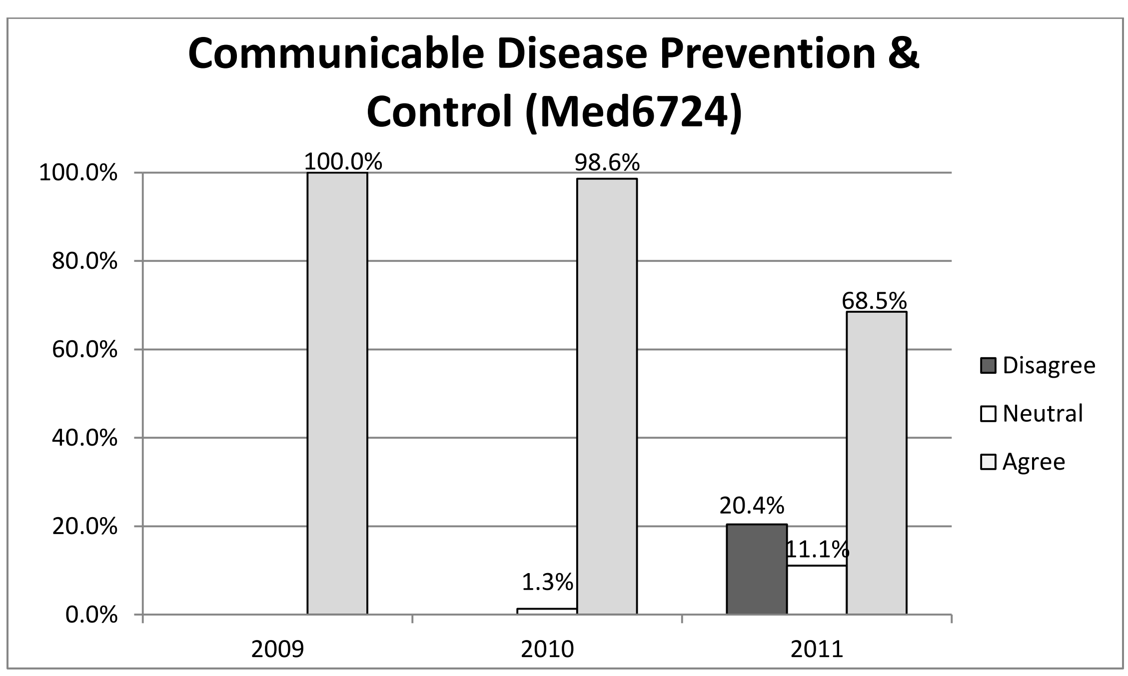

Epidemiology I (Med6270)
100.0%
92.5%
80.0%
7.5%
6.7%
13.3%
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
2009
2010
2011
Disagree
Neutral
Agree

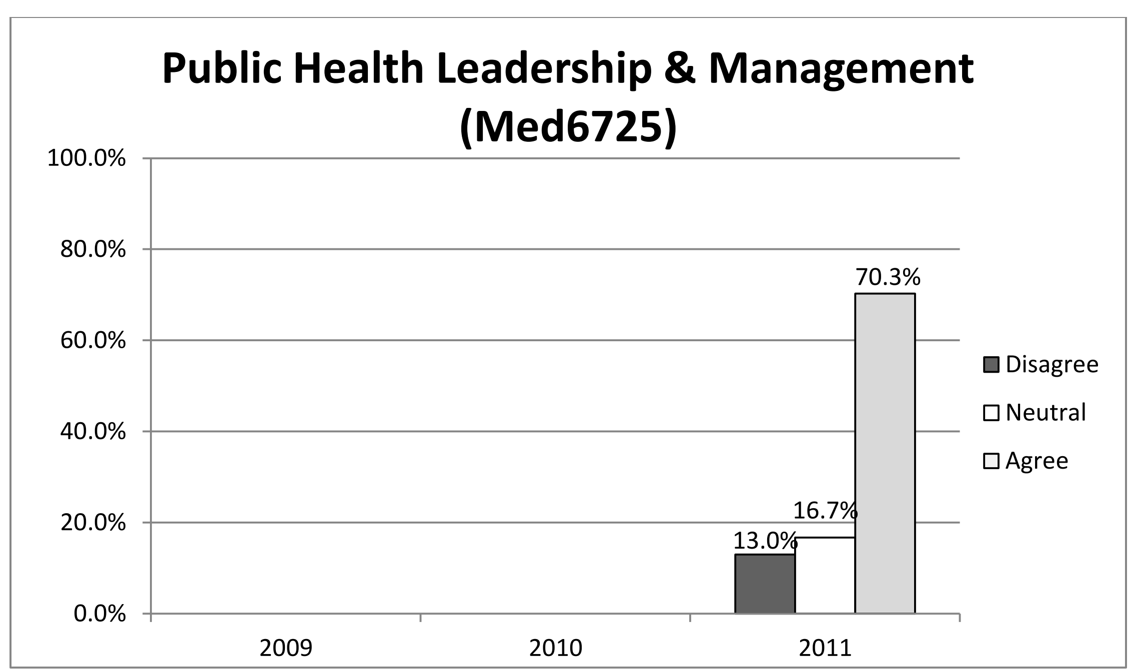

Policy & Decision Making (Med6288)
83.3%
93.8%
75.0%
16.7%
2.1%
4.1%
11.1%
13.9%
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
2009
2010
2011
Disagree
Neutral
Agree


Disease & Injury Prevention (Med6721)
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
92.5%
90.0%
79.6%
7.5%
2.5%
7.5%
3.3%
2009
2010
2011
Disagree
Neutral
Agree

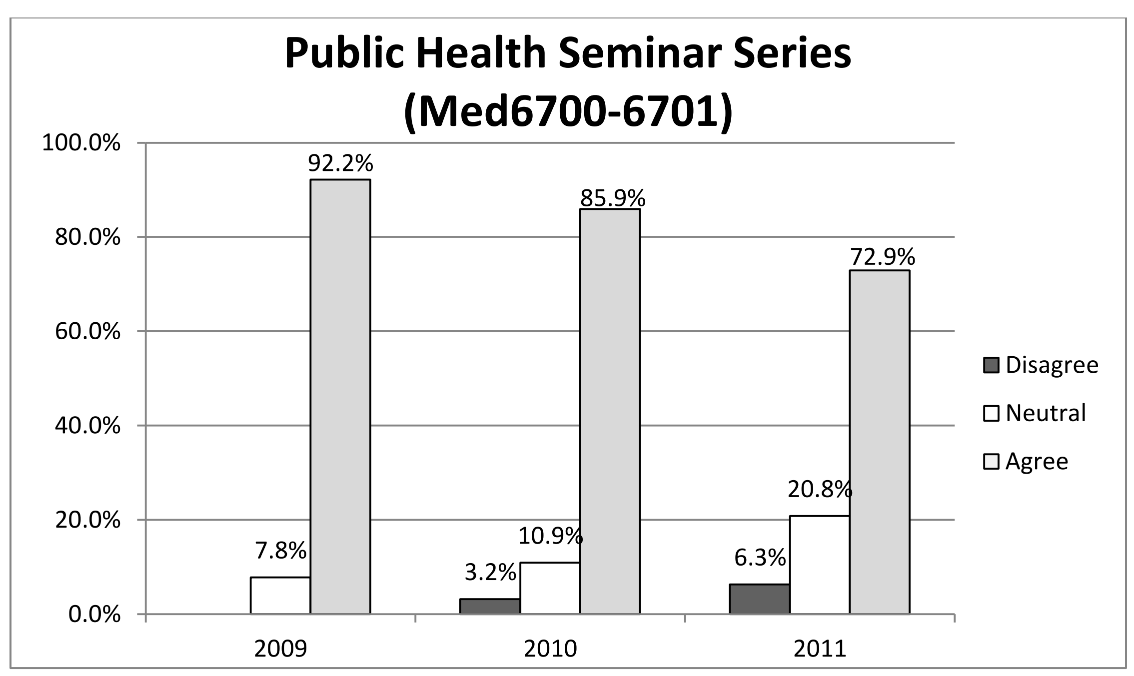

Environmental Health (Med6722)
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
98.4%
90.6%
79.6%
1.6%
1.6%
7.8%
7.4%
13.0%
2009
2010
2011
Disagree
Neutral
Agree


Health Promotion (Med6723)
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
85.4%
95.8%
73.8%
2.1%
12.5%
4.2%
14.3%
11.9%
2009
2010
2011
Disagree
Neutral
Agree


Communicable Disease Prevention & Control (Med6724)
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
100.0%
98.6%
68.5%
1.3%
20.4%
11.1%
2009
2010
2011
Disagree
Neutral
Agree

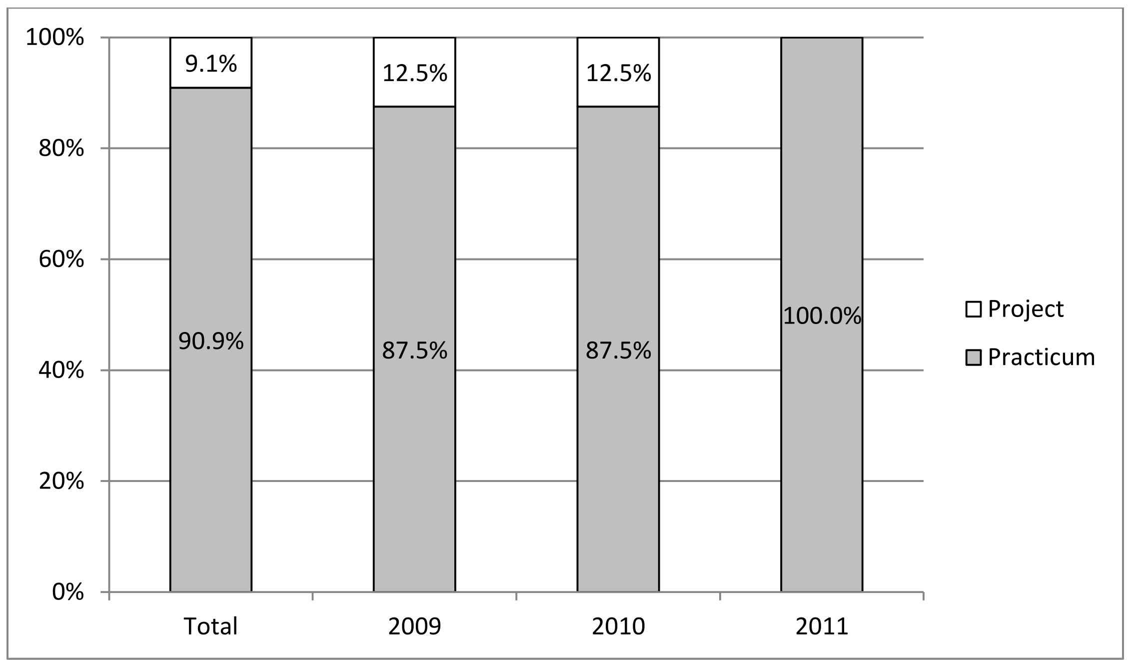


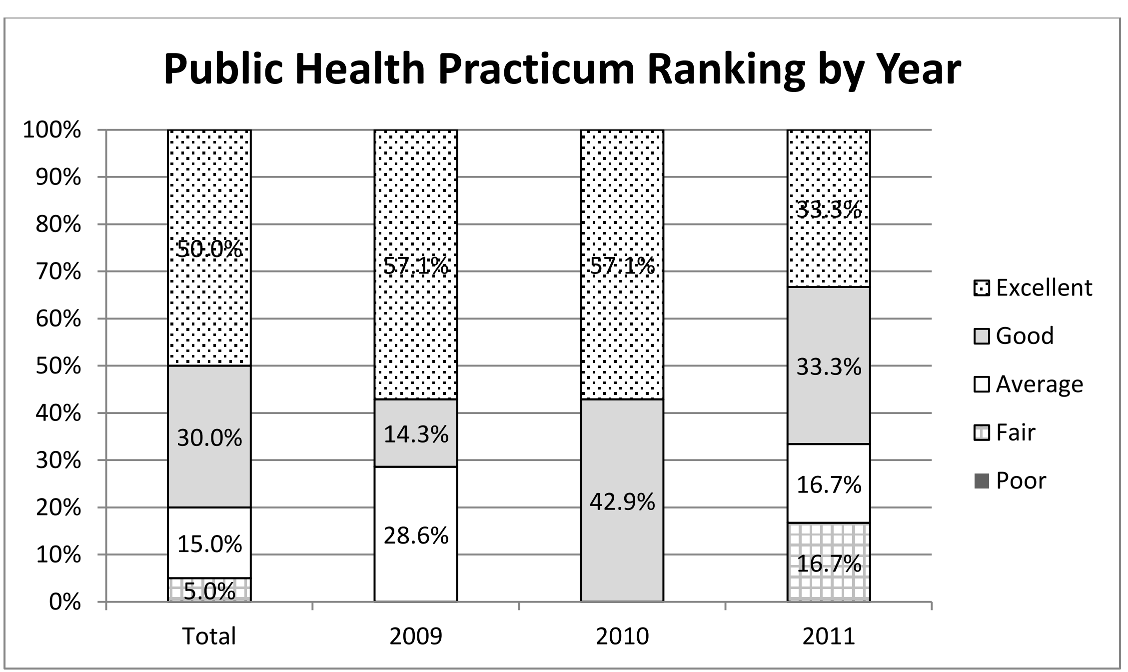
This is the first year that this course has been a requirement for the MPH program.



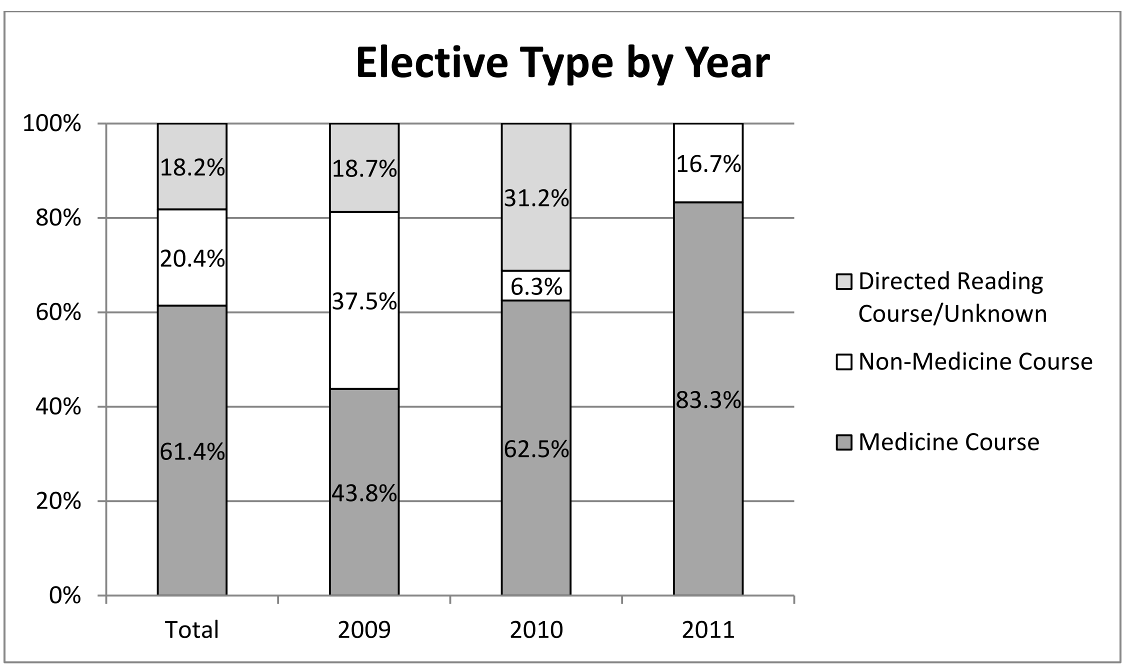
Practicum

The majority of students within the MPH program choose to complete the public health practicum (90.9%), instead of the capstone research project (9.1%). The respondents that completed the research project rated the project itself as "Good"; half of the respondents who had completed the practicum rated it as "Excellent".

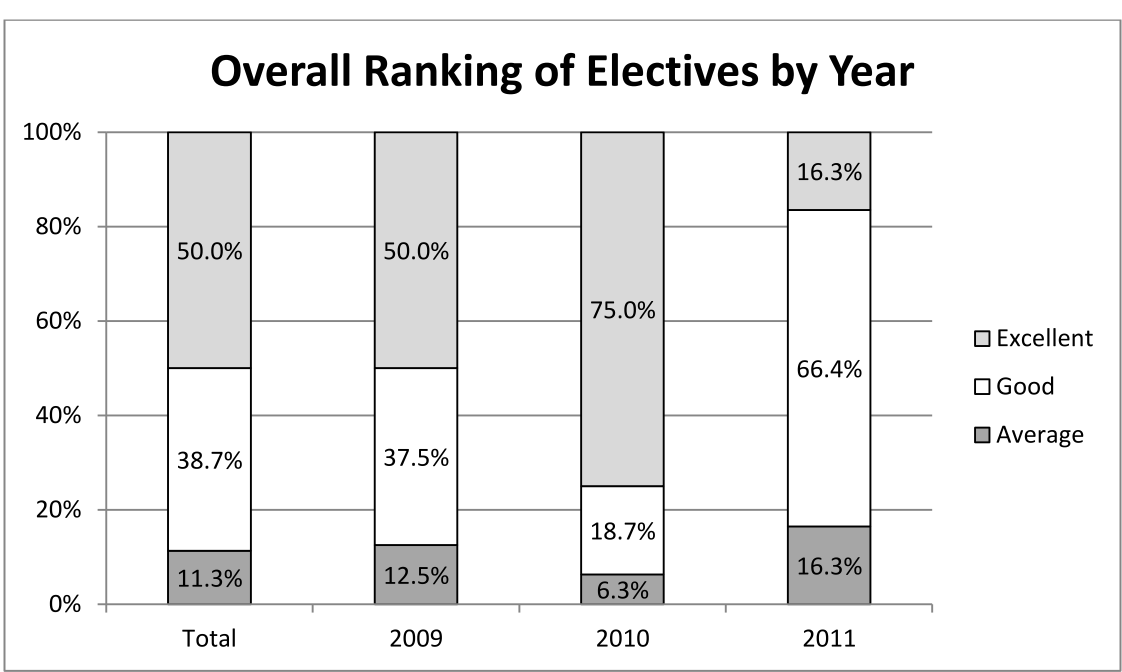


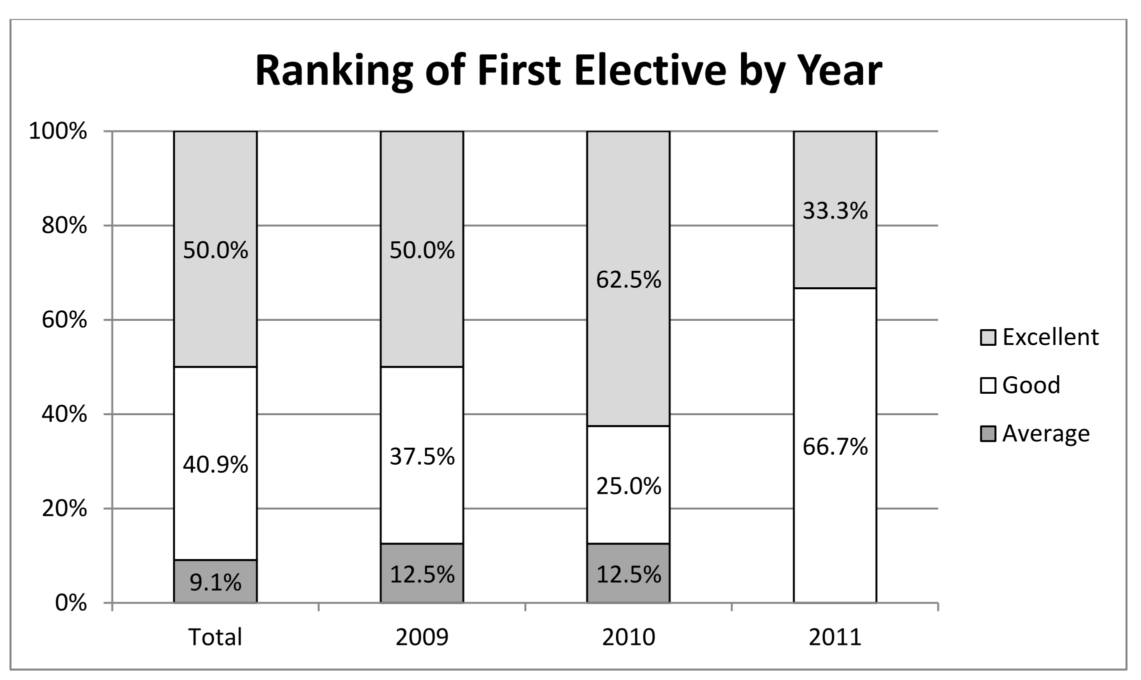


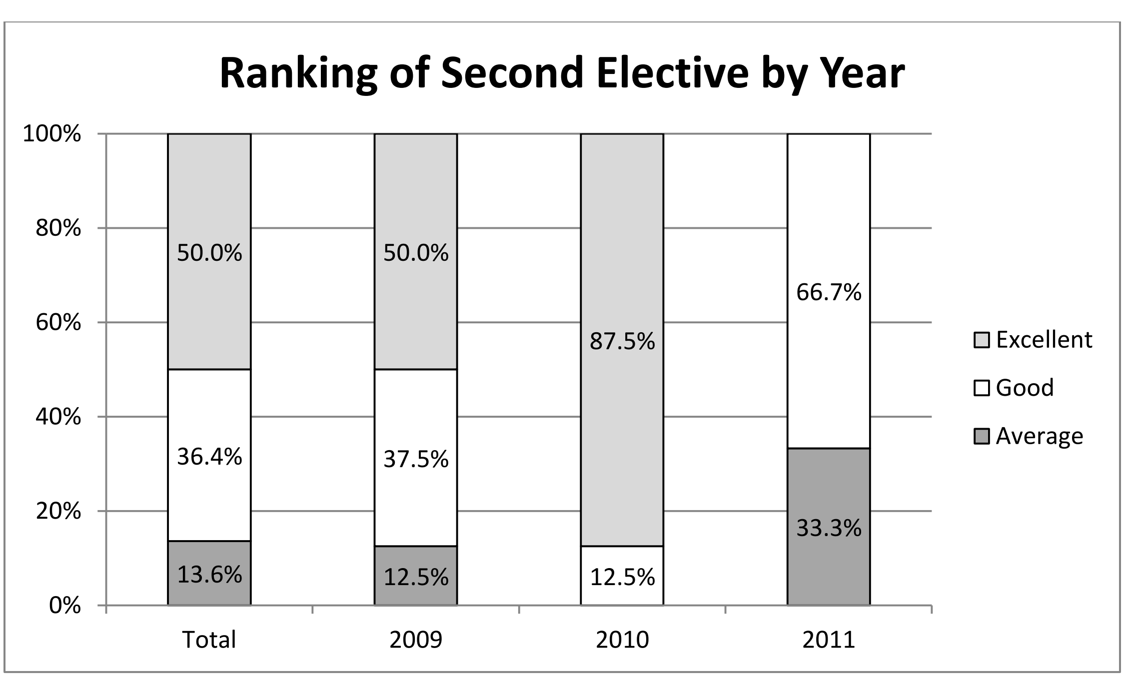
Electives



*Non-medicine courses include: Education, Physical Education /Human Kinetics, Nursing




Ranking of First Elective by Year
100%
80%
60%
40%
20%
0%
50.0%
50.0%
62.5%
33.3%
40.9%
37.5%
25.0%
66.7%
9.1%
12.5%
12.5%
Total
2009
2010
2011
Excellent
Good
Average


Ranking of Second Elective by Year
100%
80%
60%
40%
20%
0%
50.0%
50.0%
87.5%
66.7%
36.4%
37.5%
12.5%
33.3%
13.6%
12.5%
Total
2009
2010
2011
Excellent
Good
Average

Elective Course	2009	2010	2011	Total
Directed Reading Course	1	5		6
Ed6202	1			1
Ed6203	1	1		2
Ed6719	1		1	2
Ed6802			1	1
Hkr6121	1			1
Med6095	1			1
Med6102	1	1		2
Med6115	1			1
Med6220			4	4
Med6274	3	1		4
Med6275		2		2
Med6277			3	3
Med6284	1			1
Med6294		1		1
Med6420		1		1
Med6725		4		4
Med6731			3	3
Nur6020	1			1
PEd6003	1			1
Unknown	2			2

MPH 2-Year Follow-up Interview Analysis (2009 graduating cohort)

In 2011, 2 year follow-up interviews were administered to 4 students from the 2009 cohort of MPH graduates. Questions focused on graduates' career paths, as well as their perceptions of the value of the degree in terms of career preparation and knowledge acquisition. Overall, interview participants reported current involvement in a variety of public health related careers and felt that their MPH degree helped them obtain public health employment and helped them to gain a solid understanding of the population determinants of health. When asked about courses or knowledge areas that may have been lacking in the MPH program, interview participants suggested that the program might be improved by an expanded focus on health databases, program evaluation, and policy development. Too, while participants indicated that the program built important skills in writing, presenting, and public speaking, one participant also commented that many employers still seemed reluctant to hire non-clinicians for public health positions. Increased promotion of the MPH degree to employers was suggested as one solution to this disconnect. Graduates' responses to each inquiry are presented in more detail below:

Career Path/ Current Activity

- The interviews indicate that upon completing the MPH, students went on to a number of different health or research-related paths. Employment included work at the provincial government, within regional health boards, and with health-research organizations.

- Positions held by graduates have been in epidemiology, environmental health, program planning and evaluation, mental health, health promotion, and health research. Some participants are also pursuing careers in medicine.

- Generally, there seemed to be a short time lag between completing the MPH program and beginning employment. For some students, the MPH practicum extended into longer-term employment.

Do you think the MPH program prepared you well for your current activity?

- Overall, participants perceived that the MPH helped them to obtain positions after completing the program:

"I think I got the position, the research position, because I had my Masters and because it was in public health."

- Participants indicated that the MPH program was relevant for some activities they completed. Biostatistics and epidemiology courses were often highlighted as key courses in preparing participants for employment.

"…a lot of the reason why I got that job was because of the bio stats, the epidemiology, the use of SPSS, being able to reference different data sources that I got through different classes and different assignments that we had throughout the course, so they were really helpful and kind of allowed me to get this job…"

- Participants indicated that the MPH was helpful in building or creating a broad understanding of the determinants of health and a broader understanding of public health.

"…we did the Habitat for Humanity volunteer project when I first started, and that was a great experience with teamwork and, again, the community and…putting the social determinants of health together…in terms of understanding how people interact in a community, how it all relates to health… For me it's really good in the medical setting to say… "this child is going to go home. Why does he have pneumonia? Where does he live? Is there mold growing in the apartment…is it a secure environment? What about his education?" So you definitely gain a perspective…"

- One participant indicated that completing the MPH program gave them an opportunity/ skill set that allowed them to pursue research interests they wouldn't have otherwise had the opportunity to participate in.

- Despite these positive aspects, participants also noted that the MPH did not necessarily prepare them for some specific tasks or projects in their current activities:

"…It didn't necessarily…give the specifics…but what I did remember was (a) how to find that information when I needed it and (b) how to categorize it… it didn't give me the specific knowledge…, but it did give me the tools to find the knowledge that I needed…"

At this point in your career do you feel there are knowledge areas that should have been covered in your MPH program?

- One participant felt that the MPH program had too much of an academic focus, and was lacking in the more practical aspects. That is, the participant felt that the MPH program could have been designed in order to better prepare students for employment upon graduation. This could be achieved through a career development component to the program, as an example.

- Participants also indicated that there were some areas in the program that should have been explored more in depth as these areas have proved to be useful once students complete the program. Some examples of these knowledge areas that students indicated could/should have been expanded on include the community accounts or other health databases

- One participant also indicated that it may be useful to include or emphasize some of the differences between academic work and work done by policy and decision-makers. This could help students when they transition from the academic world to jobs in government for example:

"... being in government and having been in academia previously, I realize that there's large disconnects, and that it would've been nice if we had…explored how you can move the academic aspects to government, or even how government works ... that would've been helpful…"

- One participant indicated that a key knowledge area that was lacking in the MPH program was the program evaluation component.

"…evaluation is built into everything that we do, and so we are constantly challenged by trying to evaluate these programs, these health promotion programs, and I know that there are pieces built into it here and there, but I think that would definitely been beneficial…"

Are there any core or non-core (elective) courses that did not serve you well? Why? Are there any courses (core or non-core), knowledge areas or skills development that you think should be added to the MPH program?

- Participants noted that there were a few courses that could be improved. Examples of some of the courses mentioned in the interviews include: disease injury and prevention and health promotion:

"…in the disease injury and prevention course it was almost too much about the environment like motor vehicle accidents, or a fall or…It wasn't medical at all. Yet in the community, even though it's Community Health, you're still going to be dealing with people who are recovering from stroke and recovering from…[so] they're kind of ignoring some of the medical problems that would also be in the community…so maybe a little more mixing of the medial issues in…"

"I guess just in general some of the courses weren't maybe as practical as I would've liked… Our health promotion course, for example, was very theory based and… when I was there I had hoped maybe for something that was more useful for me. Like how do you go about… developing programs and implementing them and evaluating them…and doing more the practical side of things…"

- Participants indicated that there was some course material that they only touched briefly which they felt would have been more beneficial to the MPH program. As mentioned before, accessing community accounts and databases is one such example. Other examples of courses that participants felt should be expanded on further include the policy course, and the leadership course:

"The health policy course… [could have had] more emphasis on…reading policies for different organizations or being more familiar with health, like the liaisons between governments and hospitals and hospitals and organizations because, really, this is where people are going to be looking for jobs. So kind of identifying those areas [and] maybe *giving the people the tools so that they can go back and… talk about in their job interview or be able to actually use it in a job."*

- The participants indicated other courses that they thought should/ could be added to the MPH to make the program more beneficial. These courses include: health communication, program evaluation, community development and capacity building, as well as a knowledge transfer course.

- One participant noted that that they would have liked to learn more in relation to research methodologies in their course work, particularly for those students who may wish to pursue more research-related work.

Are there any other comments you would like to make at this time?

- Participants highlighted positive aspects of the MPH program, which include: the development of presentation and public speaking skills; improvement of writing skills; and building of social connections.

- One participant noted that one of the main reasons for choosing Memorial University to complete their Masters in Public Health was because of the flexibility that the MPH degree would provide them when seeking employment in the future. That is, the MPH degree covers a wide range of public health issues and thus opens doors/ opportunities in a number of health-related fields.

- For some participants who were either in the medical field or hoping to go into the medical field, the MPH program seems to have provided some essential tools for working within medicine or for preparation to enter medical school:

"… I mean, a family doc's relationship with their patients is very much health promotion, … but I don't think all family docs would realize that and taking a master's in public health definitely (a) realize that I am doing health promotion, and (b) here's some specific issues that…I might need to look for as in how active are they… are they living in poorer housing conditions…and how can those affect their health status…"

- One participant added that it was still very challenging to find employment in the province with an MPH degree if one didn't have a clinical (e.g. nursing or

other allied health care) background. It was suggested that this could be because employers are not fully aware of the skills that one attains in the MPH. One suggestion to help address this issue was to promote the MPH degree among employers and educate them on the skill set that MPH graduates could offer:

"One thing I found when I graduated was that it was very challenging to find employment in Newfoundland as a non-clinician even with the MPH because a lot of people don't realize…the skill set that we have …when we graduate with this program… and I know that when they were developing the program it was promoted and a lot of my managers are somewhat familiar with it, but there's still hesitancy in… especially within the health authorities, to hire someone who is non-clinical to do the health promotion work. I'm the only one in our region that is a non-clinician in a consultant's role…
…so I think that it might be nice to kind of promote this program a little bit better to employers…and to kind of highlight some of the skills that people have"

Comparison of the MPH first year survey results (2009) and 2-year follow-up interviews (2009 cohort)

Comparison of the initial (2009 cohort) survey with the 2-year follow-up interviews revealed some continuities and some shifts in opinion. For example, while a number of participants indicated in the initial 2009 survey that the program was a professional program they expected would have them ready for the work environment, a few of the participants who took part in the 2-year follow-up interviews indicated that they did not feel that the MPH program had in fact prepared them for work. As one participant noted:

"…I don't know how good the MPH program is at defining… 'Okay, you did this program. Now what do you put on a resume or what places do you apply to because you have this type of experience' "

Yet while students felt that the MPH may not have prepared them for some aspects of the work world, such as skill definition, in other ways, students found they were more prepared than they expected. In particular, while the first year survey indicated that a number of students were slightly less confident about their understanding of the core objectives in Biostatistics, most of the participants interviewed in the 2-year follow-up highlighted that Biostatics was a key course important for preparing participants for employment:

"…I used the specifics that I learned from bio stats and Epi-1... you're dealing with diseases that you learned in communicable disease. You're dealing with the vectors that you learned there and the different roots of infection, so you're applying that knowledge directly pretty much every day…"

While students' perspectives on some aspects of the course changed as they gained work experience, some of their opinions remained the same after 2 years. Specifically, students noted in both the initial and the 2-year follow up survey that the program could be strengthened by additional assistance with the development of job search skills, as well as an expanded overview of how policies are developed and how governments works. In both the initial and the follow-up survey, participants indicated that such skills and information would be useful as they transitioned from academic to non-academic work.

Appendix A: Two year follow up interview questions

1. What has been your career path since graduating from your MPH program?

2. What is your current activity? (*What are you doing now? e.g. employed in PH organization, educational organization, research institution, provincial, federal government or regulatory agency, health care institution, not employed, student…?)*

3. Do you think the MPH program prepared you well for your current activity?

4. At this point in your career do you feel there are knowledge areas that should have been covered in your MPH program?

5. Are there any core or non-core (elective) courses that did not serve you well? Why?

6. Are there any courses (core or non-core), knowledge areas or skills development that you think should be added to the MPH program?

7. Are there any other comments you would like to make at this time?

Appendix B: MPH Evaluation 2010 Survey Results

Demographic Section

1. What year did you start in the MPH program? What month and year did you graduate?

Of the eight respondents who answered this question, seven started the MPH program in 2009 and one in 2008. Seven respondents completed the MPH program in October 2010 and one in August 2010.

2. Gender and Age

The respondents were split 50/50 for gender, with four male and four female respondents. Respondents were generally in the 20-39 years age group.

Age Categories	Number
20-29	3
30-39	3
40-49	1
No response	1

3. Highest degree before MPH

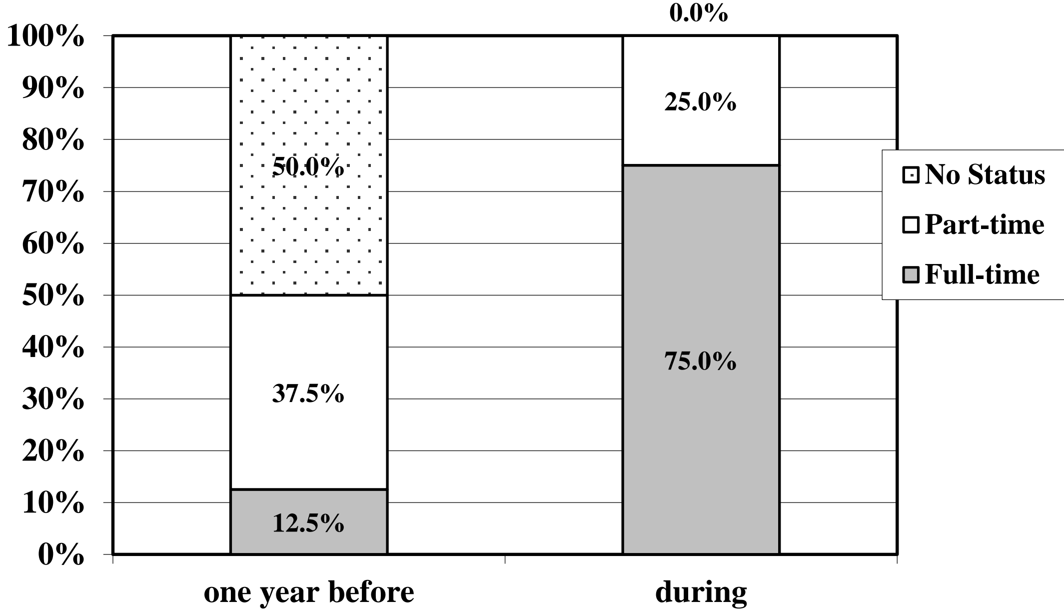
Of the seven respondents, six had completed a Bachelor of Arts or of Science, while one indicated completing another program. The majors/other program listed were: Dentistry, Bachelor of Physical Education, Bachelor of Education, Political Science, International Development Studies, and English.

4. Employment prior to entering the MPH program.

Of the eight respondents 75% (6/8) were employed the year before they began the MPH program. Of these five (83.3%) were employed full-time and one (16.7%) part-time. Employment was spread over a number of different sectors, including: Health Care institution (33.3%), Self-employed (16.7%), Service industry (33.3%), and Affirmative Business – health related (16.7%).

5. Student status the year before starting in the MPH program and during the program.

Prior to starting the MPH program, respondents reported that 37.5% (3) were part-time students, 12.5 (1) was a full-time student and 50.0% (4) had no student status. During their MPH program, six respondents reported their student status as being full-time (75.0%) and two reported as being part-time (25.0%).



6. Principal source of funding for the MPH

75.0% of respondents (6) reported that they were self-funded as their principal source of funding for their program while 2 (25.0%) indicated other sources of funding, these included: Ontario Student Assistance Program (OSAP) and employer.

7. When asked why they chose to enter the MPH program respondents cited many different reasons (see quotes below), they focused on their field of interest, good job prospects, and that it was a practical program.

"Based on my experience in the developing countries, I was motivated to do Master Program in Public Health"

"fit my interests; thought job prospects would be good upon completion"

"I am extremely interested in both international development and community development and believe very strongly in the importance of health. I think that public health is an important tool for community development. The one-year program was also very attractive to me as well as the practical-nature of the program."

"I had an interest in the health field and I thought it suited these interests. I thought it would help me get a job."

"I looked at the curriculum and courses on the website and it looked very appealing, the exact type of program I was looking for,"

“I was interested to get education on public health and its application in real life.”

“It was recommended by a friend, who also has related studies in public health. He thought that the program suited both my academic and professional interests.”

“That it would be best suited to further my career goals and the operational goals of my employer”

8. Present activity (post completion)

At the completion of the MPH program, five responded they were currently employed (62.5%), one was completing an internship (12.5%) and two were unemployed (25.0%). Of those employed and completing an internship, one was in a research institution, three are working in a provincial/federal government or agency, one is employed in a health care institution and one with the Canadian Society for International Health.

Course Evaluations

Respondents were asked to evaluate the courses and seminar series which make up the MPH program by rating course objectives on a scale from strongly disagree to strongly agree.

Introduction to Community Health (MED 6220)

I feel confident in my knowledge of the following concepts and abilities:	*Strongly Disagree*	*Somewhat Disagree*	*Neutral*	*Somewhat Agree*	*Strongly Agree*
Ability to define the basic principles and concepts of community health	0	0	0	2	6
Ability to critically review foundational documents underpinning the current theory and practice of community health	0	0	0	3	5
An understanding of the historical development of the concept of community health with particular focus on Canada's contributions	0	0	0	6	2
Ability to identify and discuss a variety of policies, programs and organized societal activities for achieving community health	0	0	0	7	1
Ability to communicate, verbally and in writing, a cogent, scholarly, and critical reflection of current community health issues	0	0	0	2	6
Ability to apply the concepts and principles of contemporary community health to the activities of a local community agency	0	0	1	4	3

Epidemiology I (MED 6270)

I feel confident in my knowledge of the following concepts and abilities:	*Strongly Disagree*	*Somewhat Disagree*	*Neutral*	*Somewhat Agree*	*Strongly Agree*
Knowledge of the basic terminology used in epidemiology	0	0	0	4	4
Understanding of how epidemiologic studies contribute to understanding of disease etiology and designing prevention strategies	0	0	0	2	6
Ability to understand and critique epidemiological studies in the literature	0	0	1	7	0
Ability to generate research ideas with a population perspective	0	0	0	4	4
Ability to perform computations commonly used in epidemiological research	0	0	2	3	3

Policy and Decision Making (MED 6288)

I feel confident in my knowledge of the following concepts and abilities:	*Strongly Disagree*	*Somewhat Disagree*	*Neutral*	*Somewhat Agree*	*Strongly Agree*
Knowledge of approaches to policy/health policy development	0	0	0	3	5
Knowledge of the role of institutions, key stakeholders and values in health policy development, implementation and evaluation	0	0	0	0	8
Knowledge of the processes of policy implementation in decision making environments	0	0	0	3	5
Knowledge of the process and methods of policy appraisal and evaluation	0	0	1	3	4
Knowledge of the approaches to policy synthesis	0	1	1	4	2
Knowledge of the strategies for communication of policy relevant information to decision-makers	0	0	0	5	3

Communicable Disease Prevention and Control (MED 6724)

I feel confident in my knowledge of the following concepts and abilities:	*Strongly Disagree*	*Somewhat Disagree*	*Neutral*	*Somewhat Agree*	*Strongly Agree*
Understanding of the infectious disease process	0	0	0	3	5
Appreciation of the epidemiological basis for the prevention and control of communicable diseases	0	0	0	2	6
Ability to discuss common agents responsible for communicable diseases	0	0	0	0	8
The key principles, practices and systems related to communicable disease surveillance	0	0	0	4	4
Ability to conduct an outbreak investigation	0	0	0	2	6
Understanding of the principles and practices of immunization	0	0	0	4	4
Ability to recognize the key features of an effective communicable disease prevention and control program	0	0	1	2	5
Ability to recognize key relationships in the communicable disease control process from primary care to WHO	0	0	0	4	4
Ability to identify emerging communicable disease issues	0	0	0	1	7

Biostatistics I (MED 6200)

I feel confident in my knowledge of the following concepts and abilities:	*Strongly Disagree*	*Somewhat Disagree*	*Neutral*	*Somewhat Agree*	*Strongly Agree*
Descriptive statistics such as measures of central tendency, dispersion and association	0	0	0	1	7
Probability and probability distributions	0	0	0	4	4
Sampling distributions	0	0	1	2	5
Estimation of confidence intervals and sample size	0	0	0	2	6
Hypothesis testing, Type 1 and Type 2 error and statistical power	0	0	0	4	4
Analysis of variance	0	0	0	5	3
Regression	0	0	2	4	2
Analysis of frequencies	0	0	1	3	4

Health Promotion (MED 6723)

I feel confident in my knowledge of the following concepts and abilities:	*Strongly Disagree*	*Somewhat Disagree*	*Neutral*	*Somewhat Agree*	*Strongly Agree*
Understanding of the different theories and approaches to health promotion and practices	0	0	1	2	5
Ability to discuss the social determinants of health and illness and its impact on community health	0	0	0	0	8
Ability to recognize the centrality of values, to foster critical reflection on, and the development of an explicit ethical stance in which to ground health promotion	0	0	1	3	4
Ability to define and operationalize the concept of empowerment as a central feature of health promotion and its mandate "the process of enabling individuals and communities to increase control over and to improve their health"	0	0	0	2	6
Ability to explore the basic tenets of healthy public policy and understanding the relevance of inter-sectoral collaboration in improving health	0	0	0	4	4
Understanding of the theoretical and conceptual grounding for the exploration of specific health promotion strategies in different settings	0	0	0	5	3

Environmental Health (MED 6722)

I feel confident in my knowledge of the following concepts and abilities:	*Strongly Disagree*	*Somewhat Disagree*	*Neutral*	*Somewhat Agree*	*Strongly Agree*
An understanding of the relationship between human health and the environment	0	0	1	0	7
Familiarity with common environmental health terminology	0	0	0	3	5
Knowledge of the basic principles of environmental health (i.e. risk assessment, risk management, precautionary principle, waste management, sustainable development)	0	0	0	4	4

An understanding of the key principles and practices in maintaining food, water and air quality	0	0	1	1	6
An understanding of the key issues in environmental health	0	0	1	0	7
An appreciation for the impact of emerging issues such as climate change on the environment and its impact on human health	0	0	1	1	6
An awareness of key issues in occupational health practices in the work environment	0	1	0	2	5
An understanding of the role of public health in the management of environmental health issues	0	0	1	1	6

Disease and Injury Prevention (MED6721)

I feel confident in my knowledge of the following concepts and abilities:	*Strongly Disagree*	*Somewhat Disagree*	*Neutral*	*Somewhat Agree*	*Strongly Agree*
Ability to define and describe the broad application of the terms primary, secondary and tertiary prevention	0	0	1	0	7
Understanding of epidemiological methods to measure the impact of preventive interventions	0	0	1	3	4
Understanding of the prevention of disease or injury using a systematic evidence based approach to assessment	0	1	0	5	2
Understanding the principles, concepts and ethical aspects of criteria for screening	0	0	0	4	4
Ability to develop strategies for prevention using recognized approaches to diseases, conditions and issues	0	0	1	3	4

Public Health Seminar Series (MED 6700-6701)

I feel confident in my knowledge of the following concepts and abilities:	*Strongly Disagree*	*Somewhat Disagree*	*Neutral*	*Somewhat Agree*	*Strongly Agree*
Familiarity with the MPH program, its purpose objectives and organization	0	0	1	2	5
Familiarity with the governance and administration of public health at a local, provincial, national and international levels	0	1	1	2	4
Understanding of the specific legal and ethical issues relevant to public health	0	1	0	4	3
Knowledge of the key principles and processes of Health Impact Assessment	0	0	2	3	3
Appreciation for the special issues related to public health research	0	0	1	4	3
Understanding of emerging public health issues	0	0	1	3	4
Appreciation for the issues of global health and their relevance to public health	0	0	0	4	4
Knowledge of key principles and programs for health surveillance	0	0	1	4	3

Electives

Respondents listed the following as electives they completed during the MPH program: Public Health Leadership and Management, History of Medicine, Epidemiology II, Chronic Disease Epidemiology, Qualitative Research, Social Critical Thinking, and directed reading. The majority of respondents completed Health Leadership (31.5%) and a directed reading course (31.25%) as their electives. This was the first year that the public health leadership and management course was offered and students were encouraged to take this as an elective which could account for the higher number of students completing this course as an elective.

Course	**Completed this course**	**.. as a first elective**	**.. as a second elective**
Public Health Leadership and Management	5 (31.3%)	4 (50.0%)	1 (12.5%)
History of Medicine	1 (6.3%)	1 (12.5%)	0 (0.0%)
Epidemiology II	1 (6.3%)	1 (12.5%)	0 (0.0%)
Chronic Disease Epidemiology	1 (6.3%)	1 (12.5%)	0 (0.0%)
Advanced Qualitative Research Methods	1 (6.3%)	0 (0.0%)	1 (12.5%)
Social Critical Thinking	1 (6.3%)	0 (0.0%)	1 (12.5%)
Educational Leadership	1 (6.3%)	0 (0.0%)	1 (12.5%)
Directed Reading	5 (31.3%)	1 (12.5%)	4 (50.0%)

When asked to evaluate their elective courses, from poor to excellent, respondents said that all the electives were average to excellent.

Please evaluate your elective courses	*Poor*	*Fair*	*Average*	*Good*	*Excellent*
Public Health Leadership and Management	0	0	0	3	2
History of Medicine	0	0	0	0	1
Epidemiology II	0	0	0	0	1
Chronic Disease Epidemiology	0	0	1	0	0
Advanced Qualitative Research Methods	0	0	0	0	1
Social Critical Thinking	0	0	0	0	1
Educational Leadership	0	0	0	0	1
Directed Reading	0	0	0	0	5
Overall	*0*	*0*	*1*	*3*	*12*

When asked why they chose those electives many respondents replied that the course was of specific interest to them or that the course had been recommended to them. They stated that the directed readings course in particular let them focus on one main area of interest and expand their knowledge on that topic. (see comments below)

"As a Public Health professional leadership qualities are essential so I thought this course will enhance my skills. Directive reading gave me lots of time to go through about a particular subject and able to write a paper about the subject."

"Chronic Disease Epidemiology was selected due to its focus on chronic conditions, as it is an area of personal interest. PH Lead and Mgmt was selected because profs encouraged taking it."

"Epidemiology II offered me theoretical knowledge. I also learned to use SAS by applying actual data set. Directed reading was very enjoyable for me because I chose the research topic and it also enhanced my writing skill."

"Health Leadership was recommended as an elective. But mainly, leadership is such a cool topic! And the directed study allowed me to research a topic that I was interested and motivated to learn!"

"I chose Leadership because it was recommended by the program coordinator. We were informed that this course would become mandatory the next year so many of us felt that we should take it. Really I wanted to take Chronic Disease Epidemiology but I knew the Leadership course would be transferable to many job areas. I chose Social Critical Theory really by default. There weren't any other electives that peaked my interest."

"I chose leadership because it was strongly recommended. I chose the directed reading course because there was a specific project I wanted to work on."

"Interest"

"The history of medicine course looked very appealing. There were only 4 of us in the class and the prof (Dr. James Connor) was excellent. The Leadership course, which is in the dept. of education was a small size (5 students) and the prof (Dr. Gerald Galway) was excellent as well."

When asked if the electives they completed were helpful/useful for the MPH program or their work all the respondents were positive about their course choices and felt they were almost all applicable to their work. (see comments below)

"Both courses were challenging, interesting and practical and therefore very transferable to my professional experiences."

"Both courses were extremely helpful. The directed readings course taught me what it is like to work on one big paper and the editing process involved with trying to get something published. Certain assignments in the leadship course were useful. The group project was challenging but rewarding in the end. It was a learning experience

to have to work in a large group. The briefing note assignment was also interesting and a valuable skill to learn."

"I think both of these courses are helpful. In any job there may be leadership opportunities and it was good to obtain a working knowledge in this area. I found Social Critical Theory particularly useful. I believe this may have been one of the most useful courses I completed. It has helped me understand how to dissect issues and take a closer look at why we believe what we believe and how to uncover the beliefs that construct a certain knowledge in the first place. It has allowed me to reflect on the knowledge we take for granted. I believe this is an essential skill to have for anyone entering a field where problem solving is involved."

"I would say Leadership course helped me to get a job and also working in a leadership position"

"The first elective was helpful in creating independent thinking and working habits. The second was helpful because it enlarged the research tools that I was comfortable using."

"They offered me very useful knowledge which I will be using in my career."

"They were useful at the time, not so much in my work now. Although I like history and the history of medicine but more from a personal interest."

"Yes, both helpful."

Public Health Practicum/Capstone Research Project

Respondents were asked which of the practicum or research project they had completed for their MPH program, 87.5% (7) said they had completed the public health practicum and only one respondent (12.5%) said they completed the capstone research project. Respondents were then asked to evaluate their choice on a scale from poor to excellent, the practicum was rated as excellent by 57.1% of those who completed it, the remaining 42.9% ranked the practicum as good. Respondents felt that the practicum enabled them to gain professionally and apply their knowledge in a practical manner. The research project was felt to have taught skills in grant writing, communications and management. (see comments below)

<u>Public Health Practicum</u>
"I love my practicum with the Dept. of Health here in St. John's. I am currently working here."

"I quite enjoyed my practicum. I think it was important to gain a few months of relevant work experience after completing the course work."

"It gave the opportunity to apply the theoretical learning in a real life setting."

"My practicum has been useful in that it has given me experience in my field. I think it would have been better to have more options for the practicum. I think many of us maybe didn't know what was out there in the first place. I think the practicum placements should have been discussed in the first semester as well."

"Upon reflecting on my MPH program, I cannot express the importance of the practicum as a curricular component to the MPH program and how much it stimulates both meaningful and epistemological learning."

"yes, practicum provided me the real office experience."

"Yes. I was able to complete my practicum in an area of work that interests me and was able to find full-time employment as a result."

<u>Capstone Research Project</u>
"Very helpful to my work. The final paper will be used in many different ways by the company: first in grant applications, second as a communication and management tool."

MPH Program Overview

Summary of Courses for the MPH Program

Summary from course objectives	*No. of objectives*	*Strongly Disagree*	*Somewhat Disagree*	*Neutral*	*Somewhat Agree*	*Strongly Agree*
Introduction to Community Health (Med 6220)	*6*	0 (0.0%)	0 (0.0%)	1 (2.1%)	24 (50.0%)	23 (47.9%)
Epidemiology I (Med 6270)	*5*	0 (0.0%)	0 (0.0%)	3 (7.5%)	20 (50.0%)	17 (42.5%)
Policy and Decision Making (Med 6288)	*6*	0 (0.0%)	1 (2.1%)	2 (4.1%)	18 (37.5%)	27 (56.3%)
Communicable Disease Prevention & Control (Med 6724)	*9*	0 (0.0%)	0 (0.0%)	1 (1.3%)	22 (30.6%)	49 (68.1%)
Biostatistics I (Med 6200)	*8*	0 (0.0%)	0 (0.0%)	4 (6.3%)	25 (39.1%)	35 (54.6%)
Health Promotion (Med 6723)	*6*	0 (0.0%)	0 (0.0%)	2 (4.2%)	16 (33.3%)	30 (62.5%)
Environmental Health (Med 6722)	*8*	0 (0.0%)	1 (1.5%)	5 (7.8%)	12 (18.8%)	46 (71.9%)
Disease and Injury Prevention (Med 6721)	*5*	0 (0.0%)	1 (2.5%)	3 (7.5%)	15 (37.5%)	21 (52.5%)
Public Health Seminar Series (Med 6700-6701)	*8*	0 (0.0%)	2 (3.2%)	7 (10.9%)	26 (40.6%)	29 (45.3%)

For the most part, respondents 'somewhat agreed' or 'strongly agreed' that the course objectives were met. The exceptions to this, i.e. where respondents 'somewhat disagreed' that they were confident in their knowledge and abilities and course concepts, included Policy and Decision Making, Environmental Health, Disease and Injury Prevention and the Public Health Seminar Series,. If we assume a neutral rating by 5.0% or more as an indication that the respondent was unsure whether the course objectives had been fully met the following courses fall in this category: Biostatistics I, Disease and Injury Prevention, Environmental Health, Epidemiology I, and the Public Health Seminar Series; the seminar series had the highest percent of neutral responses at almost 11%.

1. Respondents were asked what they felt the greatest strengths of the MPH program were. Strengths listed inlcuded: diversity of courses, practicum, one year program, small class size, and the faculty. (see comments below)

"Critical thinking, communication and decision making"

"I think the diversity of courses offered as well the diversity of professors are great strengths. I also think that the practicum is a huge asset. The fact that you can complete the program in one year is great."

"I think the greatest strength of the MPH program is in the non-science based curriculum. That is to say, the greatest ability I have learned is to be a more critical and reflective thinker. I think this ability has been fostered through an emphasis on critical reading and writing, open discussions in class instead of regurgitation and group work. The presentation aspect of the program is also a strength. It has been valuable to me to gain experience speaking in front of my peers and learning to be comfortable speaking in front of others."

"Independent thought...and questioning our current health system. Being open to a new vision of what health care means"

"practicum; coverage of major PH areas through course offerings (ie, epidemiology, health promotion, disease prevention, etc.)"

"small class size is very important. The biostats course and epi courses were great."

"The Faculty and the learning environment! Very well prepared! Very facilitating!"

"This program made me career prepared for practical field in a variety of public health settings"

2. The survey also asked respondents what they felt were areas in need of improvement in the MPH program. The main things cited were: course organization and workload, and the structure of the seminar series. Respondents also expressed an interest in more in-class courses vs online courses. (see comments below)

"Disease and Injury prevention course needed improvement especially in the assignments"

"I think certain aspects of the program lacked in organization. This is probably largely due to the fact that it is a new program."

"It was perfect for me!"

"More opportunities to understand in a practical sense how health systems work, managment issues, union issues, resource issues, facility issues, customer service, connections to the community"

"One course in particular that I found could have been presented better is Epidemiology. Many of us had no working knowledge of this topic and I believe it could have been presented in a more basic format. I felt that there was too fine a focus on higher level details and a lack of focus on basic fundamental concepts that would have a more practical use in the workforce.   Also I think the course workloads in a semester could have used more coordination. It seemed like the bulk of evaluations fell very close together.   I think the Public Health Seminar could be put to better use in the first semester. I don't really feel like a got a whole lot out of it. It may be more useful to use this hour every week to explore job opportunities or really focus on basic concepts of public health that may not get covered elsewhere."

"Some courses need to be fleshed out further. For example, in Policy, it would be beneficial to have an overview of the provincial and federal governmental systems, so as to help in understanding the bureaucratic process of decision-making."
"the online courses can be difficult for me. I wish they were in classes."

"There was considerable overlap in the Community Health course and Health Promotion. However, both courses where challenging...so I am not too sure if this comment should be in the needs improvement section of this survey."

3. When asked how they felt the program had lived up to their expectations/the reasons why this program was chosen, respondents were very positive and in agreement that their expectations were well met. (see comments below)

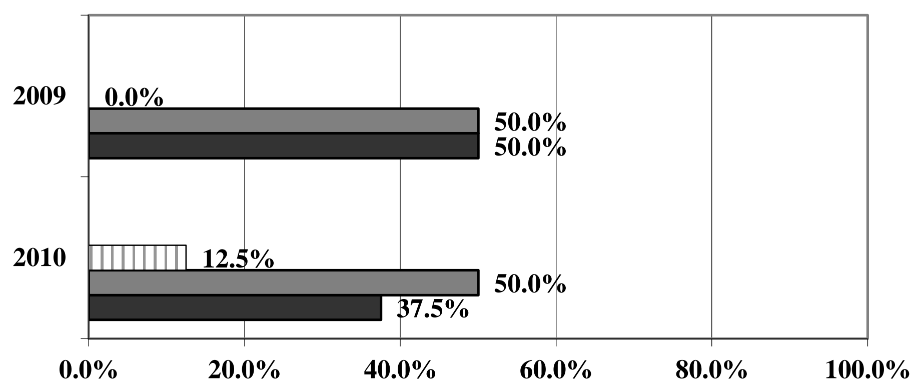
"I certainly came into the program with a certain idea of what I might get out of the program and I ended up coming out of it with something else altogether. I got to meet some amazing people and learn from some amazing teachers. I think there are still a few bugs to be worked out of the program especially organizational aspects of the course but overall it was a beneficial experience."
"Oh for sure! I have an intrinsic interest in public health and health promotion. This program was challenging and at the same time very rewarding!"
"This program met expectation and I hope everyone will say the same."
"Yes"
"Yes and no. I thought that the program would be more "clinical" in nature, ie more hands-on and interactive with the public."
"yes it did. I am very glad I have my MPH from MUN. It has really helped me in my career."
"Yes, I am quite satisfied that I took the MPH program at MUN."

Comparison of 2009 and 2010 results

MPH Program Overview for 2009 and 2010

Summary from course objectives	*No. of objectives*	*2009*			*2010*		
		Disagree	*Neutral*	*Agree*	*Disagree*	*Neutral*	*Agree*
Introduction to Community Health (Med 6220)	*6*	0 (0.0%)	1 (2.1%)	47 (97.9%)	0 (0.0%)	1 (2.1%)	47 (97.9%)
Epidemiology I (Med 6270)	*5*	0 (0.0%)	0 (0.0%)	40 (100.0%)	0 (0.0%)	3 (7.5%)	37 (92.5%)
Policy and Decision Making (Med 6288)	*6*	0 (0.0%)	8 (16.7%)	40 (83.3%)	1 (2.1%)	2 (4.1%)	45 (93.8%)
Communicable Disease Prevention & Control (Med 6724)	*9*	0 (0.0%)	0 (0.0%)	72 (100.0%)	0 (0.0%)	1 (1.3%)	71 (98.6%)
Biostatistics I (Med 6200)	*8*	0 (0.0%)	14 (21.9%)	50 (78.1%)	0 (0.0%)	4 (6.2%)	60 (93.8%)
Health Promotion (Med 6723)	*6*	1 (2.1%)	6 (12.5%)	41 (85.4%)	0 (0.0%)	2 (4.2%)	46 (95.8%)
Environmental Health (Med 6722)	*8*	0 (0.0%)	1 (1.6%)	63 (98.4%)	1 (1.6%)	5 (7.8%)	58 (90.6%)
Disease and Injury Prevention (Med 6721)	*5*	0 (0.0%)	3 (7.5%)	37 (92.5%)	1 (2.5%)	3 (7.5%)	36 (90.0%)
Public Health Seminar Series (Med 6700-6701)	*8*	0 (0.0%)	5 (7.8%)	59 (92.2%)	2 (3.2%)	7 (10.9%)	55 (85.9%)

The table above represents the results of the 2009 and 2010 evaluations for the summary of the course objectives evaluation. As you can see when the categories are condensed (strongly and somewhat agree into agree and strongly and somewhat disagree into disagree), both years are very similar for Med 6220, Med6270 and Med 6724, while the other courses show some interesting differences. To further evaluate these changes the comparison between 2009 and 2010 results for each course objective are shown in Appendix A.

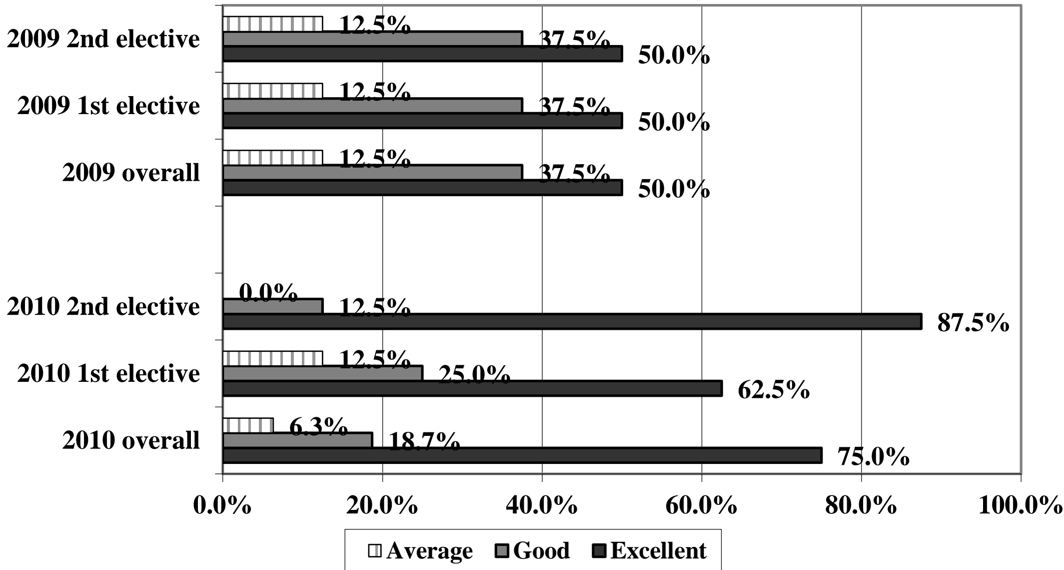

Knowledge of key principles and programs for health surveillance
2009
0.0%
50.0%
50.0%
2010
12.5%
50.0%
37.5%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree

Electives

The electives for students who completed the MPH program in 2009 and 2010 had very little overlap. The majority of respondents who completed the program initially used electives outside of the medical health field, while in the second group electives were more focused in the medical health area. It is noted that the 2010 group were the first to be offered the public health leadership and management course as an elective and were highly encouraged to participate in it. In discussions it was felt that students were offered a wider range of medical health related electives in the 2010 group and this could account for their choosing electives in these areas.

Electives – 2009	**Completed this course**	**.. as a first elective**	**.. as a second elective**
Health Technology Assessment	1	1	0
Physical Education Leadership	1	1	0
Chronic Disease Epidemiology	3	2	1
Advanced Qualitative Research Methods	1	1	0
Social Context of Leadership	1	1	0
Educational Leadership	1	0	1
Critical Theory in Health and Society	1	0	1
Cultural Issues in Counseling	1	0	1
Gender and Media	1	0	1
Physical Education, culture and society	1	1	0
Directed Reading	1	0	1
Program Development in Nursing	1	0	1

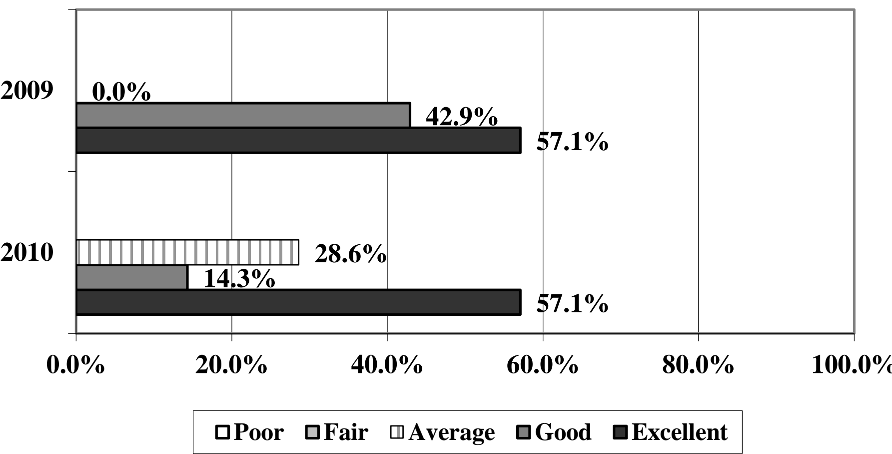
Electives - 2010	**Completed this course**	**.. as a first elective**	**.. as a second elective**
Public Health Leadership and Management	5 (31.3%)	4 (50.0%)	1 (12.5%)
History of Medicine	1 (6.3%)	1 (12.5%)	0 (0.0%)
Epidemiology II	1 (6.3%)	1 (12.5%)	0 (0.0%)
Chronic Disease Epidemiology	1 (6.3%)	1 (12.5%)	0 (0.0%)
Advanced Qualitative Research Methods	1 (6.3%)	0 (0.0%)	1 (12.5%)
Social Critical Thinking	1 (6.3%)	0 (0.0%)	1 (12.5%)
Educational Leadership	1 (6.3%)	0 (0.0%)	1 (12.5%)
Directed Reading	5 (31.3%)	1 (12.5%)	4 (50.0%)



As the above graph shows, respondents to the 2010 evaluation were more likely to rate their elective as excellent as compared to those from the 2009 evaluation.

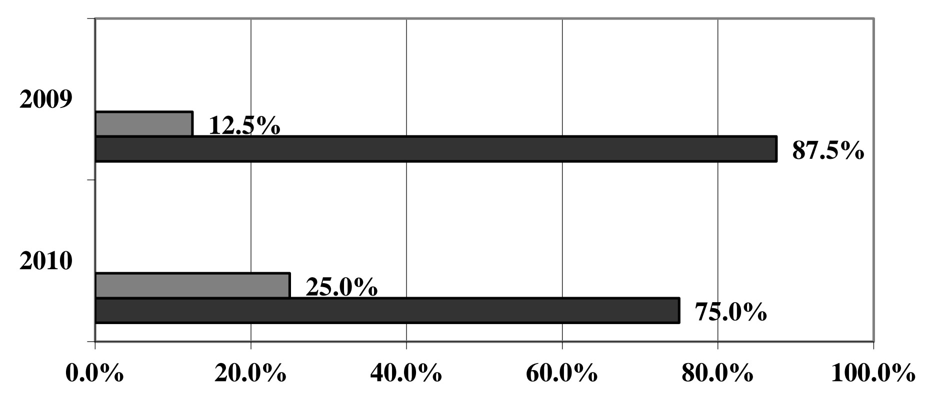
Public Health Practicum/Capstone Research Project

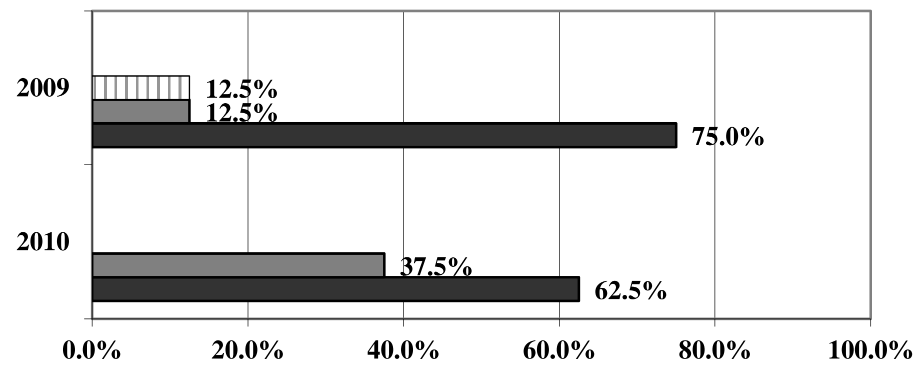
Respondents were asked if they had completed the public health practicum or the capstone research project and were then asked to rank their choice on a scale of poor to excellent. For the two years of the program, the majority of students complete the public health practicum (87.5%), of these 57.1% rated the practicum as excellent. Those that completed the capstone research project, for both years, ranked it as "Good" (100%). Both the 2009 and the 2010 respondents included many of the same types of comments with regards to the practicum and the research project. They felt that the Practicum enabled them to gain profession work experience which was of a practical nature enabling them to use the skills learned in the MPH program. The project encouraged writing skills for reports and grants and presentation and communications skills.

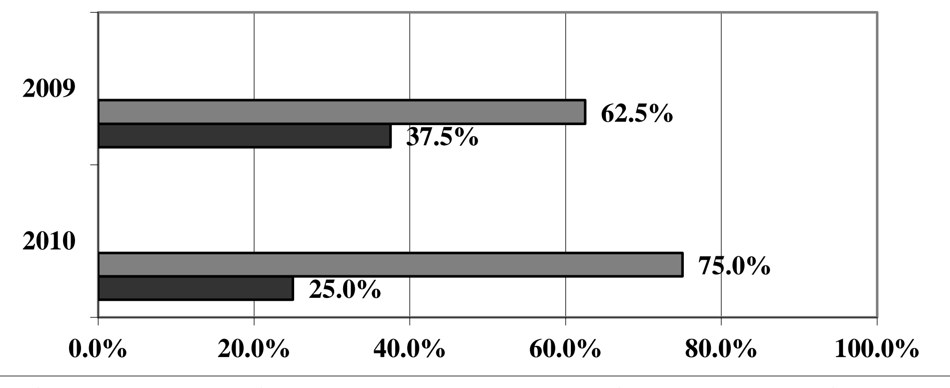


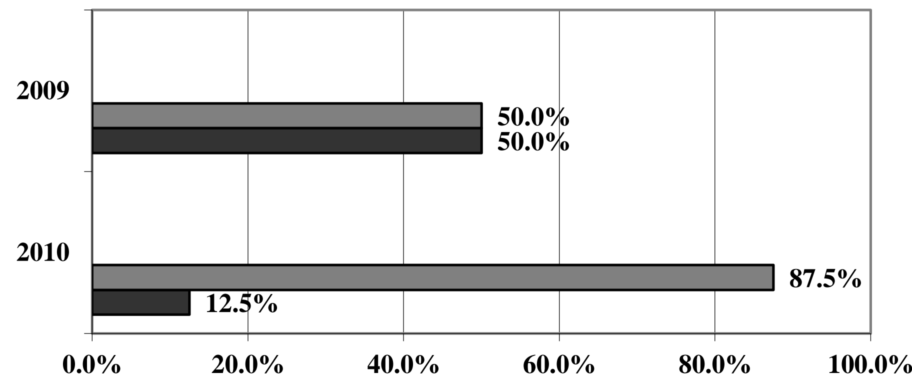
Appendix C: Course Evaluations Comparison (2009-2010)

Introduction to Community Health (MED 6220)

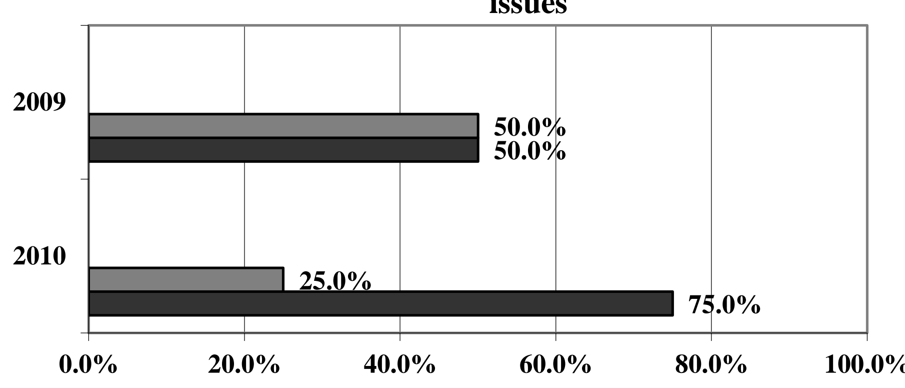





An understanding of the historical development of the concept of community health with particular focus on Canada's contributions
2009
2010
62.5%
37.5%
75.0%
25.0%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree

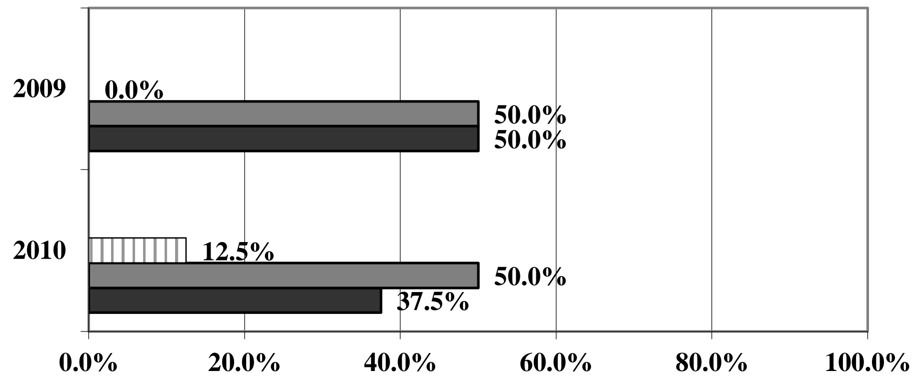

Ability to identify and discuss a variety of policies, programs and organized societal activies for achieving community health
2009
2010
50.0%
50.0%
87.5%
12.5%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree

Ability to communicate, verbally and in writing, a cogent, scholarly, and critical reflection of current community health issues



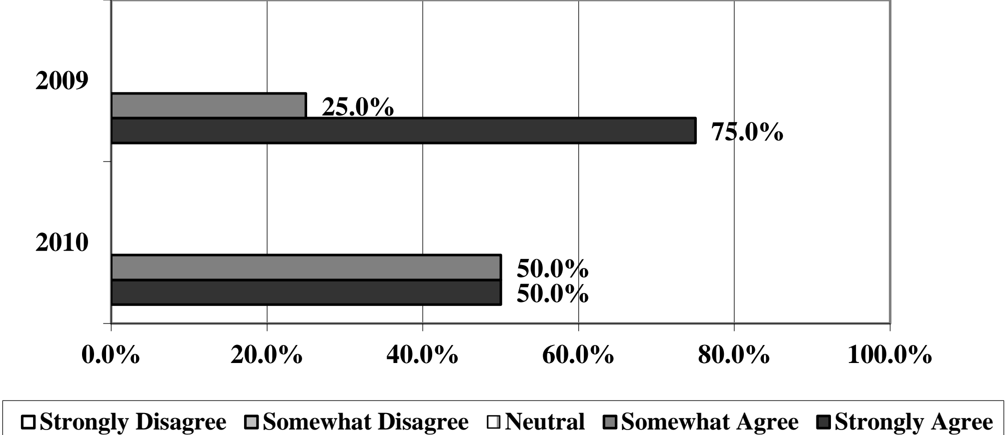
Strongly Disagree Somewhat Disagree Neutral Somewhat Agree Strongly Agree

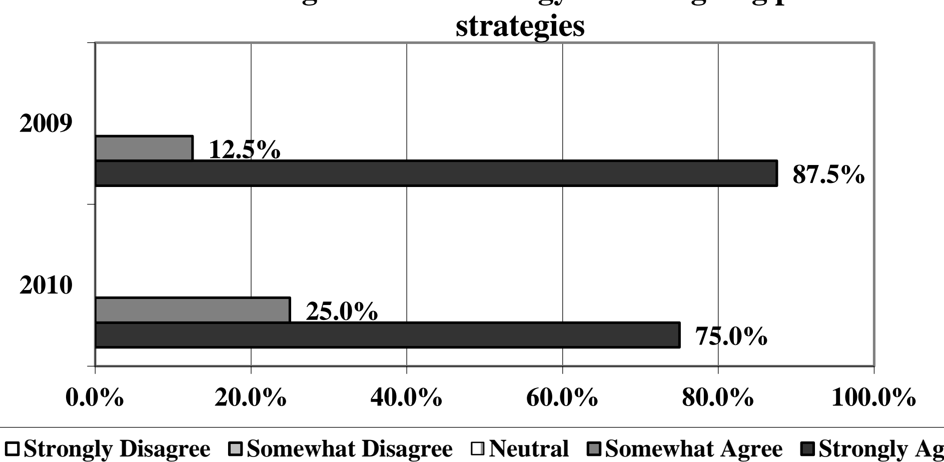
Ability to apply the concepts and principles of contemporary community health to the activites of a local community agency



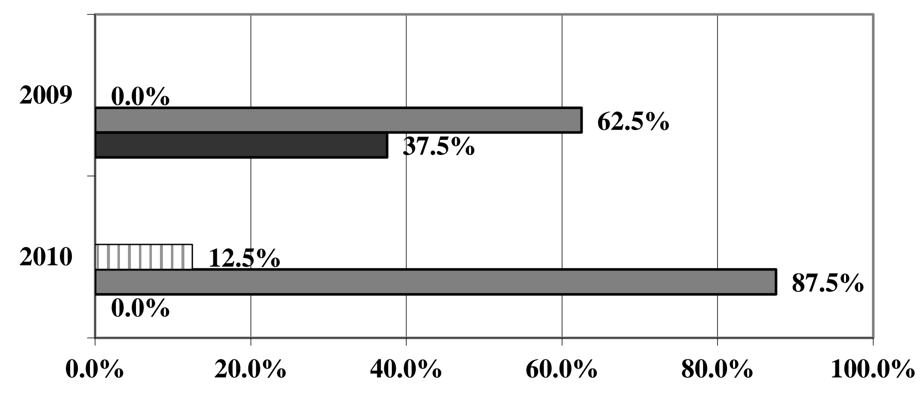
Strongly Disagree Somewhat Disagree Neutral Somewhat Agree Strongly Agree

Epidemiology I (MED 6270)

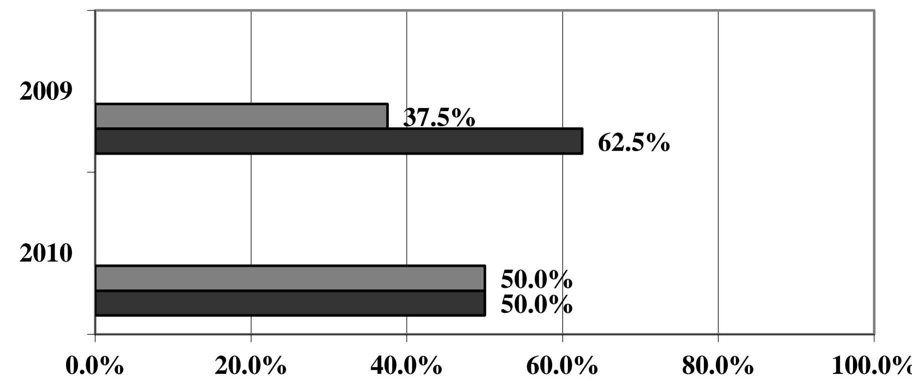


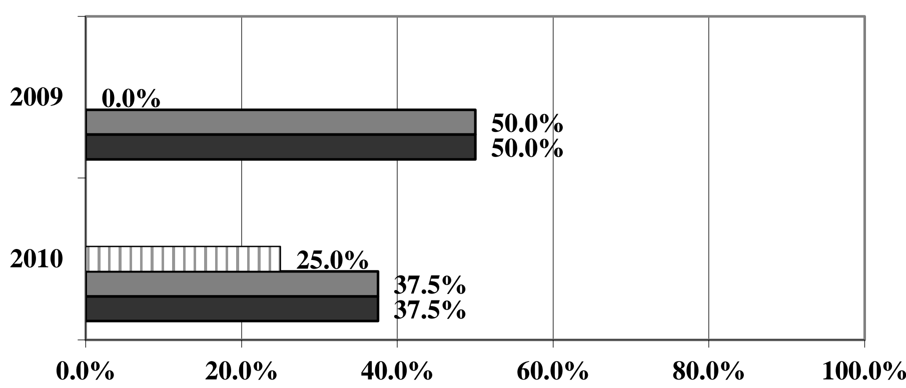


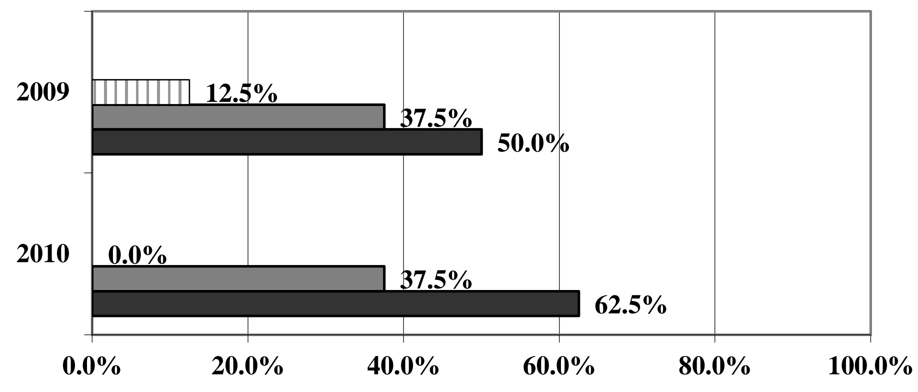
Ability to understand and critique epidemiological studies in the literature

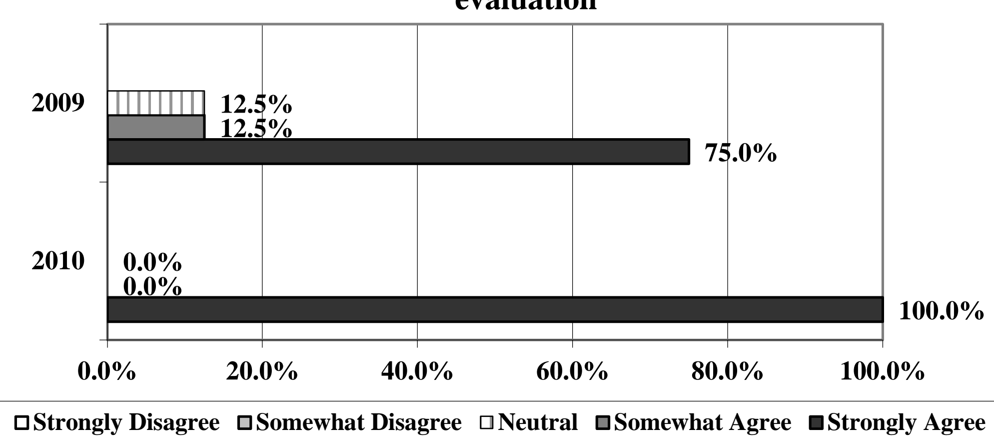


Ability to generate research ideas with a population perspectice

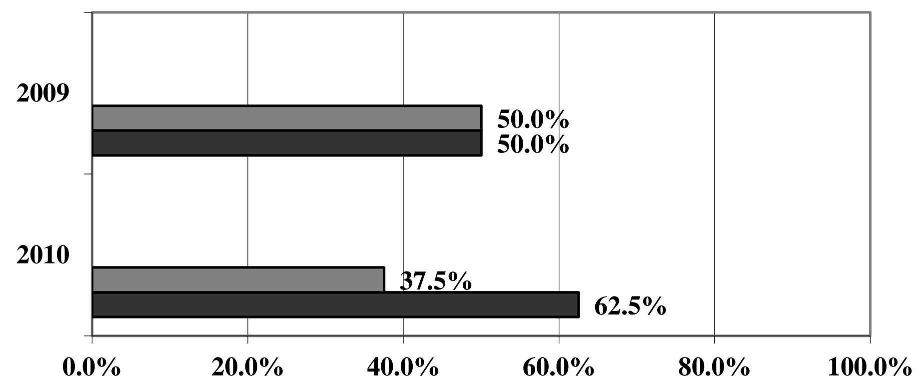



Ability to perform computations commonly used in epidemiological research
2009
0.0%
50.0%
50.0%
2010
25.0%
37.5%
37.5%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree


Knowledge of approaches to policy/health policy development
2009
12.5%
37.5%
50.0%
2010
0.0%
37.5%
62.5%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree

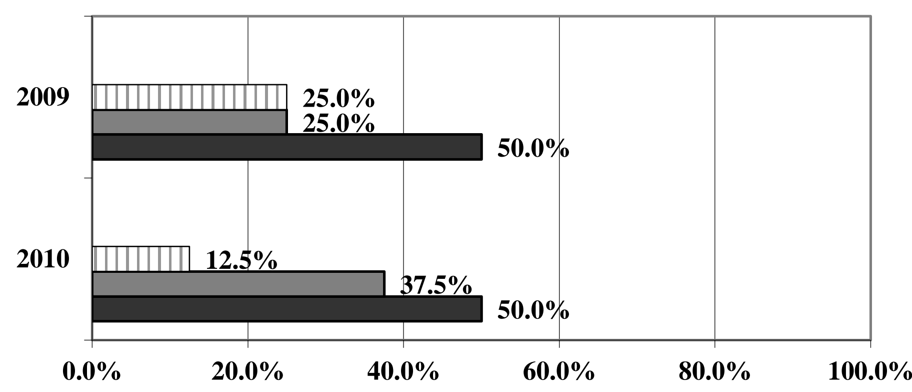

Knowledge of the role of institutions, key stakeholders and values in health policy development, implementation and evaluation
2009
12.5%
12.5%
75.0%
2010
0.0%
0.0%
100.0%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree

Knowledge of the processes of policy implementation in decision making environments

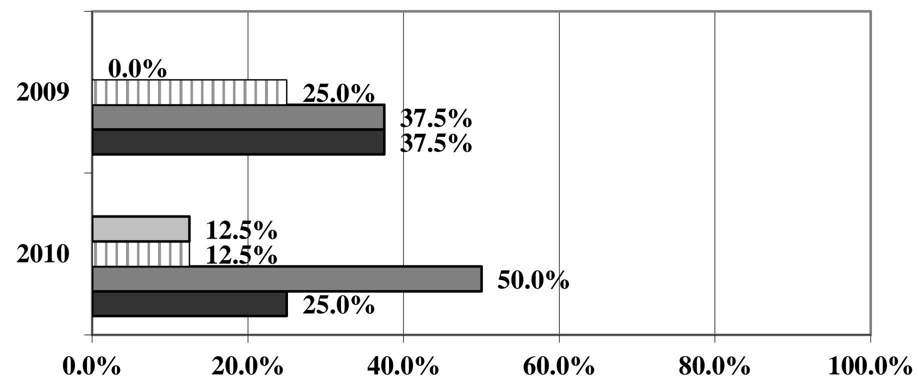


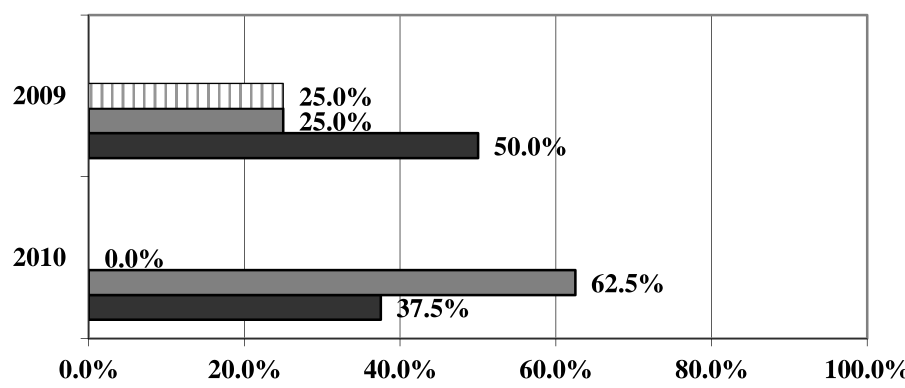
□ Strongly Disagree ■ Somewhat Disagree □ Neutral ■ Somewhat Agree ■ Strongly Agree

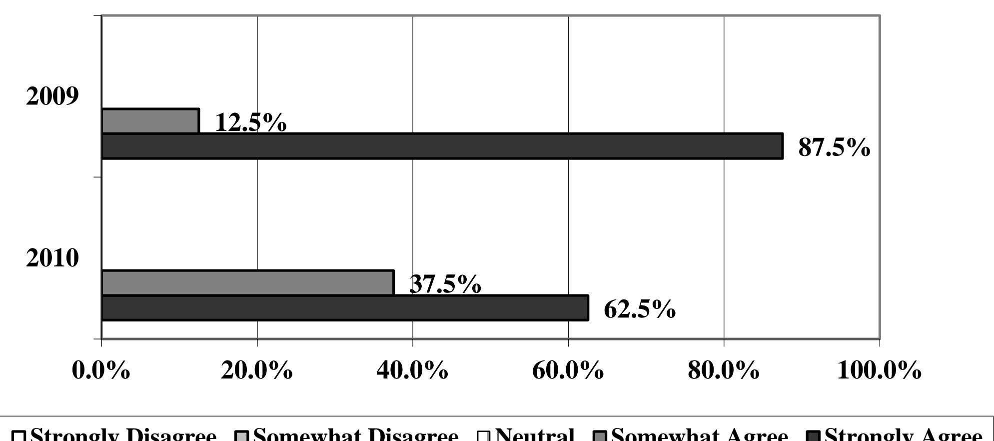
Knowledge of the process and methods of policy appraisal and evaluation

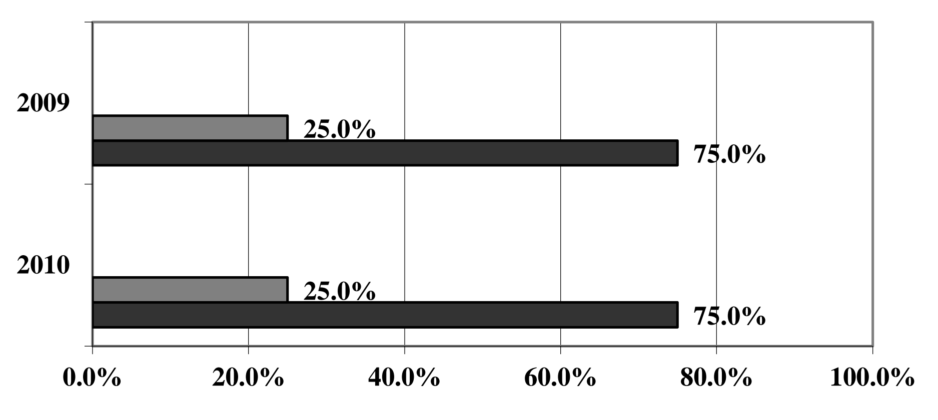


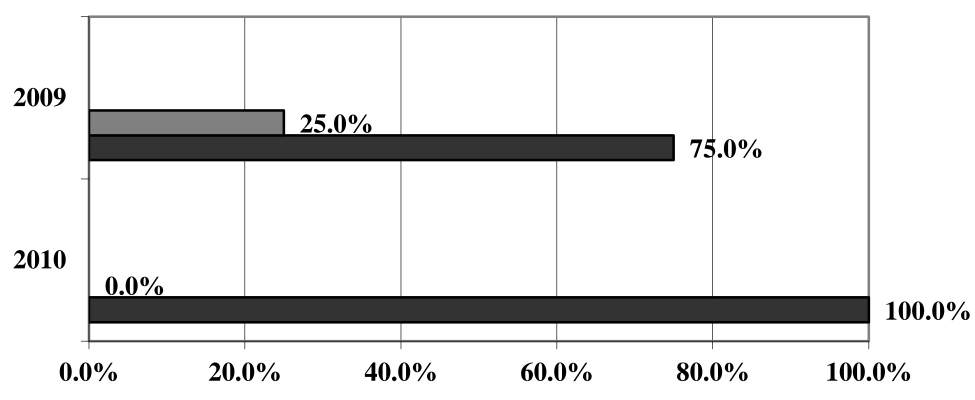
□ Strongly Disagree ■ Somewhat Disagree □ Neutral ■ Somewhat Agree ■ Strongly Agree

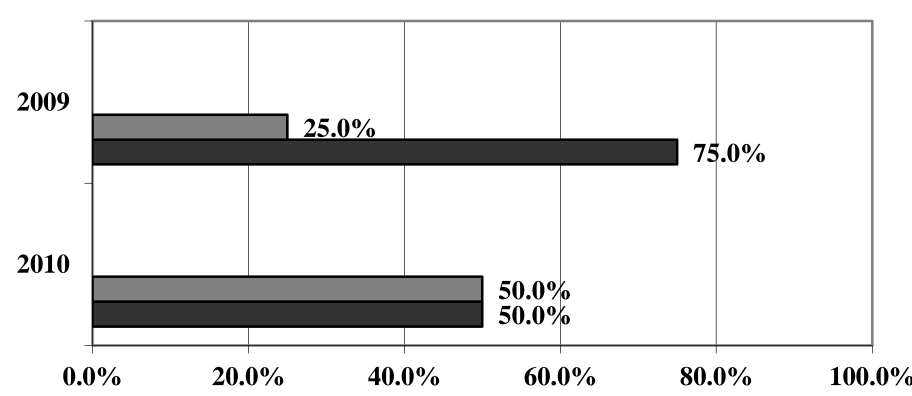

Knowledge of the approaches to policy synthesis
2009
2010
0.0%
25.0%
37.5%
37.5%
12.5%
12.5%
50.0%
25.0%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree


Knowledge of the strategies for communication of policy relevant information to decision-makers
2009
2010
25.0%
25.0%
50.0%
0.0%
62.5%
37.5%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree

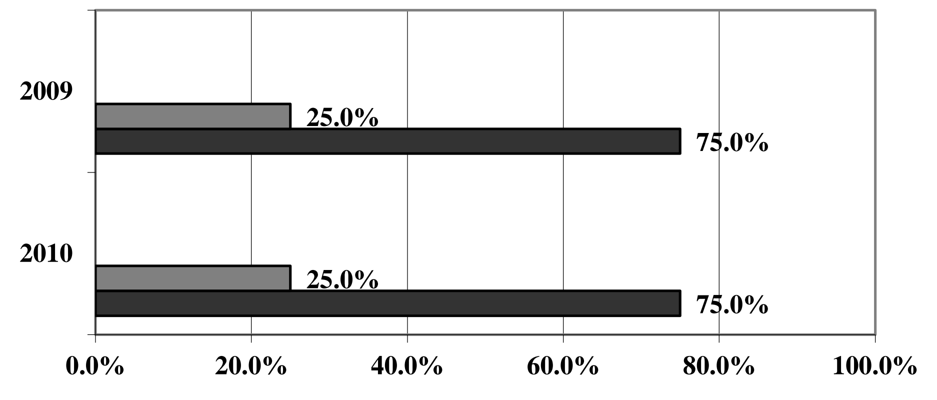

Understanding of the infectious disease process
2009
2010
12.5%
87.5%
37.5%
62.5%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree


Appreciation of the epidemiological basis for the prevention and control of communicable diseases
2009
2010
25.0%
75.0%
25.0%
75.0%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree


Ability to discuss common agents responsible for communicable diseases
2009
2010
25.0%
75.0%
0.0%
100.0%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree

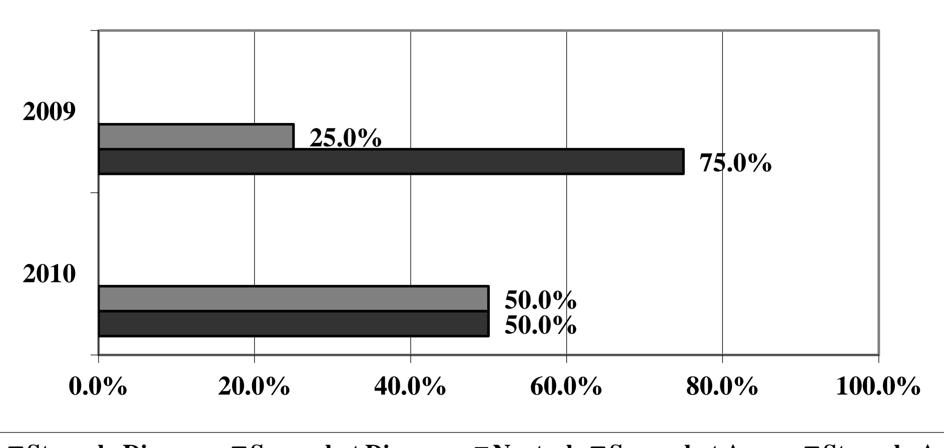

The key principles, practices and systems related to communicable disease surveillance
2009
2010
25.0%
75.0%
50.0%
50.0%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree

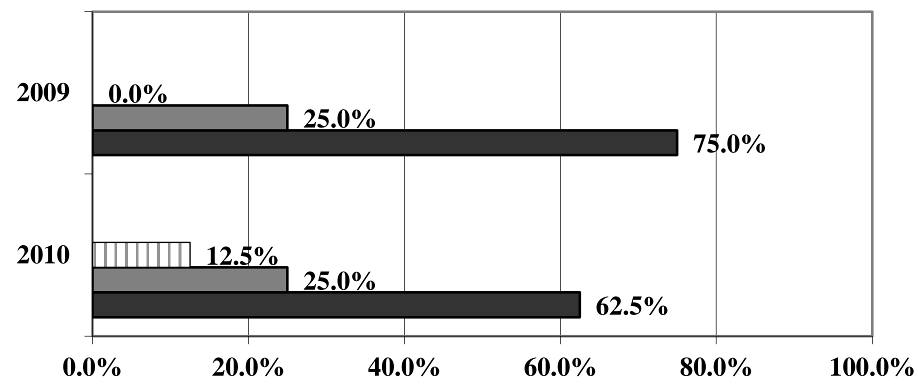
Ability to conduct an outbreak investigation

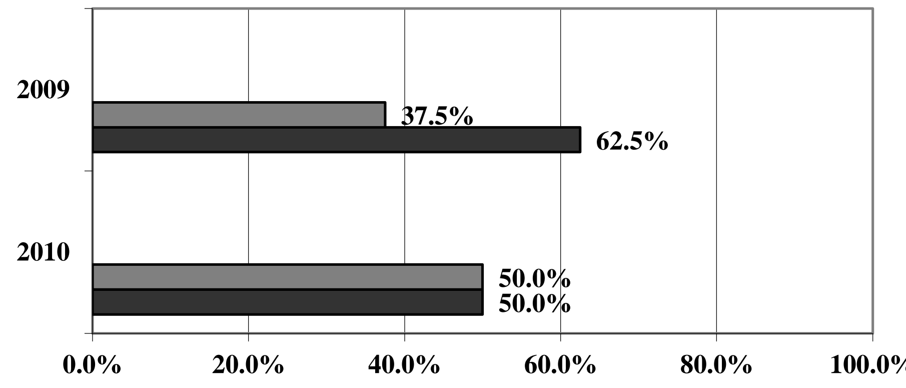


□Strongly Disagree □Somewhat Disagree □Neutral ■Somewhat Agree ■Strongly Agree

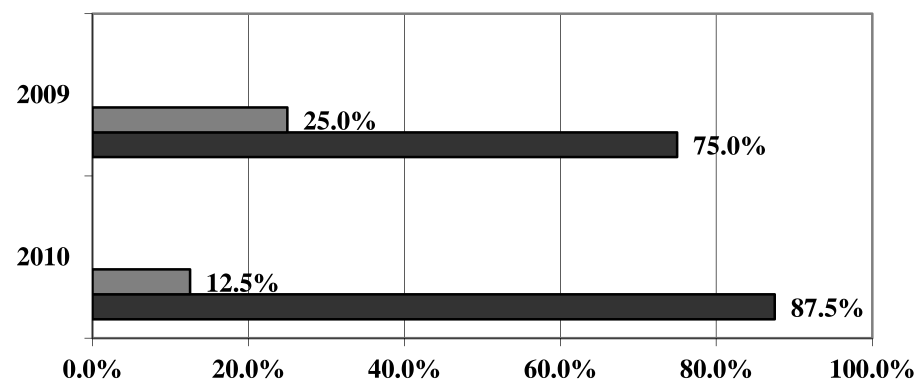
Understanding of the principles and practices of immunization

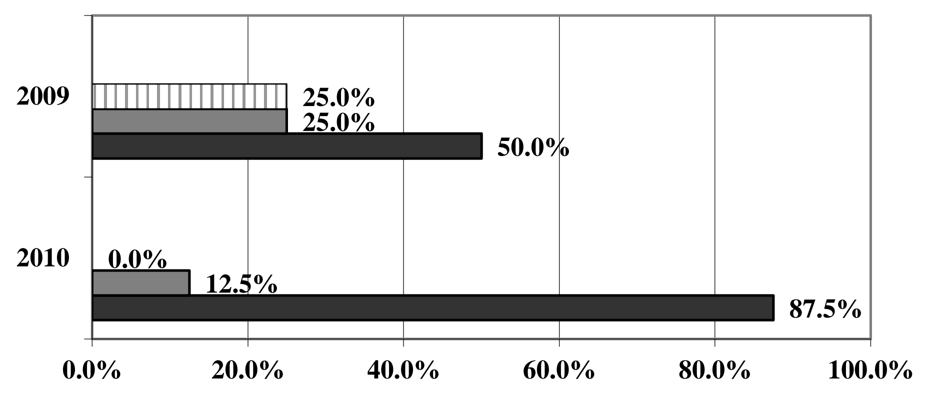


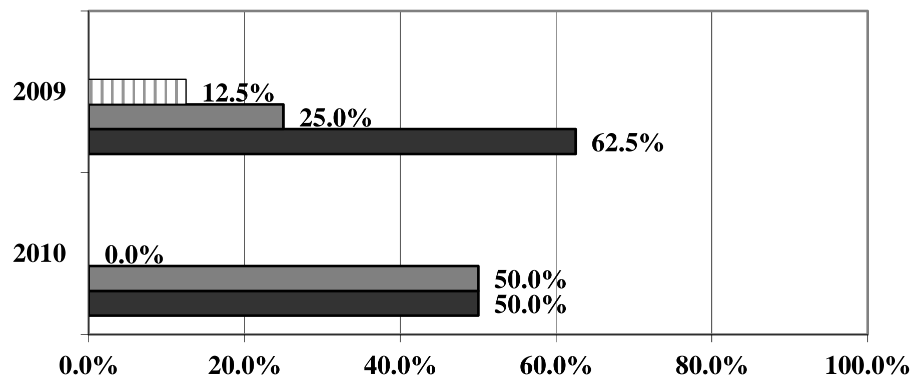

Ability to recognize the key features of an effective communicable disease prevention and control program
2009
2010
0.0%
25.0%
75.0%
12.5%
25.0%
62.5%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree


Ability to recognize key relationships in the communicable disease control process from primary care to WHO
2009
2010
37.5%
62.5%
50.0%
50.0%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree

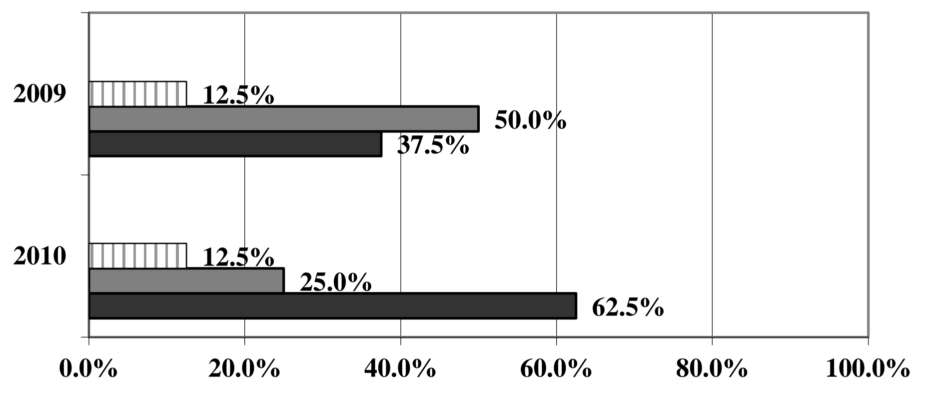
Ability to identify emerging communicable disease issues




Descriptive statistics such as measures of central tendency, dispersion and association
2009
2010
25.0%
25.0%
50.0%
0.0%
12.5%
87.5%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree

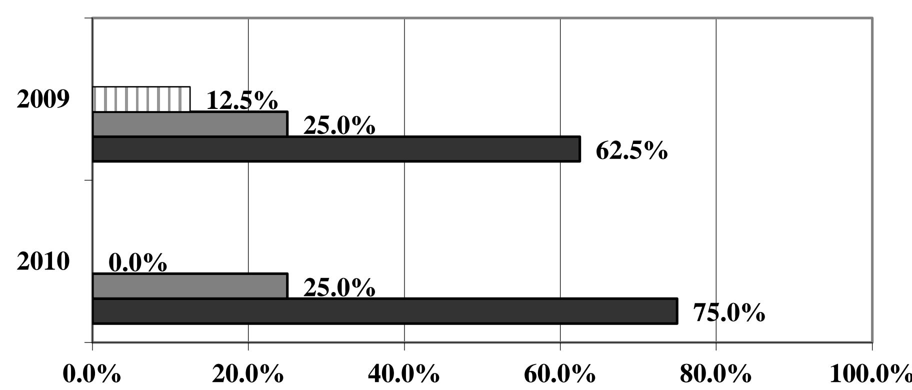

Probability and probability distributions
2009
2010
12.5%
25.0%
62.5%
0.0%
50.0%
50.0%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree

Sampling distributions

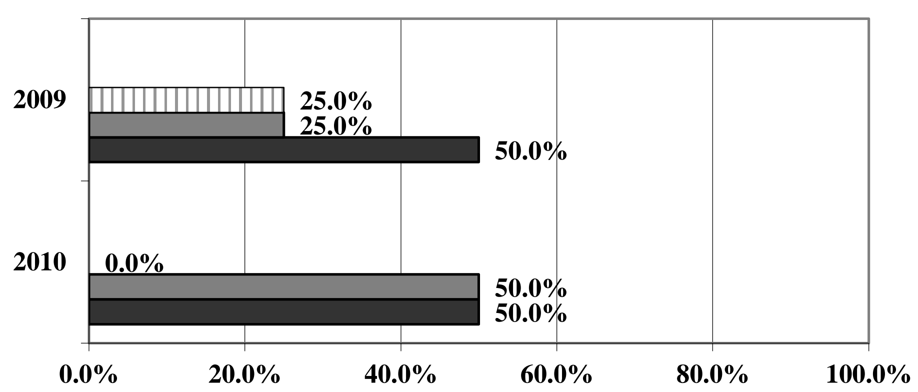


□Strongly Disagree □Somewhat Disagree □Neutral ■Somewhat Agree ■Strongly Agree

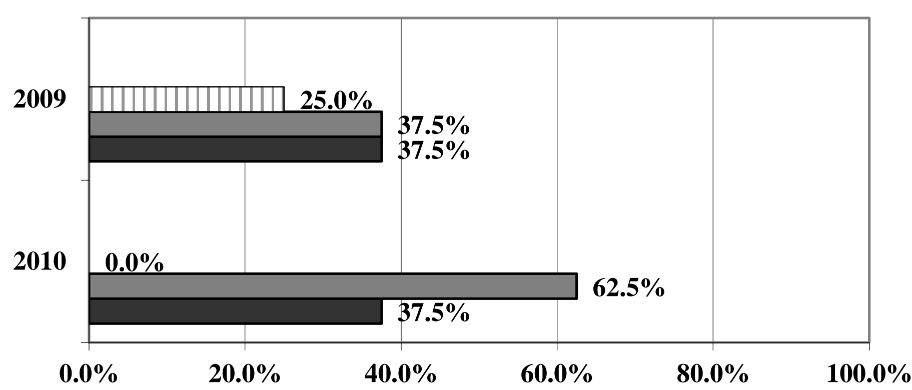
Estimation of confidence intervals and sample size



□Strongly Disagree □Somewhat Disagree □Neutral ■Somewhat Agree ■Strongly Agree

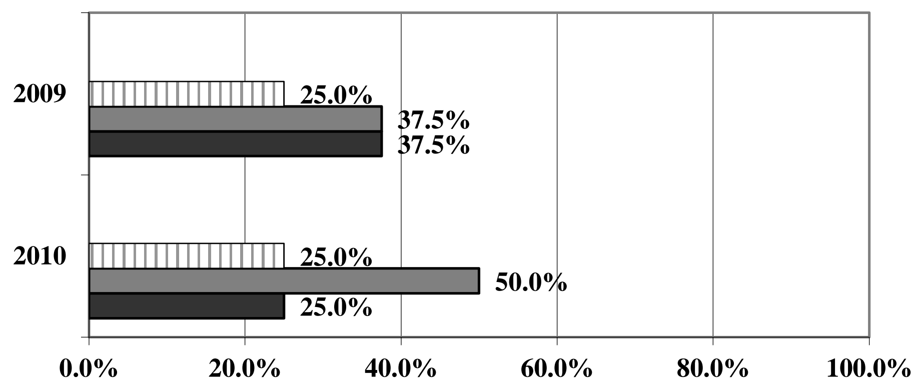


Hypothesis testing, Type 1 and Type 2 error and statistical power
2009
2010
25.0%
25.0%
50.0%
0.0%
50.0%
50.0%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree

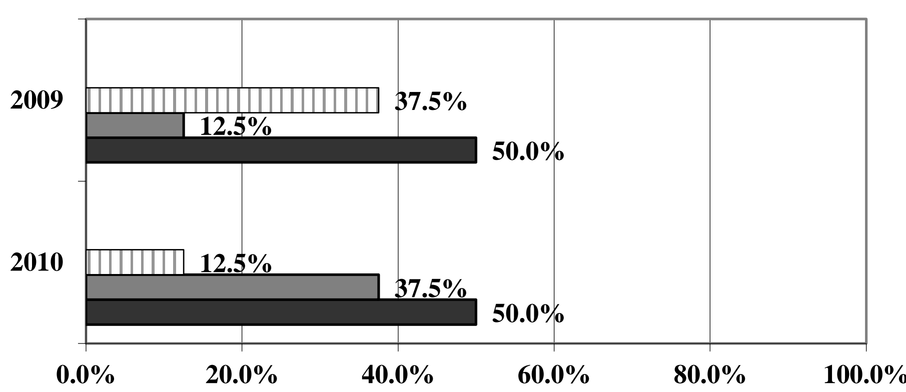


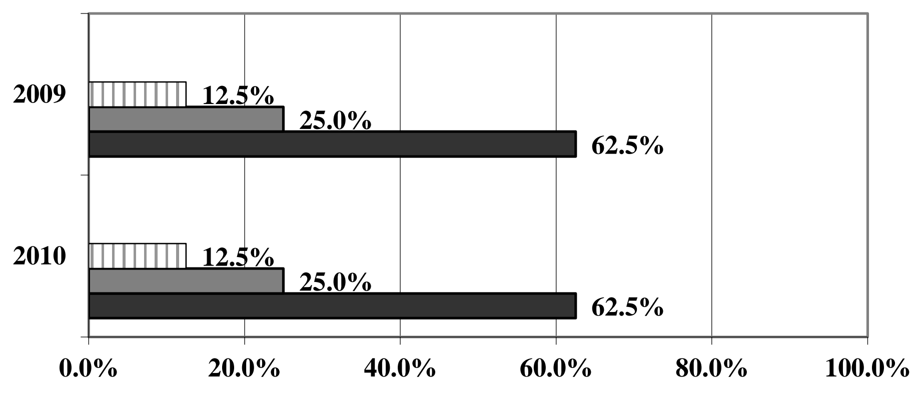
Analysis of variance
2009
2010
25.0%
37.5%
37.5%
0.0%
62.5%
37.5%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree

Regression



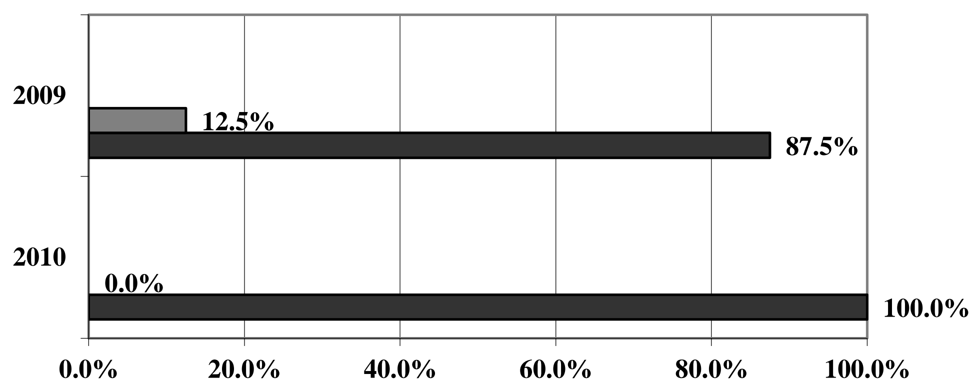
Analysis of frequencies





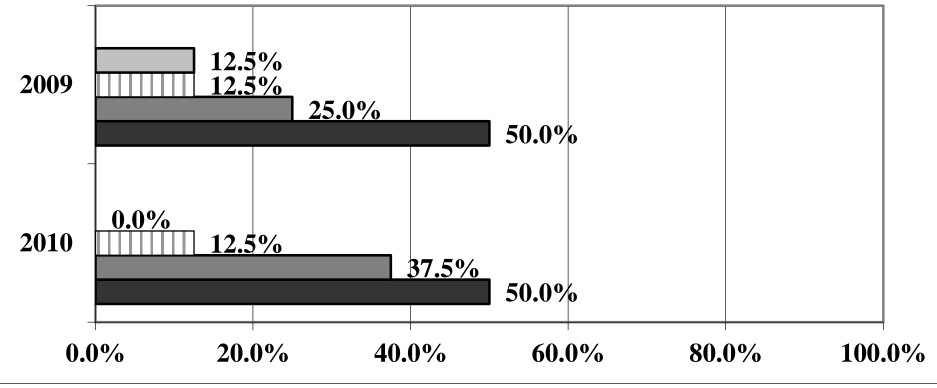
□ Strongly Disagree □ Somewhat Disagree □ Neutral ■ Somewhat Agree ■ Strongly Agree

Ability to discuss the social determinants of health and illness and its impact on community health

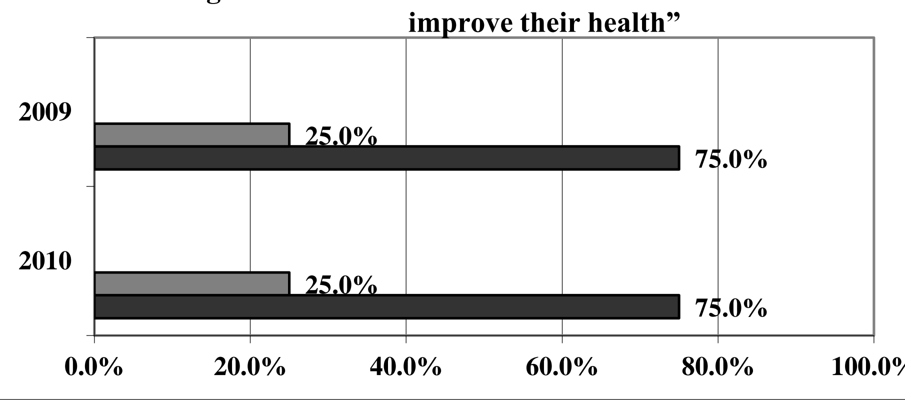


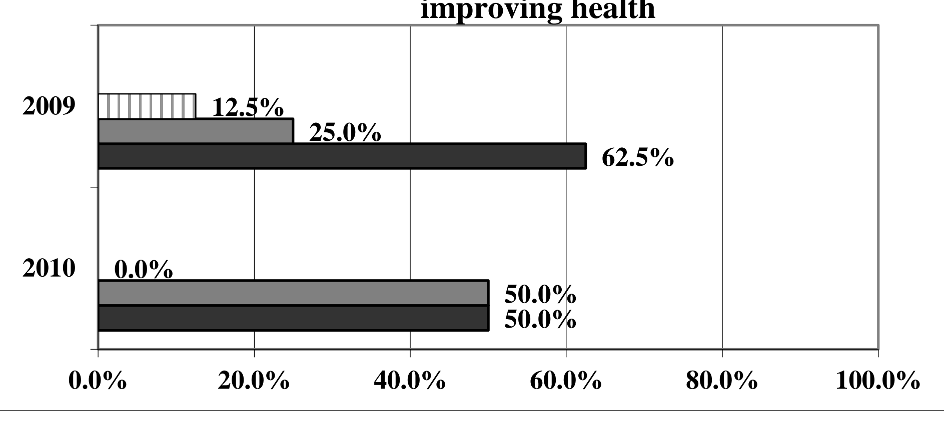
□ Strongly Disagree □ Somewhat Disagree □ Neutral ■ Somewhat Agree ■ Strongly Agree

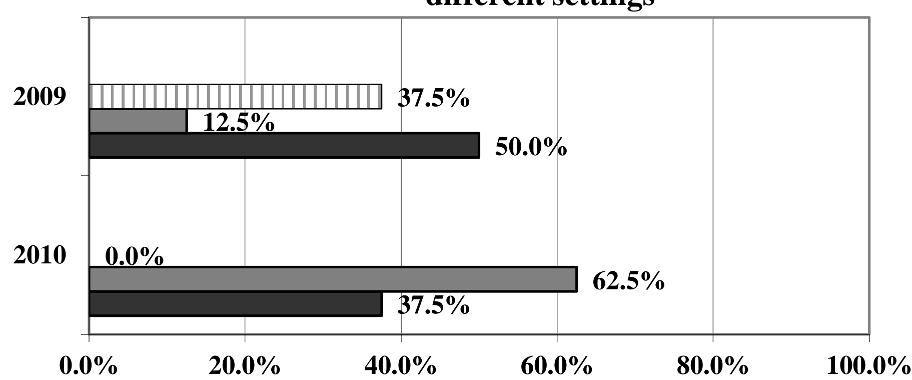
Ability to recognize the centrality of values, to foster critical reflection on, and the development of an explicit ethical stance in which to ground health promotion

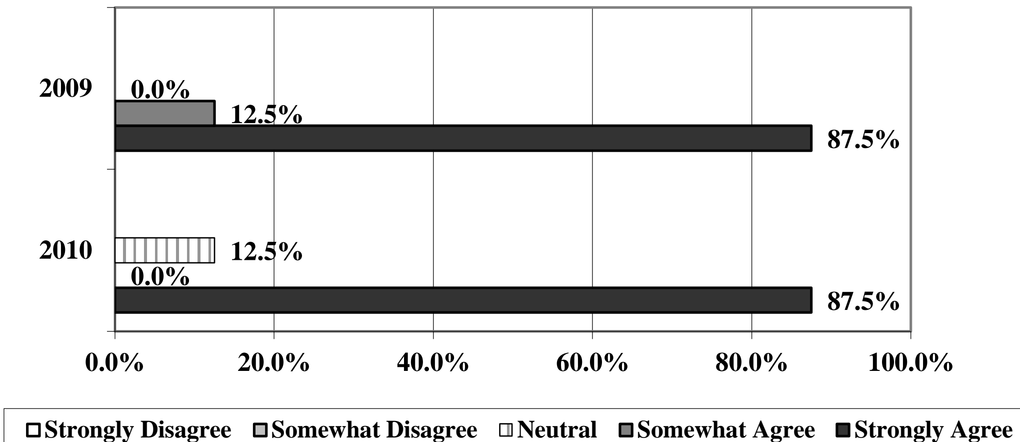


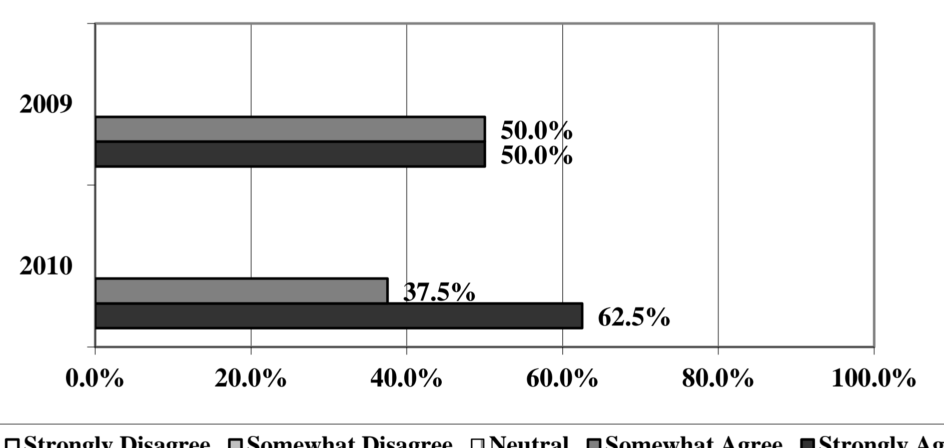
Ability to define and operationalize the concept of empowerment as a central feature of health promotion and its mandate "the process of enabling individuals and communities to increase control over and to improve their health"



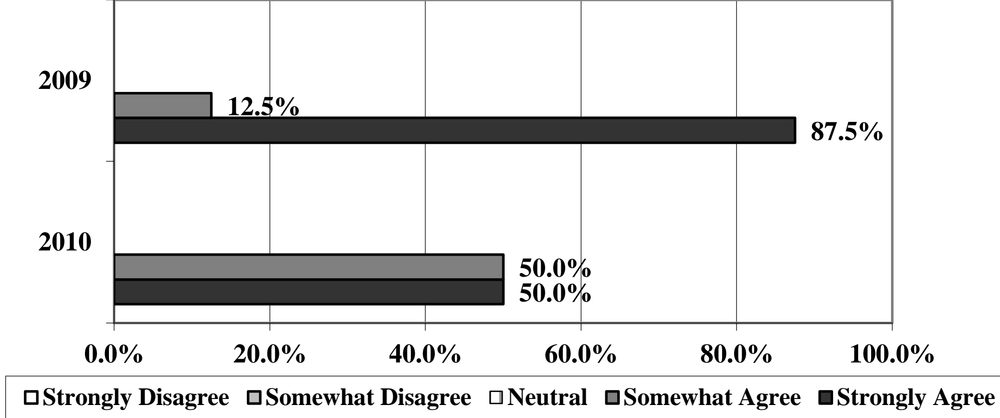

Ability to explore the basic tenets of healthy public policy and understanding the relevance of inter-sectoral collaboration in improving health
2009
12.5%
25.0%
62.5%
2010
0.0%
50.0%
50.0%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree


Understanding of the theoretical and conceptual grounding for the exploration of specific health promotion strategies in different settings
2009
37.5%
12.5%
50.0%
2010
0.0%
62.5%
37.5%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree

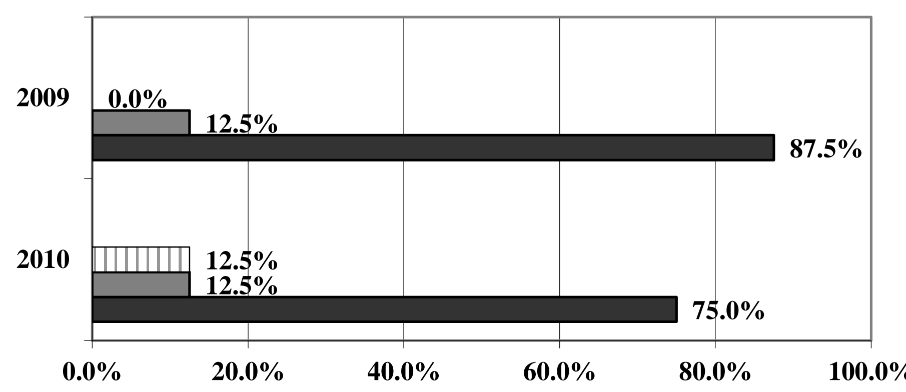

An understanding of the relationship between human health and the environment
2009
0.0%
12.5%
87.5%
2010
12.5%
0.0%
87.5%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree


Familiarity with common environmental health terminology
2009
50.0%
50.0%
2010
37.5%
62.5%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree

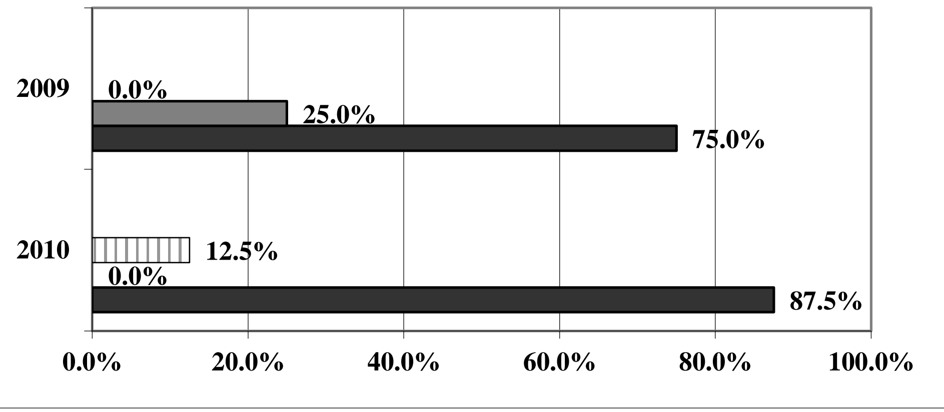
Knowledge of the basic principles of environmental health (i.e. risk assessment, risk management, precautionary principle, waste management, sustainable development)



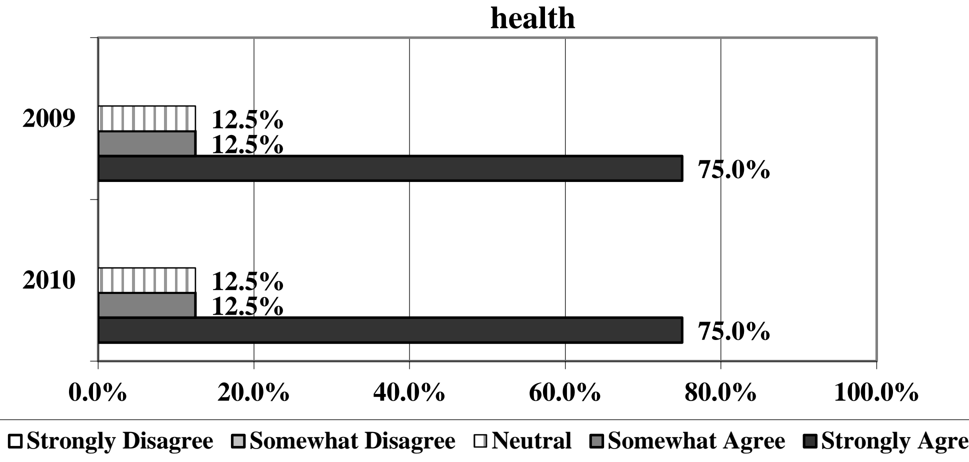
An understanding of the key principles and practices in maintaining food, water and air quality



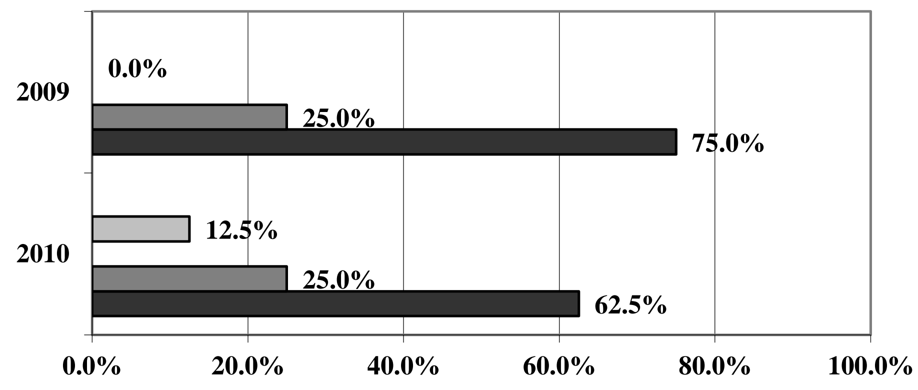
An understanding of the key issues in environmental health



An appreciation for the impact of emerging issues such as climate change on the environment and its impact on human health

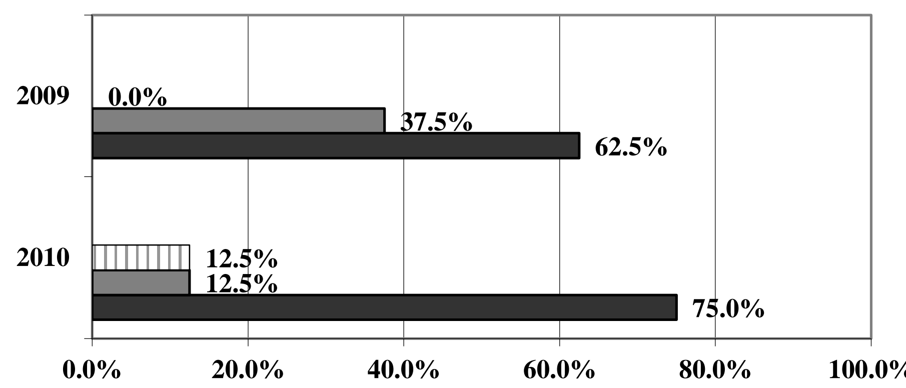


An awareness of key issues in occupational health practices in the work environment

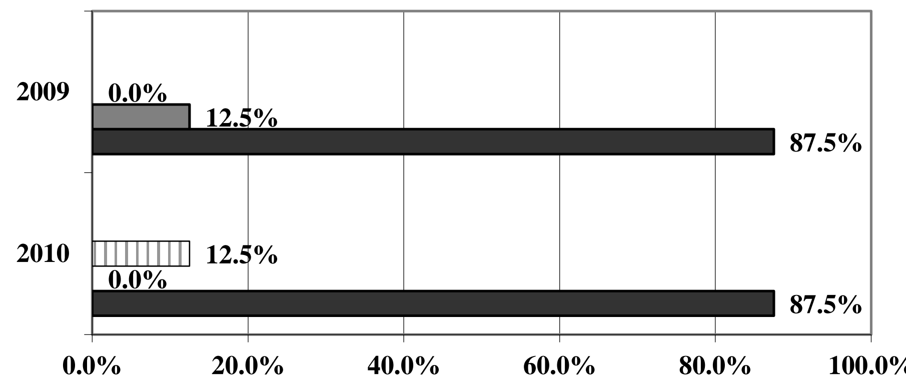


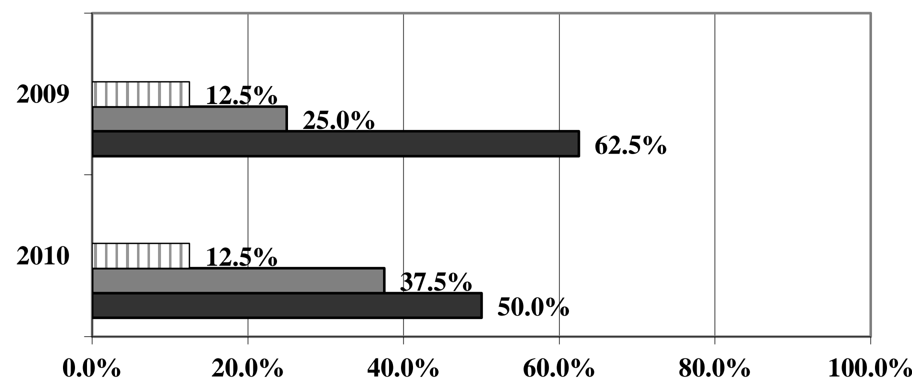
Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree

An understanding of the role of public health in the management of environmental health issues

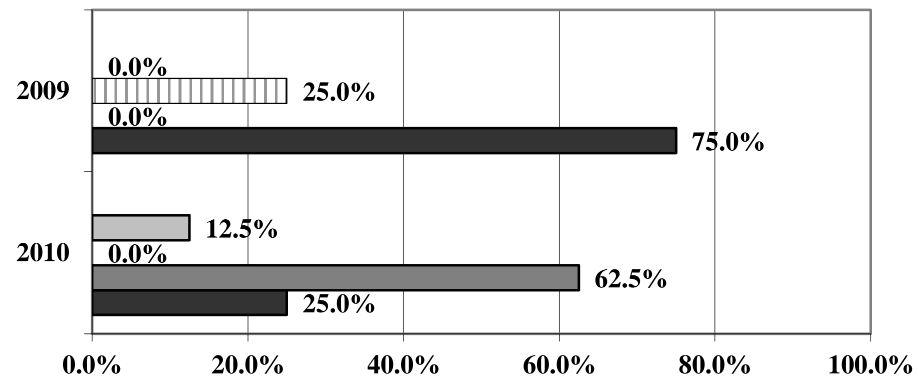


Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree


Ability to define and describe the broad application of the terms primary, secondary and tertiary prevention
2009
0.0%
12.5%
87.5%
2010
12.5%
0.0%
87.5%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree

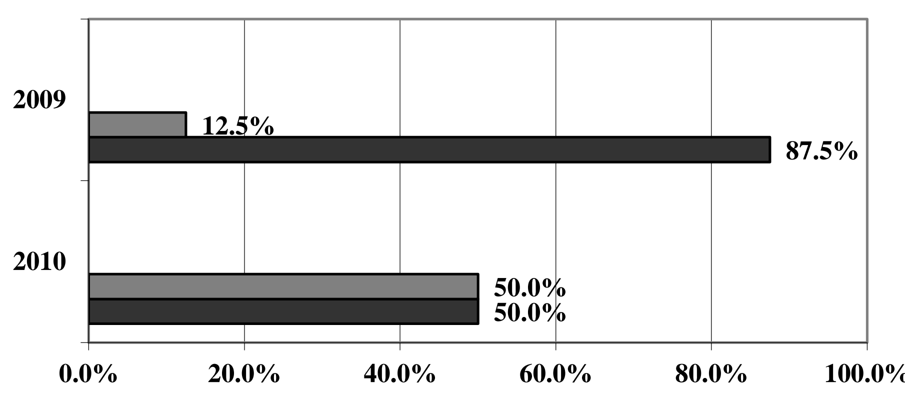

Understanding of epidemiological methods to measure the impact of preventive interventions
2009
12.5%
25.0%
62.5%
2010
12.5%
37.5%
50.0%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree

Understanding of the prevention of disease or injury using a systematic evidence based approach to assessment

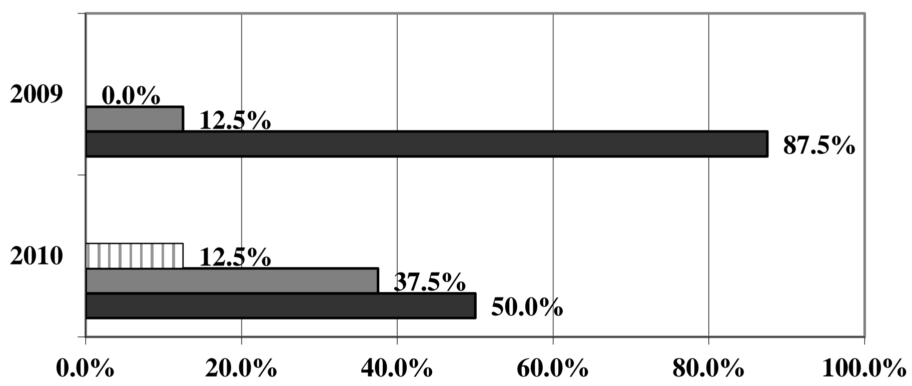


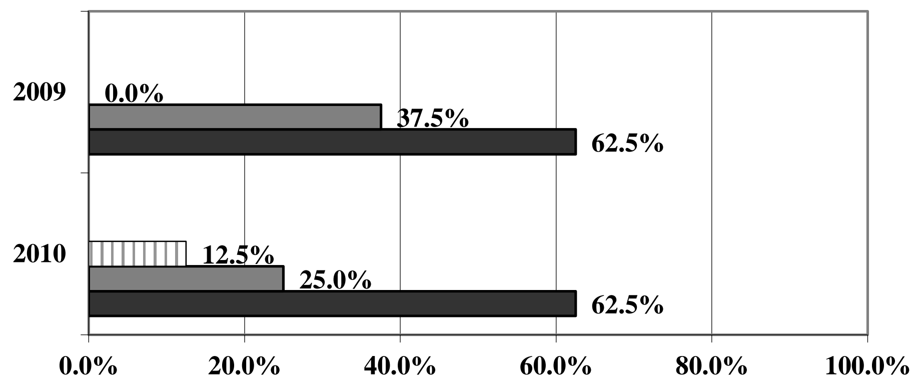
□ Strongly Disagree ■ Somewhat Disagree □ Neutral ■ Somewhat Agree ■ Strongly Agree

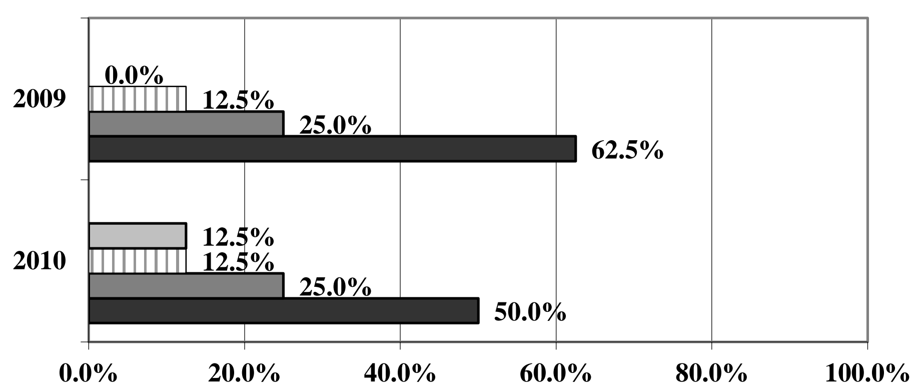
Understanding the principles, concepts and ethical aspects of criteria for screening

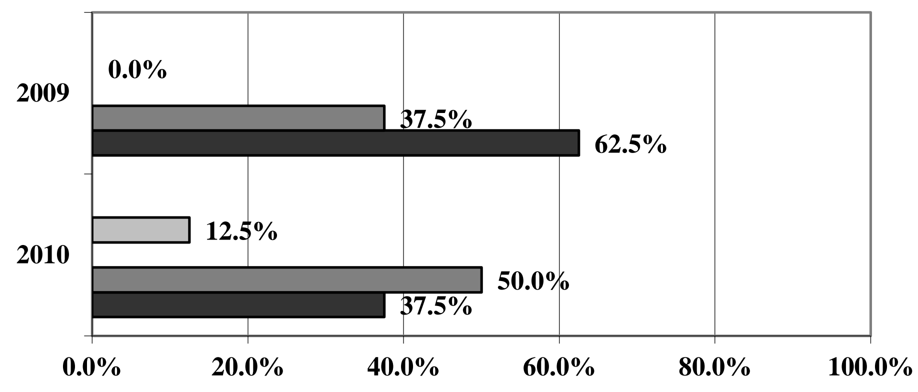


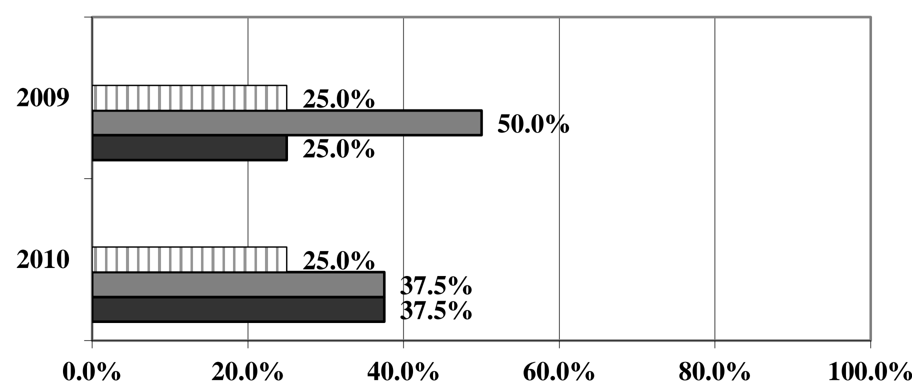
□ Strongly Disagree ■ Somewhat Disagree □ Neutral ■ Somewhat Agree ■ Strongly Agree


Ability to develop strategies for prevention using recognized approaches to diseases, conditions and issues
2009
0.0%
12.5%
87.5%
2010
12.5%
37.5%
50.0%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree

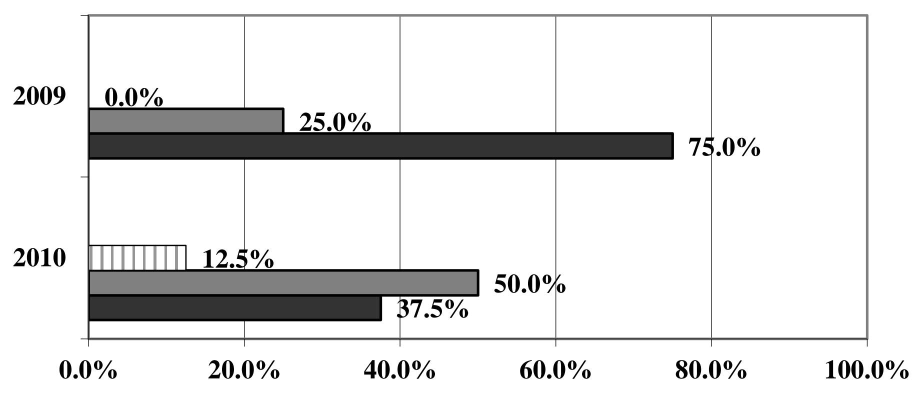

Familiarity with the MPH program, its purpose objectives and organization
2009
0.0%
37.5%
62.5%
2010
12.5%
25.0%
62.5%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree


Familiarity with the governance and administration of public health at a local, provincial, national and international levels
2009
0.0%
12.5%
25.0%
62.5%
2010
12.5%
12.5%
25.0%
50.0%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree

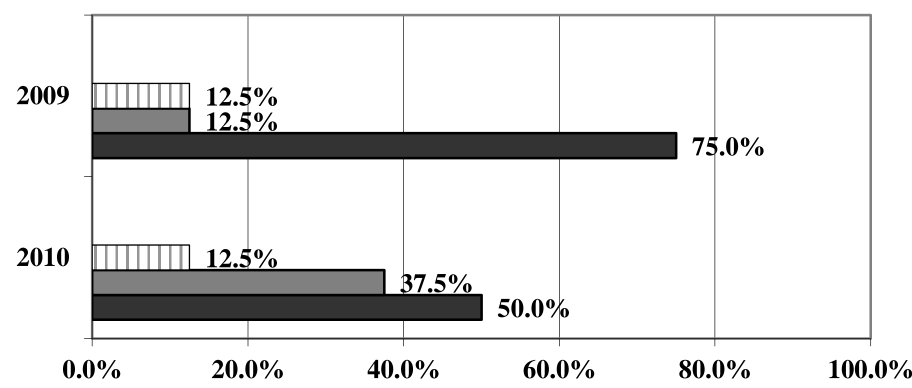

Understanding of the specific legal and ethical issues relevant to public health
2009
2010
0.0%
37.5%
62.5%
12.5%
50.0%
37.5%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree

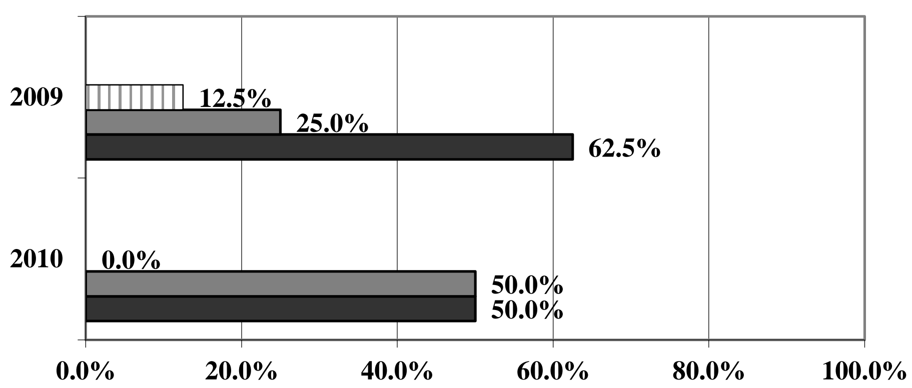

Knowledge of the key principles and processes of Health Impact Assessment
2009
2010
25.0%
50.0%
25.0%
25.0%
37.5%
37.5%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree

Appreciation for the special issues related to public health research



Understanding of emerging public health issues




Appreciation for the issues of global health and their relevance to public health
2009
12.5%
25.0%
62.5%
2010
0.0%
50.0%
50.0%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree

Appendix D: MPH Evaluation 2009 Survey Results

Graduation Year: October 2009

Sex: M (1) F (7)

Date of Birth: 2 left blank; 3 (20-24yrs); 2 (25-29yrs); 1 (40-44yrs)

Your previous highest degree:

7 B.A. or BSc Specify Major (only 2 answers): Nursing and International Development and Biology

1 M.A. or MSc.

Were you employed full time in the year before you began the MPH program?

2 Yes 6 No

If Yes, was this: 1 Full time 1 Part time

Where were you employed? (Choose one)

1 Industry
□ Educational institution
□ Research institution
1 Government of regulatory agency
□ Health Care institution
□ Public Health
□ Self employed
□ Other (specify) _______________

What was your student status in the year before you began the MPH program?

3 Part time student 4 Full time student

What was your student status in the MPH program?

8 Full time student

What was your principal source of funding for your program?

□ Employer's educational benefits (part or all of costs)
□ Scholarships/Fellowships
5 Self funded
1 Other (specify): ___OSAP__________
2 Other (specify): ____student loans____

Why did you choose the MPH program?

"Fell into it. Related to my field of interest."

"The Atlantic Region seems to have a focus on community based practices in public health. It was new, which meant the content could be malleable. The courses were diverse."

"Interest in community and public health. Wanted to add another dimension to my health science training. Ability to complete MPH in 12 months. Wanted to complete program in Newfoundland."

"Felt this degree program was very practical and would help me find a job and help enhance my prospects for continuing education."

"1 year focus on health profession."

"I chose the MPH program because I was interested in population health and I felt this program would give me exposure to a wide range of subject areas, in addition to courses that were focused on professional skills. I liked that this program was a one year program, was course based and included a practicum at the end of the course."

"Because I prefer a course-based program."

"I have an interest in community and population health and wanted to take a program that would allow me to develop practical skills in a broad range of areas. I like that this was a year long program. I also liked that there was a work term option at the end of the program."

Summary:

- interest in community and public health
- broad/diverse range of subject areas
- 12 month program
- Course based
- Practical, work term/practicum

Please evaluate the following courses and seminar series by ranking each on a scale from *5 to 1, where 5 is 'strongly agree', 4 is 'somewhat agree', 3 is 'neutral', 2 'somewhat disagree' and 1 is 'strongly disagree':*

Introduction to Community Health (MED 6220)

I feel confident in my knowledge of the following concepts and abilities:	Strongly Strongly agree disagree				
	5	4	3	2	1
Ability to define the basic principles and concepts of community health	7	1	0	0	0
Ability to critically review foundational documents underpinning the current theory and practice of community health	6	1	1	0	0
An understanding of the historical development of the concept of community health with particular focus on Canada's contributions	3	5	0	0	0
Ability to identify and discuss a variety of policies, programs and organized societal activities for achieving community health;	4	4	0	0	0
Ability to communicate, verbally and in writing, a cogent, scholarly, and critical reflection of current community health issues	4	4	0	0	0
Ability to apply the concepts and principles of contemporary community health to the activities of a local community agency	4	4	0	0	0

Epidemiology I (MED 6270)

I feel confident in my knowledge of the following concepts and abilities:	Strongly Strongly agree disagree				
	5	4	3	2	1
Knowledge of the basic terminology used in epidemiology	**6**	**2**	**0**	**0**	**0**
Understanding of how epidemiologic studies contribute to understanding of disease etiology and designing prevention strategies	**7**	**1**	**0**	**0**	**0**
Ability to understand and critique epidemiological studies in the literature	**3**	**5**	**0**	**0**	**0**
Ability to generate research ideas with a population perspective	**5**	**3**	**0**	**0**	**0**
Ability to perform computations commonly used in epidemiological research	**4**	**4**	**0**	**0**	**0**

Policy and Decision Making (MED 6288)

I feel confident in my knowledge of the following concepts and abilities:	Strongly Strongly agree disagree				
	5	4	3	2	1
Knowledge of approaches to policy/health policy development	**4**	**3**	**1**	**0**	**0**
Knowledge of the role of institutions, key stakeholders and values in health policy development, implementation and evaluation	**6**	**1**	**1**	**0**	**0**
Knowledge of the processes of policy implementation in decision making environments	**4**	**4**	**0**	**0**	**0**
Knowledge of the process and methods of policy appraisal and evaluation	**4**	**2**	**2**	**0**	**0**
Knowledge of the approaches to policy synthesis	**3**	**3**	**2**	**0**	**0**
Knowledge of the strategies for communication of policy relevant information to decision-makers	**4**	**2**	**2**	**0**	**0**

Communicable Disease Prevention and Control (MED 6724)

I feel confident in my knowledge of the following concepts and abilities:	Strongly Strongly agree disagree				
	5	4	3	2	1
Understanding of the infectious disease process	**7**	**1**	**0**	**0**	**0**
Appreciation of the epidemiological basis for the prevention and control of communicable diseases	**6**	**2**	**0**	**0**	**0**
Ability to discuss common agents responsible for communicable diseases	**6**	**2**	**0**	**0**	**0**
The key principles, practices and systems related to communicable disease surveillance	**6**	**2**	**0**	**0**	**0**
Ability to conduct an outbreak investigation	**6**	**2**	**0**	**0**	**0**
Understanding of the principles and practices of immunization	**6**	**2**	**0**	**0**	**0**
Ability to recognize the key features of an effective communicable disease prevention and control program	**6**	**2**	**0**	**0**	**0**
Ability to recognize key relationships in the communicable disease control process from primary care to WHO	**5**	**3**	**0**	**0**	**0**
Ability to identify emerging communicable disease issues	**6**	**2**	**0**	**0**	**0**

Biostatistics I (MED 6200)

I feel confident in my knowledge of the following concepts and abilities:	Strongly Strongly agree disagree				
	5	4	3	2	1
Descriptive statistics such as measures of central tendency, dispersion and association	**4**	**2**	**2**	**0**	**0**
Probability and probability distributions	**5**	**2**	**1**	**0**	**0**
Sampling distributions	**3**	**4**	**1**	**0**	**0**
Estimation of confidence intervals and sample size	**5**	**2**	**1**	**0**	**0**
Hypothesis testing, Type 1 and Type 2 error and statistical power	**4**	**2**	**2**	**0**	**0**
Analysis of variance	**3**	**3**	**2**	**0**	**0**
Regression	**3**	**3**	**2**	**0**	**0**
Analysis of frequencies	**4**	**1**	**3**	**0**	**0**

Health Promotion (MED 6723)

I feel confident in my knowledge of the following concepts and abilities:	Strongly Strongly agree disagree				
	5	4	3	2	1
Understanding of the different theories and approaches to health promotion and practices	**5**	**2**	**1**	**0**	**0**
Ability to discuss the social determinants of health and illness and its impact on community health	**7**	**1**	**0**	**0**	**0**
Ability to recognize the centrality of values, to foster critical reflection on, and the development of an explicit ethical stance in which to ground health promotion	**4**	**2**	**1**	**1**	**0**
Ability to define and operationalize the concept of empowerment as a central feature of health promotion and its mandate "the process of enabling individuals and communities to increase control over and to improve their health"	**6**	**2**	**0**	**0**	**0**
Ability to explore the basic tenets of healthy public policy and understanding the relevance of inter-sectoral collaboration in improving health	**5**	**2**	**1**	**0**	**0**
Understanding of the theoretical and conceptual grounding for the exploration of specific health promotion strategies in different settings	**4**	**1**	**3**	**0**	**0**

Environmental Health (MED 6722)

I feel confident in my knowledge of the following concepts and abilities:	Strongly Strongly agree disagree				
	5	4	3	2	1
An understanding of the relationship between human health and the environment	**7**	**1**	**0**	**0**	**0**
Familiarity with common environmental health terminology	**4**	**4**	**0**	**0**	**0**
Knowledge of the basic principals of environmental health (i.e. risk assessment, risk management, precautionary principle, waste management, sustainable development)	**7**	**1**	**0**	**0**	**0**
An understanding of the key principles and practices in maintaining food, water and air quality	**7**	**1**	**0**	**0**	**0**
An understanding of the key issues in environmental health	**6**	**2**	**0**	**0**	**0**
An appreciation for the impact of emerging issues such as climate change on the environment and its impact on human health	**6**	**1**	**1**	**0**	**0**
An awareness of key issues in occupational health practices in the work environment	**6**	**2**	**0**	**0**	**0**
An understanding of the role of public health in the management of environmental health issues	**5**	**3**	**0**	**0**	**0**

Disease and Injury Prevention (MED6721)

I feel confident in my knowledge of the following concepts and abilities:	Strongly Strongly agree disagree				
	5	4	3	2	1
Ability to define and describe the broad application of the terms primary, secondary and tertiary prevention	**7**	**1**	**0**	**0**	**0**
Understanding of epidemiological methods to measure the impact of preventive interventions.	**5**	**2**	**1**	**0**	**0**
Understanding of the prevention of disease or injury using a systematic evidence based approach to assessment	**6**	**0**	**2**	**0**	**0**
Understanding the principles, concepts and ethical aspects of criteria for screening	**7**	**1**	**0**	**0**	**0**
Ability to develop strategies for prevention using recognized approaches to diseases, conditions and issues	**7**	**1**	**0**	**0**	**0**

Public Health Seminar Series (MED 6700-6701)

I feel confident in my knowledge of the following concepts and abilities:	Strongly Strongly agree disagree				
	5	4	3	2	1
Familiarity with the MPH program, its purpose objectives and organization	**5**	**3**	**0**	**0**	**0**
Familiarity with the governance and administration of public health at a local, provincial, national and international levels	**5**	**2**	**1**	**0**	**0**
Understanding of the specific legal and ethical issues relevant to public health	**5**	**3**	**0**	**0**	**0**
Knowledge of the key principles and processes of Health Impact Assessment	**2**	**4**	**2**	**0**	**0**
Appreciation for the special issues related to public health research	**6**	**2**	**0**	**0**	**0**
Understanding of emerging public health issues	**6**	**1**	**1**	**0**	**0**
Appreciation for the issues of global health and their relevance to public health	**5**	**2**	**1**	**0**	**0**
Knowledge of key principles and programs for health surveillance	**4**	**4**	**0**	**0**	**0**

Summary Course Objectives:

- Overall students mostly agreed that course objectives had been met. That is, none of the students chose 'disagree' or 'strongly disagree' to any of listed statements.

- Judging by the number of students who chose the neutral category '3', more students felt slightly less confident in their understanding of the core objectives in *Biostatistics.* Also, *Policy and Decision Making*, *Health Promotion* and *Public Health Seminar Series* are courses where students chose the neutral category more often than other courses.

Please evaluate your two elective courses (list course titles) by ranking each on a scale from 1 to 5, where 1=poor and 5=excellent:

First elective:

Physical Education 6003	Good (4)
Chronic Diseases	Excellent (5)
Social Context of Leadership	Good (4)
Chronic Disease Epidemiology	Excellent (5)
Health Technology Assessment	Good (4)
HKR 6121	Excellent (5)
Qualitative Research Methods	Excellent (5)

(Elective title not given)	Average (3)

Second elective:

Nursing 6020	Good (4)
Cultural Issues in Counseling	Excellent (5)
Education Leadership	Good (4)
Critical Theory in Health and Soc	Excellent (5)
Chronic Disease Epidemiology	Good (4)
Required Readings	Excellent (5)
Gender and Media	Excellent (5)
(Elective title not given)	Average (3)

Why did you choose these electives?

"*Because they are online course and they are relevant to public health."*

"Out of interest. Small class size, convenient and FUN!"

"Because they broadened my scope to allow me to link public health practices and leadership in the health field."

"I chose Chronic Disease Epidemiology because of my interest in exploring the epidemiology of various chronic diseases. I also wanted a course with a steady workload, which Chronic Disease Epidemiology offers as progress is evaluated through weekly critique papers. I chose Critical Theory in Health and Society due to my desire to supplement my knowledge and understanding of the theories underlying population health and health promotion. I did not complete many arts courses through my undergraduate degree, and felt that this course would also be a means to improve my critical thinking and writing skills."

"Interest."

"Interest; flexibility."

"I was in the MSc and they were required for my program."

Was it helpful/useful to you in this program or in your work? Why/Why not?

"Nursing 6020 is about program development and it was helpful to the program."

"Very much so, the second one especially!"

"Yes. They have given me certain tools to analyze my leadership skills and adjust accordingly."

"Yes. Chronic Disease Epidemiology provided me with an overview of several chronic diseases that were not covered in other MPH courses. The small class size (3 people) allowed for a high level of interaction between students, professors and community professionals/clinicians/researchers. The weekly critiques helped increased my ability to evaluate the quality of a paper as well as helped improve my writing skills. Critical Theory in Health and Society was a useful course that greatly improved my ability to apply theoretical frameworks to public health issues. The course involved in-depth discussion of health theories that were introduced in other courses, but offered a different learning environment due to small class size (2 students)."

"Yes. HTA is one of the best courses I have taken in terms of integrating priniciples and concepts into a practical assignment."
"Required readings was very applicable because there was flexibility in choosing topics. Thus, I was able to pick a topic that was most applicable to my areas of interest."

"They were helpful to me at the time. I am currently doing qualitative research in my current position, so the qualitative course has been really helpful."

Please indicate which of the following courses you completed and evaluate it by ranking on a scale from 1 to 5, where 1=poor and 5=excellent:

7 *Public Health Practicum* **(MED 6710)**	**4 Excellent (5)** **1 Good (4)** **2 Average (3)**
1 *Capstone Research Project* **(MED 6711)**	**1 Good (4)**

Was this course helpful/useful to you in this program or in your work? Why/Why not?

"It is an excellent work experience and it is very useful when I look for a job."

"Yes, it gave me a broad base exposure to health promotion in action. I really enjoyed my placement and the wide array of health professionals I was able to meet and learn from."

"Very helpful to see the public health field in practice. I found my education highly pertinent in many different areas. It also lead to future employment; which is great."

"My public health practicum, which was completed in Ottawa at the Public Health Agency of Canada, was an excellent introduction to public health work. At my placement, I applied the skills I learned in my MPH courses on a daily basis, as well

as enhanced my research and communication skills. My placement made me appreciate the knowledge and skills I had gained in the previous eight months through my coursework. I use the skills I gained from my practicum on a daily basis at my current employment."

"Yes. I am glad the program was able to accommodate my research interests."

"Yes. -networking -making contacts -understanding of how public health works."

"This work I did during this course was helpful but the project was not a priority in my division so I did not always get the support I needed. However, I learned a lot about writing for a government audience and how policies and programs are developed within government. I also had the opportunity to present my work to various government departments which was really helpful. I think the course will help me in my current position."

Present activity (post completion of MPH program, Fall 2009): Please choose one.

□ Employed in a public health organization
1 Employed in an educational institution
1 Employed in a research institution
1 Employed by provincial or federal government or regulatory agency
1 Employed in a health care institution
□ Self employed
2 Not employed
1 Full time student)
□ Other (specify) _______________
1 no response

What do you feel are the greatest strengths of the MPH program?

"The practicum course is the most useful course."

"Excellent program staff. I feel that the individuals selected to teach each course was a good fit. I enjoyed the personal experience that was brought into the class room setting."

"It is in an emerging and increasingly pertinent and active field. Instructors hold highly diverse background and can bring practical experience to properly explain issues. Professors are very willing to help and will go out of their way to do so."

"Knowledgeable instructors that care about student progress and concerns. The program also covers the core competencies for public health in-depth."

"Practical thinking, learning about Health care programs as a whole, Holistic approach. Lots of practice with reading, writing, presenting, networking, working in groups, interacting with the community."

"1 year master's; work term; flexibility in topics/areas of focus."

"I think the greatest strengths of this program is the fact that it is focused on developing professional skills."

Summary of Strengths:

- **Practical**
- **Good instructors**

What do you feel are the areas in need of improvement in the MPH program?

"The program is too short and intensive."

"Assistance with employment/job connect."

"The MPH is new and it will refine its vision as it goes along. I may suggest analysing the workload so that it is most efficiently distributed. The reading can also be a bit redundant and sometimes poor quality. I would also say that a profile of the health system, including acute care may be helpful in understanding were public health fits in the grand scheme."

"Coordination of evaluation between different courses; Many courses had evaluations due the same day or too much evaluation due at the end of the course, which is difficult for time management if you are taking the full course load."

"Some of the courses need more structure. Firmer deadlines, marking schemes, learning objectives. Readings need to be correlated with discussions in class."

"-more organized."

"some of the courses did not cover all of the objectives. I felt that sometimes the courses were disorganized and what was expected was not always clear. I would have also liked more guest speakers during the seminar courses."

Summary of Areas of Improvement: (see quotations above)
Do you feel that the program lived up to your expectations/the reasons why you chose the program?

"Yes."

"I was not sure what to expect upon entering the program. I just went with the flow. No real comment. Sorry!"

"I did not have a whole lot of expectations. However, as a professional program I expected to be prepared for the work environment. I believe I am and I attribute a lot of this to the MPH program."

"The MPH program surpassed my expectations. Due to my coursework I was able to secure a practicum with the Public Health Agency of Canada and a full-time job following the completion of my courses."

"Yes. This degree is meant to be an applied, practical experience. I felt prepared to enter the workplace after the completion of the MPH."

"Yes!!!"

"This program met most of my expectations. I really enjoyed all of the classes and I use many of the skills I learned everyday."

Summary Expectations: (see quotations above)

MED6220: Introduction to Community Health

Seminar:	Every Tuesday 4-7pm beginning Sep 13; ending Dec 6
Location:	See timetable. First class is in HSC2860
Professor:	Diana L. Gustafson MEd PhD HSC2834 E-mail: diana.gustafson@med.mun.ca
Teaching Asst:	Jill Allison PhD E-mail: jill.allison@med.mun.ca

Course Description

Community health is a broad multidisciplinary field of inquiry and practice that examines the social dimensions of health, illness, and health care. This course provides you with an introduction to this field and specifically, current theoretical debates about the science and art of protecting, promoting and restoring the health, and preventing disease and injury in communities through organized societal activities.

Course Prerequisite

This is a required course for all students enrolled in MSc (Med) program and is normally required for PhD students. Students who are not enrolled in a community health program require the permission of the instructor.

Course Readings

There is a list of required and additional readings for each seminar. Most are available on-line. There are two key resources:

1. Bryant, Raphael & Rioux. (2010). Staying Alive (2nd ed.). Toronto, ON: CSPI.
2. World Health Organization. (2008) Commission on Social Determinants of Health. (2008) available at www.who.int/social_determinants/thecommission/finalreport/en/index.html

Other Recommended Resources for Students

For help with writing skills, contact the Writing Centre in SN 2053 or call 737-3168 early in the semester. There are a variety of workshops and a free drop-in service to assist graduate students with a variety of learning needs such as writing a scholarly critique of a journal article or video.

For help with specific personal concerns or other difficulties that are preventing you from doing your academic best, get confidential help by contacting the University Counselling Centre at 737-8874 or by going to the Smallwood Centre, 5th floor, Rm. 5000.

Students with Special Needs

If you have a documented disability or require accommodation to obtain equal access to this course, please meet with me at the beginning of the semester or check out the services available through the Glenn Roy

Blundon Centre .

Academic Misconduct

The University Community has a collective responsibility to maintain a high level of academic integrity. It is your responsibility to be aware of and engage in appropriate academic behaviour. Academic misconduct takes many forms and includes, but is not limited to plagiarism, submitting a product prepared in whole or in part by another person, buying or selling term papers and submitting the same piece of work for academic credit. For more details, consult the University calendar policy 2.4.12. If you need further clarification, make an appointment with a librarian or someone in the Writing Centre.

Seminar Attendance and Participation

Faculty in this division are committed to creating a vibrant intellectual community. Because some of the ideas presented in this course are new and challenging we will need to support each other as we think through these important concepts about community health. We will all learn from a shared critical review and discussion of the readings and course content. Therefore, for optimum learning, you are strongly encouraged to attend all seminars.

To take advantage of the privilege of reading and learning together, you must take seriously your responsibility to keep up with the required readings, share your insights and questions, and listen respectfully and critically to other points of view. To prepare for seminar, consider the list of questions for discussion that accompanies each seminar outline.

Active participation contributes to the quality of discussion and an optimal learning environment. Active participation includes offering thoughtful, well-supported ideas that advance and enrich critical and reflexive discussion. Active participation also means listening with sensitivity and a critical ear to the contributions of others. Bring questions, issues, or related media clippings to help the class make sense of the readings.

Course Competencies

At the successful completion of this course, you will be able to:

1. Generate working definitions of the basis principles and concepts of community health;
2. Critically review foundational documents underpinning the current theory and practice of community health;
3. Demonstrate an understanding of the historical development of the concept and practice of community health with particular focus on Canada's contributions;
4. Identify and discuss a variety of policies, programs and organized societal activities for achieving community health;
5. Communicate, verbally and in writing, a cogent, scholarly, and critical reflection of current community health issues; and
6. Apply the concepts and principles of contemporary community health to the activities of a local community health agency, organization or resource centre: and
7. Consider how each theoretical framework impacts on the approach to health, illness and health care and how research, policies, programs, and services are prioritized, created, implemented and funded.

Faculty-Student Learning Evaluation Contract

In this course, it is each student's responsibility to create an individualized faculty-student learning evaluation contract. The contract will establish the combination and weight of written and oral evaluation elements on which your final course grade is based. The policy on Evaluation Methods and Grading is available in the University Calendar.

On or before the second seminar of the course, you will submit a signed hard copy of the evaluation contract. Complete the attached template choosing from among the following elements and assign a percentage weight for each element within the pre-established parameters. The community health field visit and the final quiz are **required elements** but you may assign the weight to these elements within the pre-established parameters.

Evaluation Elements

Seminar Facilitation and Discussion Document	(20-30%)
Critical Review of seminar readings (to maximum of four)	(10-15%)
Critical Review of selected video (to maximum of two)	(10-15%)
Community Health Field Visit and Poster Presentation	(20-25%)
Glossary of Terms	(20-25%)
Final Quiz	(20-40%)

You may submit non-required elements at any time on or before the last day of class. The one exception is the seminar facilitation and discussion document which is a scheduled element that must be negotiated.

The dates for the two required elements (the final quiz and the community health visit and poster presentation) are not negotiable. Refer to the attached seminar outline. You will be required to provide acceptable documentation of illness, bereavement or other extraordinary circumstance to explain your absence for these required elements.

You are encouraged (but not required) to adhere to the due dates you set for submission of the elements. This will allow us to schedule sufficient time to grade your submission and give you prompt feedback. This also helps to reduce the end of semester stress and the problems associated with meeting final deadlines after experiencing unanticipated or extraordinary events such as illness late in the term.

Evaluation elements received after the last day of class will be subject to a 5% per day late penalty. To avoid the late penalty, you will be required to provide acceptable documentation of illness, bereavement or other extraordinary circumstance to explain a late submission. Refer to the university calendar for more information on deferral of examinations and extensions.

Students may hand deliver a hard copy of their assignments in class or to the administrative assistant, Darlene Tobin. E-copies of assignments will also be accepted on or before the last day of class. It is your responsibility to ensure that assignments have been received prior to the last day of class.

Evaluation of Student Performance

Letter grades will be assigned in accordance with MUN School of Graduate Studies guidelines. Typically, students must pass or achieve 65% in the course to successfully complete the course and remain in the program. Evaluation of all elements will be based on the following guidelines:

92-100 Reserved for outstanding work that provided clear evidence of a rare talent for the subject and of an original and/ or incisive mind. Assignments are of the highest quality and demonstrate outstanding comprehension and synthesis of material as well as highly sophisticated and analytical and critical thinking; Points are always clearly articulated and easy to follow. Always prepared to actively participate in seminar discussion and activities. Offers original, precise, accurate, thoughtful responses to questions and promotes an outstanding level of critical discussion.

85-91 Awarded for superior work that provides clear evidence of certain flair for and comprehension of the subject. Assignments demonstrate excellent understanding of material as well as sophisticated analytical and critical thinking; Points are always clearly articulated and easy to follow. Almost always prepared to actively participate in seminar discussion and activities. Offers accurate, thoughtful responses to questions and promotes a superior level of critical discussion.

75-84 Recognizes competent work that is accurate, organized and thoughtful without being distinguished. Assignments demonstrate a sound grasp of the material and some evidence of critical thinking; Points are generally well articulated. Usually prepared to participate in seminar discussion and activities; Responds well to most questions and contributes to a good quality discussion. This is the level of performance expected of and achieved by most graduate students.

65-74 Represents work of that meets minimum requirements. Quality of work suffers from occasional incompleteness or inaccuracy. Assignments demonstrate basic or minimal grasp of the material; Points that are raised may be underdeveloped, inaccurate, incomplete, unsupported or poorly articulated. Often unprepared or inadequately prepared to participate in seminar discussion and activities. Demonstrates some difficulty responding to questions.

0-64 Represents work that does not meet the minimum requirements. Assignments are incomplete, inaccurate, poorly organized. Lacking basic familiarity with course materials or ability to engage critically. Little or no evidence of preparation. Demonstrates significant difficulty responding to questions. Impedes, disrupts or detracts from critical discussion. Students who consistently perform at this level will not be awarded credit for satisfactory completion of this course.

Seminar Facilitation and Discussion Document

Indicate in your learning evaluation contract your **first and second choice** for the seminar topic you want to facilitate. You may **choose from among Seminars IV, VI, VII, VIII, IX, or XI.** Every effort will be made to accommodate your first preference.

This element requires that you prepare a **discussion document (maximum 5 pages** double-spaced, Times Roman 12 font, 1" margins) that you will use to **facilitate critical discussion** of the required readings with your peers. You will be evaluated on the quality of both components. The facilitation document is due on the same day you facilitate the seminar discussion. Lack of preparation or a "no-show" in the agreed upon week will result in loss of marks.

The **facilitated seminar discussion** should last 45-50 minutes. This should NOT be a lecture although you may use PPT or other visual aids to introduce, summarize or complement your seminar facilitation. You will be evaluated on your ability to stimulate critical discussion of the key issues, to pose provocative questions, summarize key issues, respond accurately to questions posed by faculty and peers, and to engage your peers in an activity that requires they apply the concepts to a current event or controversy.

The **discussion document** will include:

- a synthesis of key points from each of the required readings;
- a critique of the issues raised in the readings;
- links with other course readings (additional readings/resources or previous weeks' content);
- a critical reflection on how this topic is applicable to the local, national or global context, or to a relevant current event or controversy;
- a description of a group activity; and
- a list of 3-5 discussion questions that will you will use to facilitate discussion.

Critical Review of Seminar Readings

This element requires that you prepare a critical review of **two** readings from the same seminar topic (one of which must be a required reading). The review will be a **maximum of four pages** (left justified, double-spaced, Times Roman 12 font, 1" margins) and will include:

- a summary of the key points raised in each of the two readings;
- a critical comparison of the issues raised in the readings;
- evidence that you can link the week's concept(s) to those presented in previous weeks; and
- evidence that you can apply the week's concept(s) to a relevant current event or controversy.

To promote your success in what may be a new skill for you, you may allocate a lower percentage for the first review and a higher percentage for subsequent review(s). You are strongly encouraged to write and submit your critical review of the seminar readings when you prepare for the seminar. Your review will be evaluated on the clarity and conciseness of your submission, quality and cogency of your critical argument, your ability to use and critically reflect on the key concepts, and to link with these concepts with those presented in previous weeks' content. Refer to the **Evaluation Rubric for Critical Reviews** for more information.

Critical Review of Selected Videos

This element requires that you prepare a critical review of **one** of the videos listed in the additional resources for one of the seminar topic. (You may choose only one video listed for any given topic.) The review will be a **maximum of four pages** (double-spaced, Times Roman 12 font, 1" margins) and will include:

- a summary of the key points raised in video;
- a critical discussion of how the video relates to the week's topic; and
- reflections on how the video enhances your understanding of the week's topic.

To promote your success in what may be a new skill for you, you may allocate a lower percentage for the first review and a higher percentage for the second review. You are strongly encouraged to write and submit your critical review when you prepare for the seminar. Your review will be evaluated on the clarity and conciseness of your submission, quality and cogency of your critical argument, your ability to use and critically reflect on the key concepts, and to link with these concepts with those presented in the required for that week or previous weeks' content. Refer to the **Evaluation Rubric for Critical Reviews.**

Glossary of Terms

Choose **5 key concepts or terms** associated with at least **one required reading**. Draw on that reading and **at least two other resource**s to define each term. Include a critical discussion of how a concept is defined and taken up in these readings, how differing theoretical paradigms use or operationalize the term, and the potential impact a particular definition may have on public discourse, approaches to research, policy and decision-making, or the creation and provision of programs and services. Choose concepts and terms that are neither too narrow nor too broad in scope to define and discuss in 2-3 pages. Examples of appropriate terms or concepts for this element include social capital, health impact assessment, gender equity, and health as human right. The glossary will be a **maximum of 15 pages** (double space font 12 Times New Roman) excluding title page and reference list.

Your glossary will be evaluated on the clarity and conciseness of your submission, richness, quality and cogency of your critical argument, and your ability to identify the contentious nature and use of the term as it relates to understanding health.

Final Quiz

The final quiz is a **required element** but you may choose how much weight you want to assign within the pre-established parameters. The quiz will cover all the learning objectives and required readings in the course as well as the material discussed in seminar. This open book quiz will pose a set of short essay questions. There will be choice associated with each question. You will have 2-1/2 hours to complete the quiz. The quiz will be held on the last day of the course during regularly scheduled class time.

Community Health Field Visit and Poster Presentation

This poster presentation is a **paired activity** that allows you to demonstrate your understanding of key concepts of community health and how they operate in a local community health setting. The element provides a hands-on experience in which to ground the theoretical and academic discussions that shape their public health and community health training. This is a **required element** but you may choose how much weight you want to assign within the pre-established parameters.

To reduce the stress on community agencies, two students with similar interests are expected to work collaboratively in making arrangements for a field visit. A faculty administrative assistant, Darlene Tobin, will assist with coordinating this activity. She can also provide you with a letter of introduction upon request.

To prepare for the poster presentation, you will be responsible for arranging a 2-3 hour field visit to a community health agency, organization or resource centre. The Community Resource Guide provides a partial list of agency names and contact information. You are encouraged to choose an agency that corresponds to a current area of interest. **NB**: You may not visit an agency with which you currently or recently (past five years) had an established relationship as a client, employee or volunteer.

This activity is subject to the *Personal Health Information Act* (PHIA). PHIA is a health-sector specific privacy law. The PHIA website has important information about the act and your obligations. **Complete the on-line Education Program and submit the copy of your "Record of Achievement" prior to making the field visit.**

Your pair will be evaluated on two components: the quality, accuracy and completeness of your poster, and your ability to respond to questions posed by faculty and peers. **Because this is a paired activity, a group grade**[1] will be assigned. Students are expected to work collaboratively sharing equally in the development and presentation of the poster. You will be evaluated on your ability to:

- identify the mission, goals and mandate of the agency;
- identify the features of the population(s) served by the agency;
- demonstrate your understanding of some of the specific activities that the agency uses to promote, protect or restore community health and/or prevent disease and injury;
- apply relevant course concepts when critically reflecting on how agencies use different activities to meet the complex health needs of the population(s) served;
- make specific recommendations for achieving better health outcomes for the population(s) served by the agency;
- critically reflect on the barriers and challenges faced by some disadvantages populations in accessing services; and
- creatively share your ideas in poster and in responding to questions posed by faculty and peers.

[1] This is a group mark but the weight that you assign to this element may differ from that chosen by your partner.

Template for Faculty-Student Learning Evaluation Contract[2]

Evaluation Element[3]	**Percentage Weight**	**Indicate Due Date on or before Dec 6**[4]
Critical review of required seminar readings[5] (10-15%)		
Critical review of required seminar readings (10-15%)		
Critical review of required seminar readings (10-15%)		
Critical review of required seminar readings (10-15%)		
Critical review of selected video[6] (10-15%)		
Critical review of selected video (10-15%)		
Community Field Visit and Poster Presentation[7] (20-25%)		Nov 15
Seminar Facilitation and Discussion Document (20-30%)		Indicate 1st and 2nd preference for seminar
Glossary of Terms (20-25%)		
Final Quiz[8] (20-40%)		Dec 6

Submitted on: [date]

Submitted by: [student's name and signature]

Received and approved by: [faculty name]

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2 Refer to the information about the how to prepare the contract. Submit the contract for review and approval by faculty on or before the second seminar.
3 For more information about each element, see element description.
4 Evaluation elements received after the last day of class will be subject to a 5% penalty per day.
5 You may choose to do a maximum of **four** of these elements.
6 You may choose to do a maximum of **two** of these elements drawn from the list of additional resources.
7 This is a **required element**. The date is not negotiable but you may choose the weight from the pre-established parameters.
8 This is a **required element**. The date is not negotiable but you may choose the weight from the pre-established parameters.

Seminar Outline[9]

Date	Seminar Topic	Notes and Reminders
Sem I Sep 13 HSC2860	Intro to Community Health Principles & Concepts Course Overview	Students are encouraged to register for "Refugee Camp in the Heart of the City". Pre-arranged visits are Sep 8 at 10am and Sep 9 at 2pm
Sem II Sep 20 HSC2862	Theoretical Approaches to Population Health	
Sem III Sep 27 HSC2862	Population Health and Determinants of Health	
Sem IV Oct 4 HSC2767	Health Promotion	
Sem V Oct 11	NO CLASS	Lieu time for Field Visit[10]
Sem VI Oct 18 HSC2862	Disease Prevention and Harm Reduction	Guest Speaker: John Baker
Sem VII Oct 25 HSC2862	Occupational Health and Injury Prevention	Guest Speaker: Atanu Sarkar
Sem VIII Nov 1 HSC2862	Environmental Health	Guest Speaker: James Valcour
Sem IX Nov 8 HSC2862	Healthy Public Policy	
Sem X Nov 15 HSC2767	Population Health: Local and Global Issues	Poster Presentation
Sem XI Nov 22 HSC2862	Canadian Health Care System	Guest Speaker: Pam Elliott
Sem XII Nov 29 HSC2862	Critical Issues in Health, Illness and Health Care Consolidation and Synthesis	
Sem XIII Dec 6 HSC2862	Final Quiz	

9 Seminar topics or specific readings or both may change depending on availability of human and material resources and/or the learning needs of the class.

10 You will negotiate with the contact person at the agency a mutually agreeable date and time for the field visit which may or may not be during class time. This cancelled time slot is given in lieu of that time.

Seminar I: Course Overview
Introduction to Community Health Principles & Concepts

The first component of this seminar will provide an overview of this course and the expectations for scholarly work including the evaluation of student learning. You will be evaluated on your critical understanding of the key concepts and principles relating to community health and your ability to apply them to novel situations. Evaluation elements are designed to afford you variety in demonstrating your learning while at the same time helping you develop your skills in presenting your ideas in scholarly, professional and community venues.

The second component of this seminar will introduce you to some basic concepts in community health. Community health is one of the efforts organized by society to protect, promote, and restore the health of groups or populations and prevent disease and injury. Community health is a social institution, a discipline, and a practice and as such, it rests on concepts of community, health, human biology, and social structures, interaction and relations. We will look at each of these concepts to develop an appreciation of this perspective.

Learning Outcomes

1. State student and faculty responsibilities for engaging critically with course objectives;
2. Create a list of your personal learning objectives for this course;
3. Complete and submit a signed hard copy of faculty-student learning evaluation contract;
4. Generate working definitions of human biology, health, community, and community health; and
5. Reflect critically on the historical development of conceptualizations of health.

Possible Questions for Discussion

1. What does it mean to be healthy? How would you describe your health status? What do you think accounts for your state of health?
2. How do you define community health? How would you describe the health of the community you live in? What are the factors that account for that health status?
3. Draw on the "Refugee Camp in the Heart of the City" field experience to critically reflect on the range of health challenges faced by a community of refugees or displaced persons.
4. How can we reconcile micro perspectives on illness experience with macro perspectives on structural influences on health and illness? Consider the concept of structural violence introduced in the Leatherman and Thomas book chapter.

Resources

1. Interview with Sir Michael Marmot, Chair of CHDC. [video]
2. Leatherman, T. & R.B. Thomas. (2009). Structural violence, political violence, and the health costs of civil conflict: A case study from Peru. in R.A. Hahn & M. Inhorn (Eds.), *Anthropology and Public Health*, (pp.196-218) Oxford: Oxford University Press.
3. Refugee Camp in the Heart of the City field experience. [website]

Seminar II – Theoretical Perspectives on Health

This seminar explores various conceptual frameworks used to study health, illness and health care. Each framework or theoretical perspective rests on a set of assumptions that provide a particular approach to health, illness and health care, ways of identifying areas of concern and directing research and decision-making.

Learning Outcomes

1. Generate working definitions of health, health care, public health, population health, life expectancy, mortality, morbidity, medicalization, socio-economic status, welfare state, relative deprivation argument, social capital, LICO;
2. Using an example, state the underlying assumptions and the approach to addressing an identified problem from an epidemiological approach to health, illness or health care; from a sociological perspective; from a political economy perspective; and
3. Discuss critically the relative strengths and limitations of each theoretical approach to health, illness and health care.

Possible Questions for Discussion

1. What variables are at work in defining concepts such as health, for example. How do different understandings and definitions contribute to differing objectives and priorities and what does that mean for community health as a field of study?
2. What are the relative strengths and limitations of epidemiology as an approach to understanding the higher than average death rates from colorectal cancer in NL?
3. What are the relative strengths and limitations of sociological perspectives as an approach to understanding menopause?
4. What are the relative strengths and limitations of a political economy approach to understanding differences in health status within and between nations?
5. Imagine combining more than one theoretical lens to work on a given health issue or problem. What are the strengths and limitations of this approach?
6. What factors do you think build a strong sense of community? What is the relationship between community health and community participation and involvement impact on community health?
7. What questions about Canadian health and life expectancy are raised by the *Joy of Stats* video?

Required Readings

1. Bryant, Raphael & Rioux. (2010). Chap 1-3.
2. Labonté, R., M. Polanyi, N. Muhajarine, T. McIntosh & A. Williams. (2005). Beyond the divides: Towards critical population health research. Critical Public Health, 15(1): 5-17.

Additional Resources

3. Commission on Social Determinants of Health. (2008). Chap 4.
4. Community participation and involvement (2010). [video]
5. Elements of Bourdieu: Social capital in the funny pages [video]
6. Hans Rosling's 200 Countries, 200 Years, 4 Minutes - The Joy of Stats [video]

Seminar III: Population Health and Determinants of Health

This seminar explores the concepts of population health and the determinants of health and examines their relevance to improving health status. Canada has made a significant contribution to the evolution of theories related to population health through documents such as *Strategies for Population Health.* This seminar focuses on whether Canadian institutions have applied these theories and if these theories have made a difference to health.

Learning Outcomes

1. Generate working definitions of health equity, health inequity, socio-economic gradient, self-reported health, social inclusion.
2. Identify the twelve determinants of health identified by the World Health Organization and adopted by the Public Health Agency of Canada;
3. Outline the principles of the population health approach;
4. Discuss critically the strengths and limitations of the population health approach; and
5. Describe the health of Canadians and/or a Canadian community using the determinants of health.

Possible Questions for Discussion

1. What factors produce health in a population?
2. How are populations "produced" and how does this production affect the information that is the basis for a population health approach?
3. Consider the ways that your social location (white/person of colour; young/middle-aged; male/female/other; urban/rural/remote; immigrant/refugee/settler/aboriginal; straight/gay) shapes your daily life. In what ways are your health behaviours consistent or inconsistent with your social location?
4. What is the evidence to support an upstream health approach to health and what are the limitations of the approach?

Required Readings

1. Bryant, Raphael & Rioux. (2010). Chap 6.
2. Commission on Social Determinants of Health. (2008). Chap 1-3.

Additional Resources

3. Braveman P. & Gruskin S. (2003). Defining equity in health. Journal of Epidemiology and Community Health, 57: 254-258.
4. Graham, H. (2004). Social determinants and their unequal distribution: clarifying policy understandings. The Milbank Quarterly, 82(1): 101-124.
5. Hay D, J Varga-Toth, & E Hines. (2006). Frontline health care in Canada: Innovations in delivering services to vulnerable populations. Ottawa, ON: Canadian Policy Research Networks.
6. Population Health: The New Agenda (part 1 of 2) (part 2 of 2) [videos]

Seminar IV: Health Promotion

Health promotion is a process of enabling individuals and communities to increase control over determinants of health and thereby improve their health. It requires comprehensive approaches using a variety of strategies involving multiple sectors and settings. Health promotion is intrinsically linked to the determinants of health and to healthy public policy.

Learning Outcomes

1. Define health promotion and consider its evolution in the community health context.
2. Relate the concepts of "population health" and "determinants of health" to health promotion.
3. Outline the contributions of the Ottawa Charter to contemporary community health.
4. Define and discuss the challenges and strengths of the strategies proposed by Epp in the 1986 "Achieving Health for All: A Framework for Health Promotion" document.
5. State Lalonde's two broad objectives and list the five strategies proposed giving an activity for each of the strategies listed.
6. Contrast the traditional biomedical concept of the health with the perspective advanced by Lalonde's in 1974.

Possible Questions for Discussion

1. Why is producing health so focused on changing individual behaviours? How, if at all, might the salutogenic model shift health promotion research and practice?
2. How have concepts of health promotion and population health affected provision of health services in general and community health service specifically?
3. What are the challenges for the community and community health service in trying to follow the approaches presented by these concepts?
4. What do we know about the effectiveness of health promotion?
5. Give some examples of local, provincial, national and global health promotion strategies. How do these strategies differ from health promotion activities directed at individuals?
6. What are the challenges for health promotion in the face of globalization?

Required Readings

1. Antonovsky, A. (1996). The salutogenic model as a theory to guide health promotion. Health Promotion International, 11(1): 11-18.
2. Commission on Social Determinants of Health. (2008). Chap 5 & 8.
3. McDonald, E., R. Bailie, D. Brewster & P. Morris. (2008). Are hygiene and public health interventions likely to improve outcomes for Australian Aboriginal children living in remote communities? A systematic review of the literature. BMC Public Health. www.biomedcentral.com/1471-2458/8/153
4. World Health Organization. (1986). Ottawa Charter for Health Promotion. Canadian Journal of Public Health, Nov/Dec: 425-27. www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

Additional Resources

5. Chappell, N.L., Funk, L.M. &Allan, D. (2006). Defining community boundaries in health promotion research. American Journal of Health Promotion, 21(2): 119-126.
6. Eastern Health. Health Promotion Matters. www.easternhealth.ca
7. Epp, J. (1986). Achieving health for all: A framework for health promotion. Ottawa: Health and Welfare Canada. www.frcentre.net/library/AchievingHealthForAll.pdf
8. Haalboom, B.J., Robinson, K.L., Elliott, S.J., Cameron, R. & Eyles, J.D. (2006). Research as intervention in heart health promotion. Canadian Journal of Public Health, 97(4): 291-295.
9. Lalonde, M. (1974). A New Perspective on the Health of Canadians (pp. 11-18; 31-34, 63-72). Ottawa: Health and Welfare Canada. www.hc-sc.gc.ca/hppb/phdd/pube/perintrod.htm
10. Sanson, G. (2011) The Myth of Osteoporosis: Blowing the whistle on the epidemic. [WEBINAR]. CWHN

Seminar VI – Disease Prevention and Harm Reduction

Disease prevention is a core activity of community health practice and policy and tends to focus on infectious and chronic diseases. Remarkable control of many infectious diseases has been achieved in Canada. With others such as HIV/AIDS and TB, success varies among different populations and in different geographic locations globally. Screening and harm reduction strategies have been applied to the control of chronic diseases such as cardiovascular disease and cancer.

Learning Outcomes

1. Explain the concepts of primary, secondary, and tertiary prevention and give one example of each.
2. Define, explain the guiding principles, and give an example of harm reduction.
3. Identify the basic steps in the prevention and control of infectious and chronic diseases.
4. Discuss the principles, concepts of ethical aspects and criteria for screening.
5. Explain the role and guiding principles of the Canadian Task Force on the Preventive Health Care (CTFPHC)
6. Define, explain, and give an example of the prevention paradox.

Possible Questions for Discussion

1. Explain the conceptual differences between the health promotion and disease prevention approaches.
2. What are the guiding principles of the Canadian Task Force on the Preventive Health Care?
3. What is the value of the clinical practice guidelines for community health practice and clinical preventive medicine?
4. What is the impact of new technology on clinical practice? For example, what are the likely impacts of a human papillomavirus vaccine on cervical cancer and current screening practices?
5. Debate the advantages and disadvantages of the harm reduction model and the abstinence model in the approach to persons living with addictions or substance misuse issues.
6. What are the challenges of implementing primary, secondary and tertiary disease prevention programs?

Required Readings

1. Gustafson DL, L Goodyear, & F Keough (2008). When the dragon's awake: A needs assessment of people injecting drugs in a small urban centre. International Journal of Drug Policy, 19(3): 189-194.
2. Peck, M.D., Kruger, G.E., van der Merwe, A.E., Godakumbura, W., Oen, I.M., Swart, D. & Ahuja, R.B. (2008). Burns and injuries from non-electric appliance fires in low- and middle income countries Part II: a strategy for intervention using the Haddon Matrix. Burns, 34 (3): 312-9.

Additional Resources

3. Canadian Task Force on Preventive Health Care. See www.ctfphc.org/
4. Guide to community preventive services. www.thecommunityguide.org/
5. Karkhaneh, M., Rowe, B.H., Saunders, L.D., Voaklander, D.C, and Hagel, B.E. (2011). Bicycle helmet use after the introduction of all ages helmet legislation in an urban community in Alberta, Canada. CJPH, 102(2): 134-138.
6. Meyers, D.S. Halvorson, H. & Luckhaupt S. (2007). Screening for chlamydial infection: an evidence update for the U.S. Annals of Internal Medicine, 147: 135-42.
7. National Film Board. (xxxx) Bevel up. [Video] Available at the Public Library, Arts & Culture Centre.
8. Stachtchenko, S. (1990). Conceptual differences between prevention and health promotion: research implications for community health programs. Canadian Journal of Public Health, 81(1): 53-59.

Seminar VII:
Health Protection, Injury Prevention, & Occupational Health

Health protection is a core activity of community health. Graham et al. (1998) define health protection as "legal or fiscal controls, other regulations and policies, and voluntary codes of practice, aimed at the enhancement of positive health and the prevention of ill-health." Health protection measures have been employed to create safer environments where we live, work, play, and are educated. There is continuing concern however, that the local and global human and non-human environments are under stress and in need of further protection. This seminar will first concentrate on the community health strategy of health protection generally and then take a contemporary view of occupational or workplace health and injury prevention.

Learning Outcomes

1. Generate working definitions of health protection, occupational health, industrial hygiene, occupational risk, occupational hazard, exposure.
2. Discuss and give examples of health protection strategies utilized in community health.
3. Identify the barriers to and the ethical aspects of health protection.
4. Demonstrate familiarity with key figures in the history of the labour movement focusing attention on occupational health and safety issues.
5. Describe and discuss the three strategies for improving workplace health and reducing health effects associated with potential exposures to hazardous materials.
6. Critically discuss recent Federal and International proposals in the area of Health Protection.
7. Give examples of improvements in workplace safety over the past 100 years.
8. Draw on a real life example to identify and discuss occupational health concerns and strategies for improving workplace health.

Possible Questions for Discussion

1. What health protection measures would make your environment safer?
2. In a number of jurisdictions health protection measures and enforcement are moving from the public sector to the private sector, e.g. testing of municipal water supplies, enforcement of drug testing and regulation. What are the pros and cons of such privatization?
3. Is worker and community health protection compromised with the globalization of the economy?
4. What are some ethical issues involved in health protection?
5. What role if any does gender play in the occupational health risks?

Required Readings

1. Commission on Social Determinants of Health. (2008). Chap 7.
2. Gostin, LO. (2007). General justifications for public health regulation. Public Health 121(11):829-34.
3. MacDermid, JC et al. (2008). Work organization and health: A qualitative study of the perceptions of workers. Work 30(3): 241-254.

Additional Resources

4. Franche RL, Murray EJ, Ostry A, Ratner PA, Wagner SL, Harder HG. (2010). Work disability prevention in rural healthcare workers. Rural and Remote Health,10: 1502.
5. Howse, D., D. Gautrin, B. Neis, A. Cartier, L. Horth-Susin, M. Jong, & M.C. Swanson. (2006). Gender and snow crab occupational asthma in Newfoundland and Labrador, Canada. Environmental Research, 101(2): 163-174.
6. The work gender health special issue. (Spring 2011). Intersections: A Newsletter of the Institute of Gender and Health. Ottawa, CIHR.

Seminar VIII: Environmental Health

Environmental health has moved far beyond a consideration of the local sanitation issues of water quality and sanitary disposal of waste materials. It has become global in scope and multi-dimensional in nature and broadened to investigate the interdependence of human health and ecosystem health. As part of this process, some have come to question fundamental aspects and assumptions of our contemporary way of life on the planet. This seminar provides an overview of current thinking, using this broad approach to environmental health, providing competing views on some of the major contemporary issues.

Learning Outcomes

1. Describe the basic principles and concepts of environmental health e.g. risk, "at risk", risk assessment, risk management, risk communication, precautionary principle, sustainable development, waste management, water quality, air quality.
2. Identify and discuss some contemporary environmental health issues e.g. radon, ozone depletion, electromagnetic fields, climate change, biodiversity.
3. Discuss the implications of these environmental issues for community health.
4. Define and discuss the issues involved in the debate concerning the precautionary principle.
5. Discuss environmental health from the perspective of countries of the global north ("developed") vs. countries of the global south ("developing").

Possible Questions for Discussion

1. What are the major environmental health issues for St. John's; the province; Canada; the planet? What are the barriers to addressing these issues? Why is it difficult to demonstrate the effects of the environment on public health?
2. What is the "precautionary principle" and what are your views on its usefulness in addressing today's environmental health issues?
3. What are the components of a "healthy community" from an environmental perspective?
4. How does the concept of "at risk" influence our attitudes toward body weight and obesity?
5. What is the quality of evidence linking cell phone use and cancers and other health problems?

Required Readings

1. Commission on Social Determinants of Health. (2008). Chap 6.
2. Grandjean, P. (2004). Implications of the precautionary principle for primary prevention and research. Annual Review of Public Health, 25: 199-223.
3. Kirk, SF, TL Penny, TLF McHugh (2010). Characterizing the obesogenic environment: the state of the evidence with directions for future research. Obesity Reviews, 11(2), 109-117.
4. Wortman, JA, C Ham, D Vermunt, R Mathias, SD Phinney, MC Vernon, EC Westman. (2000). A demonstration project to evaluate a traditional-style diet for obesity. Available on CBC website.

Additional Resources

5. Blow Out: Is Canada next? Dec 9, 2010. CBC doc zones. [video]
6. Haiti's orphans: One year after the earthquake. Jan 13, 2011. CBC doc zones. [video]
7. Health Canada. What is climate change?
8. Kenzer, M. (2000). Healthy cities: a guide to the literature. Public Health Reports, 111(213): 279-89.
9. National Institutes of Health. 2010. Cell phones and cancer risk.
10. The Story of Stuff. (2009). [Video]. The Story of Stuff Project.

Seminar IX: Healthy Public Policy

In the context of population health, healthy public policy is one of the key influences on health. Major changes in the health status of the population can only be achieved through healthy policies at all levels of governance. Healthy public policy should not be confused with health policy which is a small part of the policy area which influences health.

Learning Outcomes

1. Identify and discuss the basic tenets of the concept "healthy public policy".
2. Critically appraise the track record to date of implementation of healthy public policy nationally and provincially.
3. Discuss the relevance of Health Impact Assessment to the development of Healthy Public Policy.
4. Suggest strategies that could enhance the implementation of the concept.

Possible Questions for Discussion

1. What is "healthy public policy" and how does it differ from "health policy"?
2. Is the concept of "healthy public policy" truly a viable one in the Canadian/Newfoundland and Labrador health/economic/social context?
3. What has been the track record on successful implementation of healthy public policy?
4. What are the steps in a community action process? Who gets involved?
5. How would you conduct a community assessment?
6. What is a health researcher's role in working with communities to identify issues that affect health? A health professional's role; the role of the District Officer of Health?
7. What factors do we need to consider in identifying "success" or "best practices" relative to healthy public policy?
8. What kinds of political and economic policies do you think would help disadvantaged nations improve their average levels of well-being?
9. In what ways are health care issues related to race and ethnicity similar to issues related to gender? How are they different?

Required Readings

1. Bryant, Raphael & Rioux. (2010). Chap 9, 11
2. Morgan, G. (2009). On the limitations of health impact assessment. Public Health, 123(12): 820.
3. O'Connell, E. & F. Hurley. (2009). A review of the strengths and weaknesses of quantitative methods used in health impact assessment. Public Health, 123(4): 306-310.
4. Richardson, L.D. & Norris, M. (2010). Access to health and health care: how race and ethnicity matter. Mount Sinai Journal of Medicine, 77(2), 166-177.

Additional Resources

5. Birkland, T.A. (2011). An introduction to the policy process. Theories, concepts and models of public policy making, (3rd Ed.). New York: ME Sharpe.
6. Bryant, Raphael & Rioux. (2010). Chap 16.
7. Commission on Social Determinants of Health. (2008). Chap 10, 14.
8. Government of Newfoundland and Labrador. (2006). Reducing poverty: An action plan for Newfoundland and Labrador. www.hrle.gov.nl.ca/hrle/poverty/poverty-reduction-strategy.pdf

Seminar X – Population Health: Local and Global Perspectives

The purpose of this seminar is to apply theoretical approaches to your understanding of population health both locally and globally. This means identifying disadvantaged populations and critically discussing barriers to health equity and policies and programmes that enhance or inhibit "health for all".

Learning Outcomes:

1. Identify disadvantaged populations in local and global contexts;
2. State your obligations regarding confidentiality and privacy relating to personal health information;
3. Complete the on-line Education Program and submit the copy of your "Record of Achievemnt" piror to making the field visit;
4. Present a poster that critically describes the work of a local agency in addressing the health of a local population;
5. Apply a theoretical approach to understanding the health of a disadvantaged population in the global context; and
6. Identify policies, programs and practices that contribute to improving global health.

Possible Questions for Discussion

1. Can you make a case that health is a human right? What, if any, is the human rights-related role of health care workers and public health policy makers?
2. What are the critical challenges to enhancing global health?
3. What role does "Humanitarian Aid" play in enhancing global health?
4. How does the social and economic dynamic between developing and developed countries impact health?
5. What role, if any, have the Millennium Development Goals played in good global governance?

Required Resources

1. Bryant, Raphael & Rioux. (2010). Chap 4 & 16.
2. Chapman, A.R. (2010). Missed opportunities: The human rights gap in the Report of the Commission on Social Determinants of Health. Journal of Human Rights, 10: 132-150.
3. Commission on Social Determinants of Health. (2008). Chap15.
4. *Personal Health Information Act* (PHIA).

Additional Resources

6. Labonté, R. & T. Schrecker. (2007). Foreign policy matters: a normative view of the G8 and population health. Bulletin of the World Health Organization, 85(3): 185-191.
7. Materials developed by or about the community agencies identified for the field visits. Materials may include brochures, information downloaded from website, media clippings, video reports.
8. Field site visit arranged by student pair.

Seminar XI: Canadian Health Care System

The purpose of this seminar is to review the history and organization of the Canadian health care system as a way to shed light on the relative positioning of community health within the Canadian health care and on the federal and provincial political agendas. Canadians hold a prominent place in the development of contemporary community health, thought and practice. Lalonde's "*A New Perspective on the Health of Canadians*" (1974) is widely regarded in international health circles as a foundational document. In many ways, this report was a forerunner to the Declaration of Alma-Ata, which arose out of the International Conference on Primary Health Care in 1978. This week we also look at the development of current community health thought and practice in light of these two documents.

Students will consider the emerging trends in the organization and delivery of health care services in this province, the country and critically evaluate if and how these trends might move us closer to health for all Canadians. The focus will be on exploring the contributions that greater emphasis on community health can make in improving the health of vulnerable populations such as the poor, the aging, Aboriginal peoples and other minoritized groups.

Learning Outcomes

1. Identify the values underlying the Canadian health care system.
2. Discuss the history and current organizational structure of the Canadian health care delivery system.
3. Define the roles of the federal, provincial and municipal governments in the delivery of health care.
4. Identify the factors contributing to the ongoing redesign of the health care system in Canada.
5. Describe the major trends in the reorganization of health care delivery in Canada as advanced by the Kirby and Romanow Reports. Explore how these trends may impact on the health of vulnerable populations; on Newfoundlanders and Labradoreans; on Canadians.
6. Describe how health care in Canada compares to health care systems internationally.

Possible Questions for Discussion

1. What values underline the Canadian system of universal health insurance? Are these values changing? Give some examples to support your position.
2. How have financial incentives and government legislation shaped the current health care delivery system in Newfoundland and Labrador? In Canada?
3. Who are the key stakeholders in the existing Canadian health care system? What accounts for the relative power differences in each group? How, if at all, are these power relations changing? What might account for these changes? What factors might change?
4. What role should government play in the provision of direct health services to the public? Support your position.
5. What are the limitations of treating gender as an independent variable in research?
6. In countries with publicly funded insure universal health care system, what inequalities result from allowing a parallel private system?

Required Readings

1. Bryant, Raphael & Rioux. (2010). Chap 10, 12.
2. CHSRF. (2011). Medicare covers all necessary expenses. Mythbusters: Using Evidence to Debunk Common Misconceptions in Canadian Health Care.
3. Commission on Social Determinants of Health. (2008). Chap 9.

Additional Resources

4. Epp, J. (1986). Achieving health for all: A framework for health promotion. Ottawa: Health and Welfare Canada. http://www.frcentre.net/library/AchievingHealthForAll.pdf
5. Feeney, A. & D. Rovics. (2009). Good health care song. [video]
6. Kirby, M.J.L. (2002). The health of Canadians: the federal role. (Introduction, Chap 1.1, 1.2; 4.1, 4.2; chapter 13) www.parl.gc.ca/37/2/parlbus/commbus/senate/com-e/soci-e/rep-e/repoct02vol6-e.htm
7. Lalonde, M. (1974). A New Perspective on the Health of Canadians (pp. 11-18; 31-34, 63-72). Ottawa: Health and Welfare Canada. www.hc-sc.gc.ca/hppb/phdd/pube/perintrod.htm
8. Romanow, R. (2002). Commission on the future of health care in Canada. Shape of the Future of Health Care. www.hc-sc.gc.ca/english/care/romanow/hcc0023.html Chapters 1, 3, 4, 6, 7.
9. Ron Clark students. Health care reform in US. [video]
10. World Health Organization. (1978). Declaration of Alma-Ata. International Conference on Primary Health Care, (pp. 2-6). Alma-Alta, Geneva: Author. www.who.int/hpr/NPH/docs/declaration_almaata.pdfhttp://www.who.int/hpr/NPH/docs/declaration_almaata.pdf
11. World Health Organization. (1986). Ottawa Charter for Health Promotion. Canadian Journal of Public Health, Nov/Dec: 425-27. www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

Wk XII: Critical Issues in Health, Illness, and Health Care
Course Summary and Consolidation

Learning Outcomes

1. Identify and discuss critically one or more current issues in health, illness or health care.
2. Apply one or more of the theoretical perspectives to frame the discussion of this issue.
3. Apply five or more concepts or principles learned during the course in the discussion of this issue.
4. Recall your personal learning objectives listed in the pre-course evaluation and evaluate how well these learning objectives have been met during the course.

Possible Questions for Discussion

1. What are the pros and cons of emerging trends such as regionalization, privatization, the shift to community-based care, role redefinition among health providers, the consumer participation movement and the growing interest in alternative medicine? How are vulnerable populations affected by these changes?
2. How have recent changes to the health care system affected the delivery of institutional services as compared to community health services?
3. How can we explain persistent health inequality despite a system of universal health care access in Canada?
4. What are five new concepts you learned through taking the course?
5. What concepts relating to community health have you clarified?
6. What personal learning objectives did you achieve during the course? What learning objectives have you yet to accomplish? How will you accomplish these objectives?

Required Readings

1. Bryant, Raphael & Rioux. (2010). Chap 17.
2. Commission on Social Determinants of Health. (2008). Chap 16-17.

Suggested Readings

3. Bryant, Raphael & Rioux. (2010). Chap 7, 8, 13. 14, 15, 17.
4. Government of Newfoundland and Labrador, Department of Health and Community Services. (2002). Healthier Together: A Strategic Plan for Newfoundland and Labrador. St. John's, NL: Author. http://www.gov.nf.ca/health/strategichealthplan/

Evaluation Rubric for Critical Reviews†

Attach a copy of this form to your submission

- ❑ title page formatted according to citation style
- ❑ submission includes review of
  - readings assigned for the seminar topic
  - one video assigned as additional resource for a seminar topic
- ❑ full bibliographic information appears in reference list
- ❑ summarizes accurately the purpose of each reading or video
- ❑ identifies the type of article or video
  - (primary research; review; theoretical paper; editorial; documentary)
- ❑ identifies the methodology/method for primary research papers
- ❑ summarizes the key points, findings or concepts, or central argument for each reading or video
- ❑ allocates equal or greater space to critique than to the summary overview of readings or video
- ❑ discusses critically the strengths of the author(s)' argument
- ❑ discusses critically the limitations or weaknesses of the author(s)' argument
- ❑ presents organized and logical summary and critique of each reading or video
- ❑ provides examples or cites the text to support observations or critical comments
- ❑ identifies relevance and practical/theoretical implications of readings or video for week's topic
- ❑ presents accurate and informative overview of the content of readings or video
- ❑ critique balances author(s)' framework, perspective against personal framework, perspective or bias
- ❑ makes links or connections across readings and course content
- ❑ uses citation style consistently throughout text
- ❑ avoids normative statements (e.g. people should use this approach…)
- ❑ avoids sweeping generalizations (e.g. the world would be a better place if…)
- ❑ defines key terms relevant to week's topic and wherever appropriate
- ❑ ensures writing style and content are appropriate to graduate level
- ❑ ensures non-sexist, non-racist, non-homophobic content
- ❑ ensures spelling and grammar are correct
- ❑ maximum 4-page length

Additional Comments

Grade

† Elements are not equally valued. Marks are neither awarded nor deducted for the presence or absence of an element on a point-for-point basis.

MED 6220: Introduction to Community Health

Seminar: Weekly beginning January 5, 2012
Location: Online
Professor: Jill Allison PhD
E-mail: jill.allison@med.mun.ca
Office: Pod "D" Community Health H2830
Office Hours: Mondays 2PM-4PM and Weds. 11-12

Course Description

Community health is a broad multidisciplinary field of inquiry and practice that examines the social dimensions of health, illness, and health care. This course provides you with an introduction to this field and specifically, current theoretical debates about the science and art of protecting, promoting and restoring the health, and preventing disease and injury in communities through organized societal activities.

Course Prerequisite

This is a required course for all students enrolled in MSc (Med) program and is normally required for PhD students. Students who are not enrolled in a community health program require the permission of the instructor.

Course Readings

There is a list of required and additional readings for each seminar. Most are available on-line. There are two key resources:

1. Bryant, Raphael & Rioux. (2010). Staying Alive (2nd ed.). Toronto, ON: CSPI.
2. World Health Organization. (2008) Commission on Social Determinants of Health. (2008) available at www.who.int/social_determinants/thecommission/finalreport/en/index.html

Other Recommended Resources for Students

For help with writing skills, contact the Writing Centre in SN 2053 or call 737-3168 early in the semester. There are a variety of workshops and a free drop-in service to assist graduate students with a variety of learning needs such as writing a scholarly critique of a journal article or video.

For help with specific personal concerns or other difficulties that are preventing you from doing your academic best, get confidential help by contacting the University Counselling Centre at 737-8874 or by going to the Smallwood Centre, 5th floor, Rm. 5000.

Students with Special Needs

If you have a documented disability or require accommodation to obtain equal access to this course, please meet with me at the beginning of the semester or check out the services available through the Glenn Roy Blundon Centre .

Academic Misconduct

The University Community has a collective responsibility to maintain a high level of academic integrity. It is your responsibility to be aware of and engage in appropriate academic behaviour. Academic

misconduct takes many forms and includes, but is not limited to plagiarism, submitting a product prepared in whole or in part by another person, buying or selling term papers and submitting the same piece of work for academic credit. For more details, consult the University calendar policy 2.4.12. If you need further clarification, make an appointment with a librarian or someone in the Writing Centre.

Seminar Participation

Faculty in this division are committed to creating a vibrant intellectual community. Because some of the ideas presented in this course are new and challenging we will need to support each other as we think through these important concepts about community health. We will all learn from a shared critical review and discussion of the readings and course content. To take advantage of the privilege of reading and learning together, you must take seriously your responsibility to keep up with the required readings, share your insights and questions, and engage respectfully and critically with other points of view. To prepare for seminars, consider the list of questions for discussion that accompanies each seminar outline.

Active participation contributes to the quality of discussion and an optimal learning environment. Active participation includes offering thoughtful, well-supported ideas that advance and enrich critical and reflexive discussion and paying attention to the contributions of others. Bring questions, issues, or related media clippings to help the class make sense of the readings.

Course Competencies

At the successful completion of this course, you will be able to:

1. Generate working definitions of the basis principles and concepts of community health;
2. Critically review foundational documents underpinning the current theory and practice of community health;
3. Demonstrate an understanding of the historical development of the concept and practice of community health with particular focus on Canada’s contributions;
4. Identify and discuss a variety of policies, programs and organized societal activities for achieving community health;
5. Communicate, verbally and in writing, a cogent, scholarly, and critical reflection of current community health issues; and
6. Apply the concepts and principles of contemporary community health to the activities of a local community health agency, organization or resource centre: and
7. Consider how each theoretical framework impacts on the approach to health, illness and health care and how research, policies, programs, and services are prioritized, created, implemented and funded.

Evaluation Components

Seminar Facilitation and Discussion Document (Mandatory -datesTBA)	(20%)
Seminar Participation (Mandatory)	(20 %)
Community Health Field Visit and Poster Presentation (Mandatory)	(20%)
Critical Review/Contemporary Case Studies (four – submission dates flexible)	(10 % each)

You may submit the flexible due date components at any time on or before the last day of class. You are encouraged to consider carefully the importance of balancing the work out through the term and the perils of leaving all assignments to the last day of term. The dates for the two required elements (the seminar facilitation and the community health visit and poster presentation) are not negotiable once you have chosen your facilitation date. Refer to the attached seminar outline. You will be required to provide

acceptable documentation of illness, bereavement or other extraordinary circumstance to explain your absence for these required elements.

Evaluation components received after the last day of class will be subject to a 5% per day late penalty. To avoid the late penalty, you will be required to provide acceptable documentation of illness, bereavement or other extraordinary circumstance to explain a late submission. Refer to the university calendar for more information on deferral of examinations and extensions.

Assignments will be submitted through the D2L drop box and feedback will be provided in the same way. Directions for uploading your power points and information for seminar facilitation will be provided at the beginning of the term. It is your responsibility to ensure that assignments have been received prior to the last day of class.

Evaluation of Student Performance

Letter grades will be assigned in accordance with MUN School of Graduate Studies guidelines. Typically, students must pass or achieve 65% in the course to successfully complete the course and remain in the program. Evaluation of all elements will be based on the following guidelines:

91-100 Reserved for outstanding work with assignments that are of the highest quality and demonstrate outstanding comprehension and synthesis of material as well as highly sophisticated and analytical and critical thinking. Offers original, precise, accurate, thoughtful responses to questions and promotes an outstanding level of critical discussion.

85-90 Awarded for superior work that provides clear evidence of certain flair for and comprehension of the subject. Assignments demonstrate excellent understanding of material as well as sophisticated analytical and critical thinking;. Offers accurate, thoughtful responses to questions and promotes a superior level of critical discussion.

75-84 Recognizes competent work that is accurate, organized and thoughtful. Assignments and discussion demonstrate a sound grasp of the material and evidence of critical thinking. This is the level of performance expected of and achieved by most graduate students.

65-74 Represents work of that meets requirements and basic competency in written work and discussion but not necessarily the expected level of performance.

0-64 Represents work that does not meet the minimum requirements. Assignments that are incomplete, inaccurate, or poorly organized or lacking basic familiarity with course materials or ability to engage critically will result in an unsatisfactory mark. Students who consistently perform at this level will not be awarded credit for satisfactory completion of this course.

Seminar Facilitation and Discussion (Total 20%)

a. Seminar Presentation and discussion document (20%)

Each student will select a session topic and prepare a power-point presentation accompanied by speaking notes (in the notes frame) of approximately 20-25 slides based on an in-depth literature review and analysis of the selected topic. The presentation should reflect the student's understanding of the community health topic addressed in the course outline for the selected week. The presentation should include a general outline of the topic as it relates to community

health and population health, discussion of the literature and how this might relate to other aspects of the course. Indicate your **first and second choice** for the seminar topic you want to facilitate. You may **choose from among Seminars IV, V, VI, VIII, IX, X or XI.** Every effort will be made to accommodate your first preference. It may be necessary to have two students share facilitation of the seminar on the same day. You may chose to work with someone else to present together or collaborate on a topic to avoid overlap by taking different approaches, dividing the responsibilities or using different readings on the topic. In weeks where we have a guest speaker,(IV, V, VIII, IX and X) it would be easiest to have only one student facilitator. Weeks VI and XI can accommodate two facilitators. This is flexible of course and we will discuss in detail in class.

This element requires that you prepare a **discussion document** (**maximum 5 pages** double-spaced, Times Roman 12 font, 1" margins) that you will use to guide the facilitation, online activity, and **critical discussion** of the required readings with your peers. You will be evaluated on the quality of both components. The facilitation document is due on the same day you facilitate the seminar discussion. Lack of preparation or a "no-show" in the agreed upon week will result in loss of marks.

The **facilitated seminar discussion** should last 1 hour. This should NOT be a lecture although you may use PPT or other visual aids to introduce, summarize or complement your seminar facilitation. You will be evaluated on your ability to stimulate critical discussion of the key issues, to pose provocative questions, summarize key issues, respond accurately to questions posed by faculty and peers, and to engage your peers in an activity that requires that they apply the concepts to a current event or controversy.

Examples of activities include interactive games in which participants can engage each other, discussion of current events based on newspaper or media stories (must be available to all participants either as audio or video clips or online newspapers for which links can be posted), in class surveys and analysis, creative use of frameworks and tools described in key readings (ie Haddon Matrix), use of videos or other visual media.

The **discussion document** will include:

- a synthesis of key points from each of the required readings;
- a critique of the issues raised in the readings;
- links with other course readings (additional readings/resources or previous weeks' content);
- a critical reflection on how this topic is applicable to the local, national or global context, or to a relevant current event or controversy;
- a description of a group activity; and
- a list of 3-5 discussion questions that will you will use to facilitate discussion.

Seminar Participation (20 %)

Participation in the seminar process by distance is essential and will be reflected by a mark assigned for **meaningful** participation in the discussion and interaction with peers and the course instructor **on line**. Students responsible for a presentation should facilitate discussion by preparing questions and learning exercises **in advance** for the audience. The material must be sent to the instructor a minimum of 3 days (ie. Friday morning) before the class.. You will be responsible for checking email to ensure there are no changes required prior to posting. Presentations will then be posted on D2L by the instructor. Students can participate during the synchronous forum and will have one week to review the presentations and discuss **on line**. All discussion material must be posted by the following Monday morning in order to be counted towards participation in the seminar. Discussion responses should be no more than 500 words and responses to classmates' should be brief and concise but substantive ("I agree" is not a

sufficient response! You must explain why.)

Community Health Field Visit and Simulated Poster Presentation (20%)

Individual participants in the course will be asked to identify an agency in their community that is active in an area of prevention. Over the course of several weeks participants will endeavor to get to know the agency, its principle objectives and main activities. Participants will be asked to present their findings in a Power-point slide deck of approximately 12 slides that will replicate a poster presentation at a conference.

Describe the agency and answer some of the following questions:

a. What are the objectives (mission, goals, mandate) of the agency?
b. identify the features of the population(s) served by the agency
c. demonstrate your understanding of some of the specific activities that the agency uses to promote, protect or restore community health and/or prevent disease and injury;
d. apply relevant course concepts when critically reflecting on how agencies use different activities to meet the complex health needs of the population(s) served make specific recommendations for achieving better health outcomes for the population(s) served by the agency
e. critically reflect on the barriers and challenges faced by some disadvantages populations in accessing services; and
f. creatively share your ideas in poster and in responding to questions posed by faculty and peers

As online participants you are expected to review the slide deck and provide constructive criticism, comments and questions.

10% of the mark is based on your presentation and ability to respond to questions either on Elluminate or online.

10% for written summary of key points, critical analysis of agency role using at least one theoretical perspective outlined in the course, relationship to population health perspective, and bibliography. (4 -5 pages plus bibliography)

This presentation allows you to demonstrate your understanding of key concepts of community health and how they operate in a local community health setting. The assignment provides a hands-on experience in which to ground the theoretical and academic discussions that shape their public health and community health training.

To prepare for this simulated poster presentation, you will be responsible for arranging a 2-3 hour field visit to a community health agency, organization or resource centre. The Community Resource Guide provides a partial list of agency names and contact information. You are

encouraged to choose an agency that corresponds to a current area of interest. **NB**: You may not visit an agency with which you currently or recently (past five years) had an established relationship as a client, employee or volunteer.

This activity is subject to the *Personal Health Information Act* (PHIA*)*. PHIA is a health-sector specific privacy law. The PHIA website has important information about the act and your obligations. **Complete the on-line Education Program and submit the copy of your "Record of Achievement" prior to making the field visit.**

Critical Review/Contemporary Issues Case Study

This element requires that you draw on at least **two** readings from the same seminar topic (one of which must be a required reading) to examine a particular case study presented in the course material for the week. The assigned topic and case study materials will be presented on D2L in the same way as the weekly activities for discussion are presented. However, they will also be posted in the Drop Box as assignments and must be submitted in the drop box for grading. These assignments should be a **maximum of four to five pages** (left justified, double-spaced, Times Roman 12 font, 1" margins) and will include:

- a summary of the key points raised in each of the two readings;
- a critical comparison of the issues raised in the readings;
- links drawn between the readings and the case study showing that you can apply the concepts in readings to current events and contemporary problems in population health.
- evidence that you can work critically in examining the issues and the relevance to population health and public health concerns.

You are strongly encouraged to write and submit your critical reviews and case study analysis when you prepare for the relevant seminar. Your work will be evaluated on the clarity and conciseness of your submission, quality and cogency of your critical argument, your ability to use and critically reflect on the key concepts, and to link with these concepts with the case study in meaningful and creative ways. Refer to the **Evaluation Rubric** for more information.

There will be six case studies posted and you are required to do four of them.

Seminar Outline[1]

Date	Seminar Topic	Notes and Reminders
Week I Jan. 9-13	Intro to Community Health Principles & Concepts Course Overview	
Week II Jan. 16-20	Population Health and Social Determinants of Health: Determining what matters in producing health	
Week III Jan. 23-27	Theoretical Approaches to Population Health: Perspectives and Paradigms for understanding health inequality	
Week IV Jan. 30-Feb. 3	Health Promotion	Guest Speaker: Dr. Martha Traverso Student Facilitator:
Week V Feb.6-10	Disease Prevention and Harm Reduction	Guest Speaker: Fran Keough Students Facilitator:
Week VI Feb.13-17	Occupational Health	Student Facilitator: Student Facilitator:
Week VII Feb. 20-24	NO CLASS	Midterm break and lieu time for Field Visit
Week VIII Feb.27-Mar.2	Environmental Health	Guest Speaker: Dr. James Valcour Students Facilitator:
Week IX March5-9	Healthy Public Policy	Guest Speaker: Dr.Wendy Young Student Facilitator:
Week X March 12-16	Canadian Health Care System	Guest Speaker: TBA Student Facilitator:
Week XI Mar. 19-23	Local and Global Issues in population health	Student Facilitator: Student Facilitator:
Week XII March26-30	Poster Presentations	
Week XIII April 5	Critical Issues in Health, Illness and Health Care Consolidation and Synthesis	

1 Seminar topics or specific readings or both may change depending on availability of human and material resources and/or the learning needs of the class.

Seminar I: Course Overview
Introduction to Community Health Principles & Concepts

The first component of this seminar will provide an overview of this course and the expectations for scholarly work including the evaluation of student learning. You will be evaluated on your critical understanding of the key concepts and principles relating to community health and your ability to apply them to novel situations. Evaluation elements are designed to afford you variety in demonstrating your learning while at the same time helping you develop your skills in presenting your ideas in scholarly, professional and community venues.

The second component of this seminar will introduce you to some basic concepts in community health. Community health is one of the efforts organized by society to protect, promote, and restore the health of groups or populations and prevent disease and injury. Community health is a social institution, a discipline, and a practice and as such, it rests on concepts of community, health, human biology, and social structures, interaction and relations. We will look at each of these concepts to develop an appreciation of this perspective.

Learning Outcomes

1. State student and faculty responsibilities for engaging critically with course objectives;
2. Create a list of your personal learning objectives for this course;
3. Complete and submit a signed hard copy of faculty-student learning evaluation contract;
4. Generate working definitions of human biology, health, community, and community health; and
5. Reflect critically on the historical development of conceptualizations of health.

Possible Questions for Discussion

1. What does it mean to be healthy? How would you describe your health status? What do you think accounts for your state of health?
2. How do you define community health? How would you describe the health of the community you live in? What are the factors that account for that health status?
3. Draw on the “Refugee Camp in the Heart of the City” field experience to critically reflect on the range of health challenges faced by a community of refugees or displaced persons.
4. How can we reconcile micro perspectives on illness experience with macro perspectives on structural influences on health and illness? Consider the concept of structural violence introduced in the Leatherman and Thomas book chapter.

Resources

1. Interview with Sir Michael Marmot, Chair of CHDC. [video]
2. Commission on Social Determinants of Health. (2008). Chap 1
3. Bryant, Raphael & Rioux. (2010). Forward/Preface.

Seminar II – Population Health and Social Determinants of Health: Determining What Produces Health.

This seminar explores the concepts of population health and the determinants of health and examines their relevance to improving health status. Canada has made a significant contribution to the evolution of theories related to population health through documents such as *Strategies for Population Health*. This seminar focuses on whether Canadian institutions have applied these theories and if these theories have

made a difference to health.

Learning Outcomes

1. Generate working definitions of health equity, health inequity, socio-economic gradient, self-reported health, social inclusion.
2. Identify the twelve determinants of health identified by the World Health Organization and adopted by the Public Health Agency of Canada;
3. Outline the principles of the population health approach;
4. Discuss critically the strengths and limitations of the population health approach; and
5. Describe the health of Canadians and/or a Canadian community using the determinants of health.

Possible Questions for Discussion

1. What factors produce health in a population?
2. How are populations "produced" and how does this production affect the information that is the basis for a population health approach?
3. Consider the ways that your social location (white/person of colour; young/middle-aged; male/female/other; urban/rural/remote; immigrant/refugee/settler/aboriginal; straight/gay) shapes your daily life. In what ways are your health behaviours consistent or inconsistent with your social location?
4. What is the evidence to support an upstream health approach to health and what are the limitations of the approach?

Required Readings

1. Bryant, Raphael & Rioux. (2010). Chap 6, 7 and 8..
2. Commission on Social Determinants of Health. (2008). Chap 2-3.
3. *Unnatural Causes* Video website http://www.unnaturalcauses.org/interactivities.php

Additional Resources

3. Braveman P. & Gruskin S. (2003). Defining equity in health. Journal of Epidemiology and Community Health, 57: 254-258.
4. Graham, H. (2004). Social determinants and their unequal distribution: clarifying policy understandings. The Milbank Quarterly, 82(1): 101-124.
5. Hay D, J Varga-Toth, & E Hines. (2006). Frontline health care in Canada: Innovations in delivering services to vulnerable populations. Ottawa, ON: Canadian Policy Research Networks.
6. Population Health: The New Agenda (part 1 of 2) (part 2 of 2) [videos]
7. Mikkhonen, Juha and Dennis Raphael (2010) Social Determinants of Health: The Canadian Facts. Toronto: York University School of Health Policy and Management. http://www.thecanadianfacts.org/The_Canadian_Facts.pdf

Seminar III: Theoretical Perspectives on Health: Perspectives and Paradigms for Understanding Health Inequality

This seminar explores various conceptual frameworks used to study health, illness and health care. Each framework or theoretical perspective rests on a set of assumptions that provide a particular approach to health, illness and health care, ways of identifying areas of concern and directing research and decision-making.

Learning Outcomes

1. Generate working definitions of health, health care, public health, population health, life expectancy, mortality, morbidity, medicalization, socio-economic status, welfare state, relative deprivation argument, social capital, LICO;
2. Using an example, state the underlying assumptions and the approach to addressing an identified problem from an epidemiological approach to health, illness or health care; from a sociological perspective; from a political economy perspective; and
3. Discuss critically the relative strengths and limitations of each theoretical approach to health, illness and health care.

Possible Questions for Discussion

1. What variables are at work in defining concepts such as health, for example. How do different understandings and definitions contribute to differing objectives and priorities and what does that mean for community health as a field of study?
2. What are the relative strengths and limitations of epidemiology as an approach to understanding the higher than average death rates from colorectal cancer in NL?
3. What are the relative strengths and limitations of sociological perspectives as an approach to understanding menopause?
4. What are the relative strengths and limitations of a political economy approach to understanding differences in health status within and between nations?
5. Imagine combining more than one theoretical lens to work on a given health issue or problem. What are the strengths and limitations of this approach?
6. What factors do you think build a strong sense of community? What is the relationship between community health and community participation and involvement impact on community health?
7. What questions about Canadian health and life expectancy are raised by the *Joy of Stats* video?

Required Readings

1. Bryant, Raphael & Rioux. (2010). Chap 1-4.
2. Labonté, R., M. Polanyi, N. Muhajarine, T. McIntosh & A. Williams. (2005). Beyond the divides: Towards critical population health research. Critical Public Health, 15(1): 5-17.

Additional Resources

3. Commission on Social Determinants of Health. (2008). Chap 4.
4. Community participation and involvement (2010). [video]
5. Elements of Bourdieu: Social capital in the funny pages [video]
6. Hans Rosling's 200 Countries, 200 Years, 4 Minutes - The Joy of Stats [video]

Seminar IV: Health Promotion

Health promotion is a process of enabling individuals and communities to increase control over determinants of health and thereby improve their health. It requires comprehensive approaches using a variety of strategies involving multiple sectors and settings. Health promotion is intrinsically linked to the determinants of health and to healthy public policy.

Learning Outcomes

1. Define health promotion and consider its evolution in the community health context.
2. Relate the concepts of “population health” and “determinants of health” to health promotion.
3. Outline the contributions of the Ottawa Charter to contemporary community health.
4. Define and discuss the challenges and strengths of the strategies proposed by Epp in the 1986

"Achieving Health for All: A Framework for Health Promotion" document.
5. State Lalonde's two broad objectives and list the five strategies proposed giving an activity for each of the strategies listed.
6. Contrast the traditional biomedical concept of the health with the perspective advanced by Lalonde's in 1974.

Possible Questions for Discussion

1. Why is producing health so focused on changing individual behaviours? How, if at all, might the salutogenic model shift health promotion research and practice?
2. How have concepts of health promotion and population health affected provision of health services in general and community health service specifically?
3. What are the challenges for the community and community health service in trying to follow the approaches presented by these concepts?
4. What do we know about the effectiveness of health promotion?
5. Give some examples of local, provincial, national and global health promotion strategies. How do these strategies differ from health promotion activities directed at individuals?
6. What are the challenges for health promotion in the face of globalization?

Required Readings

1. Antonovsky, A. (1996). The salutogenic model as a theory to guide health promotion. Health Promotion International, 11(1): 11-18.
2. Commission on Social Determinants of Health. (2008). Chap 5 & 8.
3. McDonald, E., R. Bailie, D. Brewster & P. Morris. (2008). Are hygiene and public health interventions likely to improve outcomes for Australian Aboriginal children living in remote communities? A systematic review of the literature. BMC Public Health. www.biomedcentral.com/1471-2458/8/153
4. World Health Organization. (1986). Ottawa Charter for Health Promotion. Canadian Journal of Public Health, Nov/Dec: 425-27. www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

Additional Resources

5. Chappell, N.L., Funk, L.M. &Allan, D. (2006). Defining community boundaries in health promotion research. American Journal of Health Promotion, 21(2): 119-126.
6. Eastern Health. Health Promotion Matters. www.easternhealth.ca
7. Epp, J. (1986). Achieving health for all: A framework for health promotion. Ottawa: Health and Welfare Canada. www.frcentre.net/library/AchievingHealthForAll.pdf
8. Haalboom, B.J., Robinson, K.L., Elliott, S.J., Cameron, R. & Eyles, J.D. (2006). Research as intervention in heart health promotion. Canadian Journal of Public Health, 97(4): 291-295.
9. Lalonde, M. (1974). A New Perspective on the Health of Canadians (pp. 11-18; 31-34, 63-72). Ottawa: Health and Welfare Canada. www.hc-sc.gc.ca/hppb/phdd/pube/perintrod.htm
10. Sanson, G. (2011) The Myth of Osteoporosis: Blowing the whistle on the epidemic. [WEBINAR]. CWHN

Seminar V – Disease Prevention and Harm Reduction

Disease prevention is a core activity of community health practice and policy and tends to focus on infectious and chronic diseases. Remarkable control of many infectious diseases has been achieved in Canada. With others such as HIV/AIDS and TB, success varies among different populations and in

different geographic locations globally. Screening and harm reduction strategies have been applied to the control of chronic diseases such as cardiovascular disease and cancer.

Learning Outcomes

1. Explain the concepts of primary, secondary, and tertiary prevention and give one example of each.
2. Define, explain the guiding principles, and give an example of harm reduction.
3. Identify the basic steps in the prevention and control of infectious and chronic diseases.
4. Discuss the principles, concepts of ethical aspects and criteria for screening.
5. Explain the role and guiding principles of the Canadian Task Force on the Preventive Health Care (CTFPHC)
6. Define, explain, and give an example of the prevention paradox.

Possible Questions for Discussion

1. Explain the conceptual differences between the health promotion and disease prevention approaches.
2. What are the guiding principles of the Canadian Task Force on the Preventive Health Care?
3. What is the value of the clinical practice guidelines for community health practice and clinical preventive medicine?
4. What is the impact of new technology on clinical practice? For example, what are the likely impacts of a human papillomavirus vaccine on cervical cancer and current screening practices?
5. Debate the advantages and disadvantages of the harm reduction model and the abstinence model in the approach to persons living with addictions or substance misuse issues.
6. What are the challenges of implementing primary, secondary and tertiary disease prevention programs?
7. How do the social determinants of health such as gender, SES, ethnicity, 'race', (among others) relate to harm reduction and disease prevention?

Required Readings

1. Gustafson DL, L Goodyear, & F Keough (2008). When the dragon's awake: A needs assessment of people injecting drugs in a small urban centre. International Journal of Drug Policy, 19(3): 189-194.
2. Lori Mosca, MD, MPH, PhD; Elizabeth Barrett-Connor, MD; Nanette Kass Wenger, MD (2011) Sex/Gender Differences in Cardiovascular Disease Prevention: What a Difference a Decade Makes Circulation.124(19):2145-2154 http://ovidsp.tx.ovid.com.qe2a-proxy.mun.ca/sp-3.4.2a/ovidweb.cgi?WebLinkFrameset=1&S=BIGBFPLFNDDDLBMNNCBLLDGCAKPBAA00&returnUrl=ovidweb.cgi%3f%26Full%2bText%3dL%257cS.sh.15.16%257c0%257c00003017-201111080-00014%26S%3dBIGBFPLFNDDDLBMNNCBLLDGCAKPBAA00&directlink=http%3a%2f%2fgraphics.tx.ovid.com%2fovftpdfs%2fFPDDNCGCLDMNND00%2ffs046%2fovft%2flive%2fgv023%2f00003017%2f00003017-201111080-00014.pdf&filename=Sex%2fGender+Differences+in+Cardiovascular+Disease+Prevention%3a+What+a+Difference+a+Decade+Makes.&pdf_key=FPDDNCGCLDMNND00&pdf_index=/fs046/ovft/live/gv023/00003017/00003017-201111080-00014
3. Fried, Susana T., (2011) Gender, Race + Geography = Jeopardy: Marginalized Women, Human Rights and HIV in the United States. Women's Health Issues 21(6):Special Issues 243-249.

Additional Resources

4. Canadian Task Force on Preventive Health Care. See www.ctfphc.org/

5. Guide to community preventive services. www.thecommunityguide.org/
6. Karkhaneh, M., Rowe, B.H., Saunders, L.D., Voaklander, D.C, and Hagel, B.E. (2011). Bicycle helmet use after the introduction of all ages helmet legislation in an urban community in Alberta, Canada. CJPH, 102(2): 134-138.
7. Meyers, D.S. Halvorson, H. & Luckhaupt S. (2007). Screening for chlamydial infection: an evidence update for the U.S. Annals of Internal Medicine, 147: 135-42.
8. National Film Board. (2004) Bevel up. [Video] Available at the Public Library, Arts & Culture Centre.
9. Stachtchenko, S. (1990). Conceptual differences between prevention and health promotion: research implications for community health programs. Canadian Journal of Public Health, 81(1): 53-59.

Seminar VI:
Health Protection, Injury Prevention, & Occupational Health

Health protection is a core activity of community health. Graham et al. (1998) define health protection as "legal or fiscal controls, other regulations and policies, and voluntary codes of practice, aimed at the enhancement of positive health and the prevention of ill-health." Health protection measures have been employed to create safer environments where we live, work, play, and are educated. There is continuing concern however, that the local and global human and non-human environments are under stress and in need of further protection. This seminar will first concentrate on the community health strategy of health protection generally and then take a contemporary view of occupational or workplace health and injury prevention.

Learning Outcomes

1. Generate working definitions of health protection, occupational health, industrial hygiene, occupational risk, occupational hazard, exposure.
2. Discuss and give examples of health protection strategies utilized in community health.
3. Identify the barriers to and the ethical aspects of health protection.
4. Demonstrate familiarity with key figures in the history of the labour movement focusing attention on occupational health and safety issues.
5. Describe and discuss the three strategies for improving workplace health and reducing health effects associated with potential exposures to hazardous materials.
6. Critically discuss recent Federal and International proposals in the area of Health Protection.
7. Give examples of improvements in workplace safety over the past 100 years.
8. Draw on a real life example to identify and discuss occupational health concerns and strategies for improving workplace health.

Possible Questions for Discussion

1. What health protection measures would make your environment safer?
2. In a number of jurisdictions health protection measures and enforcement are moving from the public sector to the private sector, e.g. testing of municipal water supplies, enforcement of drug testing and regulation. What are the pros and cons of such privatization?
3. Is worker and community health protection compromised with the globalization of the economy?
4. What are some ethical issues involved in health protection?
5. What role if any does gender pay in the occupational health risks?

Required Readings

1. Commission on Social Determinants of Health. (2008). Chap 7.

2. Gostin, LO. (2007). General justifications for public health regulation. Public Health 121(11):829-34.
3. Peck, M.D., Kruger, G.E., van der Merwe, A.E., Godakumbura, W., Oen, I.M., Swart, D. & Ahuja, R.B. (2008). Burns and injuries from non-electric appliance fires in low- and middle income countries Part II: a strategy for intervention using the Haddon Matrix. Burns, 34 (3): 312-9.
4. MacDermid, JC et al. (2008). Work organization and health: A qualitative study of the perceptions of workers. Work 30(3): 241-254.

Additional Resources

5. Franche RL, Murray EJ, Ostry A, Ratner PA, Wagner SL, Harder HG. (2010). Work disability prevention in rural healthcare workers. Rural and Remote Health, 10: 1502.
6. Howse, D., D. Gautrin, B. Neis, A. Cartier, L. Horth-Susin, M. Jong, & M.C. Swanson. (2006). Gender and snow crab occupational asthma in Newfoundland and Labrador, Canada. Environmental Research, 101(2): 163-174.
7. The work gender health special issue. (Spring 2011). Intersections: A Newsletter of the Institute of Gender and Health. Ottawa, CIHR.

Seminar VII: Environmental Health

Environmental health has moved far beyond a consideration of the local sanitation issues of water quality and sanitary disposal of waste materials. It has become global in scope and multi-dimensional in nature and broadened to investigate the interdependence of human health and ecosystem health. As part of this process, some have come to question fundamental aspects and assumptions of our contemporary way of life on the planet. This seminar provides an overview of current thinking, using this broad approach to environmental health, providing competing views on some of the major contemporary issues.

Learning Outcomes

1. Describe the basic principles and concepts of environmental health e.g. risk, "at risk", risk assessment, risk management, risk communication, precautionary principle, sustainable development, waste management, water quality, air quality.
2. Identify and discuss some contemporary environmental health issues e.g. radon, ozone depletion, electromagnetic fields, climate change, biodiversity.
3. Discuss the implications of these environmental issues for community health.
4. Define and discuss the issues involved in the debate concerning the precautionary principle.
5. Discuss environmental health from the perspective of countries of the global north ("developed") vs. countries of the global south ("developing").

Possible Questions for Discussion

1. What are the major environmental health issues for St. John's; the province; Canada; the planet? What are the barriers to addressing these issues? Why is it difficult to demonstrate the effects of the environment on public health?
2. What is the "precautionary principle" and what are your views on its usefulness in addressing today's environmental health issues?
3. What are the components of a "healthy community" from an environmental perspective?
4. How does the concept of "at risk" influence our attitudes toward body weight and obesity?
5. What is the quality of evidence linking cell phone use and cancers and other health problems?

Required Readings

1. Commission on Social Determinants of Health. (2008). Chap7.
2. Grandjean, P. (2004). Implications of the precautionary principle for primary prevention and research. Annual Review of Public Health, 25: 199-223.
3. Kirk, SF, TL Penny, TLF McHugh (2010). Characterizing the obesogenic environment: the state of the evidence with directions for future research. Obesity Reviews, 11(2), 109-117.
4. Wortman, JA, C Ham, D Vermunt, R Mathias, SD Phinney, MC Vernon, EC Westman. (2000). A demonstration project to evaluate a traditional-style diet for obesity. Available on CBC website.

Additional Resources

5. Blow Out: Is Canada next? Dec 9, 2010. CBC doc zones. [video]
6. Haiti's orphans: One year after the earthquake. Jan 13, 2011. CBC doc zones. [video]
7. Health Canada. What is climate change?
8. Kenzer, M. (2000). Healthy cities: a guide to the literature. Public Health Reports, 111(213): 279-89.
9. National Institutes of Health. 2010. Cell phones and cancer risk.
10. The Story of Stuff. (2009). [Video]. The Story of Stuff Project.

Seminar VIII: Healthy Public Policy

In the context of population health, healthy public policy is one of the key influences on health. Major changes in the health status of the population can only be achieved through healthy policies at all levels of governance. Healthy public policy should not be confused with health policy which is a small part of the policy area which influences health.

Learning Outcomes

1. Identify and discuss the basic tenets of the concept "healthy public policy".
2. Critically appraise the track record to date of implementation of healthy public policy nationally and provincially.
3. Discuss the relevance of Health Impact Assessment to the development of Healthy Public Policy.
4. Suggest strategies that could enhance the implementation of the concept.

Possible Questions for Discussion

1. What is "healthy public policy" and how does it differ from "health policy"?
2. Is the concept of "healthy public policy" truly a viable one in the Canadian/Newfoundland and Labrador health/economic/social context?
3. What has been the track record on successful implementation of healthy public policy?
4. What are the steps in a community action process? Who gets involved?
5. How would you conduct a community assessment?
6. What is a health researcher's role in working with communities to identify issues that affect health? A health professional's role; the role of the District Officer of Health?
7. What factors do we need to consider in identifying "success" or "best practices" relative to healthy public policy?
8. What kinds of political and economic policies do you think would help disadvantaged nations improve their average levels of well-being?
9. In what ways are health care issues related to race and ethnicity similar to issues related to gender? How are they different?

Required Readings

1. Bryant, Raphael & Rioux. (2010). Chap 9, 11

2. Morgan, G. (2009). On the limitations of health impact assessment. Public Health, 123(12): 820.
3. O'Connell, E. & F. Hurley. (2009). A review of the strengths and weaknesses of quantitative methods used in health impact assessment. Public Health, 123(4): 306-310.
4. Richardson, L.D. & Norris, M. (2010). Access to health and health care: how race and ethnicity matter. Mount Sinai Journal of Medicine, 77(2), 166-177.

Additional Resources

5. Birkland, T.A. (2011). An introduction to the policy process. Theories, concepts and models of public policy making, (3rd Ed.). New York: ME Sharpe.
6. Bryant, Raphael & Rioux. (2010). Chap 16.
7. Commission on Social Determinants of Health. (2008). Chap 10, 14.
8. Government of Newfoundland and Labrador. (2006). Reducing poverty: An action plan for Newfoundland and Labrador. www.hrle.gov.nl.ca/hrle/poverty/poverty-reduction-strategy.pdf

Seminar IX – Canadian Health Care System

The purpose of this seminar is to review the history and organization of the Canadian health care system as a way to shed light on the relative positioning of community health within the Canadian health care and on the federal and provincial political agendas. Canadians hold a prominent place in the development of contemporary community health, thought and practice. Lalonde's "*A New Perspective on the Health of Canadians*" (1974) is widely regarded in international health circles as a foundational document. In many ways, this report was a forerunner to the Declaration of Alma-Ata, which arose out of the International Conference on Primary Health Care in 1978. This week we also look at the development of current community health thought and practice in light of these two documents.

Students will consider the emerging trends in the organization and delivery of health care services in this province, the country and critically evaluate if and how these trends might move us closer to health for all Canadians. The focus will be on exploring the contributions that greater emphasis on community health can make in improving the health of vulnerable populations such as the poor, the aging, Aboriginal peoples and other minoritized groups.

Learning Outcomes

1. Identify the values underlying the Canadian health care system.
2. Discuss the history and current organizational structure of the Canadian health care delivery system.
3. Define the roles of the federal, provincial and municipal governments in the delivery of health care.
4. Identify the factors contributing to the ongoing redesign of the health care system in Canada.
5. Describe the major trends in the reorganization of health care delivery in Canada as advanced by the Kirby and Romanow Reports. Explore how these trends may impact on the health of vulnerable populations; on Newfoundlanders and Labradoreans; on Canadians.
6. Describe how health care in Canada compares to health care systems internationally.

Possible Questions for Discussion

1. What values underline the Canadian system of universal health insurance? Are these values changing? Give some examples to support your position.
2. How have financial incentives and government legislation shaped the current health care delivery system in Newfoundland and Labrador? In Canada?
3. Who are the key stakeholders in the existing Canadian health care system? What accounts for the relative power differences in each group? How, if at all, are these power relations changing? What

might account for these changes? What factors might change?
4. What role should government play in the provision of direct health services to the public? Support your position.
5. What are the limitations of treating gender as an independent variable in research?
6. In countries with publicly funded insure universal health care system, what inequalities result from allowing a parallel private system?

Required Readings

1. Bryant, Raphael & Rioux. (2010). Chap 10, 12.
2. CHSRF. (2011). Medicare covers all necessary expenses. Mythbusters: Using Evidence to Debunk Common Misconceptions in Canadian Health Care.
3. Commission on Social Determinants of Health. (2008). Chap 9.

Additional Resources

4. Epp, J. (1986). Achieving health for all: A framework for health promotion. Ottawa: Health and Welfare Canada. http://www.frcentre.net/library/AchievingHealthForAll.pdf
5. Feeney, A. & D. Rovics. (2009). Good health care song. [video]
6. Kirby, M.J.L. (2002). The health of Canadians: the federal role. (Introduction, Chap 1.1, 1.2; 4.1, 4.2; chapter 13) www.parl.gc.ca/37/2/parlbus/commbus/senate/com-e/soci-e/rep-e/repoct02vol6-e.htm
7. Lalonde, M. (1974). A New Perspective on the Health of Canadians (pp. 11-18; 31-34, 63-72). Ottawa: Health and Welfare Canada. www.hc-sc.gc.ca/hppb/phdd/pube/perintrod.htm
8. Romanow, R. (2002). Commission on the future of health care in Canada. Shape of the Future of Health Care. www.hc-sc.gc.ca/english/care/romanow/hcc0023.html Chapters 1, 3, 4, 6, 7.
9. Ron Clark students. Health care reform in US. [video]
10. World Health Organization. (1978). Declaration of Alma-Ata. International Conference on Primary Health Care, (pp. 2-6). Alma-Alta, Geneva: Author. www.who.int/hpr/NPH/docs/declaration_almaata.pdf http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf
11. World Health Organization. (1986). Ottawa Charter for Health Promotion. Canadian Journal of Public Health, Nov/Dec: 425-27. www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

Seminar X: Population Health: Local and Global Perspectives

The purpose of this seminar is to apply theoretical approaches to your understanding of population health both locally and globally. This means identifying disadvantaged populations and critically discussing barriers to health equity and policies and programmes that enhance or inhibit “health for all”.

Learning Outcomes:

1. Identify disadvantaged populations in local and global contexts;
2. State your obligations regarding confidentiality and privacy relating to personal health information;
3. Complete the on-line Education Program and submit the copy of your “Record of Achievemnt” piror to making the field visit;
4. Present a poster that critically describes the work of a local agency in addressing the health of a local population;
5. Apply a theoretical approach to understanding the health of a disadvantaged population in the global context; and
6. Identify policies, programs and practices that contribute to improving global health.

Possible Questions for Discussion

1. Can you make a case that health is a human right? What, if any, is the human rights-related role of health care workers and public health policy makers?
2. What are the critical challenges to enhancing global health?
3. What role does "Humanitarian Aid" play in enhancing global health?
4. How does the social and economic dynamic between developing and developed countries impact health?
5. What role, if any, have the Millennium Development Goals played in good global governance?

Required Resources

1. Bryant, Raphael & Rioux. (2010). Chap 4 & 16.
2. Chapman, A.R. (2010). Missed opportunities: The human rights gap in the Report of the Commission on Social Determinants of Health. Journal of Human Rights, 10: 132-150.
3. Commission on Social Determinants of Health. (2008). Chap15.
4. *Personal Health Information Act* (PHIA).

Additional Resources

6. Labonté, R. & T. Schrecker. (2007). Foreign policy matters: a normative view of the G8 and population health. Bulletin of the World Health Organization, 85(3): 185-191.
7. Materials developed by or about the community agencies identified for the field visits. Materials may include brochures, information downloaded from website, media clippings, video reports.
8. Field site visit arranged by student pair.

Week XI Poster Presentation

This week we will present out poster power points and discuss the information. Each student will be given 15 minutes to discuss their findings in synchronous online participation. Anyone who cannot participate in this format must respond to any questions posed by other seminar participants prior to the synchronous session and view others' posters and pose questions or thoughtful comments to promote discussion.

Wk XII: Critical Issues in Health, Illness, and Health Care Course Summary and Consolidation

Learning Outcomes

1. Identify and discuss critically one or more current issues in health, illness or health care.
2. Apply one or more of the theoretical perspectives to frame the discussion of this issue.
3. Apply five or more concepts or principles learned during the course in the discussion of this issue.
4. Recall your personal learning objectives listed in the pre-course evaluation and evaluate how well these learning objectives have been met during the course.

Possible Questions for Discussion

1. What are the pros and cons of emerging trends such as regionalization, privatization, the shift to community-based care, role redefinition among health providers, the consumer participation movement and the growing interest in alternative medicine? How are vulnerable populations affected by these changes?

2. How have recent changes to the health care system affected the delivery of institutional services as compared to community health services?
3. How can we explain persistent health inequality despite a system of universal health care access in Canada?
4. What are five new concepts you learned through taking the course?
5. What concepts relating to community health have you clarified?
6. What personal learning objectives did you achieve during the course? What learning objectives have you yet to accomplish? How will you accomplish these objectives?

Required Readings

1. Bryant, Raphael & Rioux. (2010). Chap 17.
2. Commission on Social Determinants of Health. (2008). Chap 16-17.
3. Department of Health and Community Services Strategic Plan 2011 – 2014 http://www.health.gov.nl.ca/health/publications/DHCS-Strategic-Plan.pdf

Suggested Readings

4. Bryant, Raphael & Rioux. (2010). Chap 7, 8, 13. 14, 15, 17.
5. Government of Newfoundland and Labrador, Department of Health and Community Services. (2002). Healthier Together: A Strategic Plan for Newfoundland and Labrador. St. John's, NL: Author. http://www.gov.nf.ca/health/strategichealthplan/

Evaluation Rubric for Critical Reviews/Case Studies†

- ❑ title page formatted according to citation style
- ❑ submission includes review of readings assigned for the seminar topic
- ❑ full bibliographic information appears in reference list
- ❑ identifies the type of article or video
  (primary research; review; theoretical paper; editorial; documentary)
- ❑ identifies the methodology/method for primary research papers
- ❑ summarizes the key points, findings or concepts, or central argument for each reading
- ❑ allocates equal or greater space to critique than to the summary overview of readings
- ❑ discusses critically the strengths and weaknesses of the author(s)' argument
- ❑ discusses critically the issues relevant to the case study
- ❑ relates the readings to the case study
- ❑ provides examples or cites the text to support observations or critical comments
- ❑ identifies relevance and practical/theoretical implications of readings or video for week's topic
- ❑ critique balances author(s)' framework, perspective against personal framework, perspective or bias
- ❑ makes links or connections across readings and course content
- ❑ uses citation style consistently throughout text
- ❑ avoids normative statements (e.g. people should use this approach…)
- ❑ avoids sweeping generalizations (e.g. the world would be a better place if…)
- ❑ defines key terms relevant to week's topic and wherever appropriate
- ❑ ensures writing style and content are appropriate to graduate level
- ❑ ensures non-sexist, non-racist, non-homophobic content
- ❑ ensures spelling and grammar are correct
- ❑ maximum 4-page length

Additional Comments

Grade

† Elements are not equally valued. Marks are neither awarded nor deducted for the presence or absence of an element on a point-for-point basis.

Division of Community Health and Humanities
MED-6270: Introduction to Epidemiology

Feb

Instructors:

Dr. James Valcour
Room HSC 2836, Telephone: 777-2377
email: James.Valcour@med.mun.ca

Dr. Shabnam Asghari
Primary Healthcare Research Unit Room 425 , Telephone: 777-2142
email: Shabnam.Asghari@med.mun.ca

COURSE OBJECTIVES:

This course is designed to provide the students with an understanding of the basic concepts, principles and methods of epidemiology, and its application in the practice of public health and preventive medicine.

At the end of the course, students are expected to:

1. know the basic terminology used in epidemiology
2. understand how epidemiologic studies contribute to understanding disease etiology and designing prevention strategies
3. be able to understand and critique epidemiological studies in the literature
4. be able to generate research ideas with a population perspective
5. be able to perform computations commonly used in epidemiological research

This is a required introductory epidemiology course in Community Health and Humanities and for the Master's of Public Health. You are not expected to have any background in epidemiology, but require knowledge of basic mathematical skill, including logarithmic and exponential functions. Generally, there are two streams of research interests among students – quantitative and qualitative, which give us a variety of perspectives on the topics of epidemiology. For students with quantitative research interest, this course is a prerequisite for course MED6275 (Epidemiology II or advanced quantitative research methods) in the winter semester.

The main method of instruction will be via weekly lectures, discussions, in class exercises and student presentations. Additionally, weekly reading will be assigned from the textbook and in some cases supplemental reading will also be given. Discussions and questions about presented material explored using the Desire2Learn (D2L) software (web-based instruction software offer via MUN). The D2L system will be one of the primary communication tool used within the context of the course. Please ensure that you have been provided with a login to D2L.

COURSE EVALUATION

1) 3 assignments	5% each (15% Total)
2) Education Project	20%
3) Mid-Term examination	30%
4) Final examination	35%

1) Assignments: Assignments will consist of mainly computational exercise, but may also include essay-type questions. All assignments are expected to be typed and presented in a professional manner. Equations can be typed inline (e.g. "40/20 = 2") or you can use an equation editor (there are numerous tutorials and how-to sites that you can search the internet for). **Please turn in assignments using the "Dropbox" in D2L.**

2) Education Project: The goal of this project is to educate the public on an epidemiological concept. A list of potential topics will be provided. A more detailed breakdown of the project will be provided.

3) Mid-Term and Final examinations

Exams will consist of multiple choice and short essay-type questions. Some computations are required and a hand-held pocket calculator is all you need for this purpose. All exams will be open book in nature.

COURSE TEXT BOOK:

Required

Aschengrau A, Seage GR. Essentials of epidemiology in public health. Sudbury, Mass.: Jones and Bartlett Publishers, 2008. (in the MUN bookstore now). A number of copies of the textbook are on reserve in the Library, but this can also be order online from Indigo or Amazon.

SUGGESTED REFERENCE BOOKS

1. Young TK. Population health: concepts and methods. New York, N.Y.: Oxford University Press, 2005._ Young is a professor at the University of Toronto and his book was used as textbook for this course from 2005-2008.

2. Raphael D. Social determinants of health : Canadian perspectives. Toronto: Canadian

Scholar's Press, 2009:xviii, 475 p

3. Rothman KJ, Greenland S, Lash TL. Modern epidemiology. Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins, 2008:x, 758 p

4. Dohoo I, Martin SW, and Stryhn H. Veterinary Epidemiologic Research. Charlottetown PE: VER Inc., 2010.

5. Kleinbaum DG, Sullivan KM, Barker ND. A pocket guide to epidemiology. New York: Springer, 2007:281 p

6. Last JM, ed. A Dictionary of Epidemiology. 4th ed. New York: Oxford University Press 2001. Internet access available to MUN users from http://qe2a-proxy.mun.ca/login?url=http://www.oxfordreference.com/views/BOOK_SEARCH.html?book=t235

7. Last J. A Dictionary of Public Health. New York: Oxford, 2007.

8. Elwood M. Critical Appraisal of Epidemiological Studies and Clinical Trials. New York, N.Y.: Oxford University Press, 2002.

9. Gordis L. Epidemiology. Philadelphia: W.B. Saunders Company, 1996.

10. Greenberg RS, Daniels SR, Flanders WD, Eley JW, Boring JR. Medical Epidemiology. New York, N.Y.: Lange Medical Books/McGraw-Hill, 2005.
Internet access available to MUN users from Access Medicine
http://qe2a-proxy.mun.ca/Login?url=http://www.accessmedicine.com/resourceTOC.aspx?resourceID=12

11. Detels R, Beaglehole R, Lansang M.A., Gulliford M. Oxford Textbook of Public Health. Oxford University Press, 2009 Internet access available to MUN users from STATREF! http://online.statref.com/Document.aspx?SessionID=15CA363CHNSPWGXI&docAddress=4vzoV6koiGdZKwVChER0Jw%3d%3d

12. Koepsell TD, Weiss NS. Epidemiologic Methods: Studying the Occurrence of Illness. New York, N.Y: Oxford University Press, 2003.

13. Mausner JS, Kramer S. Epidemiology - An Introductory Text. 2nd edition. WB Saunders: Toronto; 1985. This was the text book used in the past for this course and many copies are in the library.

14. Yarnell J. Epidemiology and prevention : a systems-based approach. Oxford ; New York: Oxford University Press, 2007.

OTHER REFERENCES:

Morabia Alfredo A. History of Epidemiologic Methods and Concepts, Birkhauser verlag, Basel, 2004.

Fletcher RH, Fletcher SW, Wagner EH. Clinical Epidemiology - the Essentials, 3rd edition. William and Wilkins: Baltimore, 1996.

Gerstman BB. Epidemiology kept simple: an introduction to classic and modern epidemiology. Wiley: New York, 1998.

Greenberg RS, Daniels SR, Flanders WD, Eley JW and Boring JR. Medical Epidemiology, 2nd edition. Appleton & Lange: Norwalk, 1996.

Health Research Ethics Board (HREB) policy Manual http://www.hrea.ca/getdoc/4b67c90b-6dd8-4be5-8bfb-6391aa74789c/Policy-Manual-June-30-2011-(FINAL).aspx

Hennekens CH and Buring JE. Epidemiology in Medicine. Little, Brown: Boston, 1987.

Hulley SB, Cummings, SR, Browner WS, Grady D, Hearst N, Newman TB. Designing clinical research, An epidemiologic approach, 2nd edition. Lippincott, Williams & Wilkins: Philadelphia; 2001

Medical Research Council of Canada, Natural Sciences and Engineering Research Council of Canada, Social Sciences and Humanities Research Council of Canada. Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans; 1998.

Memorial University. Policy on Ethics of Research Involving Human Participants; 2003

Memorial University. Policy Statement on Integrity in Scholarly Research; 2001

Morris JN. Uses of Epidemiology, 3rd edition. Churchill Livingstone: New York, 1975.

Rothman KJ. Epidemiology: An introduction. Oxford University Press: New York, 2002.

Sackett DL, Haynes RB, Guyatt GH, and Tugwell P. Clinical Epidemiology. A basic science for clinical medicine, 2nd edition. Little, Brown: Toronto, 1991.

Streiner DL, Norman GR. PDQ Epidemiology, 2nd edition. Mosby: Toronto, 1996.

Woodward CA and Chambers LW. Guide to Improved Data Collection in Health and Health Care Surveys. CPHA: Toronto, 1982.

Woodward CA and Chambers LW. Guide to Questionnaire Construction and Question Writing. CPHA: Toronto, 1983.

References for Research Ethics

Health Research Ethics Board (HREB) policy Manual
http://www.hrea.ca/getdoc/4b67c90b-6dd8-4be5-8bfb-6391aa74789c/Policy-Manual-June-30-2011-(FINAL).aspx

Memorial HREB suggested readings:
(http://www.hrea.ca/getdoc/f3cdfdff-d8c3-467f-8500-b531b31e4c45/HREB.aspx)

Tri- Council Policy Statement on Research involving Human Subjects (TCPS2) Section A. Research Requiring REB Review:
http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/Default/

Good Clinical Practice: Consolidated Guideline; ICH Topic E6 Article 4.4 Communication with IRB/IEC/REB:
http://www.hc-sc.gc.ca/dhp-mps/prodpharma/applic-demande/guide-ld/ich/efficac/e6-eng.php#a2.0

CIHR Best Practices for Protecting Privacy in Health Research:
http://www.cihr-irsc.gc.ca/e/29072.html

CIHR Guidelines for Health Research Involving Aboriginal People:
http://www.cihr-irsc.gc.ca/e/29134.html

LECTURE SCHEDULE

Date	Room	Topic	Book Chapters		
Jan 11	Computer Lab B	Approaches to Epidemiology and Sources of Epidemiological Data	Chapter 1	JV	
Jan 18	Computer Lab B	Measures of Disease Frequency	Chapter 2	JV	
Jan 25	Computer Lab B	Compare Disease Frequency/Causation	Chapters 3 & 15	JV	-Assignment 1 handed out
Feb 1	Computer Lab B	Study Design I – Cross Sectional and Descriptive Studies	Chapters 5 & 6	SA	-Assignment 1 DUE
Feb 8	Computer Lab B	Study Design II – Case-Control and Cohort Studies	Chapter 8 & 9	SA	-Project: Justification DUE
Feb 15	Computer Lab B	Study Design III – Randomized Control Trials	Chapter 7	SA	-Assignment 2 handed out
Feb 22	**Midterm Break – No Class**				
Feb 29	Computer Lab B	Mid-Term Examination			
Mar 7	Computer Lab B	Bias and Random Error	Chapter 10 & 12	SA	-Assignment 2 DUE
Mar 14	Computer Lab B	Confounding and Effect Modification / Ecologic Studies	Chapters 11, 13 and Supplemental Readings	JV	
Mar 21	Computer Lab B	Critical Appraisal of Epidemiological Literature	Chapter 14	SA	
Mar 28	Computer Lab B	Screening Tests	Supplemental Readings	SA	-Project part 2: DUE -Assignment 3: Handed out
Apr 4	H2862	Sample Size Calculation / Student Presentations	Supplemental Readings	JV	-Assignment 3: DUE -Project: Presentations
Apr 11	Computer Lab B	Final Examination			

SA – Dr. Shabnam Asghari
JV – Dr. James Valcour

Course Outline (Winter 2012)
6275 Epidemiology II

January - April 2012
Mondays 2:00 PM - 5:00 PM

INSTRUCTORS: **Drs. Catherine Donovan, Marshall Godwin, Peter Wang, Michael Woods, and Yanqing Yi**

COORDINATORS:

Dr. P. Peter Wang
Room: HSC 2850, Telephone: (709) 777-8571
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COURSE AIMS AND OBJECTIVES

To broaden the scope of epidemiology and gain deeper understanding in quantitative issues that arise in the planning, analysis, and interpretation of epidemiologic research studies.

DESCRIPTION

This course is designed for Ph.D candidates and MSc students in the epidemiology or biostatistics stream. An introductory epidemiology or an equivalent course is a pre-requisite. This course explores some key epidemiologic concepts in more depth and introduces a number of commonly used analytical methods that are not covered in Epidemiology I (6270). This course is a pre-requisite for Epidemiology III, which will be introduced in 2012. SAS is the recommended software used for this course. However, students can choose other software such as SPSS and STATA to finish required assignments.

FORMAT AND EVALUATION:

13 in-class lectures or tutorial sessions and 5 assignments

Assignments:	75% (15% each)
Class participation including attendance and discussion:	15%.
Presentation:	10%.

TEXTBOOK

This course heavily relies on handouts, suggested websites, and assigned papers. However, the book *Epidemiology beyond the Basics* by Szklo, M. and Nieto is likely to be used more often than others.

RECOMMENDED (OPTIONAL) READINGS

1. Elwood JM. Critical appraisal of epidemiological studies and clinical trials. Oxford; New York: Oxford University Press, 2007.
2. Rothman KJ, Greenland S. Modern epidemiology. 2nd ed. Philadelphia, PA: Lippincott-Raven; 1998.
3. Kleinbaum DG. Applied regression analysis and other multivariable methods. 3rd / ed. Pacific Grove: Duxbury Press; 1998.
4. Dohoo I, Martin W, Stryhn H. Veterinary Epidemiologic Research, AVC Inc. Charlottetown, 2003.
5. Singer JD, Willett JB. Applied Longitudinal Data Analysis – Modeling change and event occurrence. Oxford University Press, 2003.
6. Hatcher L. A step-by-step approach to using the SAS system for factor analysis and structural equation modeling. Cary, N.C.: SAS Institute, 1998
7. Hair JF, Anderson RE, Tatham RL, William CB. Multivariate data analysis with readings. 4th ed. Englewood Cliffs, N.J.: Prentice Hall; 1998.
8. Selvin S. Statistical analysis of epidemiologic data. New York, 1996.
9. Stokes ME, Davis CS, Koch GG. Categorical Data Analysis using SAS system, SAS Institute Inc., 1996
10. Woodward, Mark. *Epidemiology: study design and data analysis*. Boca Raton, FL: Chapman & Hall/CRC Press, 2ed, 2005, ISBN:1-58488-415-0. 872 pp.

OTHER REQUIRED READINGS

To the extent possible, articles and chapters referred to in each lecture will be posted on the course website. Students should be guided by the objectives of each lecture to focus on those parts of the readings that are most relevant.

EVALUATION

Assignments (5 assignments, 15 to 30 marks each)

SCHEDULE OF LECTURES

1	January 16	Tutorial SAS	Mr. J. Squires
2	January 23	Linear regression and logistic regression (I) (**First assignment sent out**)	Dr. Y. Yi

3	January 30	Linear regression and logistic regression (II)	Dr. Y. Yi
5	February 6	Study designs in Analytical Epidemiology (I) (**First assignment due and second assignment sent out**)	Dr. P Wang
6	February 13	Group discussion Study designs in Analytical Epidemiology (II)	Dr. P. Wang
7	February 20		Dr. P. Wang
8	February 27	Student presentation on assignment 2 (Group 1) Confounding, Mediation and Interaction (I) (**Second assignment due and third assignment sent out**)	
8	March 5	Group discussion Confounding, Mediation and Interaction (II)	Dr. P. Wang
12	March 12	Student presentation on assignment 3 (group 2) Meta Analysis (**Third assignment due and fourth assignment sent out**)	Dr. M. Godwin
4	March 19	Infectious diseases in Canada and outbreak investigation	Dr. C. Donovan
9	March 26	Life table and survival analyses (I) (**Fourth assignment due and final assignment sent out**)	Dr. P. Wang
10	April 2	Life table and survival analyses (II)	Dr. P. Wang
11	April 9	Life table and survival analyses (III)	Dr. P. Wang
13	April 15	Introduction to Genetic Epidemiology (**Course review and Final**	Dr. M. Woods

Assignment due)

Note: Additional tutorials will be embedded during the course as necessary.

MED 6275 Epidemiology II Assignment 1

1. The attached Excel file contains real data from a time series study examining lung cancer incidence trends over time (ecological study) conducted in Tianjin, China.

Sex:	1=male, 2=female
Agegrp:	Age group based on age at diagnosis
Cohort:	Mid year of birth
Countb:	Number of lung cancer cases in a given category
Pop:	Period, age and cohort specific population size (corresponding to COUNT)

1.1 Based on examples and reading material provided in class produce age-cohort and period-cohort figures for both males and females.

1.2 Examine the effects of age, period and birth cohort and explain your results.

2. The following study was conducted to compare the incidence of mortality among female nurses and alcohol consumption. Registered nurses were mailed questionnaires asking about known or suspected risk factors for cancer or coronary heart diseases. Every four years, participants were asked about the frequency of consumption of food and beverages, including alcohol, during the past 12 months. The National Death Index was searched for subjects who did not return questionnaires. Death certificates were examined and classified, using ICD-8 codes, into various types of death. The following data on age, alcohol consumption and death due to any cause were compiled into the following table:

		Low to Moderate Alcohol Consumption	**High Alcohol Consumption**
<50 years	**Dead**	318	131
	Alive	3950	5891
>= 50 years	**Dead**	1294	228
	Alive	2160	2102

2.1 What type of observational study design was conducted?

2.2 Was it risk based or rate based? Why?

2.3 Ignoring **age**, calculate and interpret the appropriate measure of association.

2.4 Calculate (and interpret) the appropriate measure of association controlling for the effects of age.

2.5 Do you see any problems with type of analysis conducted here? If yes, why?

3. A study was recently conducted to examine possible risk factors for the transmission of the Hepatitis B virus in Cario, Egypt. Between 2002 and 2008, males presenting with acute symptoms of Hepatitis B infection were tested for anti-Hepatitis B IgM titres and classified as Hepatitis B positive if the titre was more than twice the cut-off for a positive titre. Cases were matched by age with controls who were negative for Hepatitis B, but positive for Hepatitis A or were the relative of a Hepatitis C patient in a 1:1 matched case-control study design. Each of the cases and control were administered a questionnaire about risk factors for Hepatitis B infection. One-hundred and sixteen (116) cases had been shaved at a barber's and 96 controls had. There data were broken down as follows:

		Control positive	**Control negative**	
Case	**Positive**	82	34	96
	Negative	14	19	33
		116	53	149

3.1 What type of observational study is this? (hint: included directionality and study based characteristics.)

3.2 Calculate the appropriate odds ratio and interpret?

3.3 Is it significant?

3.4 Use the internet or a statistical friend to find the formula to calculate a 95% confidence interval for the odds ratio. State and calculate a 95% around the odds ratio calculated in question 3.2. (If you can't find the formula after giving it a good effort, email me and I will give it to you).

Bonus Questions

Define or explain the following two terms:

a) 95% Confidence Interval
b) *p*-value

You can use the internet, stats textbooks, or statistical friends to answer the bonus questions.

MUN 6275 Winter 2012 Assignment II: (100%)

Questions 1A, 2, and 3 are due by April 20, Question A2 is due by April 9.

Question 1A. Critical appraisal (35%)

Published health studies contain valuable information, but they often vary greatly in quality. Critical appraisal of this literature is important to identify and separate useful from useless information. The purpose of this assignment is to apply your knowledge and skills to scrutinize and interpret published work. You are required to choose one from the four assigned articles below, all of which are consistent with the 4th lecture topic (health survey).

1. Kadaoui, N., et al., *Breast cancer screening practices for women aged 35 to 49 and 70 and older.* Can Fam Physician, 2012. **58**(1): p. e47-53. (Survey Study)
2. Anderson, L.N., et al., *Passive Cigarette Smoke Exposure During Various Periods of Life, Genetic Variants, and Breast Cancer Risk Among Never Smokers.* Am J Epidemiol, 2012. (Case-control study)
3. Park, B., et al., *Ecological study for refrigerator use, salt, vegetable, and fruit intakes, and gastric cancer.* Cancer Causes Control, 2011. **22**(11): p. 1497-502 (Ecological study)
4. Quesnel-Vallee, A. and M. Taylor, *Socioeconomic pathways to depressive symptoms in adulthood: Evidence from the National Longitudinal Survey of Youth 1979.* Soc Sci Med, 2011. (Cohort study?)

Your critique should be typed and no more than 800 words; you may choose the format and style you prefer. To assist you to finish this part of this assignment, I have prepared a check-list for each corresponding study design highlighting some important elements that are often relevant to health surveys. However, I must say that the check-lists are not intended to be exhaustive and some listed items may not necessarily be relevant to the paper you have picked.

The format of critique may vary according to the type of assigned paper, but will normally consist of:

1. a brief background of the paper
2. the objective and hypothesis implicitly or explicitly stated in the paper
3. the study design and its appropriateness for addressing the research question
4. measurements and outcomes
5. appropriateness of the author's conclusions
6. strengths and weaknesses of the paper.

The check-list for reviewing a health survey study is provided below. Check-lists for other study designs can be found at CASP weblink: Critical Appraisal of Epidemiological http://online.mun.ca/d2l/lms/content/preview.d2l?tId=875018&ou=87985

Question 1B. (10%)

For this part of the assignment, you are asked to write a letter to the editor commenting on a newly published original full-length research paper (in the past 12 months) in the journal of interest. In terms of the journal and the paper you will pick, the choices are entirely yours (not necessarily from the list I have provided). However, the journal you pick must be peer-reviewed.

You are asked to hand-in by April 9:
1) a copy of the very letter you have submitted and;
2) a copy of letter, email, or proof from the journal acknowledging that your submission has been received.

There will be **10** bonus points if your letter is accepted by April 15, 2012. Apparently, an early start gives you a big advantage.

Question 2. (30%)

In the early 1980s, a group of researchers (group A) studied some 25,000 pregnant mothers who were undergoing certain regular material blood tests around 16 weeks of gestation. At that time, the researchers asked each pregnant woman to complete a questionnaire about her use of vitamins or nutritional supplements during early pregnancy. All women were followed through the end of pregnancy. They found that 3.3 per 100 babies had a neural tube defect (NTD) among mothers who had not taken a folic acid supplement during the first six weeks of pregnancy, compared with only 0.9 per 100 babies for women who had taken a folic acid supplement during the same period. At approximately the same time period, another group (group B) of researchers identified 347 babies with NTDs who were live born or stillborn from 1968 through 1980 and compared them with two control groups of babies without NTDs:

Control group 1) babies born in the same period without birth defects randomly selected through birth certificates;
Control group 2) babies born with birth defects other than a neural-tube defect.

Telephone interviews were conducted with mothers of babies in the two groups. The results suggest that among mothers whose baby had a neural tube defect, 6.9% had taken multivitamins regularly during the three months before and three months after conception, compared to 14.5% among mothers of babies with no birth defect. Findings using the second comparison group were similar.

- **a)** What study designs did the research groups A and B use?
- **b)** What epidemiological measures would you use to assess the strength of association between multivitamin use and neural tube defect? Provide your calculations.
- **c)** What characteristics of neural tube defects made it attractive to study them with a case-control design?
- **d)** How did research group A adapt their study to deal with the relatively low birth prevalence of NTDs?

e) Which one of the two studies was more susceptible to biased exposure assessment? Why? What did the researchers do to deal with the problem?

f) Based on what you have learned from this course, identify and explain two possible limitations each of the two studies may have had.

g) Suggest a research design that could help further establish a causal relationship. There is no need to justify your choice for this question.

Question 3 (25%). In the early 1970s, Ziel and co-workers assessed the risk of endometrial cancer among estrogen users by employing a 1:2 matched case-control design. As shown in the table below, there were 94 triples (i.e. 94 cases and 94x2=188 controls).

Distribution of triples by use of estrogens				
Cases' use of estrogen	Controls' use of Estrogen Both	One	Neither	Total
Used	1	16	37	54
Not used	0	11	29	40
Total	1	27	66	94

3.1 a) Assess the risk of endometrial cancer associated with estrogen use without breaking the matched data structure; b) calculate the corresponding 95% C.I. the point risk estimate you have just derived.

3.2 a) Ignore the matching structure of the data (i.e. treating the data as if they were from un-matched case-control study) and re-calculate the point risk estimate; b) calculate the corresponding 95% C.I. for the point risk estimate you have just derived.

3.3 Compare the two risk estimates and comment accordingly.

HINTS: 1) You are encouraged to read the original paper (not provided with this assignment) if you feel it is necessary. 2) You are required to choose the risk estimates that you feel are right. 3) You are encouraged to figure out (whatever means, books, googling internet) how to calculate the 95% C.I. associated with the two risk estimates. If you are still unable to get the necessary formulas for the 95% CI calculations after reasonable efforts, please contact me.

Question 1. For each of the four data sets below,
a. calculate the mean, SD, correlation coefficient, and regression of Y on X
b. Plot the four datasets using SAS PROC GPLOT
c. Comment on your results,

HINT: As this is a very small dataset, it would be easier to read the data directly using INPUT command. Parts a and b must be finished using SAS. You are asked to provide the SAS codes used for questions 1a and 1b.

```
1 10.0 8.04
2 8.0  6.95
3 13.0 7.58
4 9.0  8.81
5 11.0 8.33
6 14.0 9.96
7 6.0  7.24
8 4.0  4.26
9 12.0 10.84
10 7.0 4.82
11 5.0 5.68

12 10.0 9.14
13 8.0  8.14
14 13.0 8.74
15 9.0  8.77
16 11.0 9.26
17 14.0 8.10
18 6.0  6.13
19 4.0  3.10
20 12.0 9.13
21 7.0  7.26
22 5.0  4.74

23 10.0 7.46
24 8.0  6.77
25 13.0 12.74
26 9.0  7.11
27 11.0 7.81
28 14.0 8.84
29 6.0  6.08
30 4.0  5.39
31 12.0 8.15
32 7.0  6.42
33 5.0  5.73

34 8.0  6.58
35 8.0  5.76
36 8.0  7.71
37 8.0  8.84
38 8.0  8.47
```

```
39 8.0  7.04
40 8.0  5.25
41 19.0 12.5
42 8.0  5.56
43 8.0  7.91
44 8.0  6.89
```

Question 2. The attached Excel file contains the real data from a time-series study examining lung cancer incidence trends over time (ecological study) conducted in Tianjin, China.

Sex: 1=male, 2=female
Agegrp: Age group based on age at diagnosis
Cohort: Mid year of birth
Countb: No. of lung cancer cases in given category
Pop: Period, age, and cohort specific population size (corresponding to COUNT)

1. Based on examples and reading materials provided in the class produce age-cohort, period-cohort figures for both males and females

2. Examine the effects of age, period, and birth cohort and explain your results

This question can be finished with MS-Excel without using SAS. You may find the following three papers helpful.

1) Chen KX, Wang PP, Hao XS, et al. "Has lung cancer incidence rate reached its peak?" Twenty-year lung cancer incidence trend analysis based a Chinese urban population. Lung Cancer 2006;51:13-9.
2) Hao XS, Wang PP, Chen KX, et al. Twenty-year trends of primary liver cancer incidence rates in an urban Chinese population. Eur J Cancer Prev 2003;12:273-9.
3) Wang PP, Cao Y. Incidence trends of female breast cancer in Saskatchewan, 1932-1990. Breast Cancer Res Treat 1996;37:197-207.

Question 3.
In a study researchers used a series of questions to measure the impact of cancer on people's quality of life.

Q3. Suppose variables F1-F10, F12-F16 are the items used to measure people's quality of life in cancer patients, use appropriate statistics to evaluate whether the 15 items represent the same underlying concept and explain why.

Q4. a. Based on your evaluation of items F1-F10 and F12-F16, select appropriate items, derive a summation score for quality of life and justify your decision. b. Use a multivariate regression analysis to examine the effects of cancer type, age, sex, level of education on quality of life. c. discuss your results.

Variable definitions:

How much do you think your illness and its associated treatment affects you in the following aspects?

F1: Health; F2: Diet (eating and drinking); F3: Work; F4: Physical activities and exercises;
F5: Reading and listening to music; F6: Financial situation; F7: Spousal relationship; F8: Sex life; F9: Family relationship; F10: Social activities; F12: Self-esteem; F13: Belief and religion; F14: Community work; F15: Neighbour relationship; F16: Household work.

All variables were measured on a Likert scale from 1 (not very much) 2, 3, 4, 5, 6,7(very much).
Definitions for other variables, please read my previous SAS code handouts.

To help you with some background information, I provide you the following reference, which was derived from the very data set you work with.

Li W, Chen KX, Halfyard B, Li HX, Qian BY, Wang PP. Validation Study of the Chinese version of the Illness Intrusiveness Ratings Scale. J Psychosom Res 2011;70:67-72.

Question 4: While a large body of literature suggests that Newfoundland and Labrador has one of the highest obesity/overweight prevalence in this country, little is known on the prevalence in children. The only study on this topic that was published in a peer-reviewed journal (CMAJ 2004;171(3):240-2) was from Canning PM. However, Canning's study was limited to pre-school children (aged 3-5 years) and it was about 10 years ago. Suppose you are asked by NL minster of health to conduct a research estimating the prevalence of overweight/obesity in children.

1. What kind of research design will you use?
2. How do you define the study population?
3. What kind of sampling method will you use?
4. What problems can non-respondents cause? What will you do about them?
5. In addition to body weight and height, what other information do you think you will collect? Why?
6. How many study participants are needed in your study? --- Sample size calculation. (3 Bonus points).
7. What factors will affect your sample size calculation?

It is my intention to make this question as practical as possible. Thus, you have great latitude to make your decisions on issues such as age, sex, estimated variance, and precision of estimates. However, you are expected to justify/explain your decision. Ethical and cost are important concerns for studies like this. At this stage, they need not to be discussed. Sample size calculation has to be performed manually. However, you

can always use a statistical software to verify your calculation. In this regard, Epi-Info seems to be a good pick. http://wwwn.cdc.gov/epiinfo/

Good Luck!

Epidemiology II (MUN 6275) 2012 Assignment 4

(Due date: April 20, 2012)

In this assignment, you are asked to solve a number of practical questions using survival analyses. As I am fully aware this assignment means an arduous task in the next few weeks, you can either work independently or work as a group (2-3 people) for the entire assignment or part of it.

Question 1.

A. Using the Excel spreadsheet example for women as a guide, and the data for Canadian men on the same spreadsheet, please calculate the following:

1.The probability of surviving 10 years for a Canadian male 1998/99 of age x, for x=0, 5, 10, 15, 20, 25 and 30. Show your calculations here.

2.The diabetes-deleted health-adjusted life expectancy at birth for men. Briefly comment your results and attach a version of the Excel spreadsheet that you use to make the calculation.

Question 2.

In clinical studies investigators are often interested in the time until participants in a study present a specific event or endpoint. This event usually is a clinical outcome such as death, cure disappearance of a tumor, etc.

A physician wants to determine if the new drug (drug A) is better than the old one (drug B) in treating a serious infectious condition. In this his study, twenty patients were assigned into two groups (N1=10， N2=10) based on patients' choice. While patients entered into the study on different days, the researchers tried to keep them in the hospital until a "cure" was verified or until the end of the study (28 days after entering the study for each patient). However, during the study, a number of patients withdrew from the study before the study was finished and 3 patients died from the disease of interest. The data of this study are provided in table 1.

Q2.1 Based on the information provided, construct two life tables for the two study groups. For this part of the question, you can use MS-Excel or other similar software of your choice.

Q2.2 Using necessary information you have got from the life tables, manually produce two separate Kaplan-Meier curves for the two groups.

Q2.3 Estimate median survival time for the two groups from the Kaplan-Meier curves you have made.

Q2.4 Perform a log-rank test

Q2.5 Based on the results you have, can you draw a conclusion in terms of which drug is better? Why (list two reasons)?

Table 1. Hypothetical example of 20 patients treated for an infectious disease in a clinical study

Individual	Treatment	Starting day	Day last seen	Last known status
1	A	June 1	June 24	Not cured
2	A	June 1	June 7	Cured
3	A	June 1	June 21	Cured
4	A	June 2	June 20	Cured
5	A	June 2	June 16	Cured
6	A	June 2	June 17	Cured
7	A	June 4	June 9	Cured
8	A	June 4	June 10	Cured
9	A	July 2	July 19	Cured
10	A	July 3	July 9	Cured
11	B	June 1	June 29	Not cured
12	B	June 1	June 12	Not cured
13	B	June 1	June 16	Cured
14	B	June 2	June 20	Dead
15	B	June 2	June 26	Cured
16	B	June 2	June 20	Cured
17	B	June 4	June 9	Dead
18	B	June 4	June 30	Cured
19	B	July 2	July 25	Not cured
20	B	July 3	July 29	Dead

Question 3.

A group of researchers investigate factors associated with tumor recurrence after surgical resection for hepatocellular carcinoma (HCC) using retrospectively collected data. A total of 1,157 of HCC patients undergoing hepatic resection between 1998 and 2003 were included in this study. While the participants were recruited at various time points

(defined according to the surgical operation date), the study was stopped a single fixed day (December 31, 2003).

Along with this assignment, a SAS format dataset and the variable definitions provided.

Variable definitions

x1	Number	Patient ID
x2	Sex	1=M, 2=F
x3	Age	Years
x4	Child	Three level nominal variable indicating types of surgical operation
x5	Cirrhosis	1=yes, 0=no
x6	Diameter	Main tumor nodule size
x7	No. of nodules	
x8	tumor capsule	1=presence 0=absence
x9	Blood transfusion	1=yes, 0=no
x10	Vascular invasion	1=yes, 0=no
x11	Recurrence	Tumor recurrence 1=Yes, 0=0
x12	Recurrence time	Time from surgical operation to recurrence (month)
x13	Status at the end of the study	0=alive, 1=deceased
x14	Survival time (month)	Defined as the time interval from surgical operation to death.

Q3.1 If the study primary interest is on disease-free survival time (free from liver cancer after surgical operation until its recurrence), which variable would be an indicator for censoring status?

Q3.2 Using KM techniques to assess if survival curves are different by sex and diameter. Perform log-rank tests and plot survival curves.

1) Develop a model containing covariates that associated with disease free survival and interpret the fitted model.

2) Based on the model you have developed, assess the appropriateness of the proportional hazards assumption both graphically and analytically.

Hints: 1) “Event is defined as tumor recurrence” rather than “death” in this study.

a. Variable “X4:Child”, “X9: Transfusion” and “X7: No. of nodules” can be ignored.
b. The requirement for this assignment is slightly beyond what has been covered in the class, you may need to do a little additional reading on this topic.
c. Send an e-mail or come to see me if you have any questions.

Question 4: Interpretation of survival curves: examples from the medical literature

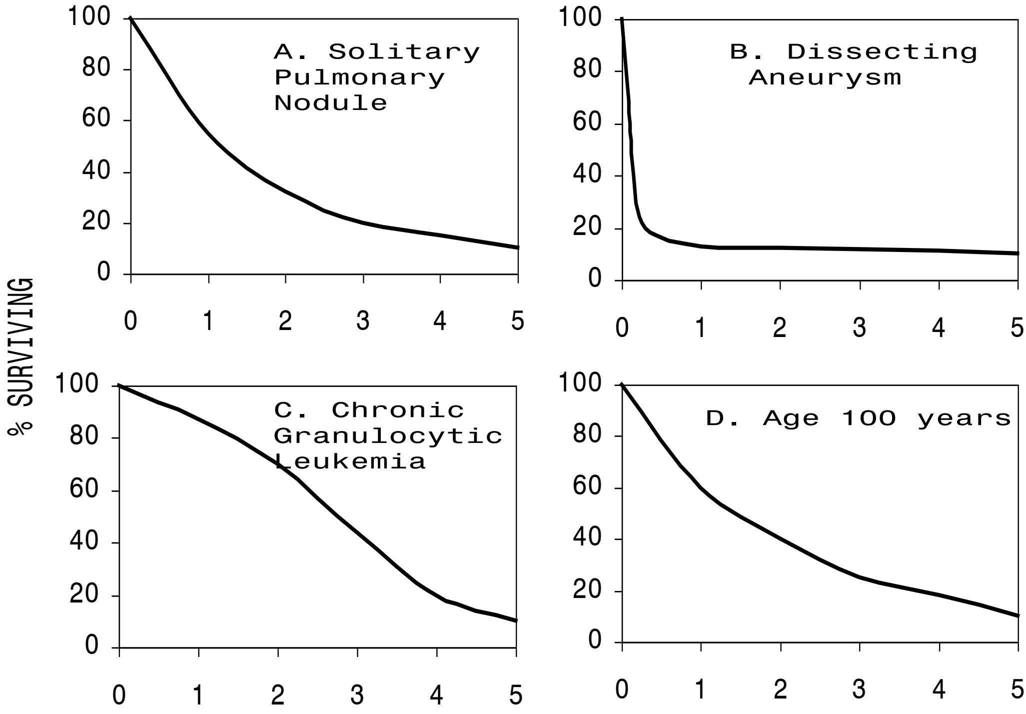

Figure 1.A limitation of 5-year survival rates: four conditions with the same 5-year survival rate of 10%. Source: Fletcher RH. Clinical epidemiology. 1988.

Please look at the four survival curves presented in Figure 1.
a) What can you say about the differences in survival between these conditions?

b) Which curve is the most preferable, given that, in each condition, only 10% of the cohort are alive at 6 years?

MED6280: Community Health Research Methods

Seminar: Every Wednesday 2-5pm commencing September 7, 2011
Location: HSC 2767 with other locations during the semester (see weekly outline)
Professors: **Diana L. Gustafson MEd PhD**
Voice Mail: 777-6720
Office Hrs: HSC 2834 Wed 12-1:30pm and by prior appointment
E-mail: diana.gustafson@med.mun.ca
Rick Audas PhD
Voice Mail: 777-7395
Office Hrs: HSC 2840 Wed 12.30-2.00 and by prior appointment
E-mail: raudas@mun.ca

Course Description

This course introduces research methods appropriate to the investigation of community health issues and problems. By reading and critiquing peer-reviewed literature and completing individual and group activities, students will develop an understanding of when and how to use qualitative, quantitative and mixed research methods, and the assumptions and rules for ensuring well-developed, rigorous and systematic inquiry. The emphasis will be on developing and enhancing skills in research design and critical analysis.

Prerequisite

This is required course for all students enrolled in MSc(Med) program and is normally required for PhD students. Students who are not enrolled in a community health program require the permission of the instructor.

Precondition for Advanced Course

This course is a prerequisite for MED6294: Advanced Qualitative Methods and MED 6275: Advanced Quantitative Methods

Required Texts

Each week there is a list of required and additional readings drawn from the required text or on-line sources.

1. Green J and N Thorogood. (2009) Qualitative Methods for Health Research (2nd ed.). London: Sage.

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Course Competencies

At the successful completion of this course, you will be able to:

1. Generate working definitions of the technical vocabulary used in qualitative and quantitative research;
2. Critically review the theoretical assumptions and principles underpinning qualitative and quantitative research paradigms;
3. Identify the purpose, strengths and limitations of qualitative and quantitative approaches to health research;
4. Identify some of the ethical considerations in health research;
5. Describe some of the most common qualitative data collection and analysis methods such as interviews, focus groups, participatory action research, and textual and historical sources;
6. Describe some of the most common quantitative data collection and analysis methods using surveys, questionnaires, and observational studies, and descriptive and inferential statistics;
7. Discuss critically some of the contemporary debates in community health research design;
8. Communicate, verbally and in writing, a cogent, scholarly, and critical assessment of the research design presented in published health literature; and
9. Demonstrate a working knowledge of research design by developing a basic research proposal for a health issue of interest to you.

Students with Special Needs

If you have a documented disability or require accommodation to obtain equal access to this course, please meet with me at the beginning of the semester or check out the services available through the Glenn Roy Blundon Centre .

Other Recommended Resources for Students

For help with writing skills, contact the Writing Centre in SN 2053 or call 737-3168 early in the semester. There are a variety of workshops and a free drop-in service to assist graduate students with a variety of learning needs such as writing a scholarly critique of a journal article or video.
For help with specific personal concerns or other difficulties that are preventing you from doing your academic best, get confidential help by contacting the University Counselling Centre at 737-8874 or by going to the Smallwood Centre, 5th floor, Rm. 5000.

Academic Misconduct

The University Community has a collective responsibility to maintain a high level of academic integrity. It is your responsibility to be aware of and engage in appropriate academic behaviour. Academic misconduct takes many forms and includes, but is not limited to plagiarism, submitting a product prepared in whole or in part by another person, buying or selling term papers and submitting the same piece of work for academic credit. For more details, consult the University calendar policy 2.4.12. If you need further clarification, make an appointment with a librarian or someone in the Writing Centre.

Evaluation of Student Performance

Evaluation of all activities will be based on the following guidelines:

92-100 Reserved for outstanding work that provides clear evidence of a rare talent for the subject and of an original and/or incisive mind. Assignments are of the highest quality and demonstrate outstanding comprehension and synthesis of material as well as highly sophisticated analytical and critical thinking; Points are always clearly articulated and easy to follow. Always prepared to actively participate in class activities. Offers original, precise, accurate, thoughtful responses to questions and promotes an outstanding level of critical discussion.

85-91 Awarded for superior work that provides clear evidence of a certain flair for and comprehension of the subject. Assignments demonstrate excellent understanding of material as well as sophisticated analytical and critical thinking; Points are clearly articulated and easy to follow. Almost always prepared to actively participate in class activities. Offers accurate and thoughtful responses to questions and promotes a superior level of critical discussion.

75-84 Recognizes competent work that is accurate, organized and thoughtful without being distinguished. Assignments demonstrate a sound grasp of the material and some evidence of critical thinking; Points are generally well articulated. Usually prepared to participate in class activities; Responds well to most questions and contributes to a good quality discussion. This is the level of performance expected of and achieved by most graduate students.

65-74 Represents work of that meets minimum requirements. Quality of work suffers from occasional incompleteness or inaccuracy. Assignments demonstrate basic or minimal grasp of the material; Typically summarizes material with little or no analysis or critical reflection; Points that are raised may be underdeveloped, inaccurate, incomplete, unsupported or poorly articulated. Often unprepared or inadequately prepared to participate in class activities. Demonstrates some difficulty responding to questions. May impede critical discussion.

0-64 Represents work that does not meet the minimum requirements. Assignments are incomplete, inaccurate, poorly organized. Lacking basic familiarity with course materials or ability to engage critically. Little or no evidence of preparation. Demonstrates significant difficulty responding to questions. Impedes, disrupts or detracts from critical discussion. Students who consistently perform at this level will not be awarded credit for satisfactory completion of this course.

Written activities and oral activities give you the opportunity to demonstrate your understanding and ability to integrate, evaluate and apply basic principles and concepts of community health. Assignment of letter grades will be in accordance with the MUN School of Graduate Studies guidelines. Normally, students must pass or achieve 65% in EACH component of the course to successfully complete the course.

All written assignments are due at the beginning of class. Late submissions will be subject to penalty. All graded assignments will be returned at the end of class. If you are unable to attend class, submit an e-copy of your assignment. It is your responsibility to ensure that e-assignments have been received.

Assignments and Distribution of Grades

Statement of research interest	P/F
Research question	10%
Ethics exercise	10%
Search strategy, databases	15%
Critical appraisal of qualitative health research article	15%
Critical appraisal of quantitative health research article	15%
Oral defense of research proposal	10%
Written research proposal	25%

Critical Appraisal of Published Health Research Articles (30% of final mark)

This **two-part assignment** will enhance your ability to critically review community health literature. You will submit a critical assessment of each of two assigned health research articles: one on an article that describes a **qualitative research design** and the other that describes a **quantitative research design**. Critical appraisal will be **3-5 pages** (double-spaced, Times Roman 12 font, 1" margins). You will receive feedback on your ability to apply course content to the critical evaluation of the trustworthiness of the research design. You will also receive feedback on the formatting, organization, clarity and succinctness of your review. A grading rubric is attached.

Research Proposal

You will develop a basic research proposal on a health issue of interest to you that demonstrates your working knowledge of how to design a sound research project that is likely to produce credible and trustworthy findings. This is a **six-part iterative** assignment. At each step you are expected to demonstrate your understanding of course content by referring to the required and additional readings to support the construction of your design. At each stage you will receive feedback that you are expected to incorporate into the next step in the assignment.

NB: If you have already written a research proposal that has been reviewed/accepted by your supervisory committee, you will be expected to develop a distinct proposal based on another (possibly related) health issue with a different design. Failure to explicitly distinguish between products submitted for evaluation for this class and products for which you have already received formal feedback or academic credit constitutes academic misconduct.

1. Statement of research interest — Pass/Fail

Identifying an area of interest to you is the first step in the research endeavour. This **formative** assignment requires that you identify a topic of interest to you and specify your relationship to that topic. Because this topic will be the foundation for all future assignments in this course, you will **not** be permitted to change your topic. Therefore, choose a topic related to community health that will hold your attention for the semester. You will submit a **one-page** (double-spaced, Times New Roman12 font, 1" margins) statement indicating a health-related issue, problem or question of interest to you, why you are curious about this issue, your relationship to the issue, why it is an important issue, problem or question, and how it relates to community health. An assignment that is submitted on time and demonstrates reasonable effort will constitute a pass.

2. Research Question 10%

A research question indicates clearly and succinctly the issue you want to explore and why. Building on the content and feedback from the previous assignment, you will submit a **3-page** (double-spaced, 12 font, 1" margins) statement that indicates the focus of your proposed research. State 2-3 specific questions that you want to address and the rationale for investigating this issue. Indicate the project's theoretical drive (inductive/discovery or deductive/confirming), your methodological assumptions and proposed research design.

3. Search Strategy and Mini-Literature Review 15%

A literature review is another step in the research endeavour and will help you organize your thinking about your topic of interest, clarify, formulate and focus your research question, identify contentious issues and gaps in the literature, and direct your investigation. **HINT**: Focus on one narrow aspect of your research question to demonstrate that you understand and can undertake a search strategy and thematically present a literature review.

This assignment has three-parts:

a) your search strategy;
b) your reference list; and
c) a mini-literature review

The search strategy component is a **two-page** (double-spaced, 12 font, 1" margins) outline that includes your research question, the guiding concept you used to formulate your strategy, the search strategy, the database(s) used, and a succinct discussion of why you used this approach.

The reference list consists of at least **ten** (10) references related to your research question(s).

The **three-page** (double-spaced, 12 font, 1" margins) mini-literature review critically and thematically summarizes the literature that comprises your reference list. This overview provides the theoretical grounding as well as the relevance, significance and rationale for your proposed research.

4. Ethics Exercise 10%

This is a **two-part** assignment:

a. Review the Tri-Council Ethics Policy: http://pre.ethics.gc.ca/policy-politique/tcps-eptc/docs/TCPS%20October%202005_E.pdf
b. Complete the Tri-Council Tutorial (~ 2 hours) and print a copy of the certificate. http://www.pre.ethics.gc.ca/english/tutorial/
c. Submit a **2-3 page** (double-spaced, 12 font, 1" margins) summary of the ethical issues raised by your proposed research along with the tutorial certificate.

5. Proposal – Oral Defense 10%

The **15-minute** oral defense of your proposal will **focus primarily on the research method** you have chosen. You will be expected to demonstrate your understanding of the data collection technique or data source, why it is a suitable method for your research question, the strengths and limitations of the method, and the practical challenges involved in using that approach to your research question.

You will be evaluated on the clarity of your presentation, your familiarity with the method, and your ability to respond to questions from faculty and peers.

6. Proposal –Written Submission 25%

You will submit a **15-page** (excluding title page and reference list) research proposal based on your original research question and the work you have completed to date. You will incorporate the recommendations received in previous assignments and in your oral defense.

Weekly Outline

NB: Weekly Seminar Topics are subject to change

Date	Seminar Topic	Assignments Due
Wk 1 **Sep 7** **HSC2767**	Course Overview; Epistemology, ontology and theoretical drive in health research	
Wk 2 **Sep 14** **Computer Lab B**	The essence of qualitative research: intro to research design	**Statement of research interest**
Wk 3 **Sep 21** **HSC2767**	Developing a search strategy Appraising health literature. Characteristics of credible & trustworthy qual research	
Wk 4 **Sep 28** **HSC2767**	Responsibilities, ethics and values	**Research question**
Wk 5 **Oct 5** **2J619**	The essence of quantitative research: hypothesis testing and intro to research design	
Wk 6 **Oct 12** **HSC2862**	Measurement in health: Characteristics of credible & trustworthy quant research	**Search strategy and mini-lit review**
Wk 7 **Oct 19** **HSC2767**	Empirical quantitative approaches in health I: Data sources	
Wk 8 **Oct 26** **HSC2767**	Empirical quantitative approaches in health II: Intro to statistical analysis	**Ethics assignment**
Wk 9 **Nov 2** **HSC2767**	Generating qualitative data I: Data sources and methods (observation and documentary sources)	
Wk 10 **Nov 9** **HSC2862**	Generating qualitative data II: Data sources and methods (interviews and focus groups)	**Critical appraisal of quantitative study**
Wk 11 **Nov 16** **2J619**	Analyzing qualitative data (thematic analysis)	
Wk 12 **Nov 23** **HSC2767**	Oral defense of proposal	**Critical appraisal of qualitative study**
Wk 13 **Nov 30** **HSC2767**	Oral defense of proposal Consolidation	Written proposal due Nov 30 for those who presented in Wk 12. Written proposal due Dec 7 for those who presented in Wk 13

Weekly Outline Revised to meet Learning Needs of Students in Fall 2011

NB: Weekly Seminar Topics are subject to change

Date	Seminar Topic	Assignments Due
Wk 1 **Sep 7** **HSC2767**	Course Overview; Epistemology, ontology and theoretical drive in health research	
Wk 2 **Sep 14** **Computer Lab B**	The essence of qualitative research: intro to research design	**Statement of research interest**
Wk 3 **Sep 21** **Computer Lab B**	Developing a search strategy Appraising health literature. Characteristics of credible & trustworthy qual research	
Wk 4 **Sep 28** **Computer Lab B**	Responsibilities, ethics and values	**Research question**
Wk 5 **Oct 5** **Computer Lab B**	The essence of quantitative research: hypothesis testing and intro to research design	
Wk 6 **Oct 12** **Computer Lab B**	Measurement in health: Characteristics of credible & trustworthy quant research	**Search strategy and mini-lit review**
Wk 7 **Oct 19 Computer Lab B**	Empirical quantitative approaches in health I: Data sources	
Wk 8 **Oct 26 Computer Lab B**	Empirical quantitative approaches in health II: Intro to statistical analysis	**Ethics assignment**
Wk 9 **Nov 2 HSC 2862**	Generating qualitative data I: Data sources and methods (observation and documentary sources)	
Wk 10/ Nov 9 **Computer Lab B**	Generating qualitative data II: Data sources and methods (interviews and focus groups)	**Critical appraisal of quantitative study**
Wk 11 Nov 16 **Computer Lab B**	Analyzing qualitative data (thematic analysis)	
Wk 12 **Nov 23 HSC 2j619**	Oral defense of proposal	**Critical appraisal of qualitative study**
Wk 13 **Nov 30 Computer Lab B**	Oral defense of proposal Consolidation	Written proposal due Nov 30 for those who presented in Wk 12. Written proposal due Dec 7 for those who presented in Wk 13

Wk 1: Course Overview; Epistemology, ontology and theoretical drive in community health research

The first component of this seminar will provide an overview of this course and the expectations for scholarly work. Throughout this program, students are evaluated on their critical understanding of the key concepts and principles relating to the design and implementation of community health research. Oral and written activities are designed to evaluate that knowledge. Assignments in this course provide you with an opportunity to develop your skills in presenting your ideas in scholarly, professional and community venues.

The second component of this seminar will introduce you to some basic concepts and principles in community health research.

Learning Outcomes

1. Generate working definitions of the technical vocabulary used in research;
2. Critically review the theoretical assumptions and principles underpinning research paradigms;
3. Discuss critically some of the contemporary debates in community health research design;
4. Demonstrate a working knowledge of research design by developing a basic research proposal for a health issue of interest to you.

Readings

1. Bryant, Raphael & Rioux (2009). Staying alive (2nd ed.). Chapter 5 (hard copy available from Darlene Tobin)

Possible Points of Discussion

1. Define the following concepts: research, theory, methodology, research method, epistemology, ontology, knowledge production, community, objectivity, subjectivity, qualitative research, quantitative research, mixed methods research.
2. Visualize the research pathway and design components.
3. Identify your general area of research interest and how it relates to community or public health.
4. What makes knowledge authoritative? legitimate?

Wk 2: The essence of qualitative research: intro to research design

Learning Outcomes

1. Generate working definitions of the technical vocabulary used in qualitative research;
2. Critically review the theoretical assumptions and principles underpinning qualitative research paradigms;
3. Identify the purpose, strengths and limitations of qualitative approaches to health research;
4. Discuss critically some of the contemporary debates in community health research design;
5. Communicate, verbally and in writing, a cogent, scholarly, and critical assessment of the research design presented in published health literature; and
6. Demonstrate a working knowledge of research design by developing a research question.

Required Readings

1. Green J and N Thorogood Chapters 1 & 2

Additional Readings

2. Carter, S., & Little, M. (2007). Justifying knowledge, justifying method, taking action: Epistemologies, methodologies, and methods in qualitative research. Qualitative Health Research, 17, 1316-1328.

Learning Activity

1. Define concepts: methodology, method, research paradigm, research design, collaboration, collaborative intent.
2. Figure #1: Discuss research pathway and design components
3. Critically reflect on weekly readings.
4. Consider the implications of your proposed research in light of the week's readings.
5. Worksheet #2: is this a good research question?

Possible Questions for Discussion

1. What are the steps in doing research?
2. What does it mean to "start from where you are?"
3. Who does research?
4. What research should be done? What research should not be done?
5. Who decides what research should be done?

Wk 3: Developing a search strategy; Appraising health literature Characteristics of credible and trustworthy qualitative research

Learning Outcomes

At the successful completion of this course, you will be able to:

1. Generate working definitions of the technical vocabulary used in qualitative research;
2. Critically review the theoretical assumptions and principles underpinning qualitative research paradigms;
3. Identify the purpose, strengths and limitations of qualitative approaches to health research;
4. Discuss critically some of the contemporary debates in community health research design;
5. Communicate, verbally and in writing, a cogent, scholarly, and critical assessment of the research design presented in published health literature; and
6. Demonstrate a working knowledge of research design by developing a basic research proposal for a health issue of interest to you.

Required Readings

1. Green J and N Thorogood Chapter 9, 11
2. Fossey, E., Harvey, C., McDermott, F. & Davidson, L. (2002). Understanding and evaluating qualitative research. Australian & New Zealand Journal of Psychiatry, 36(6): 717-732.

Exemplar

3. Risdon, C., Cook, D. & Willms, D. (2000). Gay and lesbian physicians in training: a qualitative study. CMAJ, 162(3), 331-334.

Additional Reading

4. Starks, H. & Trinidad, S.B. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. Qualitative Health Research, 17(10), 1372-1380.

Learning Activities

1. Discuss your critical reflections on the weekly readings.
2. Be prepared to discuss the ways that you will ensure trustworthiness in the development of your research project.
3. Worksheet #3: Design Issue – Risdon, Cook & Willms.
   a. Discuss the design of the qualitative research described in the exemplar.
4. Be prepared to discuss a design issue that you are facing in establishing a sound research design.

Wk 4: Responsibilities, ethics and values

Learning Outcomes

1. Generate working definitions of the technical vocabulary used in qualitative and quantitative research;
2. Identify some of the ethical considerations in health research;
3. Discuss critically some of the contemporary debates in community health research design;
4. Communicate, verbally and in writing, a cogent, scholarly, and critical assessment of the research design presented in published health literature; and
5. Demonstrate a working knowledge of research design by developing a basic research proposal for a health issue of interest to you.

Required Readings

1. Green J and N Thorogood Chapter 3
2. Karnieli-Miller, O., Strier, R., & Pessach, L. (2009). Power relations in qualitative research. Qualitative Health Research, 19(2), 279-289.
3. Tri-Council Ethics Policy: 2nd edition

Exemplars

1. Chalmers, B. 2007. How ethical is international perinatal research? Issues in perinatal care, 34(3), 191-193.
2. McCoyd, J.L.M. 2008. "I'm not a saint": Burden assessment as an unrecognized factor in prenatal decision making. Qualitative Health Research, 18(11), 1489-1500.

Learning Activities

1. Worksheet #6: Ethical issues in health research
   a. Discuss the ethical issues evident in the exemplars.
2. Complete the Tri-Council Tutorial (~ 2 hours). http://www.pre.ethics.gc.ca/english/tutorial/
3. Print out the certificate and submit with your ethics assignment.

Wk 5: The essence of quantitative research: Introduction to research design and hypothesis testing

This seminar introduces students to the nature of positivist quantitative investigation (hypothesis testing) and also examines a range of research design strategies (with a focus on strengths and limitations of each). Special attention will be given how research design has an effect bias.

Learning Outcomes

1. Generate working definitions of the technical vocabulary used in quantitative research;
2. Critically review the theoretical assumptions and principles underpinning quantitative research;
3. Identify the purpose, strengths and limitations of quantitative approaches to health research;
4. Describe some of the most common quantitative data collection and analysis methods using surveys, questionnaires, and observational studies, and descriptive and inferential statistics;
5. Communicate, verbally and in writing, a cogent, scholarly, and critical assessment of the research design presented in published health literature; and
6. Demonstrate a working knowledge of research design by developing a basic research proposal for a health issue of interest to you.

Required Readings

1. Bahn, S and Mausner, J. (1985) Epidemiology: An Introductory Text, 2nd ed., W.B. Saunders Company. Analytic Studies Chap 7, 154-194.

Additional Readings

2. Etches, Frank, xx and Manuel. (2008). Review of indicators. xx

Exemplar

3. Ogborne, A.C. & Smart, R.G. 2001. Public opinion on the health benefits of moderate drinking: Results from a Canadian national population health survey. Addictions, 96, 641-649.

Learning Activities

1. Discuss your critical reflections on the weekly readings.
   a. What is effect bias?
2. Be prepared to discuss the ways that you will ensure trustworthiness in the development of your research project.
3. Critique the design of the quantitative research described in the exemplar.
4. Be prepared to discuss a design issue that you are facing in establishing a sound research design.

Wk 6: Measurement in health: Characteristics of credible and trustworthy quantitative research

Learning Outcomes

1. Generate working definitions of the technical vocabulary used in quantitative research;
2. Critically review the theoretical assumptions and principles underpinning quantitative research;
3. Identify the purpose, strengths and limitations of quantitative approaches to health research;
4. Describe some of the most common quantitative data collection and analysis methods using surveys, questionnaires, and observational studies, and descriptive and inferential statistics;
5. Discuss critically some of the contemporary debates in community health research design;
6. Communicate, verbally and in writing, a cogent, scholarly, and critical assessment of the research design presented in published health literature; and
7. Demonstrate a working knowledge of research design by developing a basic research proposal for a health issue of interest to you.

Required Readings

1. McDowell, I. (yr). Theoretical and Technical Foundations of Health Management. Measuring Health (Chap 2, pp. 10-54).

Exemplars

2. Hopman, W., et al. (2009). Health-related quality of life in Canadian adolescents and young adults: Normative data using the SF-36. Canadian Journal of Public Health, 100(6): 449-452.

3. Maximova, K. & Krahn, H. (2010). Health status of refugees settled in Alberta: Changes since arrival. Canadian Journal of Public Health, 101(4): 322-325.

4. Üstün, B., et al. (2010). Developing the World Health Organization Disability Assessment Schedule 2.0. Bulletin of the World Health Organization, 88: 815–823.

Learning Activities

1. Define concepts of internal validity, external validity and bias.
2. Examine how health status is measured.
3. Explore and discuss objective and subjective measures of health.
4. Critique the design of the quantitative research described in the exemplar.

Wk 7: Empirical quantitative approaches in health I: Data sources

Learning Outcomes

1. Describe some of the most common quantitative data collection and analysis methods using surveys, questionnaires, and observational studies, and descriptive and inferential statistics;
2. Discuss critically some of the contemporary debates in community health research design;
3. Communicate, verbally and in writing, a cogent, scholarly, and critical assessment of the research design presented in published health literature; and
4. Demonstrate a working knowledge of research design by developing a basic research proposal for a health issue of interest to you.

Required Readings

1. Bowling, A. (2002) Research Methods in Health Second Edition. Open University Press
    a. Chapter 8, Surveys p.194-201.
    b. Chapter 11, Data Collection Methods, p 257-272.

Exemplars

2. Edwards, N and Audas R (2010). Trends of abnormal birthweight among full-term infants in Newfoundland and Labrador. Canadian Journal of Public Health, 101(2): 138-142.

3. Kemp et al., (2010). Determinants of self-reported medical underuse due to cost. Journal of Health Services Research Policy, 15(2): 106-114.

Learning Activities

1. Identify and discuss the various sources of health information and explore how they can be used by community health researchers.
2. Describe the difference between primary and secondary data sources and their relative strengths and weaknesses of each.
3. To discuss the various ways in which primary data can be collected.

Wk 8: Empirical quantitative approaches in health II: Intro to statistical analysis

Learning Outcomes

1. Describe some of the most common quantitative data analysis methods using descriptive and inferential statistics;
2. Discuss critically some of the contemporary debates in community health research design;
3. Communicate, verbally and in writing, a cogent, scholarly, and critical assessment of the research design presented in published health literature; and
4. Demonstrate a working knowledge of research design by developing a basic research proposal for a health issue of interest to you.

Required Readings

1. Audas, R (2011) Course Notes (to be provided).

Exemplars

2. Pouliou, T. & Elliott, S. (2010). Individual and socio-environmental determinants of overweight and obesity in urban Canada. Health & Place, 16: 389–398

3. Rutherford, M., et al. (2009). Access to health care and mortality of children under 5 years of age in the Gambia: a case–control study. Bulletin of the World Health Organization, 87:216–224

Learning Activities

1. Examine how statistical analysis can be used to answer quantitative research hypotheses.
2. Use exemplars to discuss features of statistical analysis.

Wk 9: Generating qualitative data I: Data sources and methods Observation & documentary sources

Learning Outcomes

1. Generate working definitions of the technical vocabulary used in qualitative research;
2. Describe some of the most common qualitative data collection methods such as observation and documentary sources;
3. Communicate, verbally and in writing, a cogent, scholarly, and critical assessment of the research design presented in published health literature; and
4. Demonstrate a working knowledge of research design by developing a basic research proposal for a health issue of interest to you.

Required Readings

1. Green J and N Thorogood Chapters 6 & 7

Exemplar

2. King, M., Munt, R. & Eastwood, A. 2007. The impact of a postgraduate diabetes course on the perceptions Aboriginal health workers and supervisors in South Australia. Contemporary Nurse, 25(1/2), 82-93.

Wk 10: Generating qualitative data II: Data sources and method Interviews and focus groups

Learning Outcomes

1. Generate working definitions of the technical vocabulary used in qualitative research;
2. Describe some of the most common qualitative data collection methods such as interviews and focus groups;
3. Communicate, verbally and in writing, a cogent, scholarly, and critical assessment of the research design presented in published health literature; and
4. Demonstrate a working knowledge of research design by developing a basic research proposal for a health issue of interest to you.

Required Readings

1. Green J and N Thorogood Chapters 4 & 5

Exemplars

2. Cleary, J., Barhman, R., MacCormack, T. & Herold, E. (2002). Discussing sexual health with a partner: a qualitative study with young women. The Canadian Journal of Human Sexuality, 11(3-4), 117-132.
3. Hermanowicz, J. (2002). The great interview: 25 strategies for studying people in bed. Qualitative Sociology, 25(4): 479-499.
4. Wang, W., Thompson, D. R., Chair, S. Y. & Twinn, S. F. 2008. Chinese couples' experiences during convalescence from a first heart attack: a focus group study. Journal of Advanced Nursing, 61(3), 307-315.

Wk 11: Analyzing qualitative data (thematic analysis)

Learning Outcomes

1. Describe some of the most common qualitative data analysis methods;
2. Discuss critically some of the contemporary debates in community health research design;
3. Communicate, verbally and in writing, a cogent, scholarly, and critical assessment of the research design presented in published health literature; and
4. Demonstrate a working knowledge of research design by developing a basic research proposal for a health issue of interest to you.

Required Readings

1. Green J and N Thorogood Chapter 8
2. Ziebland, S. & McPherson, A. 2006. Making sense of qualitative data analysis: an introduction with illustrations from DIPEx (personal experiences of health and illness). Medical Education, 40(5), 405-414.

Exemplar

3. Buckley, C. & Waring, M. (2009). The evolving nature of grounded theory: experiential reflections on the potential method for analyzing children's attitudes towards physical activity. International Journal of Social Research Methodology, 12(4), 317-334.

4. Gould J, C Sinding, T Mitchell, DL Gustafson, I Peng, P McGilllicuddy, MI Fitch, J Aronson, & L Burhanstippanov. (2009). "Below their notice": Exploring women's subjective experiences of cancer system exclusion. *Journal of Cancer Education*, 24: 308-314.

Additional Readings

5. Baxter, S., Killoran, A., Kelly, M. P. & Goyder, E. (2010). Synthesizing diverse evidence: the use of primary data analysis methods and logic models in public health reviews. Public Health, 124(2), 99-106.

Wks 12& 13: Consolidation and Oral defense of proposal

NB: Written proposals are due 1 wk after oral defense.

COURSE: M6294 ADVANCED QUALITATIVE METHODS
INSTRUCTOR: NATALIE BEAUSOLEIL, PHD
COURSE OUTLINE
WINTER 2012
THURSDAYS 2-5

BACKGROUND:
This course is addressed to graduate students enrolled in the MSC and PhD programs in the Division of Community Health and Humanities who will be focusing their research on qualitative methodologies. It is also open to any MUN graduate student interested in community health research provided that they are initially approved by the Instructor. Normally, students will have completed M6280 (Research Methods in Community Health) before enrolling in this course.

AIMS:
The overall aims of the course are:
(1) To facilitate an advanced reflection on the part of students about the theoretical, epistemological, ethical and political issues underlying different forms of qualitative health research, methodologies and methods
(2) To give the opportunity to students to learn practically about some methods and analytic strategies

FORMAT:
The course will include a mixture of lectures, group discussions and practical exercises. Students are required to read the material ahead of time and to participate in class discussions.

COURSE TEXTS:
We will use the following books as well as a number of other texts (journal articles). In the attached course outline I list the required readings. I may make changes as we go. There has been an explosion of qualitative research in journals and new books and articles are being published all the time (see Sage Publishing for instance). I encourage you to regularly check the following journals from the library: Social Science and Medicine, Sociology of Health and Illness, Qualitative Health Research, Qualitative Research in Sport and Exercise, Women and Health, etc.

Required books:
Hesse-Biber, A. N. and P. Leavy (eds) (2004) *Approaches to qualitative research: a reader on theory and practice*. New York, Oxford: Oxford University Press.

David Silverman (ed) (2011) Qualitative Research *Third Edition*. Thousand Oaks/London: Sage.

Green, J. and N. Thorogood (2009) Qualitative methods for health research. 2nd edition. Thousand Oaks/London: Sage.

Books on reserve in the Health Sciences Library for our course:

Denzin, N & Y Lincoln (2011*) The Sage Handbook of Qualitative Research*. 4th edition. Thousand Oaks/London: Sage.

Butler-Kisber (2010) *Qualitative inquiry: thematic, narrative and arts-informed perspectives*. Thousand Oaks/London: Sage.

EVALUATION:

Presentation to begin discussion of specific approaches or methods. Synthesis of required readings and use of additional articles to illustrate, use of discussion questions, etc 15%

Written observation of in-class interviews or focus groups 15%

February 23: presentation of research exercise using two interviews or one focus group 15%

Due March 1: Written assignment: report on practical exercise using two interviews or one focus group 25%

Individual Creative Journal/Essay due end of term 30%

(10-15 pages essay, journal or artistic piece reviewing the course, identifying major issues, commenting on particular approaches and studies and describing personal reaction to the course. You may use one or a combination of exercises in Richardson=s article to do this creative piece).

Session 1, January 5: Course Overview
Session 2, January 12: Introduction to Qualitative Methods
Session 3, January 19: Observation, self-reflexivity and the new Ethnography
Session 4, January 26: Individual and group interviews
Session 5, February 2: Narratives and stories of health and illness
Session 6, February 9: Analyzing qualitative data
February 16 No class
Session 7, February 23: Student presentations
Session 8, March 1: Feminist research
Sessions 9 and 10, March 8 and March 15: Institutional ethnography, action research and the politics of knowledge
Session 11, March 22: Analyzing documents and visual data
Session 12, March 29: Bringing together experience and texts I: discourse analysis, cultural studies and institutional ethnography
Session 13, April 5: Bringing together experience and texts II: discourse analysis and cultural studies in critical obesity scholarship

Session 1, January 5: Course Overview

Session 2, January 12: Introduction to Qualitative Methods

Required readings:
Hesse-Biber, A. N. and P. Leavy (eds) (2004) Approaches to qualitative research: a reader on theory and practice. New York, Oxford: Oxford University Press.
Distinguishing qualitative research
Ch 1 E. G. Guba and Y. S. Lincoln Competing paradigms in qualitative research: theories and issues
Ch. 22 Richardson: writing a method of inquiry

Denzin, N & Y Lincoln *(2011) The Sage Handbook of Qualitative Research*. 4th edition. Thousand Oaks/London: Sage.
Ch 6 Paradigmatic controversies… Lincoln, Lynkam and Guba

Silverman, D. (2011) Introducing qualitative research. In Silverman, D. (Ed.) *Qualitative research: theory, method and practice*. 3rd edition. Thousand Oaks/London: Sage

Suggested reading:
Denzin, N & Y Lincoln *(2011) The Sage Handbook of Qualitative Research*. 4th edition. Thousand Oaks/London: Sage.
Ch 1 to Ch 3

Kvale, S. (1995) The social construction of validity. *Qualitative Inquiry*, 1(1): 19-40.

Session 3, January 19: Observation, self-reflexivity and the new Ethnography

Required readings:
Hesse-Biber, A. N. and P. Leavy (eds) (2004) Approaches to qualitative research: a reader on theory and practice. New York, Oxofrd: Oxford University Press.
Ch 21 The art and politics of interpretation, N. K. Denzin
Ch 20 A end to innocence, J Van Maneen
Ch7 “You still taking notes?” B. Thorne

David Silverman (ed) (2011) Qualitative Research *Third Edition*. Thousand Oaks/London: Sage.
Ch. 2 Ethnography, G. Gobo
Ch 23 Ethic and qualitative research, A ryen

Ferrari, Manuela(2010) 'My journey through my Qualifying Exam using reflexivity and resonant text:'what I know'; 'how I know it'; and 'how I experience it'', Reflective Practice, 11: 2, 217 — 230 DOI: 10.1080/14623941003665844

Suggested readings:
Denzin, N & Y Lincoln *(2011) The Sage Handbook of Qualitative Research*. 4th edition. Thousand Oaks/London: Sage.
Ch 4 to Ch 5, Ch 9 to ch 14, ch. 24, ch34 to ch 43

Wekker, G.(2006) The politics of passion: women's sexual culture in the Afro-Surinamese diaspora. New York: Columbia University Press.
Ch. 1 No tide, no tamara/not today, not tomorrow: Miss Juliette Cummings life history

Emerson, R. M. and M. Pollner (2002) Difference and dialogue: Members' readings of ethnographic texts. In D. Weinberg (Ed.) Qualitative Research Methods. Blackwell.

Emerson, R. M., R.I. Fretz, and L.L. Shaw (1995), Writing Ethnographic Fieldnotes. Chicago and London: University of Chicago Press.

Saukko, P. (2003) Doing research in cultural studies. Sage.
Ch. 3 New ethnography and understanding the Other.

Session 4, January 26: Individual and group interviews

Required readings:
David Silverman (ed) (2011) Qualitative Research *Third Edition*. Thousand Oaks/London: Sage.
Ch. 8 The inside and the outside, Miller and GLassner
Ch 9. Animating intervidew narratives, Holstein and Gubrium
Ch 10 Analysing focus group data, Wilkinson
Ch 11 Discursive psychology, Potter

Hesse-Biber, A. N. and P. Leavy (eds) (2004) Approaches to qualitative research: a reader on theory and practice. New York, Oxford: Oxford University Press.
Ch. 9 Depth interviewing, Miller and Crabtree
Ch 13 Focus group, Morgan

Suggested readings:
Rapley, T. (2004) Interviews. In Seale, Gobo, Gubrium and Silverman (Eds.) *Qualitative Research Practice*. Thousand Oaks/London: Sage.

Mathieson, C. (1999) Interviewing the ill and the healthy. In Murray, M. & Chamberlain, K. (eds.) *Qualitative Health Psychology: Theories and Methods.* London: Sage

Denzin, N & Y Lincoln *(2011) The Sage Handbook of Qualitative Research*. 4th edition. Thousand Oaks/London: Sage.
Ch 30 Performative autoethnography

Session 5, February 2: Narratives and stories of health and illness

Required readings:
Thomas-MacLean, Roanne (2004) Understanding breast cancer stories via Frank's narrative types. *Social Science & Medicine* 58: 1647-1657.

Frank, Arthur (2001) Can we research suffering? *Qualitative Health Research* vol 11 no3: 353-362

Frank, Arthur (1998) Just listening: narrative and deep illness *Families, systems & health* Vol 16 no3: 197-216

Butler-Kisber (2010) Qualitative inquiry: thematic, narrative and arts-informed perspectives. Sage. Ch 5

David Silverman (ed) (2011) Qualitative Research *Third Edition*. Thousand Oaks/London: Sage.
Ch 17 What's different about narrative inquiry? Kohler Riessman

Carol Thomas (2008) Cancer narratives and methodological uncertainties *Qualitative Research* 8: 423-433 DOI: 10.1177/1468794106093638

Suggested readings:
Denzin, N & Y Lincoln *(2011) The Sage Handbook of Qualitative Research*. 4th edition. Thousand Oaks/London: Sage.
Ch 25

Murray, M. (1999) The storied nature of health and illness. In Murray, M. & Chamberlain, K. (eds.) *Qualitative Health Psychology: Theories and Methods.* London: Sage

Porter, Marilyn and Hasan, Tita Marlita (2003) 'Exploring Perspectives in Narrative Research: An Indonesian Case Study', Canadian Review of Sociology and Anthropology Vol. 40. No. 2, May 2003, pp. 153-170

Session 6, February 9: Analyzing qualitative data

Required readings:
Hesse-Biber, A. N. and P. Leavy (eds) (2004) Approaches to qualitative research: a reader on theory and practice. New York, Oxofrd: Oxford University Press.
Charmaz, K. ch 23 Grounded theory
Borland Ch. 24 "That's not what I said": interpretive conflict in oral narrative research

David Silverman (ed) (2011) Qualitative Research *Third Edition*. Thousand Oaks/London: Sage.
Ch 10 Analysing focus group data, Wilkinson
Ch 15 Some pragmatics of qualitative data analysis, Rapley
Ch 16 Grounded theory and credibility, Charmaz and Bryant

Butler-Kisber (2010) Qualitative inquiry: thematic, narrative and arts-informed perspectives. Sage. Chs 1 to 4

Mauthner, N. And A. Doucet (1998) Reflections on a voice-centred relational method. In J. Ribbens & R. Edwards (eds) *Feminist Dilemmas in Qualitative Research*. Thousand Oaks: Sage.

Starks, H and S. Brown Trinidad *(2007)* Choose Your Method: A Comparison of Phenomenology, Discourse Analysis, and Grounded Theory *Qual Health Res* 17: 1372 DOI: 10.1177/1049732307307031- 1380

February 16 No class

Session 7, February 23: Student presentations

Session 8, March 1: Feminist research

Required readings:
Denzin, N & Y Lincoln *(2011) The Sage Handbook of Qualitative Research*. 4th edition. Thousand Oaks/London: Sage.
Ch 7-8

Hesse-Biber, A. N. and P. Leavy (eds) (2004) Approaches to qualitative research: a reader on theory and practice. New York, Oxofrd: Oxford University Press.
Ch 2 Overcoming dualisms, Sprague and Zimmerman
Ch 11 Beginning where we are, Anderson, Armitage, Jack, Wittner

David Silverman (ed) (2011) Qualitative Research *Third Edition*. Thousand Oaks/London: Sage.
Ch 3 Using ethnography to study gender, Buscatto

Thomas-MacLean, R. J. Poudrier, and C. Brooks (2008) *Envisioning the Future with Young Aboriginal Breast Cancer Survivors*. Atlantis: A Women's Studies Journal

Suggested readings:

Poudrier, J. and J. Kennedy (2007) *Embodiment and the Meaning of the 'Healthy Body': An Exploration of Aboriginal Women's Perspectives of Healthy Body Weight and Body Image*, Journal of Aboriginal Health, 4(1):15-24

Hesse-Biber, S. N (2007) Handbook of feminist research: theory and praxis. Thousand Oaks/London: Sage. See in particular:
Ch. 1 Feminist research: exploring the interconnections of epistemology, methodology, and method
Ch 7 From theory to method and back again: the synergistic praxis of theory and method
Ch 8 Toward understandings of feminist ethnography
Ch 9 Feminist interviewing: experience, talk and knowledge
Ch 14 Participatory and action research and feminisms: toward transformative praxis
Ch 16 Feminisms, grounded theory, and situational analysis
Ch 17 Emergent methods in feminist research
Ch 19 Institutional ethnography: from a sociology for women to a sociology for people
Ch 25 Holistic reflexivity: the feminist practice of reflexivity
Ch 40 Future directions of feminist research: new directions in social policy- the case of women's health

Sessions 9 and 10, March 8 and March 15: Institutional ethnography, action research and the politics of knowledge

Required

Smith, G. W. (1990) Political activist as ethnographer. *Social Problems,* 37(4) 629-648.

McCoy, L. (2005) HIV-positive patients and the doctor-patient relationship: Perspectives from the margins Qualitative health research.

Mykhalovskiy, E., P. Armstrong, H. Armstrong, I. Bourgeault, J. Coiniere, J. Lexchin, S. Peters and J. White (2008) Qualitative research and the politics of knowledge in an age of evidence: developing a research-based practice of immanent critique. Social Science & Medicine 67: 195-203.

McCoy, L. (2009) Time, self and the medication day: a closer look at the everyday work of 'adherence' Sociology of health & illness, 2009

Mykhalovskiy, E., L. McCoy (2002) Troubling ruling discourses of health: using institutional ethnography in community-based research. Critical Public Health 2002: 12, 17-37.

Sinding, C. (2010) Using Institutional Ethnography to Understand the Production of Health Care Disparities Qual Health Res December 2010 vol. 20 no. 12 1656-1663 doi:10.1177/1049732310377452

Suggested

David Silverman (ed) (2011) Qualitative Research *Third Edition*. Thousand Oaks/London: Sage. Ch 22 Addressing social problems through qualitative research, Bloor

Devault, M. L. and L. McCoy. (2002) Institutional ethnography: using interviews to investigate ruling relations. In Gubrium, J. F. And J.A. Holstein (eds) *Handbook of interview research: context and method*. Thousand Oaks/London: Sage.

Carroll, William K. (2006) Marx's method and the contributions of institutional ethnography. In Frampton, Kinsman, Thomson, Tilleczek (eds) Sociology for changing the world: social movements/social research. Halifax: Fernwood.

Mitchell & Baker (2009) Community-building versus career-building… Journal of cancer education 20 (3):41-46.

Making Care Visible Working Group (2002) *Making care visible: antiretroviral therapy and the health work of people living with HIV/AIDS.* Ottawa: Canadian HIV/AIDS Clearinghouse, Canadian Public Health Association.

Smith, Dorothy E. (1999). Telling the truth after postmodernism. Ch.6 in *Writing the social: Critique, theory, and investigations*, pp.96-130. Toronto: University of Toronto Press.

Smith, G. W. (1995) Accessing treatments: managing the AIDS epidemic in Ontario. In M. Campbell et A. Manicom (eds) Knowledge experience, and ruling relations. Toronto: University of Toronto Press.

Eakin, J. M. and E. Mykhalovskiy (2003) Reframing the Evaluation of Qualitative Health Research: Reflections on a Review of Appraisal Guidelines in the Health Sciences. *Journal of Evaluation in Clinical Practice*. Vol. 9. No. 2:187-94.

Smith, Dorothy E. (2005) *Institutional ethnography: a sociology for people.* New York/ Toronto: AltaMira Press. Ch. 2 Knowing the social: an alternative design.

Mykhalovoskiy, Eric. 2003. "Evidence-based Medicine: Ambivalent Reading and the Clinical Recontextualization of Science." *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*. Vol. 7. No. 3. pp. 331-52.

Mykhalovoskiy, Eric. 2002. “Troubled Hearts, Care Pathways and Hospital Restructuring: Exploring Health Services Research as Active Knowledge.” *Studies in Cultures, Organizations and Societies*. Vol. 7. No. 2. pp. 269-296.

Diamond, Timothy. 1992. *Making Grey Gold: Narratives of Nursing Home Care*. Chicago: University of Chicago Press.

Diamond, Timothy. 1986. “Social Policy and Everyday Life in Nursing Homes: A Critical Ethnography.” *Social Science and Medicine*. Vol. 23. pp. 1287-95.

Session 11, March 22: Analyzing documents and visual data; arts informed research

Required

David Silverman (ed) (2011) Qualitative Research *Third Edition*. Thousand Oaks/London: Sage.
Ch13 The conceptualization and analysis of visual data, Emmison
Ch 14 Embodied action, Heath

Hesse-Biber, A. N. and P. Leavy (eds) (2004) Approaches to qualitative research: a reader on theory and practice. New York, Oxofrd: Oxford University Press.
Ch 17 Analysing moving images, Rose

Butler-Kisber (2010) Qualitative inquiry: thematic, narrative and arts-informed perspectives. Sage. Chs 6 to 10

Rice, C et al (2005) Envisioning new meanings of difference. *TheInternational journal of narrative therapy and community work*, nos 3-4:119-130

Suggested:

Chalfen, Richard, and Michael Rich (2004) Applying Visual Research: Patients Teaching Physicians about Asthma through Video Diaries. *Visual Anthropology Review* 20(1): 17-30.

Mitchell, G.J., C. Jonas-Simpson and V. Ivonoffski, (2006) Research-based theatre: the making of I’ still here! Nursing Science Quarterly 19 (3) 198-206.

J. Poudrier and R. Thomas-MacLean. (in press) *We've Fallen into the Cracks: Aboriginal women's experiences of breast cancer through photovoice.* Nursing Inquiry

Gray, R.E. Fitch, M., Labrecque M. and M. Greenberg (2003) Reactions of health professionals to a research-based theatre production. *Journal of Cancer education*, Vol 18, no4: 223-229.

Denzin, N & Y Lincoln *(2011) The Sage Handbook of Qualitative Research*. 4th edition. Thousand Oaks/London: Sage.
Chs 10, 18, 19, 26, 29, 30

David Silverman (ed) (2011) Qualitative Research *Third Edition*. Thousand Oaks/London: Sage.
Heath, C. Ch14 Analysing face-to face interaction: video, the visual and material.
Atkinson, P. And A. Coffey Ch 5 Analysing documentary realities.
Prior, L. Ch 6 Using documents in social research.
Markham, A. Ch 7 Internet research.

Springgay, S., R. Irwin, S. Kind (2008) A/r/tographers and living inquiry. In G. Knowles and A. Cole (eds) Handbook of the arts in qualitative research. Sage publications: Thousand Oaks.

McCoy, L. (1995) "Activating the photographic text." In M. Campbell et A. Manicom (eds) Knowledge experience, and ruling relations. Toronto: University of Toronto Press.

Carolyn Brooks, Jennifer Poudrier, and Roanne Thomas-MacLean, (2008) *Creating Collaborative Visions with Aboriginal Women: A PhotoVoice Project*, in Pranee Liamputtong (Ed.), Doing Cross-Cultural Research: Ethical and Methodological Perspectives

Prairie Women's Health Centre of Excellence PhotoVoice project: http://www.pwhce.ca/program_poverty_photovoice.htm.

Gallagher, K. and I. Kim (2008) Moving towards postcolonial, digital methods in qualitative research: contexts, cameras and relationships. In The methodological dilemma: creative, critical and collaborative approaches to qualitative research. New York: Routledge.

Finlay, S. and J. G. Knowles (1995) Researcher as artist/artist as researcher. *Qualitative inquiry*, 1 (1): 110-142.

Sullivan,G. (2005) Art practice as research: inquiry in the visual arts. Thousand Oaks/London: Sage.

Coad, J. (2007). Using art-based techniques in engaging children and young people in health care consultation and/or research. *Journal of Research in Nursing, 12*(5), 487-497.

Darbyshire, P. MacDougall, C., & Schiller, W. (2005). Multiple methods in qualitative research with children: More insight or just more? *Qualitative Research, 5*(4) 417-436.

Guillemin, M. (2004). Understanding Illness: Using Drawings as a Research Method. *Qualitative Health Research, 14(2), 272-289.* doi: 10.1177/1049732303260445

Kuhn, P. (2003). Thematic drawing and focused episodic interview upon the drawing-A method in order to approach to the children's point of view on movement, play and sports at school. *Forum: Qualitative Social Research, 4*(1), 1-23.

Yuen, Felice C. (2004) "It Was Fun ... I Liked Drawing My Thoughts": Using Drawings as a Part of the Focus Group Process with Children. *Journal of Leisure Research*, Vol. 36, 2004

MacNeill, M & G. Rail (2010) The visions, voices and moves of young "canadians" in Wright, J & D. Macdonald (eds) (2010) Young People, Physical Activity and the Everyday. London: Routledge.

Session 12, March 29: Bringing together experience and texts I: discourse analysis, cultural studies and institutional ethnography

Required readings:
Hesse-Biber, A. N. and P. Leavy (eds) (2004) Approaches to qualitative research: a reader on theory and practice. New York, Oxford: Oxford University Press.
L. Prior Ch 15 Following in Foucault's footsteps: text and context in qualitative research
B. Hooks Ch 6 Culture to culture ethnography and cultural studies as critical intervention

Denzin, N & Y Lincoln *(2011) The Sage Handbook of Qualitative Research*. 4th edition. Thousand Oaks/London: Sage.
Ch 10 Cultural studies: performative imperatives and bodily articulations, Giardina and Newman

Suggested readings:
David Silverman (ed) (2004) Qualitative Research. Thousand Oaks/London: Sage.
Ch. 3 Building bridges: the possibility of analytic dialogue between ethnography, conversation analysis and Foucault, Miller, G and K.J. Fox

Van Dijk, T (ed) (2011) Discourse studies. Thousand Oaks/London: Sage

Saukko, P. (2003) Doing research in cultural studies. Thousand Oaks/London: Sage.

Smith, D.E. (1990) Texts, facts and femininity. London/ New York: Routledge.
Ch. Femininity as Discourse.

Smith, Dorothy E. 1990. "The Statistics on Women and Mental Illness: The Relations of Ruling They Conceal." *The Conceptual Practices of Power: A Feminist Sociology of Knowledge*. Boston: Northeastern University Press. pp. 107-38.

Smith, Dorothy E. 1990. "No One Commits Suicide: Textual Analyses of Ideological Practices." *The Conceptual Practices of Power: A Feminist Sociology of Knowledge*. Boston: Northeastern University Press. pp. 141-73.

Smith, Dorothy E. 1990. "K is Mentally Ill: The Anatomy of a Factual Account." *Texts, Facts, and Femininity: Exploring the Relations of Ruling*, London: Routledge. pp. 12-51.

Hall, S. (1992) "Cultural studies and its theoretical legacies" in Grossberg, L. et al (eds) Cultural studies. New York: Routledge.

McRobbie, A. (1992) "Post-marxism and cultural studies: a post-script" in Grossberg, L. et al (eds) Cultural studies. New York: Routledge.

Session 13, April 5: Bringing together experience and texts II: discourse analysis, and cultural studies in critical obesity scholarship

Required readings

Rail, G., D. Holmes & S. Murray (2010) The politics of evidence on 'domestic terrorists': obesity discourse and their effects. Social Theory and Health. Vol 8, 3, 259-279.

Petherick, LeAnne (2011) Producing the young biocitizen: secondary school students' negotiation of learning in physical education Sport, Education and Society DOI**:**10.1080/13573322.2011.605116

Norman, M.E**.** (2011) Embodying the Double-Bind of Masculinity: Young Men and Discourses of Normalcy, Health, Heterosexuality, and Individualism *Men and Masculinities, June 17, 2011; 1097184X11409360, first published on June 17, 2011*

McPhail, D**.,** Chapman, G.E.,& Beagan, B., (2011) "Too much of that stuff can't be good": Canadian teens, morality, and fast food consumption, *Social Science & Medicine*. , Volume 73, Issue 2, July 2011, Pages 301-307

Sykes, H & D. McPhail (2008) Unbearable Lessons: Contesting Fat Phobia in Physical Education Sociology of sport journal, 25 (1): 66-96

Suggested readings

McPhail, D. (2010) "This is the Face of Obesity": Gender and the production of emotional obesity in 1950s and 1960s Canada Radical Psychology: A Journal of Psychology, Politics, and Radicalism, 8(1).

Beausoleil, N. and P. Ward (2010) Fat panic in Canadian public health policy: Obesity as different and unhealthy. Radical Psychology: A Journal of Psychology, Politics, and Radicalism, 8(1).

Beausoleil, N. (2009) An impossible task? Preventing disordered eating in the context of the current obesity panic. Chapter 7 in Biopolitics and the 'obesity epidemic': Governing bodies (J. Wright and V. Harwood, eds.) New York/London: Routledge. P.93-107.

Rail, G. (2009). Canadian youth's discursive constructions of health in the context of the obesity discourse. In J. Wright., & V. Harwood (Eds.), *Biopolitics and the "obesity epidemic": Governing bodies*. London: Routledge.

Rice, C. (2007) Becoming "the fat girl": Acquisition of an unfit identity *Women's Studies International Forum,* 30: 158-174.

Cliff, K., & Wright, J. (2010). Confusing and contradictory: Considering obesity discourse and eating disorders as they shape pedagogies in HPE. *Sport, Education and Society, 15*(2), 221-233.

Shea, J. & N. Beausoleil (2012) Breaking down 'healthism': barriers to health and fitness as identified by immigrant youth in St. John's, NL, Canada, Sport, Education and Society, 17:1, 97-112 DOI http://dx.doi.org/10.1080/13573322.2011.607914

Fusco, C. (2007) Healthification'and the Promises of Urban Space *International Review for the Sociology of Sport*

George, T. and G. Rail (2005). Barbie Meets the Bindi: Discursive Constructions of Health among Young South-Asian Canadian Women. *Women's Health & Urban Life, 4(2),* 45-67.

Larkin, J. and C. Rice (2005) Beyond "healthy eating" and "healthy weights": harassment and the health curriculum in middle schools. *Body Image* 2: 219-232.

Macdonald, Doune, S. Rodger, R. Abbott, J. Ziviani & J. Jones (2005) "I could do with a pair of wings": perspectives on physical activity, bodies and health from young Australian children. *Sport, Education and Society* 10 (2), 195-209.

Monaghan, L.(2007) Body mass index, masculinities and moral worth: men's critical understandings of 'appropriate' weight-for-height. *Sociology of Health and Illness*, *29*(4), 584-609.

Moulding, Nicole T. (2007) Love your body, move your body, feed your body": Discourses of self-care and social marketing in a body image health promotion program.*Critical Public Health*; Vol. 17 Issue 1, p57-69, 13p

Raphael, D. (2008) Grasping at straws: a recent history of health promotion in Canada Critical Public Health, 18:4, 483-495

Rich, E. (2006) Anorexic dis(connection): managing anorexia as an illness and an identity. *Sociology of health and illness*. Vol 28, no3: 284-305.

Wills, W. K. Backett-Milburn, S. Grefory and J. Lawton (2006) Young Teenagers' perceptions of their own and other bodies: a qualitative study of obese, ov erweight and "normal" weight young people in Scotland. Social Science & Medicine 62: 396-406.

Wright, J. (2004). Post-structural methodologies: the body, schooling and health. In Evans, J., Davies, B., & Wright, J. (Eds.), Body Knowledge and Control. Studies in the Sociology of Physical Education and Health (pp. 19-31). London: Routledge

Wright, Jan, Gabrielle O'Flynn, Doune Macdonald (2006) Being fit and looking healthy: young women and men's constructions of health and fitness. *Sex Roles* Vol 54, nos 9-10 May 2006, 707-716

Wright, J. (2009). Bio-power, biopedagogies and the obesity epidemic. In J. Wright., & V. Harwood (Eds.), *Biopolitics and the "obesity epidemic": Governing bodies*. London: Routledge.

Wright, J & D. Macdonald (eds) (2010) Young People, Physical Activity and the Everyday. London: Routledge.

Gard, M., & Wright, J. (2005). *The obesity epidemic: Science, morality, and ideology.* New York: Routledge.

MacNeill, M & G. Rail (2010) The visions, voices and moves of young "canadians" in Wright, J & D. Macdonald (eds) (2010) Young People, Physical Activity and the Everyday. London: Routledge.

Med 6293: Knowledge Transfer & Research Uptake

Course Outline

Instructor

Maria Mathews, PhD
Associate Professor Health Policy/Health Care Delivery
Division of Community Health & Humanities
Memorial University of Newfoundland
Phone: (709) 777-7845
Email: mmathews@mun.ca

Background

What can you as a researcher do to ensure that your research findings spark action? This course aims to provide students with practice skills that will increase the likelihood that their research will influence decision making.

The Knowledge Transfer & Research Uptake course examines peer reviewed and "grey" literature, websites and written and oral assignments to explore the facilitators and barriers to the use of research evidence in decision-making in the health care system. The course will introduce students to research transfer methods to enhance the dissemination and implementation of research findings in clinical, management, and policy decisions.

Learning Objectives

This course will expose students to the theoretical and practice aspects of knowledge transfer and research uptake. Students should gain an understanding of:

- The role of research evidence in decision making in the health care system
- The facilitators and barriers around the use of research evidence in decision making in the health care system
- The role of decision-makers, funding agencies, researchers and "knowledge brokers" in the uptake of research evidence by decision makers
- The informational needs of clinical, managerial, and legislative decision makers
- The effectiveness of diffusion, dissemination, and implementation strategies to increase awareness and change behaviour

Students will learn how to:

- Identify and consult with decision makers to develop research questions that are relevant to decision makers
- Develop transfer strategies to increase awareness and facilitate behaviour change
- Tailor and communicate research findings to multiple audiences
- Develop an evaluation plan to assess the effectiveness of diffusion, dissemination, and implementation strategies

Course Content

The course consists to twelve sessions.

1. Course Introduction
2. Evidence-Based Decision-Making
3. The Role of Research Evidence in Decision Making
4. Models of Research Uptake
5. Linkage & Exchange
6. Communicating Research (part 1)
7. Diffusion, Dissemination, & Implementation
8. Diffusion, Dissemination, & Implementation
9. Knowledge Brokers & Evaluation
10. Knowledge Utilization
11. The Role of Funding Agencies
12. Evaluation presentations

Evaluation

The evaluation consists of five components:

Component	Value
Participation	10 %
Lay Summary of Research Article	35 %
Linkage & Transfer Plan for Thesis	35 %
Evaluation Framework	10 %
Critique of Research Transfer Plan (oral presentation)	15 %
	100 %

Written assignments are due by the end of class on the weeks that they are due. Late assignments will be penalized 5% each day (including weekends). Assignments which do not comply with formatting guidelines will be penalized up to 10% (at instructor's discretion).

Students who plagiarize (or are otherwise academically dishonest) will receive a failing grade for the course. It is the student's responsibility to ensure that he or she is aware and understands plagiarism guidelines.

Participation

A grade for participation will be awarded based on the responses to the assigned reading and discussion questions. Responses should reflect the student's grasp of the concepts examined in the assigned readings and ability to apply concepts to other situations and integrate each week's material with other course content.

Lay Summary of Research Article

Students will prepare a four page summary of a peer-reviewed article recently published in an academic journal. The instructor will select article. The summary should be written

for a general, lay audience, and appropriate for dissemination to the general public, health administrators, and health care providers. The grade will be based on:

Summary of research objectives, methods, results
Identification of key findings/conclusions/messages
Writing style and use appropriate language
Formatting and use of visual aids
Links and references

Linkage & Transfer Plan

For a selected research topic, develop a linkage and transfer plan. Students may examine any topic of their choosing but are encouraged to develop a plan for their thesis project. In the plan:

- summarize your research topic
- identify potential audiences (those who will use the study, participated in the study, or may potentially be affected by the study)
- document and summarize findings from the "environmental scan" (i.e. literature, stakeholder consultation, and summary of other research activity)
- summarize the research interests, informational needs, and communication preferences for these audiences
- present how the research protocol reflects (or will reflect) the research interests and information needs of the audiences
- identify the desired behavioral responses of these audiences (i.e. the effect of the transfer strategies)
- present diffusion/dissemination/implementation strategies to achieve the desired behavioral responses

Submit a document outlining and summarizing these points. The paper should be 10 pages (or less), double-spaced, using 12 point font. The page limit does not include title page or reference.

Evaluation Framework

Throughout the course we will examine various elements involved in increasing the use of research evidence in decision-making including organizational structures and relationships; the way in which research is funded, designed and conducted; and diffusion, dissemination, and implementation strategies. Develop an evaluation framework that captures these elements and create indicators to measure them. The evaluation framework should be applicable to a range of applied health (services) studies.

Submit a paper outlining and describing an evaluation framework. The paper should be 10 pages (or less), double-spaced, using 12 point font. The page limit does not include title page or reference.

Critique of Research Transfer Plan (Oral Presentation)
Choose a Canadian applied health research agency and evaluate the knowledge transfer/research uptake activities related to one project. The critique should use the student's evaluation framework to critically assess the effectiveness of the agency's knowledge transfer/research uptake activities relating to the project.

Students must each select a different agency (first come, first served!) and are encouraged to contact the agency directly to gather information for their presentation (in addition to searching websites, literature etc). Students are not permitted to choose an agency in Newfoundland and Labrador.

Students will have 15 minutes to present their critique and 5 minutes to respond to questions. The presentation will be evaluated on content and presentation style:

Content:
- description of the agency and project
- evaluation framework
- evaluation indicators
- critical assessment of knowledge transfer/research uptake activities

Presentation Style:
- use of audio-visual aids
- organization of presentation
- use of language (jargon, explanation of terminology etc.)
- public speaking skills
- effective use of time
- ability to answer questions

The oral presentations will take place during the final session.

AHS-6001 - Getting Started - Welcome

Welcome
Hello Everyone,

Welcome to Introduction to the Canadian Health Care System. For some of you this will be your first experience with online education and your first exposure to the history and workings of the Canadian Health Care System. For those of you who are new to the Desire2Learn (D2L) system, I hope you will find the experience challenging and rewarding. As this is only the second year we are using this system, we are all still learning so if you find yourself somewhat intimidated by it, you are not alone! Patience, practice and the support of your peers will help you to master the program in a short period of time. I suggest that you make use of the D2L technical support if needed. Keep their e-mail address in your "Address book" and keep their phone number handy. Contact Pam Phillips (pamp@mun.ca) or DELT Technical Support (1-866-435-1396) for advice and support.

For this course, the goal is to introduce you to the history, development and future challenges facing the Canadian Health Care System. Whether you work in the health care system at some level, or whether your exposure to the system has only been through being a patient or as an observer, the Canadian Health Care system is a significant part of our lives. The Canadian health care system is one of the foundation stones of our social support system and our concern for health care is evident in the coverage it gets in political debates and in the media.

This course is intended to serve as an introduction that will cover the highlights of the history and current and future issues in the Canadian health care system. Health care is a field that is laden with jargon and I hope that by the end of the course you will feel comfortable with many of the terms and phrases used.

The D2L system permits independent study and flexibility. Interaction among students and with the Instructor takes place through a variety of formats, including e-mail, Bulletin boards and Chat Sessions. Elluminate Live permits real-time interaction. It is during the E-Live sessions we can discuss issues and answer any questions you may have regarding assignments or course material. We will use E-Live for your presentations, which will enable us to engage in a discussion of each.

Many of your readings will be found on the Web. In most cases I have either provided a URL or the journal listing will be available on the Electronic Journal list through the Distance Access of your university library system. If you are not connected to the Distance Service you should arrange for this service with your library.

Students should feel free to email me **(thomas.rathwell@dal.ca)** at any time if you have any questions.

I look forward to working with you and I hope you find the course a valuable learning experience.

Thomas Rathwell
Dalhousie University

Atlantic Regional Training Centre
Masters Programme in Applied Health Services Research, 2010.

AHS-6001 - Syllabus - Instructor

Course Description
Instructor: Thomas Rathwell

Tutorial: Weekly Elluminate Live Sessions: Wednesday mornings, 9:30-11:00am AST

Students are encouraged to contact the Instructor via e-mail any time during the course to discuss any matters of concern.

Atlantic Regional Training Centre
Masters Programme in Applied Health Services Research, 2010.

AHS-6001 - Syllabus - Course Description

Course Description
This course - *Introduction to the Canadian Health Care System* - is intended to provide a general overview of the history and development of the different aspects that make up the Canadian health care system. In addition, we will explore current and future issues facing the Canadian health care system. A recurring theme that will be explored is the relationship between aspects of the health system and research related issues.

Traditionally most people view the health care system as being made up of primarily doctors, nurses and hospitals. In reality the Canadian health care system is complex and dynamic and is made up of many different components, with different funding mechanisms and each sector is faced with its own problems and challenges.

The evolving face of health care in Canada is influenced and shaped by a vibrant public and political debate. Changing public expectations, increasing demand for services, developments in biomedical technology and declining financial resources present challenges and opportunities for improving the quality of services provided to the public. In this course, students will develop an understanding of the key issues and features present in the Canadian health care system.

Atlantic Regional Training Centre
Masters Programme in Applied Health Services Research, 2008.

AHS-6001 - Syllabus - Learning Objectives

Learning Objectives

Specifically, the course objectives are as follows:

- To develop a general understanding of the organization, structure, financing and delivery of health services in the Canadian Health Care System;
- To appreciate the implications for research in the various issues discussed in the course;
- To develop an awareness of health services information sources, including strengths and limitations of information sources and trends;
- To develop a general understanding of the challenges and opportunities facing the future funding and management of the Canadian Health System;
- To develop a position paper on the subject of research and health care. The position paper should reflect an understanding of the relationship between a current health issue and the implications for research.

The Ten Lessons include:

Lesson 1: History and Organization of Canadian Health Care
Lesson 2: Canada and International Health Care Systems
Lesson 3: Health Services Funding and Utilization
Lesson 4: Ethical Issues in Health Care
Lesson 5: Health Promotion
Lesson 6: Primary Health Care and Service Delivery Models
Lesson 7: Health Services Research in Canada - Trends and Issues
Lesson 8: Health Information Systems in Canada
Lesson 9: Health System Reform in Canada (1964 - 2002)
Lesson 10: Beyond Health Reform - Future Issues in Health Care in Canada

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AHS-6001 - Syllabus - Required Readings

Required Readings

- Reading Package to be distributed from the School of Health Services Administration and/or John Landry, ARTC office, UNB.
- Many of the readings can be accessed directly from the Web (URLs provided).
- Some of the readings are found in the electronic journals that are accessible through the Distance Access service of the Library system of four universities.

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Masters Programme in Applied Health Services Research, 2010.

AHS-6001 - Syllabus - Method of Evaluation

Method of Evaluation
For each of the assignments, students will be evaluated according to the following criteria:

Criterion	Points
Organization and presentation of information	25 points
Analysis of Issues	55 points
Conclusions	20 points
	100 points

In general:

- Please proof read your papers and assignments for spelling and grammar!
- Write in an acceptable academic style; do not write in point form; this also applies to your weekly learning activities. You may find it helpful to refer to the Instructions for Authors in a health-related journal as an example of the academic style that is expected.
- All written material should be submitted in Microsoft Word 97/2003. Use 12 point font, one inch margins, and please include a header with the student's name, paper topic and page number. For Learning Activities which have a 1-page limit, use single-spaced text.
- If you use someone's material, please cite your references (APA Format). Please take the time to read the Policy on Plagiarism found in the ARTC Student Handbook.
- Marks will be deducted for lateness. Assignments due on a specific date are due by 8am on that date.
- Please do not exceed page length for assignments. References and any appendices are not included in the page count. However, tables and diagrams/figures are included.
- Students will be responsible for reading assigned readings. A good "Rule of Thumb" is to try and complete one lesson per week for the duration of the course.

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Masters Programme in Applied Health Services Research, 2008.

AHS-6001 - Syllabus - Assignments

Assignments

Assignment 1: Lessons Learning Activity

For each lesson, students are required to post specific responses to the Bulletin Board for discussion and comment. This learning activity will be graded according to the evaluation criteria outlined under Method of Evaluation. Each Learning Activity is worth a total of 5 marks.

Value 50%
Due Date: Fridays, 24 September - 26 November 2010

Assignment 2: Presentation and Seminar Discussion

Students are expected to select a topic on the Canadian Health Care System and present this information during an online seminar. This will include:

1. Preparing a powerpoint presentation on a current issue in the Canadian health care system from the list provided
2. Distributing the power point presentation to the instructor and fellow students via e-mail at least one week in advance of their presentation date
3. Leading an online discussion on the topic area for a period of 15-20 minutes and allowing 5-10 minutes for questions
4. Students should be prepared to respond to questions from instructor and students

Value: 20%
Due Date: Student presentations [2 per session] begin 6 October and end on 24 November 2010.

Assignment 3: Major Paper

Choose a topic that combines a current or future issue in the management or delivery of health care in Canad, discuss the implications for research and write a 10-page paper.

Value: 30%
Due Date: Friday, 3 December 2010

Total: **100%**

Note

Prior to beginning preparation of your power point presentation and the final assignment, please confirm your topic with the instructor.

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AHS-6001 - Syllabus - Dates to Remember

Dates to Remember

13 September, 2010	First day of 'classes' for the course
Fridays - Sept./Nov.	Posting of Lesson Learning Activity
Seminar/Presentation	Beginning 22 September and ending 1 December 2010
3 December, 2010	Assignment Three (Major Paper) due

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Masters Programme in Applied Health Services Research, 2010.

AHS-6001 - Syllabus - E-Live Sessions

Canadian Health Care System
Elluminate Live

Please click on this Elluminate Live Support link to configure your system and audio before your first session on Thursday.

If you have any questions, have difficulty with your computer or accessing the E-Live support site, or would like to be guided through the configuration setup, please contact Technical Support at 1-866-435-1396. Technical support is available from 9:00 - 5:00 week days and on Sunday from 2:00 to 10:00 p.m. There is no support available on Saturday.

The link and password to enter your classroom is provided below.

You will be using Elluminate Live for your discussion sessions this semester. Elluminate Live allows you to communicate (via audio and text) with one another over the Internet. This technology is often referred to as "Voice over IP".

The discussion sessions will take place on Wednesdays from 9:30-11:00 a.m. AST [10:00-11:30 a.m. Newfoundland Time].

Schedule

- Wednesday, September 15 - general discussion
- Wednesday, September 22 - general discussion
- Wednesday, September 29 - student presentations
- Wednesday, October 06 - student presentations
- Wednesday, October 13 - student presentations
- Wednesday, October 20 - student presentations
- Wednesday, October 27 - No Class
- Wednesday, November 03 - student presentations
- Wednesday, November 10 - student presentations
- Wednesday, November 17 - student presentations
- Wednesday, November 24 - general discussion/course debrief

During the first session on September 15th, Pam will provide a brief introduction to Elluminate Live and there will be a general discussion of the course, the readings and the weekly assignments completed so far.

Getting Started
You will need access to a computer with a soundcard, microphone and headset or speakers to participate in the session.

To access your session, click on the link below to enter your Elluminate Live classroom. Type in your full name for the login and **ahs6001** for the password.

Please access your virtual classroom as soon as possible (do **not** wait until the day of the session). This will verify if your computer contains the correct software, Java Web Start, to run Elluminate Live. When you first enter, large Java files may be downloaded to your machine.

- ARTC - Canadian Health Systems Elluminate Live Classroom

It will take a couple of minutes to verify your username and password as well. You will know you have successfully entered the virtual classroom when you see your name listed under the participant information section.

Note: You may need to visit the Elluminate Live Support site (http://www.elluminate.com/support/) to download the required software if not found on your computer. Simply click the Java Software Download link on the support page to begin the download.

If you require technical assistance, please contact "Technical Support" via the Course Menu. You will only need to install this software once on each computer used to access Elluminate Live.

You are strongly advised to enter each session at least 15-30 minutes before the session starts to ensure your audio settings and connection speed are fine.

Please find the Participant Quick Reference Guide and the Participant's Guide on the this page:

- Please see the Elluminate Live Training Resources web page for more resources.

All other E-live support can be found here:

- Elluminate Live Support site (http://www.elluminate.com/support)

Atlantic Regional Training Centre
Masters Programme in Applied Health Services Research, 2008.

AHS 6002: Ethical Foundations of Applied Health Research

Welcome!

Welcome to the Ethical Foundations of Applied Health Research course. Nuala Kenny and John Dow are leading this course. We are working to improve the content and useful nature of this important area. We will try to keep improving it as the course goes on and will rely on your input.

Because of our schedules, we ask that all correspondence come to us through the course mail not regular e-mail. If you are addressing one of us specifically, please put a name in the subject line as both of us receive all student e-mails. Even when traveling we will try to respond to queries from the class. We have set seven whole class teleconferences and will be checking with you to see if you wish more scheduled throughout the course. These calls will be designed to ensure all participate and any concerns or questions regarding the course content or issues are addressed. We hope to be available to you in a meaningful way during these calls.

The teleconference sessions are scheduled as follows:

September 13 and 20, 2005 1:00-2:30
October 11 and 25, 2005 1:00-2:30
November 15 and 29, 2005 1:00-2:30
December 6, 2005 1:00-2:30
Formal ethical analysis is a new and emerging area of health services practice and research. We look forward to assisting you in understanding its importance and to better equip you as future health system researchers and leaders.

Nuala Kenny
John Dow

Course Description

This course will acquaint you with the ethical foundations of applied health research through an examination of the substantive issues that arise at the macro(general policy) and meso (institutional/organizational) levels in the design and conduct of applied health research. Attention will be given to key organizing concepts employed in health policy research.

A variety of approaches to ethical decision making will be surveyed with particular attention given to how various approaches might apply in the context of Atlantic Canada. A range of standard topics in bioethics central to health administration will be explored, such as informed consent, privacy and confidentiality of health information, research involving communities and databases, resource allocation and conflict of interest. Special attention will be given to topics of particular relevance to the Atlantic Canadian health research context, including the issues arising from rural/urban inequities and respect for the integrity of communities.

Objectives

Upon completion of this course, you will:

- be able to identify ethical issues that arise in the context of applied health research;
- have knowledge of a variety of strategies for principled resolution of ethical issues that arise in the design and conduct of applied health research;
- be sensitive to the unique cultural context of applied health research and development in Atlantic Canada;
- be aware of the formal and informal regulatory environment of applied health research. Specifically, students will be familiar with national and international codes of research ethics (e.g. Tri-Council Policy Statement), and of various professional organizations (e.g. CMA, CNA); and
- be sensitive to the variety of normative influences (e.g. cultural, financial, political) that can shape applied health research.

Resources

Required Textbook

Health Care Ethics in Canada, 2004 Baylis et.al. (eds.)

Required Readings

1. Many of the readings are from the required text.
2. Others will be available in the Reading Packet to be distributed from the School of Health Services Administration.
3. Some can be accessed directly from the Web (URLs provided)

Recommended Reading

Ethical Dimensions of Health Policy Danis et al., 2002.

Evaluation

The following is the evaluation scheme for the course. Click on the link for each component for a detailed explanation.

Component	Due	Value
2 Case Studies	End of Weeks 4 and 9	
Each study is valued at 20% - to total 40% of course grade		40%
Major Research Paper	8 December 2005	
2 components - the Research Ethics Board submission 40%, the oral presentation of ethical issues during the final week 10% for a total of 50% of the course grade		50%
Active Participation	Ongoing	10%

Grading System

Each of the assignments will be evaluated according to the following criteria:

Component	**Value**
Identification of key ethical issues	30%
Organization presentation of information	30%
Conclusions	30%
Bibliography	10%
Total	100%

In general:

- Write in accepted academic style;
- Proof read for grammar and spelling;
- Submit in MSWord 12 point font;
- Use a header with name, topic and page number;
- Do not exceed page length assigned; and
- Submit assignment by 5:00 p.m. on the date due as marks deducted for lateness.

Schedule

Topics		Readings & Assignments
	START	
• **Introduction to Ethical Theory and Approaches** **Kenny	**Week 1**	• **HCE:** Faden, R., Beauchamp, T.L., King, N., "Foundations in Moral Theory" pp6-15 • **HCE:** Peter Singer, "Practical Ethics" p3-6. • **OL:** Susan Sherwin, "Foundations, Frameworks, Lenses: The Role of Theories in Bioethics" Bioethics, July 1999, 13 (3,4): 198-205. • **Conference Call September 13, 2005 1-2:30**
• **Ethics in Health Care Systems/Organization & Ethics** **Kenny	**Week 2**	• **RP:** Malone, R.E., 1999, "Policy as Product: Morality and Metaphor in Health Policy Discourse", Hastings Center Report, May/June:16-22. • **RP:** Giacomini, M., et al. 2004, "The policy analysis of values talk: Lessons from Canadian Health Reform". Health Policy 67:15-24. • **RP:** Reiser S.J. 1994 "The Ethical Life of Health Care Organizations" Hastings Center Report 24, no. 6: 28-35. • **Conference Call September 20, 2005 1-2:30**
• **Guidelines /Regulations in Research in Applied Health Services** ** Dow	**Week 3**	• **OL:** Michael Hadskis Understanding the Research Context: Legislation, Guidelines, and the Research Ethics Board Process (WEB COURSE adapted from CCHCSP curriculum) • **HCE:** Mastroianni, M & Kahn, J. "Swinging on the Pendulum: Shifting Views of Justice in Human Subjects Research" pp325-331. • **OL:** The Tearoom Trade http://www.ithaca.edu/beins/methods/demos/tearoom.htm • **OL:**http://www.missouri.edu/~philwb/Laud.html • **OL:**http://www2.tltc.ttu.edu/SCHNEIDER/dev_sem/5325_7_Humphreys.htm

Topic	Week	Readings
• **Informed Consent for Research Participation** **Kenny	**Week 4**	• **CHE:** Freedman, B., "A Moral Theory of Informed Consent" pp214-223. • **CHE:** Harrison, C., Kenny, N., Sidarous,M., Rowell, M., "Involving Children in Medical Decisions" pp 229-233. • **CHE:** Elliott, C., "Nothing Matters:Depression and Competence in Clinical Research" pp278-284. • **CHE:** Kaufert, J. & O'Neil, J., "Culture, Power and Informed Consent: The Impact of Aboriginal Health Interpreters on Informed Consent" pp239-244. *Supplementary reading:* • **CHE:** Brown, B., "Proxy Consent for Research on the Incompetent Elderly" pp318-325. • **Assignment #1 due 7 October 2005**
• **Privacy, Personal Health Information & Databases** **Dow	**Week 5**	• Introduction: http://64.26.138.145/english/query/06e.html • Canadian Legislation and concerns: http://collection.nlc-bnc.ca/100/201/300/cdn_medical_association/cmaj/vol-159/issue-11/1378.htm • Commentary on ethical issues re databases: http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/cdic-mcc/20-3/d_e.html • **RP:** Chadwick, R., 1999, "The Icelandic database: do modern times need modern sagas?" BMJ 319:441-444. • **Conference Call 11 October 2005, 1-2:30**
• **Conflict of Interest in Research** **Kenny	**Week 6**	• **RP:** Kassirer, J. P. 1993 Financial Conflicts of Interest in Biomedical Research" NEJM vol 329:573-576. • **RP:** Thompson, D., 1993 "Understanding Financial Conflicts of Interest" NEJM vol 329:573-576.

		- **CHE:** Lewis, S., et al. "Dancing with the porcupine: rules for governing the university-industry relationship" pp340-345. - **RP:** Gibson, E., Baylis, F., Lewis, S., "Dances with the pharmaceutical industry". Canadian Medical Association Journal, Feb. 19, 2002; 166 (4) pp448-450. - **RP:** Special issue of J.Medical Ethics: The Olivieri Symposium, Vol 30, Issue 1. *Supplementary readings:* - Sharpe V., "Science, Bioethics, and the Public Interest: On the Need for Transparency". Hastings Center Report, May-June 2002, Vol. 32, No. 3, pp 23-26.
- **Priority-Setting and Resource Allocation** **Kenny	**Week 7**	- **HCE:** Annas, G., "The Prostitute, the Playboy and the Poet: Rationing Schemes for Organ Transplantation" pp135-139. - **HCE:** Friedman et. al., "Air-Support Treatment: A Case Study in the Ethics of Allocating an Expensive Treatment" pp140-147. - **RP:** Emanuel E., "Justice and Managed Care: Four Principles for the Just Allocation of Health Care Resources". Hastings Center Report, May-June 2000, report 30, no. 3, pp 8-16. - **RP:** Daniels N., " Meeting the Challenges of Justice & Rationing". Hastings Center Report 24, no. 4 (1994): 27-29. - **RP:** Menzel P., et al. "Toward a Broader View of Values in Cost Effectiveness Analysis of Health". Hastings Center Report, May-June 1999, report 29, no. 3, pp 7-15. *Supplementary reading*: - **OL:** Kenny N.P. What's Fair? Ethical Decision-making in an Aging Society, May 2004 Research Report F/44 Canadian policy Research Networks(CPRN) - **Conference Call 25 October 2005, 1:00 - 2:30**

Topic	Week	Readings
• **Genetic Issues** **Dow	**Week 8**	• **HCE:** Baird, P., "Will Genetics Be Used Wisely?" pp429-436. • **HCE:** Willison, D.J., & MacLeod,S. "Patenting of Genetic Material: Are the Benefits to Society Being Realized?" pp425-429. • **HCE:** Baylis,F., & Robert,J.S., "The Inevitability of Genetic Enhancement Technologies" pp448-
• **Research Involving Communities** **Dow	**Week 9**	• **HCE:** Ellerby et. al., "Bioethics for Clinicains: Aboriginal Cultures" pp66-74. • **RP:** Weijer, C. "Protecting communities in research: philosophical and pragmatic challenges" Cambridge Quarterly of Healthcare Ethics 8:501-513. • **RP:** Weijer, C., Goldsand, G., Emanuel, E.J., "Protecting communities in research: current guidelines and limits of extrapolation". Nature Genetics 70: 965-71 • **Assignment #2 due 11 November 2005**
• **Healthcare Funding: The Private-Public Debate** **Kenny	**Week 10**	• **HCE:** Romanow, R., "Sustaining Medicare: The Commission on the Future of Health Care in Canada" pp 79-100. • **HCE:** Hurley, J., 2001, "Ethics, Economics, and the Public Financing of Health Care". Pp 100-108. • "Myth: a private parallel system would reduce waiting times in the public system". Canadian Health Services Research Foundation. Mythbuster. 2001. *Supplementary reading:* • Devereaux, P.J., et al. "Payments for care at private for-profit and private not-for-profit hospitals: a systematic review and meta-analysis". Canadian Medical Association Journal, June 8, 2004; 170 (12) pp1817-24. • Devereaux, P.J., et al. "A systematic review and meta-analysis of studies comparing mortality rate of private for profit and private not-for-profit

		hospitals". Canadian Medical Association Journal 2002; 166 (11); 1399-406. • Woolhandler, S., Himmelstein, D.U., Costs of care and administration at for-profit and other hospitals in the United States. New England Journal of Medicine 1997; 336 (11):769-74. • **Conference Call 15 November 2005, 1:00 - 2:30**
• **The renewal of public health in Canada** **Dow	**Week 11**	• **OL:** (Health Canada website) Learning from SARS: Renewal of Public Health in Canada (the Naylor Report) Chapters 3,4, 8, 12 • **RP:** Aroskar, MA "Exploring Ethical Terrain in Public Health". 1995 J. Public Health Management Practice, 1 (3), 16-22 • **Conference Call 29 November 2005, 1:00-2:30** • **Conference Call 6 December 2005, 1:00-2:30**
• **Fall Workshop** December 13	**Week 12**	• **Major Research Paper Due: 8 December 2005** • At the intramural session, present an oral summary of the project elucidating key ethical concerns and strategies to ensure the ethical conduct of the research
	END	

Course Content

2. Introduction

Understanding the Research Context: Legislation, Guidelines, and the Research Ethics Board Process

Introduction

The Canadian governance framework for health research involving human subjects consists of a complex patchwork of varying forms of regulatory instruments. Some legal commentators have characterized this framework is a "confusing" and "complex, decentralised, and multi-sourced arrangement for regulating research." (Downie et al., 2004) One scholar notes its complexity stems from the reality that the law "applies almost inadvertently to the enterprise of biomedical research." (Dickens, 2000)

The first of two main goals of this module is to guide researchers through this complex regulatory landscape by providing an overview of the key research governance instruments, highlighting their reach and impact on human research conducted in Canada. The second goal is to outline the various stages of the Research Ethics Board (REB) process. Canada's research governance framework relies on REBs to undertake the task of reviewing proposed and ongoing research projects with the intention of ensuring that research involving human subjects cannot start or continue unless it complies with established ethical standards. This module will focus on the prospective review of research protocols by REBs; processes employed by REBs for the review of ongoing research will only be briefly covered.

3. Learning Objectives

Understanding the Research Context: Legislation, Guidelines, and the Research Ethics Board Process

Learning Objectives

1. To identify and described the key instruments relevant to the regulation of research involving human subjects in Canada and to explain under what circumstances each instrument does or does not apply to the ethical review of such research.
2. To identify the stages and components of the REB review process as well as ways to effectively engage with the process.

4. Governance Instruments for Research Involving Humans

Understanding the Research Context: Legislation, Guidelines, and the Research Ethics Board Process

Governance Instruments for Research Involving Humans

Biomedical research is, in part, regulated through the common law (i.e., judge-made case law) and a variety of federal and provincial legislative instruments directed mostly at matters other than research (Knoppers, 2000). However, extra-legal instruments created by governmental bodies, funding agencies, professional organizations, and local research institutions often play a more central role in the regulation of health research involving humans (Glass, 2002). Outlined below are the instruments most germane to the subject matter of the present module.

1. **Tri-Council Policy Statement on the Ethical Conduct of Research Involving Humans**

   In 1998, the Medical Research Council, the National Sciences and Engineering Research Council, and the Social Sciences and Humanities Research Council (the entities that collectively form the so-called "Tri-Council") issued the Tri-Council Policy Statement on the Ethical Conduct of Research Involving Humans (TCPS). This document establishes an ethical framework for the conduct of human subjects research that relies on multidisciplinary, local REBs to apply the national norms

set out in the TCPS when conducting ethical reviews of proposed research projects and when monitoring ongoing research activities within their institutions.

According to the TCPS, REBs perform two main functions: (1) to serve the research community as a consultative body, thus contributing to education in research ethics; and (2) to provide independent, multidisciplinary review of the ethics of research to determine whether the research should be permitted to start or continue. In fulfilling the latter role, REBs must adhere to certain procedural requirements such as ensuring that a "fair hearing" is given to researchers [Article 1.9], and must apply articulated standards regarding, among other things, free and informed consent [Section 2]; privacy and confidentiality [Section 3]; and inclusion in research [Section 5].

The TCPS, being a policy statement, lacks the same "teeth" found in some legislative instruments; that is, the ability to encourage compliance with legislative requirements by holding out the threat of imposing penalties (e.g., fines and/or imprisonment) for failing to comply with such requirements. Nonetheless, other significant factors exist that can promote adherence to the TCPS. The Councils will only consider funding (or continuing to fund) individuals and institutions that certify compliance with the TCPS in the conduct of research involving human subjects [Introduction]. Other factors include: ethics review of the kind provided for in the TCPS is often a condition of publication in peer-reviewed journals [guidelines of the International Committee of Medical Journal Editors]; members of certain professional organizations are required to seek ethics review before conducting research [College of Physicians and Surgeons of Alberta]; and research carried out by or funded by Health Canada, National Defence, and the National Research Council must undergo such review (Downie et al., 2004).

2. **Food and Drug Regulations**

Division 5 of the Food and Drug Regulations ("Clinical Trial Regulations") deals with the topic of "Drugs for Clinical Trials Involving Human Subjects". Since the Regulations were passed under federal legislation, the Food and Drugs Act, they govern all clinical trial research in Canada and, unlike the TCPS, have teeth (i.e., significant penalties can be imposed on those who breach its provisions).

A "clinical trial" is an investigation regarding a drug for use in humans that involves human subjects and that is intended to: discover or verify the clinical, pharmacological or pharmacodynamic effects of the drug; identify any adverse events respecting the drug; study the absorption, distribution, metabolism and excretion of the drug; or ascertain the safety or efficacy of the drug (Section C.05.001).

A sponsor (usually a pharmaceutical company) seeking authorization to sell or import a drug for the purposes of conducting a clinical trial in Canada is required to apply to Health Canada. The application must include, among other items, a copy of the trial protocol; the name of the person (known as the "qualified investigator") responsible to the sponsor for the conduct of the clinical trial at each clinical site; and an "investigator's brochure" containing details about the drug such as its pharmaceutical properties, pharmacological aspects, pharmacokinetics, and toxicological effects in animal species [Section C.05.005].

In order to secure Health Canada's authorization, the sponsor must satisfy a number of conditions, one of which requires the sponsor to obtain approval of the REB at each clinical trial site in respect of both the protocol and an informed consent form stating the risks and anticipated benefits arising to the health of clinical trial subjects as a result of their participation in the trial [Section C.05.006]. Once Health Canada authorizes the clinical trial, the qualified investigator can commence the clinical trial under the supervision of the REB. The investigator remains responsible for maintaining the protocol and gathering clinical data.

The Clinical Trial Regulations require sponsors to ensure that a clinical trial is conducted in accordance with "good clinical practices" (Section C.05.010), which is defined as generally accepted clinical practices designed to ensure the protection of the rights, safety, and well-being of clinical trial subjects and other persons (Section C.05.001).

3. **Good Clinical Practice: Consolidated Guidelines**

An expert working group of the International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH) developed an international guideline entitled Good Clinical Practice: Consolidated Guidelines (GCP Guidelines). The Therapeutic Products Directorate of Health Canada has adopted this document with a view to ensuring that the roles and responsibilities of the investigator and sponsor are clearly and uniformly defined and that the preparation, filing, and maintenance of key documentation (e.g., the Investigator's Brochure and clinical trial protocols) are carried out in accordance with international standards (see Health Canada's Forward to the GCP Guidelines).

The GCP Guidelines address, in some detail, the responsibilities of REBs (referred to in the guidelines as "Institutional Review Boards/Independent Ethics Committees"), investigators, and sponsors [Sections 3-5]. The section devoted to REBs addresses the composition, functions, and operations of REBs and the procedures they must follow [Sections 3.2 and 3.3]. Also of importance to the reader is the section that outlines the necessary qualifications of investigators, the information they must supply the REB, and rules respecting a number of matters relevant to the conduct of trials: medical care of trial subjects, compliance with the protocol, informed consent of trial subjects, and safety reporting [Sections 4.1, 4.3-4.5, 4.8, and 4.11].

4. **Quebec's Instruments**

The Civil Code of Quebec (Civil Code) is a legislative instrument that contains several articles relating specifically to research involving human subjects [Articles 20-24]. Pursuant to Article 21 of the Civil Code, research involving children or adults who are incapable of giving consent must be approved and monitored by an ethics committee formed by the Minister of Health and Social Services. In 1994, the Minister established the Central Ethics Committee (CEC) to enforce Article 21. The CEC has the power to approve, amend, suspend or reject any research project that involves incompetent subjects, whether they are children or adults (FRSQ Press Release). The CEC's operating rules can be found in a document entitled Les régles de fonctionnement du Comité central d'éthique.

The Fonds de la recherche en santé du Quebec (FRSQ) is an organization in Quebec responsible for the promotion and financial support of research conducted in that province. It will only fund research involving human subjects if certain requirements and standards it has set are met.

5. **Institutional Guidelines**

Many of the REBs affiliated with research institutions, including universities and hospitals, have drafted guidelines to provide direction to REB members and research stakeholders on a variety of matters: jurisdiction of the REBs; REB submission materials; submission deadlines; and REB meeting dates. These guidelines can contain a REB's interpretation of ambiguous provisions of the relevant regulatory instruments and can fill gaps respecting matters not addressed by these instruments. Some also append sample documentation such as consent forms.

6. **Other Instruments**

The instruments described above are by no means the only instruments that impact the conduct of health research activities in Canada. Medical codes of ethics, professional norms, judge-made law on matters such as informed consent (for example, the judicial decisions in Halushka and Weiss demonstrate that the standard for disclosure in the research context is more exacting than for purely therapeutic interventions), provincial health legislation, the Criminal Code of Canada (e.g., the provisions respecting assault and criminal negligence), provincial legislation on post-mortem gifts of bodies or body parts for research, and legislation restricting research involving psychiatric patients, can also exert direct or indirect regulatory control (Knoppers, 2000). Researchers and REBs must also be cognizant of provincial (e.g., Ontario's Freedom of Information and Protection of Privacy Act) and federal privacy legislation (Personal Information Protection and Electronic Documents Act) that may have enormous implications for such things as the collection, use, and disclosure of personal information in the health research context.

Given the growing involvement of Canadian researchers in multi-national health research, research actors are frequently confronted with the research ethics frameworks adopted by other countries such as the United States.

Two international instruments, the Nuremburg Code and the Declaration of Helsinki, have played an important role in the evolution of mechanisms devised for the protection of human research subjects. Readers are referred to that module for a discussion of those instruments.

5. Navigating the Research Ethics Board Process

Understanding the Research Context: Legislation, Guidelines, and the Research Ethics Board Process

Navigating the Research Ethics Board Process

This section of the module is designed to help researchers successfully navigate the REB process. The focus will be on the protocol approval stage; the process concerning the review of ongoing research is only addressed in passing. This section will also concentrate on REBs affiliated with university and health research institutions. Although not specifically addressed in this module, researchers should be aware of the presence of private (for profit) REBs that can be retained to review human research being carried out by private sector organizations, typically pharmaceutical companies.

6. Roles and Responsibilities of REBs

Understanding the Research Context: Legislation, Guidelines, and the Research Ethics Board Process

Navigating the Research Ethics Board Process

1. **Roles and Responsibilities of REBs**

Some of the roles and responsibilities of REBs have been discussed, in broad terms, above. It may be helpful to more precisely define their functions, as mandated by the relevant regulatory instruments. Further to these instruments, REBs are to:

- conduct ethics reviews of prospective research projects involving human subjects with the aim of ensuring the protection of the subjects' rights, safety, and well-being before the projects are initiated (Clinical Trial Regulations, Sections C.05.001 and C.05.010(d); GCP Guidelines, Sections 3.1.1 and 3.3.6; and TCPS, Article 1.1 and corresponding commentary);
- ensure continuing ethics reviews of ongoing research takes place and that the nature of the review is commensurate with the degree of risk to the subjects (Clinical Trial Regulations, Sections C.05.001; GCP Guidelines, Sections 1.31, 3.1.1, 3.1.4; and TCPS, Articles 1.1 and 1.3 and their respective commentaries);
- comply with applicable regulatory instruments in carrying out their functions (TCPS, Introduction and GCP Guidelines, Section 3.2.2);
- be guided by principles of natural and procedural justice in carrying out their decision-making function (e.g., provide a reasonable opportunity to be heard, furnish explanations for opinions or decisions, act in a fair and impartial manner) (TCPS, Articles 1.8-1.10 and their respective commentaries);
- maintain satisfactory records and documentation (e.g., minutes of REB meetings) (GCP Guidelines, Sections 3.2.2, 3.3, and 3.4, and TCPS, Article 1.8);
- educate the research community about research ethics and to act as a consultative body respecting this topic (TCPS, commentary under Article 1.1);
- hold general meetings, retreats, and educational workshops for its members (TCPS, Article 1.7); and

- develop and implement guidelines and operating procedures (e.g., operating procedures regarding REB composition - see below) (GCP Guidelines, Sections 3.2.2 and 3.3, and TCPS, commentary under Articles 1.4 and 1.9).

Research Practice Tip: Researchers should take advantage of REB's consultative function when they require guidance on research ethics issues pertaining to their proposed or ongoing research programs. However, before requesting an answer to a specific question, researchers should ensure that their question is not already adequately addressed in the written material the REB has prepared and made available to researchers.

7. Jurisdiction of REBs

Understanding the Research Context: Legislation, Guidelines, and the Research Ethics Board Process

Navigating the Research Ethics Board Process

2. **Jurisdiction of REBs**
   a. *Definition of Research*

An important preliminary question investigators must answer is whether the activity they are proposing to engage in constitutes "research". You will recall that under the TCPS all research that involves living human subjects requires review and approval by a REB in accordance with the TCPS, before the research is started. The TCPS defines research as "a systematic investigation to establish facts, principles or generalizable knowledge." (TCPS, commentary under Article 1.1)

While this preliminary question may appear straightforward, research and clinical practice often occur together (e.g., research with intended therapeutic benefit for subjects/patients) and, in such cases, a sharp boarder between research and innovative therapy frequently does not exist. The murky area lying between these two activities is acknowledged in the academic literature, mostly in the context of innovative surgical procedures (McKneally et al., 2003; Strasberg et al., 2003; Agich, 2001). It should be remembered that just because a specific activity may have therapeutic benefits for subjects, does not mean this activity is excluded from REB review. If it also possesses an element of research (i.e., an aspect of the activity meets the definition given to that term), it must be approved by a REB before the activity commences.

   b. *Research Activities Requiring REB Review*

All activities that meet the above definition of research and that do not fall within one of the exclusions set out below, must be reviewed by a REB.

The TCPS states that a research project must be reviewed by a REB whether: the research is funded or not; the funding is internal or external; the subjects are from inside or outside the relevant institution; the subjects are paid or unpaid; the research is conducted inside or outside Canada; the research is conducted inside or outside the institution; the research is conducted by staff or students; the research is conducted in person or remotely; the information is collected directly from subjects or from existing records not in the public domain; the research is to be published or not; the focus on the research is the subject; the research is observational, experimental, correlational or descriptive; a similar project has been approved elsewhere or not; the research is a pilot study or a fully developed project; the research is to acquire basic or applied knowledge; and the research is primarily for teaching or training purposes or whether the primary purpose is the acquisition of knowledge (TCPS, Appendix 1).

The TCPS provides some specific examples of research that must be reviewed by a REB; they include research involving:

- human remains, cadavers, tissues, biological fluids, embryos or foetuses (Article 1.1(b));
- naturalistic observation, except as noted below (Article 2.3);
- identifiable personal information collected from subjects by such means as interviews, questionnaires, observation, access to private files or records, etc. (Articles 3.1 and 3.2, and their respective commentaries);
- secondary use of data when the data can be linked to individuals (Article 3.3); and
- emergency health situations (Article 2.8).

This is not an exhaustive list of the type of research that must be reviewed by a REB.

c. *Activities Not Requiring REB Review*

The following activities are expressly excluded from REB review under the TCPS:

- research about a living individual involved in the public arena, or about an artist, based exclusively on publicly available information, documents, records, works performances, archival materials or third-party interviews. However, REB review is required if the subject is approached directly for interviews or for access to private papers or other material (Article 1.1(c));
- research involving naturalistic observation of participants in political rallies, demonstrations or public meetings since it can be expected that the participants are seeking public visibility (Article 2.3);
- quality assurance studies, performance reviews or testing within normal educational requirements. However, performance reviews or studies containing an element of research in addition to assessment may need REB review (Article 1.1(d) and corresponding commentary); and
- a critical biography about a deceased person since "research subjects" is defined to include only living individuals (commentary under Article 1.1).

Research Practice Tip: Researchers who are uncertain about whether their proposed activities constitute "research" or whether a specific research protocol is exempt from ethics review, should seek guidance from the relevant REB before commencing the activities in question. On this point, the TCPS states: "The opinion of the REB should be sought whenever there is any doubt about the applicability of the [TCPS] to a particular research project." (commentary under Article 1.1)

8. Initiating REB Review

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3. **Initiating REB Review**

In those instances where the proposed activities require REB review, the researcher will need to identify the REB(s) from which he or she will need to seek approval. In the past, research was typically carried out at only one institution; however, it is now commonplace for research to be conducted at multiple centres within and between provinces as well as in centres in different countries (Downie et al., 2004). According to the TCPS, principles of institutional accountability require each local REB to assume responsibility for the ethical acceptability of research conducted within its institution. Therefore, where multi-centred research is being under taken by a researcher, REB approval must be sought and obtained from each relevant REB. Researchers

should be aware of the possibility of variance in review outcomes between REBs; for example, a consent form acceptable to one may not be so to another.

In some instances, inter-institutional agreements exist the terms of which impact the nature of the ethics review that an institution will conduct when another institution's REB has approved a research protocol. For example, an agreement may exist between a university and its affiliated teaching hospital wherein an approval by the hospital's REB qualifies the proposal for expedited review (the topic of expedited review is discussed below) by the university's REB, when this type of review might not otherwise been available.

Large institutions may have more than one REB. The TCPS specifies that such institutions are to define the jurisdiction of each REB and notes that the REBs should have the authority to transfer research proposals among themselves in a way that ensures review by the REB with the most appropriate expertise. Researchers should heed the dictate found in the TCPS stating that they "apply to the designated REB and not seek review by another REB, whether inside or outside the institution." (Article 1.4 and corresponding commentary)

Researchers should not assume that research to be conducted outside the jurisdiction or country of the employing institution does not have to undergo review by the REB within the researcher's institution. Under the TCPS, an institution remains responsible for the ethical conduct of research carried out by its faculty, staff, and students irrespective of where it is conducted. In the result, prospective ethics review must take place at both the REB within the researcher's institution and by the REB (where such exists) with the legal responsibility and equivalent ethical and procedural safeguards in the country or jurisdiction where the research is to be done (Article 1.4).

In terms of the application or submission materials that must be provided to REBs, this material can vary according to the specific demands of the relevant institution and the particular type of research being proposed (e.g., a clinical trial versus a naturalistic observation). The required documentation can include checklists developed by the institution; research summaries that follow a prescribed format; grant applications; consent forms; subject recruitment tools (e.g., draft advertisements, letters of invitation/introduction, and telephone scripts); questionnaires; interview guidelines; contracts entered into with sponsors (including confidentiality agreements); Investigators' Brochures; and the curriculum vitae of the investigators. Although the TCPS does not detail the documents that must be reviewed by a REB, the GCP Guidelines do [Sections 3.1.2 and 3.1.3].

The timing of the application is another important consideration. Where a protocol has been submitted for internal or external financial support, some REBs will not accept applications for ethics review until the researcher receives funding approval. It should also be kept in mind that the full membership of many REBs only meet once per month and REBs often have rigid application deadlines that can be well in advance of the scheduled monthly meeting.

Research Practice Tip: Researchers should closely read and adhere to the guidelines, policies, and procedures of the research institution to which they are submitting a proposal. REBs may take a dim view of applications that fail to comply with these instruments. Unless there is a compelling reason to deviate from those instruments (and sample documents, where available), they should be followed. If a significant departure is warranted, the researcher should provide the REB with an explanation for doing so. This demonstrates both respect for the REB and an awareness of its requirements.

9. REB Composition

Understanding the Research Context: Legislation, Guidelines, and the Research Ethics Board Process

Navigating the Research Ethics Board Process

4. **REB Composition**

In the context of biomedical research, Article 1.3 of the TCPS requires that a REB consist of at least five members, including both men and women, of whom at least two members possess "broad experience in the methods or in the areas of research" covered by the REB, at least one member that is "knowledgeable in ethics", another who is "knowledgeable in the relevant law", and at least one member with "no affiliation with the institution, but is recruited from the community served by the institution." The stated rationale for the basic membership requirements is to "ensure the expertise, multidisciplinarity and independence essential to competent research ethics review by REBs." (commentary under Article 1.3) The mixture of expertise in relevant subject matters, diversity of perspectives among the various experts, and community perspective is intended to promote sound decision-making on behalf of the REB.

If ethics review is to take place in compliance with the TCPS, REB membership requirements must be satisfied. The TCPS imposes additional membership requirements in some circumstances. Interestingly, research subject participation in the REB process is not mandated under the TCPS.

The Clinical Trial Regulations and GCP Guidelines contain somewhat different REB membership requirements than the TCPS. It is also noteworthy that the Clinical Trial Regulations and GCP Guidelines are not entirely consistent with each other.

Research Practice Tip: Where the researcher has reason to believe that the expertise necessary to review a particular protocol is absent from the REB's regular membership, it may be prudent for the researcher to tactfully bring the need for such expertise to the attention of the REB and to suggest potential experts, if such persons are known to the researcher.

10. Types of REB Review

Understanding the Research Context: Legislation, Guidelines, and the Research Ethics Board Process

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5. **Types of REB Review**

The form and extent of the review prospective research must undergo is determined in accordance with the concept of proportionate review, with the greatest scrutiny being reserved for the more potentially invasive or harmful research [TCPS, Article 1.6]. The TCPS expressly acknowledges that a proportionate approach to ethics review must "start with an assessment, primarily from the viewpoint of the potential subjects, of the character, magnitude and probability of potential harms inherent in the research." (commentary under Article 1.6)

The TCPS puts forward three possible categories of review: (1) full REB review; (2) expedited REB review by an individual or sub-group of the REB; and (3) departmental-level review of certain undergraduate projects. The former two categories are most relevant to this module and are described below.

a. *Full Review*

Full review of research proposals by REBs is the "default requirement" under the TCPS (Article 1.9 and commentary under Article 1.6). That is, unless it is appropriate to proceed by way of expedited or department-level review (see below), a full review is necessary. Such reviews involve regularly scheduled, face-to-face REB meetings. A schedule of these meetings must be communicated to researchers to allow the orderly planning of research. The quorum requirements under Article 1.3 must be met in order for decisions requiring full review to be "adopted" (Article 1.7 and corresponding commentary, and commentary under Article 1.3).

The purpose of the meeting is to discuss each research protocol before the REB with the aim of reaching a decision as to whether to approve, reject, or propose modifications to proposed research, or to terminate ongoing research, using the considerations set out in the TCPS as the minimum standard (Article 1.2). The TCPS notes that the decision on whether to allow the research will often be preceded by extensive discussion of ethical concerns and of possible means of improving such things as the research design or the information to be provided in the free and informed consent process. The REB is to, at all times, function impartially and "provide a fair hearing to those involved." (Article 1.9)

Under the TCPS, the only person who is expressly extended the opportunity to participate in a REB discussion of a research protocol is the researcher (Article 1.9). The same holds true under the GCP Guidelines (Section 3.2.5). REBs must accommodate reasonable requests from researchers to participate in such discussions (TCPS, Article 1.9 and GCP Guidelines, Section 3.2.5). Indeed, the TCPS emphasizes that participation by the researcher "is often very helpful to both REBs and researchers" and is "an essential part of the educational role of the REB." (commentary under Article 1.9)

On completing its discussion of a research proposal, the REB must reach a reasoned, well-documented decision. The researcher is prohibited under the TCPS from being present at the meeting when the REB commences its deliberations; that is, when the REB makes its decision as to the appropriate outcome (Article 1.9). A similar prohibition exists under the GCP Guidelines (Section 3.2.5). If the REB is considering a negative decision, it must provide the researcher with all the reasons for doing so and provide him or her with an opportunity to reply before making a final decision (TCPS, Article 1.9).

The TCPS provides that if a minority within the REB membership considers a project unethical, an effort should be made to reach a consensus. It is observed that consultation with the researcher, external advice, and/or further reflection by the REB could prove helpful where such disagreement exists. If disagreement persists, decisions are to be made in accordance with the procedural rules mandated by the institution (commentary under Article 1.9). This may involve approval being granted only if there is a consensus (Nova Scotia Agricultural College) or, alternatively, by achievement of a simple majority (McMaster University) or by some greater majority (Laurentian University).

In accordance with the TCPS, REBs must prepare minutes of all their meetings. The minutes must "clearly document the REB's decisions and any dissents, and the reasons for them" and must be accessible to researchers, among others (Article 1.8). The Chair is to monitor the REB's decisions for consistency and is to ensure researchers are given written communication of the REB's decisions, with reasons for negative decisions, as soon as possible (Article 1.9). Similarly, the GCP Guidelines require REBs to keep minutes of its meetings and to promptly notify in writing the "investigator/institution" concerning its clinical trial-related decisions and the reasons for them (Sections 3.2.1 and 3.3.9).

b. *Expedited Review*

Expedited review often takes the form of the REB chair (or other designated REB member or a subcommittee of the REB) having the power to approve research. Typically, the REB Chair, on behalf of the full REB, is empowered to determine which protocols qualify for expedited review. The principle consideration taken into account in making such determinations is whether the proposed research can be "confidently expected to involve minimal risk." (TCPS, commentary under Article 1.6) "Minimal risk" is defined in the TCPS in the following terms:

> [I]f potential subjects can reasonably be expected to regard the probability and magnitude of possible harms implied by participation in the research to be no greater than those encountered by the subject in those aspects of his or her everyday life that relate to the research then the research can be regarded as within the range of minimal risk. (Section 1 (C1))

The TCPS provides examples of research activities that may qualify for expedited review: annual renewals of approved projects in which there has been little or no change in the ongoing research; research involving review of patient records by hospital personnel; and affirmations from researchers that conditions laid down by the REB as a condition of approval have been met (commentary under Article 1.6).

The Clinical Trial Regulations do not set out a mechanism for expedited review of clinical trials; however, the GCP Guidelines provide for expedited review for minor changes in ongoing trials (Section 3.3.5).

Some research institutions, relying on their interpretations of the relevant provisions of the TCPS, have developed procedures indicating that protocols already approved by another REB (McGill University) or which use previously collected tissue or other samples may qualify for expedited review (Toronto's University Health Network), while research involving vulnerable populations (e.g., children or institutionalized individuals), invasive procedures, the use of deception (McMaster University and Laurentian University), or the derivation of stem cell lines (University of British Columbia) does not qualify.

The possible outcomes of an expedited review, like those for a full review, include approval, request for modification, and rejection. Some institutions also provide a mechanism for the referral of the proposal to a full REB (University of Alberta).

Approvals granted through an expedited REB review process must nonetheless be reported to the full REB, thus permitting the entire REB to maintain surveillance over the decisions made on its behalf (TCPS, commentary under Article 1.6).

Research Practice Tips: Researchers should, in appropriate circumstances, ask the REB for the opportunity to be present during that portion of the REB meeting in which their research proposals will be discussed. This may be prudent where the research design is very complex and/or the research will expose subjects to substantial risks. A researcher's attendance will allow him or her to, in a timely manner, personally address the REB's questions and concerns. This can avoid the lengthy delays that can take place in those instances where the researcher does not attend the meeting and a protracted process of correspondence exchange unfolds between the REB and the researcher in connection with the REB's enquiries.

11. Conflicts of Interest

Understanding the Research Context: Legislation, Guidelines, and the Research Ethics Board Process

Navigating the Research Ethics Board Process

6. **Conflicts of Interest**

The TCPS states that researchers, their institutions, and REBs should address conflicts of interest, real or perceived. Section 4 of the TCPS addresses conflicts of interest involving researchers, conflicts of interests by REB members, and institutional conflicts. Because of its importance, the subject of conflicts of interest will be addressed in a separate class.

7. **Scope of Review and Decision-Making Criteria**

As indicated above, the REB has the authority to approve, reject, propose modifications to, or terminate any proposed or ongoing research. In making such determinations, the REB must have regard to the guiding ethical principles set out in the TCPS: respect for human dignity (described as a "moral imperative"); respect for free and informed consent; respect for vulnerable persons (those with diminished competence and/or decision-making capacity, including children); respect for privacy and confidentiality; respect for justice and inclusiveness; balancing harms and

benefits; minimizing harm; and maximizing benefit [Introduction]. The TCPS also speaks to the need for REBs to adopt a "subject-centred perspective" which, in essence, means they are to strive to understand the views of the potential or actual research subjects when reviewing protocols [Introduction].

The TCPS also indicates that scholarly review forms part of the ethics review process. This means the REB must satisfy itself that the design of a research project posing more than minimal risk is capable of addressing the questions being asked in the research. The TCPS provides some guidance concerning the extent of the scholarly review required for biomedical research and possible mechanisms for these reviews.

The guidelines developed by an institution's REB can serve as an excellent source of information regarding the criteria for decision-making of primary concern to the REB. The Operating Procedures of the University Health Network REB and McMaster University's Research Ethics Guidelines and Researcher's Handbook are examples of such guidelines. The former guidelines indicate that the following are considered by the University Health Network REB during its discussion of a study's scientific merit: background and study rationale; objectives; importance of the study; research design; methodology; appropriate inclusion/exclusion criteria; sample size justification; statistical analysis; and overall merit and validity. Beyond the scientific merit of the protocol, this REB will also examine: risk-benefit assessment; degree to which research subjects will be treated with dignity and respect; method of recruitment; method of obtaining consent; justification for substitute consent (if being sought); matters relating to funding, budget, and sponsor insurance; and the consent form and patient information.

McMaster's guidelines state that the following criteria will be considered by its REB when reviewing a researcher's application: the overall level of risk to human subjects; whether the risks to participants are minimized by using procedures/methods which are consistent with sound research design but which do not expose participants to unnecessary harm; whether the risks are reasonable (balanced) in relation to the anticipated benefits to the subjects; whether the protocol provides for informed and freely volunteered consent, including providing for withdrawal from the research; whether there is adequate protection of the privacy of the subjects and the confidentiality of the information/data being obtained; whether the selection and recruitment of the participants is inclusive and appropriate in relation to both the subjects and research; whether the appropriate provisions are made for the ongoing monitoring of the participants' welfare; whether the purpose of the study is fully outlined, or if deception is necessary, there is appropriate debriefing of the participants; and whether there is any conflict of interest which should be considered, and if so, whether appropriate mechanisms for handling the conflict have been put in place.

Research Practice Tip: Researchers should pay close attention to the specific criteria the relevant REB will consider when reviewing the proposed research. For example, if the REB will place weight on the scholarly review conducted by the agency providing funding to the researcher, full documentation from the agency respecting that review may need to be given to the REB. Researchers should clearly demonstrate that their proposals meet all applicable criteria adopted by the REB.

12. Reconsideration and Appeal

Understanding the Research Context: Legislation, Guidelines, and the Research Ethics Board Process

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8. **Reconsideration and Appeal**

Under the TCPS, researchers have the right to request, and REBs have an obligation to provide, reconsideration of REB decisions affecting a research project (Article 1.10). If the researcher is dissatisfied with the reconsideration, he or she may seek a review of a REB decision by an appeal

board. This board must be within the same institution and its membership and procedures must meet the requirements of the TCPS (Article 1.11(a)).

The GCP Guidelines indicate that, after the REB renders its decision, it must notify the "investigator/institution" of the procedures for appeal of its decision (Section 3.3.9). No particulars are provided about appropriate appeal procedures or the composition and mandate of the relevant appeal body.

It should be noted that some institutions have adopted policies limiting the grounds on which an appeal can be sought; for example, the policy implemented by the University of Alberta respecting human research states that the bases for appeal are limited to "claims of procedural irregularity, lack of due process, and exceptions to percepts of natural justice such as bias." Researchers are also cautioned that limitation periods may exist for filing an appeal with the appropriate body (Athabasca University).

What if the institution disagrees with the decision reached by its REB to reject a protocol? The TCPS provides that institutions must respect the authority delegated to the REB and cannot override negative REB decisions reached on grounds of ethics without a formal appeal mechanism. However, institutions may refuse to allow certain research within its jurisdiction, even though the REB has determined it to be ethically acceptable (commentary under Article 1.2). For instance, one institution has indicated that it may disallow a REB-approved project for "administrative, philosophical or resourced-based" reasons (Toronto's University Health Network).

Research Practice Tip: Before lodging an appeal, researchers should ascertain the grounds on which an appeal can be sought. Researchers should also determine what, if any, time restrictions exist for appealing a REB decision and what documentation must be submitted and to whom.

13. Ongoing Ethics Review by REBs

Understanding the Research Context: Legislation, Guidelines, and the Research Ethics Board Process

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9. **Ongoing Ethics Review by REBs**

Once a research project has received REB approval and is underway, there is a continuing need to safeguard research subjects. A specific risk, unknown at the time REB approval was granted, may not come to light until the project commences. As well, amendments that need to be made to the research design or research documents (e.g., consent forms) can generate ethical concerns. Therefore, appropriate oversight and review mechanisms must be put in place.

Although a discussion of this critical aspect of ethics review is beyond the scope of the present module, researchers and REBs should inform themselves of their ongoing obligations. The TCPS speaks to review procedures for ongoing research and explicitly drives home the point that such review is a collective responsibility involving a number of actors, including REBs and researchers [Article 1.13 and its corresponding commentary]. The need for ongoing review is particularly important in the context of clinical trials where serious (unexpected) adverse drug reactions can occur. The Clinical Trial Regulations contain provisions respecting mandatory reporting of such things as serious unexpected adverse drug reactions by sponsors [Section C.05.014] and the GCP Guidelines provide for continuing review of trials by REBs [Section 3.1.4] and for safety reporting by investigators [Section 4.11].

Summary

Although aspects of the present regime are currently under review by the Interagency Advisory Panel on Research Ethics (PRE), it may be some time before significant reform takes place.

REBs are the workhorses of human research ethics review in Canada. Health researchers have a vested interest in developing a strong command of REB policies and procedures. Familiarity with REB processes can assist with the timely commencement of research projects, lead to more efficient research programs, promote the development of constructive relationships with REBs, and increase research subject protection by reducing inadvertent breaches of REB procedures designed to provide this protection.

14. Links and References

Understanding the Research Context: Legislation, Guidelines, and the Research Ethics Board Process

Links and References

1. **Articles and Reports**

Agich G. (2001) "Ethics and innovation in medicine" J. Med. Ethics 27: 295-296;

Dickens B. "Governance Relations in Biomedical Research" in Law Commission of Canada, The Governance of Health Research Involving Human Subjects by Michael McDonald (Ottawa: Law Commission of Canada, 2000). Available online at: http://www.lcc.gc.ca/en/themes/gr/hrish/macdonald/macdonald.pdf.

Downie J. & McDonald F. (2004) "The Oversight of Research Involving Humans: Challenges for Ethics Review Through the Lens of Genetics Research in Mental Health" [Get Cite.]

Glass K. & Lemmens T. "Research Involving Humans" in Jocelyn Downie, Timothy Caulfield, and Colleen Flood Canadian Health Law and Policy (Butterworths, 2002: Toronto).

Knoppers B. "Ethics and Human Research: Complexity or Confusion?" in Law Commission of Canada, The Governance of Health Research Involving Human Subjects by Michael McDonald (Ottawa: Law Commission of Canada, 2000). Available online at: http://www.lcc.gc.ca/en/themes/gr/hrish/macdonald/macdonald.pdf.

McKneally M. & Abdallah D. (2003) "Introducing New Technologies: Protecting Subjects of Surgical Innovation and Research" World J. Surg. 27: 930-935.

Strasberg S. & Ludbrook P. (2003) "Who Oversees Innovative Practice? Is There a Structure that Meets the Monitoring Needs of New Techniques?" J. Am. Coll. Surg. 196(6): 938-948.

2. **Canadian Regulatory Instruments**
   a. *Instruments of Focus in this Module*

Civil Code of Quebec, S.Q. 1991, c. 64. Available on-line at: http://www.canlii.org/qc/laws/sta/ccq/20040323/part1.html. [Accessed 12/16/03]

Division 5 of the Food and Drug Regulations. Available on-line at: http://laws.justice.gc.ca/en/F-27/C.R.C.-c.870/125897.html. [Accessed 10/22/03]

Good Clinical Practice: Consolidated Guidelines. Available on-line at: http://www.ncehr-cnerh.org/english/gcp/. [Accessed 2/23/04]

Tri-Council Policy Statement on the Ethical Conduct of Research Involving Humans. Available online at: http://www.ncehr-cnerh.org/english/code_2/. [Accessed 2/23/04]

   b. *Examples of Regulatory Instruments Developed by Institutions*

Athabasca University - "Policy for Research Involving Humans" - Available online at: http://www.athabascau.ca/policy/research/ethicpolicy.htm. [Accessed 2/23/04]

Laurentian University - "Policy and Procedures for the Ethics of Human Research at Laurentian University" - Available online at: http://laurentian.ca/admn/GRAD_STUDY/RESEARCH/ETHICS-POLICY-FINAL.PDF. [Accessed 2/23/04]

McGill University - "Policy on the Ethical Conduct of Research Involving Human Subjects" - Available online at: http://upload.mcgill.ca/rgo/McGillHSPolicy.pdf. [Accessed 2/23/04]

McMaster University - "McMaster University Research Ethics Guidelines and Researcher's Handbook" - Available online at: http://www.mcmaster.ca/ors/ethics/faculty_guidelines_handbook.htm. [Accessed 2/23/04]

Nova Scotia Agricultural College - "Human Research Ethics Board Policy" - Available online at: http://www.nsac.ns.ca/rgs/research/policy.htm. [Accessed 2/23/04]

University of Alberta - "Human Research - University of Alberta Standards for the Protection of Human Research Participants (Under Review)" - Available online: < http://www.ualberta.ca/~unisecr/policy/sec66.html>. [Accessed 2/24/04]

University of British Columbia, Clinical Research Ethics Board - "Guidance Notes" - Available online at: http://www.ors.ubc.ca/ethics/forms/GNinitialapp.htm. [Accessed 2/23/04]

University of Toronto, University Health Network - "Operating Procedures" - Available online at: http://www.uhnres.utoronto.ca/reb/docs/OperatingProcedures_Mar03.pdf. [Accessed 2/23/04]

c. *Other Regulatory Instruments Referenced in the Module*

Criminal Code of Canada, R.S.C. 1985, c. C-46. Available online at: http://laws.justice.gc.ca/en/C-46/index.html.

Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F-31. Available online at: http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90f31_e.htm.

Human Tissue Gift Act, R.S.B.C. 1996, c. 211. Available online at: http://www.qp.gov.bc.ca/statreg/stat/H/96211_01.htm.

Mental Health Services Act, S.S. 19984-85-86, c. M-13.1.

Personal Information Protection and Electronic Documents Act, S.C. 2000, c. 5. Available online at: http://laws.justice.gc.ca/en/P-8.6/.

3. **Canadian Court Decisions**

Halushka v. University of Saskatchewan (1965), 53 D.L.R. (2d) 436 (Sask. C.A.)

Weiss v. Soloman (1989), 48 C.C.L.T. 280 (Que. Sup. Ct.)

4. **American and International Regulatory Instruments**

Code of Federal Regulations, Title 45 CFR Part 46 (American). Available online at: http://ohrp.osophs.dhhs.gov/humansubjects/guidance/45cfr46.htm.

Declaration of Helsinki (International). Available online at: http://www.wma.net/e/policy/b3.htm.

Nuremburg Code (International). Available online at: http://www.med.umich.edu/irbmed/ethics/Nuremberg/NurembergCode.html.

5. **Other Documents**

College of Physicians and Surgeons of Alberta - Information about the Research Ethics Review Committee is available online at: http://www.cpsa.ab.ca/collegeprograms/research_ethics.asp.

Fonds de la recherche en santé du Quebec (FRSQ), "Health Research Ethics - The FRSQ reassures Quebecers: Quebec keeps close watch" Press Release (Montreal, January 23, 2003).

Health Canada, "Information" regarding clinical trials is available online at: http://www.hc-sc.gc.ca/english/media/releases/2000/2000_11ebk1.htm.

International Committee of Medical Journal Editors - "Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication" - Available online at: http://www.icmje.org/.

National Institutes of Health, Human Participant Protections Education for Research Teams (2002). Available online at: http://69.5.4.33/c01/.

6. **Government Agencies and Committees**

Canadian Institutes of Health Research (Canada). Official Website: http://www.cihr-irsc.gc.ca/index.shtml.

Fonds de la recherche en santé du Quebec (FRSQ). Official Website: http://www.frsq.gouv.qc.ca/fr/index.shtml# Coming soon.

Food and Drug Administration (United States). Official Website: http://www.fda.gov/default.htm.

Health Canada, Health Protection Branch, Therapeutic Products Program. Official Website: http://www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/.

Interagency Advisory Panel on Research Ethics (Canada). Official Website: http://www.pre.ethics.gc.ca/english/index.cfm.

National Council on Ethics in Human Research (Canada). Official Website: http://www.ncehr-cnerh.org/.

AHS 6003: Research and Evaluation Design and Methods

Instructor

Welcome to ARTC 6003!

One hour and fifteen minutes into the guest lecturer's class one of the students present leaned over to a colleague. "She doesn't know a thing about what she is talking about!" The student whispered. "True," answered the colleague. "But you have to admit that she is extremely fluent at expressing her ignorance!"

I will be facilitating your learning for this Web based course. I look forward to working with you and getting to know you better over the next few months. I trust that your understanding and appreciation for health research methodology will evolve, as will your ability to critically analyze research findings. My name is Kim Critchley. I am Associate Professor & Dean at the University of Prince Edward Island School of Nursing. I obtained a Baccalaureate Degree of Nursing from St Francis Xavier University, Master of Nursing from the University of Calgary and Doctorate Degree from the University of Helsinki. My doctoral thesis work involved cardiovascular rehabilitation and lifestyle modification following a myocardial infarction. My clinical areas of expertise are Emergency and Critical Care Nursing. My research areas of interest are primary health care, cardiovascular rehabilitation, Aboriginal and children's health. I am co-director of Children's Health Applied Research Team at UPEI.

I am the proud mother of two teenagers who are absolutely wonderful, but who also drive me crazy.... and seem to take great joy in doing so. I enjoy a variety of physical activities and sports. Each spring I run a marathon, I play hockey during the winter and I golf very badly in summer.

Again, I welcome you to this course. I encourage you to contact me with any queries regarding assignments or course material that may arise throughout the term.

Kindest regards,

Kim A Critchley, RN, PhD

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AHS 6003: Research and Evaluation Design and Methods

Getting Started

Welcome to ARTC 6003, Research and Evaluation Design and Methods.

This course will provide you with the knowledge and skills needed to conduct and critically read both quantitative and qualitative research. What you have learned can be applied in subsequent courses.

The course consists of readings from the text, self-learning study guide activities (prepared to complement the Nursing Research: Principles and Methods text), on-line quizzes, and regularly scheduled teleconference sessions. To help keep you on task, a schedule is provided that outlines the readings and learning activities you are expected to complete for each week.

The self-learning study guide activities should be completed after you've read the assigned chapters in the text and before attending the teleconference sessions. Groups of students will be assigned a particular week by the instructor and asked to lead the discussion of the self-learning study guide questions for this week focusing particularly on the application exercises. The application exercises reinforce the acquisition of basic research skills and are intended to bridge the gap between passive reading of complex, abstract materials and active participation in the development of research skills. They were developed on the premise that research examples are a critical component of the learning process. The inclusion of research examples is designed to facilitate the absorption of research concepts, encourage curiosity and an interest in acquiring research skills and suggest topics that might be pursued further by researchers and those who use research findings.

The self-learning study guide activities consists of:

1. Completion Exercises
   Sentences are presented in which you must fill in a missing word or phrase corresponding to important ideas introduced in the text.
2. Study Questions
   Two to five short individual exercises relevant to the materials in the text, including the preparation of definitions of terms.
3. Application Exercises
   These exercises, geared primarily to the consumers of research, involve opportunities to critique various aspects of a study. Research examples are provided for you to evaluate according to a dimension emphasized in the corresponding chapter of the text.

You are reminded that participating in the teleconference sessions is an important component of the course and is critical for learning. More information on participation and contribution to the course discussions is provided on the *Evaluation* page of the *Syllabus*.

I hope you will learn from this course. I enjoyed putting it together with the graduate level student in mind. I look forward to working with you throughout the course.

Good Luck!

Kim

AHS 6003: Research and Evaluation Design and Methods

Objectives

The ultimate goal of this research methods course is to provide a foundation whereby students will gain an understanding and appreciation of health research and have sufficient conceptual knowledge of Quantitative and qualitative research methods to develop further skills in subsequent courses.

More specifically, in addition to developing a conceptual understanding of health research, research concepts and principles and methods for conducting and critically reading both quantitative and qualitative research, this course intends for students to develop the following specific research skills:

1. Demonstrate the skills of a research consumer, including an ability to evaluate critically research articles related to health
2. Comprehend basic research terminology
3. Describe the research process as a scientific approach and a method of improving professional practice for the health disciplines
4. State research questions or hypotheses
5. Determine the appropriate design to investigate a question or test a hypothesis
6. Critique research designs in published studies

Resources

Textbook

Politz, D. & Beck, C. (2004). Nursing Research Principles and Methods. Seventh Edition. Philadelphia, Lippincott Williams & Wilkins.

Choosing a single text for this course is not easy. I am recommending this above stated text as it will provide students with a solid foundation in each of the topic areas of the course outline. For each section of the course outline, the relevant chapters from the text will be provided. Other particularly relevant readings will also be provided for you.

Evaluation

The following is the evaluation scheme for the course. Click on the link for each component for a detailed explanation.

Component	**Due**	**Value**
Weekly Quizzes	End of each Week	20%
Course Participation & Contribution	Ongoing	15%
Mini Research Critique #1	Week 6	20%
Mini Research Critique #2	Week 10	20%
Final Critique	Last Week	25%

Grading System

All written assignments should follow the format of the Fifth Edition of the Publication Manual of the American Psychological Association. Marks will be deducted for improper format. Poor grammar and spelling in a written assignment will result in a lower grade.

1. Assignments must be submitted on time.
2. Extensions will be granted under extenuating circumstances. Please discuss this with me beforehand.
3. Late papers will be penalized 3% per day for a maximum of 5 days. After that date, the assignment will not be accepted.

AHS 6003: Research and Evaluation Design and Methods

Schedule

Topics	START	Learning Activities
• **Foundations of Research:** - Key concepts and terms in qualitative & quantitative research	**Week 1**	• Read Chapter 2 • Complete Study Guide, Chapter 2 • Complete Online Quiz 1 • Participate in Conference Call
• **Foundations of Research:** - Overview of the research process in qualitative & quantitative studies	**Week 2**	• Read Chapter 3 • Complete Study Guide, Chapter 3 • Complete Online Quiz 2 • Participate in Conference Call
• **Conceptualizing a Research Study:** - Research problems, questions and hypothesis - Reviewing the literature	**Week 3**	• Read Chapters 4 & 5 • Complete Study Guide, Chapter 4 • Complete Study Guide, Chapter 5 • Complete Online Quiz 3 • Participate in Conference Call
• **Designing Quantitative Studies**	**Week 4**	• Read Chapter 8 • Complete Study Guide, Chapter 8 • Complete Online Quiz 4 • Participate in Conference Call
• **Designing Quantitative Studies:** - Enhancing rigor - Quantitative research for various purposes	**Week 5**	• Read Chapters 9 & 10 • Complete Study Guide, Chapter 9 • Complete Study Guide, Chapter 10 • Complete Online Quiz 5 • Participate in Conference Call
	Week	

AHS 6003: Research and Evaluation Design and Methods

Topic	Week	Activities
• **Quantitative Research Design**	**6**	• Read Chapter 11 • Complete Study Guide, Chapter 11 • Complete Online Quiz 6 • Participate in Conference Call • Submit Mini-Research Critique #1
• **Sampling Designs**	**Week 7**	• Read Chapter 13 • Complete Study Guide, Chapter 13 • Complete Online Quiz 7 • Participate in Conference Call
• **Measurement and Data Collection:** - Designing and implementing a data collection plan - Collecting self-report data	**Week 8**	• Read Chapters 14 & 15 • Complete Study Guide, Chapter 14 • Complete Study Guide, Chapter 15 • Complete Online Quiz 8 • Participate in Conference Call
• **Assessing Data Quality:**	**Week 9**	• Read Chapter 18 • Complete Study Guide, Chapter 18 • Complete Online Quiz 9 • Participate in Conference Call
• **Descriptive Data Analysis and Interpretation**	**Week 10**	• Read Chapter 19 • Complete Study Guide, Chapter 19 • Complete Online Quiz 10 • Participate in Conference Call
• **Inferential Data Analysis and Interpretation**	**Week 11**	• Read Chapter 20 • Complete Study Guide, Chapter 20 • Complete Online Quiz 11 • Participate in Conference Call

Topic	Week	Activities
		• Submit Mini-Research Quiz #2
• **Analyzing Qualitative Data**	**Week 12**	• Read Chapter 23 • Complete Study Guide, Chapter 23 • Complete Online Quiz 12 • Participate in Conference Call
• **Evaluating Research Reports**	**Week 13**	• Read Chapter 26 • Complete Study Guide, Chapter 26 • Participate in Conference Call • Submit Final Critique 4:00 p.m., December 9th • Fall Workshop December 12th–16th, 2005
	END	

AHS 6004 - Determinants of Health: Healthy Public Policy

Instructor

Merv Ungurain: B.A.-Acadia University; M.P.A., H.S.A.-Dalhousie University; Ph.D Candidate-Dalhousie University

Merv Ungurain is an Adjunct Lecturer in the School of Health Services Administration at Dalhousie University and the Department of Community Health and Epidemiology.

He was the Past President of both the Public Health Association of Nova Scotia and the Canadian Public Health Association and former chair of the CPHA Editorial Board, Board of Directors and Executive Board. Merv served as Vice-President for CPHA to the American Public Health Association. He was the first appointed Director of the Nova Scotia Tobacco Control Unit. He was responsible for establishing a viable Tobacco Control Unit and developing a comprehensive tobacco policy for the province. Merv was seconded to Dalhousie University for two years as a Research Fellow within the Unit of Population Health & Chronic Disease Prevention to develop a Chronic Disease Prevention Strategy for Nova Scotia. He has served on the Federal/Provincial/Territorial Advisory Committee on Population Health and consulted and worked internationally in India, Turkey and Russia on Population Health issues. Merv represented CPHA at the World Federation of Public Health Meetings in Geneva, Switzerland. Currently, he is the Senior Consultant in Primary Health Care Reform for Nova Scotia.

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Course Description

This course - Determinants of Health: Healthy Public Policy - will explore the development of the philosophy of the determinants of health; identify the determinants of health and their relationship with health status and population health. The course will investigate the underpinnings of the philosophy and complex inter-relationships inherent to the concept of determinants of health. Students will further investigate the complexities of developing healthy public policies that address multiple determinants of health. The implications of such policy decisions will also be studied.

The determinants of health and population health approaches, follow a historical path essentially beginning with the publication of the Lalonde Report in 1974. The Report proposed a shift from "blaming the individual" for compromised health status (e.g., smoking, drug and alcohol addictions, sedentary lifestyles, poor nutrition) to a more encompassing focus that encouraged lifestyle changes supported through modifications to the social and physical environments of communities and consequently individuals. Thus the notion of health promotion was adopted and formed the underpinnings of the determinants of health, population health approaches and healthy public policy.

International and national governments, health agencies and organizations have adopted the determinants of health as a guiding framework for the development of population health concepts and healthy public policies that promote the health of countries, cities, communities and individuals. In this course students will gain an understanding of the key determinants of health, their inter-connectivity and the implications of developing and implementing healthy public policy that promotes population health.

Course Objectives

- To develop an understanding of the history and philosophical underpinnings of the determinants of health.
- To identify the determinants of health and their relationship to health status and population health.
- To understand the complexity of the relationships between the determinants of health and healthy public policy.
- To promote discussion and debate concerning the implementation of healthy public policy in relation to the determinants of health and population health.
- To develop a major paper that draws together the objectives indicated above.

The course is divided into two parts. Lessons 1 - 6 address specifics of the background, history and philosophy of the determinants of health and relates these to the development and implications for healthy public policy. Lessons 7 - 12 are structured student presentations and discussion forum for the 12 identified key determinants of health.

NOTE: Students should schedule their time to complete one lesson per week.

Evaluation

Assignment 1: Short Paper	20%
Assignment 2: Determinants Briefing Note & Presentation	30%
Assignment 3: Major Paper & Presentation	30%
Assignment 4: Online Tutorial Sessions and posted weekly assignments	20%
Total	100%

Method of Evaluation:

For each of the assignments students will be evaluated according to the following criteria:

Organization and presentation of information	25 points
Analysis of the issues and implications	50 points
Conclusions and recommendations	25 points
Total	100 points

Note: In most cases points will be divided equally, so for example on an assignment worth 30% each of the above criteria would be worth 10 points.

In general:

- Please proof read your papers and assignments for spelling and grammar!
- Write in an acceptable academic style; do not use point form. All assignments are single spaced.
- All written materials should be submitted in Microsoft Word. Use 12 point font, one inch margins, and please include a header that includes the student's name, paper topic and page number.
- If you use someone's material please cite your references (APA format). Please take the time to read the University Policy on Plagiarism found in the University Calendar.
- Marks will be deducted for lateness. Assignments are due at 4:00 p.m. on the specific "due" date
- Please do not exceed page length for assignments.
- Include a table of contents and references.
- Students will be responsible for reading assigned readings. A good "Rule of Thumb" is to complete one lesson a week for the duration of the course.

Assignments

Assignment 1: Short Paper

Value: 20%
Date Due: Thursday, February 23rd, 2006.

Read *The Race Against Time* by Stephen Lewis, Commissioner of the World Health Organization. Commission on Social Determinants of Health. Provide a brief overview of the Massey Lectures, including both the history and philosophy, major determinants, linkages and implications for healthy public policy.

This paper will be 6 single-spaced pages plus a 1 page summary of key issues, implications and recommendations. References are in addition to the 6 page document.

Assignment 2: Determinants Briefing Note & Presentation

Value: 30% (Briefing Note=20%; Presentation=10%)
Date Due: Student presentations will take place starting the week of February 27th, 2006 and will be completed by April 3rd, 2006.

Each student will be assigned by the Instructor one of the twelve key determinants identified in Part I of the course. Each week designated students will present their assigned determinant to the seminar group. This will include:

1. Preparation of a presentation outline/overview with supporting written work that describes the assigned determinant, the implications for healthy public policy and the interrelationships between the assigned determinant and two other student selected determinants (prepare and post to the Bulletin Board a 4–5 page Briefing note - Template to be provided by Course Instructor).
2. The presentation material should be posted at least one week prior to the presentation date.
3. Arrange with the Instructor a time to present during the weekly teleconference session. Plan to lead a discussion on the topic area for a period of 20 minutes and allow 10 minutes for questions.
4. Students should be prepared to respond to questions from fellow students and the Instructor.

Presentation Schedule: Table of times will be provided by first week of classes.

Assignment 3: Major Paper [20%] & Presentation [10%]

Value: 30%
Date Due: Thursday, April 6th, 2006.

Building from all the presentations of the determinants of health, select four determinants that are of particular interest to you.

- Present the selected determinants and investigate community, provincial, national or international policies relevant to your discussion. Your paper will not exceed 10 pages, single spaced, excluding references. Please also provide a 1 page Executive Summary of the key points, implications and recommendations.
- Discuss the pros and cons of the current policies in place and provide solid recommendations for improving healthy public policy in your community, province, nationally or internationally.
- Interview senior officials responsible for policy and programs within your selected determinants. Please include their name, title, etc., in your references.

Assignment 4: Online Tutorial Sessions and Posted Weekly Assignments

Value: 20%

NOTE: Students are expected to attend and actively participate in teleconference calls and student presentations. Quality participation in online tutorial sessions and posted weekly assignments will be required through individual and group work.

Lesson Outline and Required Readings

The Lessons include:

Part I:

Lesson 1	The History and Philosophy of the Determinants of Health
Lesson 2	12 Key Determinants
Lesson 3	Healthy Public Policy and the Determinants of Health
Lesson 4	Measuring the Impact of Healthy Public Policy in relation to the Determinants of Health
Lesson 5	Current Examples and Trends in Policy Making and the Determinants of Health
Lesson 6	Future Directions for Policy Making and the Determinants of Health in the Ever-Changing World

Part II:

Lessons 7 - 12	Student presentations and discussion forums

Required Readings:

1. The readings are directly accessible through the Web and Course Textbooks(Internet Web sites are provided.)

2. Some readings are found in the electronic journals accessible through the Distance Access service.

3. The core textbooks for this course are:
   a. *Why Are Some People Healthy and Others Not: The Determinants of Health of Populations*. (Eds.) Evans, Robert. G., Barer, Morris. L., & Marmor, Theodore. R. (1994). Aldine De Gruyer, New York, 1994.
   b. *Social Determinants of Health: Canadian Perspectives*. Editor-Dennis Raphael (2004) Georgetown Terminal Warehouses Ltd., Georgetown ON.

4. *Race Against Time* Lewis, Stephen. (2005). House of Anansi Press Inc. Toronto: ON. ISBN# 0-88784-733-1.

AHS-6004 - Syllabus - Instructor

AHS 6004 - Determinants of Health: Healthy Public Policy
Instructor
Merv Ungurain: B.A.-Acadia University; M.P.A., H.S.A.-Dalhousie University
Merv Ungurain is the Associate Dean, Policy and Planning for the Faculty of Health Professions at Dalhousie. He was seconded as the Acting Director of the School of Health and Human Performance. He continues to teach as an Adjunct Professor in the School of Health Services Administration and as a Guest Lecturer in the Department of Community Health and Epidemiology at Dalhousie University.

He is the Past President of both the Public Health Association of Nova Scotia and the Canadian Public Health Association and former chair of the CPHA Editorial Board, Board of Directors and Executive Board. Merv served as Vice-President for CPHA to the American Public Health Association. He was the first appointed Director of Nova Scotia Tobacco Control Unit. He was responsible for establishing a viable Tobacco Control Unit and developing a comprehensive tobacco policy for the province. Merv was seconded to Dalhousie University for two years as a Research Fellow within the Unit of Population Health and Chronic Disease Prevention to develop a Chronic Disease Prevention Strategy for Nova Scotia. He has served on the Federal/Provincial/Territorial Advisory Committee on Population Health and consulted and worked internationally in India, Turkey and Russia on Population Health Policy Issues. Merv has represented CPHA at the World Federation of Public Health Meetings in Geneva, Switzerland. He also worked as a Senior Consultant in Primary Health Care Reform for Nova Scotia.

Contact Information:

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AHS-6004 - Syllabus - Course Description

AHS 6004 - Determinants of Health: Healthy Public Policy
Course Description

AHS 6004 – Determinants of Health: Healthy Public Policy

This course will explore the development of the philosophy of the determinants of health; identify the determinants of health and their relationship with health status and population health. The course will investigate the underpinnings of the philosophy and complex inter-relationships inherent to the concept of determinants of health. Students will further investigate the complexities of developing healthy public policies that address multiple determinants of health. The implications of such policy decisions will also be studied.

The determinants of health and population health approaches, follow a historical path essentially beginning with the publication of the Lalonde Report in 1974. The Report proposed a shift from "blaming the individual" for compromised health status (e.g., smoking, drug and alcohol addictions, sedentary lifestyles, poor nutrition) to a more encompassing focus that encouraged lifestyle changes supported through modifications to the social and physical environments of communities and consequently individuals. Thus the notion of health promotion was adopted and formed the underpinnings of the determinants of health, population health approaches and healthy public policy that we know today.

International and national governments, health agencies and organizations have adopted the determinants of health as a guiding framework for the development of population health concepts and healthy public policies that promote the health of countries, cities, communities and individuals. In this course students will gain an understanding of the key determinants of health, their inter-connectivity and the implications of developing and implementing healthy public policy that promotes population health.

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AHS-6004 - Syllabus - Course Objectives

AHS 6004 - Determinants of Health: Healthy Public Policy
Course Objectives

1. To develop an understanding of the history and philosophical underpinnings of the determinants of health.
2. To identify the determinants of health and their relationship to health status and population health.
3. To understand the complexity of the relationship between the determinants of health and healthy public policy.
4. To promote discussion and debate concerning the implementation of healthy public policy in relation to the determinants of health and population health.

5. To acquire an applied research framework for determinants of health and health policy.

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AHS-6004 - Syllabus - Evaluation

AHS 6004 - Determinants of Health: Healthy Public Policy
Evaluation

Assignment 1:	Teleconference Sessions and posted weekly assignments	30%
Assignment 2:	Short paper (The Race Against Time)	20%
Assignment 3:	Major Paper and presentation (Major paper – 30%; Presentation – 10%)	40%
Participation:	Ongoing	10%
Total		100%

Method of Evaluation:
For each of the assignments students will be evaluated according to the following criteria:

Organization and presentation of information	10 points
Analysis of the issues and implications	10 points
Conclusions and recommendations	10 points
Total	30 points

Note: In most cases points will be divided equally, so for example on an assignment worth 30% each of the above criteria would be worth 10 points.

Important Tips:

- Please proofread your papers and assignments for spelling and grammar!
- Write in an acceptable academic style; do not use point form. All assignments are double spaced.
- All written materials should be submitted in Microsoft Word. Use 12 point font, one inch margins, and please include a header that includes the student's name, paper topic and page number.
- If you use someone's material please cite your references (APA format). Please take the time to read the attached University policy on plagiarism (pages 4 and 5).
- Marks will be deducted for lateness. Assignments are due at 1:00 p.m. on the specific "due" date.
- Please do not exceed page length for assignments.
- Include a table of contents and references.
- Students will be responsible for reading assigned readings. A good "Rule of Thumb" is to complete one lesson a week for the duration of the course.

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AHS-6004 - Syllabus - University Regulations

AHS 6004 - Determinants of Health: Healthy Public Policy
Academic Integrity, Intellectual Honesty, Plagiarism, and Fraud ...University Regulations

For student regulations and procedures regarding academic integrity, intellectual honesty, discipline, and student code of conduct please see pages 20-41 of the **2010/2011 Undergraduate Calendar** or visit the website at http://ug.cal.dal.ca/UREG.htm.

The following paragraphs are reprinted from the Dalhousie University 2010-2011 Undergraduate Calendar:

Plagiarism (Pages 23-24)

Dalhousie University defines plagiarism as the submission or presentation of the work of another as if it were one's own. Plagiarism is considered a serious academic offence which may lead to the assignment of a failing grade, suspension or expulsion from the University. If a penalty results in a student no longer meeting the requirements of a degree that has been awarded, the University may rescind that degree.

Some examples of plagiarism are:

- failure to attribute authorship when using a broad spectrum of sources such as written or oral work, computer codes/programmes, artistic or architectural works, scientific projects, performances, web page designs, graphical representations, diagrams, videos, and

images;
- downloading all or part of the work of another from the Internet and submitting as one's own; and
- the use of a paper prepared by any person other than the individual claiming to be the author.

The University attaches great importance to the contribution of original thought to learning and scholarship. It attaches equal importance to the appropriate acknowledgement of sources from which facts and opinions have been obtained. The proper use of footnotes and other methods of acknowledgement vary from one field of study to another. Failure to cite sources as required in the particular field of study in the preparation of essays, term papers and dissertations or theses may, in some cases, be considered to be plagiarism. Students who are in any doubt about how to acknowledge sources should discuss the matter in advance with the faculty members for whom they are preparing assignments. In many academic departments, written statements on matters of this kind are made available as a matter of routine or can be obtained on request. Students may also take advantage of resources available through the Writing Centre at writingcentre.dal.ca or the Dalhousie Libraries at infolit.library.dal.ca/tutorials/Plagiarism.

Procedures Regarding Students with Learning Disabilities (Pages 22-23)

Dalhousie University is committed to providing equal educational opportunities and full participation for students with learning disabilities. (See pages 22-23 in the Dalhousie Undergraduate Calendar 2010/2011 for more information on procedures regarding students with learning disabilities.)

Students with disabilities are encouraged to register as quickly as possible at the Student Accessibility Services if they want to receive academic accommodations. To do so please phone 494-2836, e-mail access@dal.ca, drop in at the Killam, G28 or visit http://www.studentaccessibility.dal.ca/.

Students with permanent or temporary disabilities who would like to discuss classroom or exam accommodations are asked to contact the course professor as soon as possible. Students are encouraged to register with Services for Students with Disabilities, Killam Library, Room G28. Accommodations are determined based on medical or clinical documentation, past experience in educational settings, and an interview with the student. Contact Services for Students with Disabilities at 494-2836/ Services for Hearing Impaired 494-7091.

Policy on Submission of Student Papers
Turnitin

Dalhousie University now subscribes to Turnitin.com, a computer based service which checks for originality in submitted papers. **Any paper submitted by a student at Dalhousie University may be checked for originality** to confirm that the student has not plagiarized from other sources. Plagiarism is considered a serious academic offence which may lead to loss of credit, suspension or expulsion from the University, or even the revocation of a degree. It is essential that there be correct attribution of authorities from which facts and opinions have been derived. At Dalhousie there are University Regulations which deal with plagiarism and, prior to submitting any paper in a course, students should read the Policy on Intellectual Honesty contained in the Calendar or on the Dalhousie web site at:

http://www.registrar.dal.ca/calendar/ug/UREG.htm#12

Any instructor may require student papers to be submitted in both written and electronic (computer-readable) form, e.g., a text file on floppy disk or as an email attachment, as defined by the instructor. The instructor may submit the material to a third-party computer- based assessment system(s) for the purpose of assessing the originality of the paper. The results of such assessment may be used as evidence in any disciplinary action taken by the Senate. (Page 23)

As a student in this class, you are to keep an electronic copy of any paper you submit, and **the course instructor may require you to submit that electronic copy on demand**. Copies of student papers checked by this process will be retained by Turnitin.com.

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AHS-6004 - Syllabus - Assignments

AHS 6004 - Determinants of Health: Healthy Public Policy
Assignments
Assignment 1: Weekly **Teleconferences and posted assignments**
Tuesdays, 10:30 am to 12 noon starting January 11, 2011 to April 5, 2011

Value: 40%

NOTE: Students are expected to attend and actively participate in teleconference calls and student presentations. Quality participation on teleconference calls/sessions and posted weekly assignments will be required.

Assignment 2: **Short Paper**

Value: 20%
Date due: Tuesday, March 15, 2011

Read *The Race Against Time,* by Stephen Lewis, Commissioner of the World Health Organization Commission on Social Determinants of Health. Provide a brief overview of the Massey Lectures, including both the history and philosophy, identify the major determinants, their linkages and implications for healthy public policy and the challenges for implementation.

This paper will be 10 double-spaced pages, including a 1-page executive summary of key issues, policy, implications, conclusions and recommendations. References must be properly cited and included.

Assignment 3: **Major Paper**

Value: 30%

Date Due: Tuesday, April 12, 2011

Building from all the presentations of the determinants of health, select the key determinants that are of particular relevance to a specific health policy issue that is of interest to you.

- Present the selected determinants and investigate community, provincial, national or international policies relevant to your discussion. Your paper will not exceed 15 pages, double-spaced, excluding references. Please also provide a 1-page executive summary of the key points, implications and recommendations.
- Discuss the pros and cons of the current policies in place or not in place, and provide solid recommendations for improving healthy public policy in your community, province, nationally or internationally using the selected determinants to support your recommendations.
- Interview senior officials responsible for policy and programs within your selected determinants. Please include their name, title, etc., in your references.
- Presentation: 10%

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AHS-6004 - Syllabus - Lesson Outline and Required Readings

AHS 6004 - Determinants of Health: Healthy Public Policy
Lesson Outline and Required Readings
The Lessons include:

Lesson 1	The History and Philosophy of the Determinants of Health
Lesson 2	12 Key Determinants
Lesson 3	Healthy Public Policy and the Determinants of Health
Lesson 4	Measuring the Impact of Healthy Public Policy in relation to the Determinants of Health
Lesson 5	Current Examples and Trends in Policy Making and the Determinants of Health
Lesson 6	Future Directions for Policy Making and the Determinants of Health in the Ever-Changing World

Required Readings:

1. The readings are directly accessible through the Web and Course Textbooks (Internet websites are generally provided).
2. The core textbooks for this course are:

   a. *Social Determinants of Health: Canadian Perspectives*. Raphael, Dennis (Ed.) (2004), Georgetown Terminal Warehouses Ltd., Georgetown, ON. (**Required textbook**)
   b. *Race Against Time*, Lewis, Stephen (2005). House of Anansi Press Inc., Toronto, ON. ISBN#0-88784-733-1. (**Required textbook**)

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AHS-6004 - Syllabus - Presentation & Readings Schedule

AHS 6004 - Determinants of Health: Healthy Public Policy
Determinant Presentations and Readings Schedule

Date	Readings	Key Determinant Presentation	Student
	Chapters 2, 3, 4	Income and Social Status	
	Chapters 5, 6, 7	Employment/Working Conditions	
	Chapters 14, 15	Physical Environments	
	Chapters 12, 13	Personal Health Practices and Coping Skills	
	Chapters 8, 9	Healthy Child Development	
	Chapters 10, 11	Education	
	Chapter 21	Social Support Network	
	Forward and Chapter 1	Social Environment	
	Chapters 19 and 20	Health Services	
	Chapter 23 plus Appendix	Biology and Genetics	
	Chapter 22	Gender	
	Chapters 16, 17, 18	Culture	

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AHS-6004 - Schedule - Schedule

Determinants of Health: Healthy Public Policy

Schedule

Topics	START	Learning Activities
• **Lesson 1** The History and Philosophy of the Determinants of Health	**Weeks 1 & 2**	• Post Learning Activity 1 to Discussion Board
• **Lesson 2** 12 Key Determinants	**Week 3 & 4**	• Post Learning Activities 1 & 2 to Discussion Board
• **Lesson 3** Healthy Public Policy and the Determinants of Health	**Week 5**	• Post Learning Activity 1 to Discussion Board
• **Lesson 4** Measuring the Impact of Healthy Public Policy in Relation to the Determinants of Health	**Week 6**	• Post Learning Activity 1 to Discussion Board
• **Lesson 5** Current Examples and Trends in Policy Making and the Determinants of Health	**Week 7**	• Post Learning Activity 1 to Discussion Board
• **Lesson 6** Future Directions for Policy Making and the Determinants of Health in the Ever-Changing World	**Week 8**	• Post Learning Activity 1 to Discussion Board
• Short Paper	**Week 9**	• Short paper on ***The Race Against Time*** is due on March 15th, 2011. • Teleconference to discuss the same will be held on March 15th, 2011.
• Student Presentations	**Weeks 10, 11 & 12**	• Follow Student Presentations Schedule Week 10 - March 22nd, 2011 Week 11 - March 29th, 2011 Week 12 - April 5th, 2011
	Week	

• Major Paper	**13**	• Major paper is due Tuesday, April 12th, 2011.
	END	

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POLICY AND DECISION MAKING

AHS 6005

Course Description

The goal of this course is to explore how Canadian policy, and health policy in particular, is developed, implemented and evaluated. Throughout the next 13 weeks you will gain understanding of the complex factors and processes at play in the health policy arena in this country and have an opportunity to further develop your skills in the areas of critical appraisal and policy synthesis.

The course is divided into 3 main sections: (1) Policy Formulation/Development, (2) Policy Implementation and (3) Policy Analysis and Synthesis. A "case" example of a major Canadian health policy will be used to illustrate the role and impact of institutions, stakeholders and values in the policy process. The course will be delivered via Web CT, with lectures presented on-line and class discussions conducted via weekly teleconferences. Evaluation will be based on: (1) class participation; (2) oral presentation of a health policy issue; (3) written submission of a policy synthesis paper which addresses the same issue covered in the oral presentation; and (4) written submission of a 2 page Briefing Note targeted to a key decision maker. The overall course objectives, key concepts, format and evaluation are described in more detail below.

Overall Course Objectives

Students will learn about and gain insight into:

- Approaches to policy/health policy development;
- The role of institutions, key stakeholders and values in health policy development, implementation and evaluation;
- Processes of policy implementation in decision making environments;
- The process and methods of policy appraisal and evaluation;
- The approaches to policy synthesis;
- Strategies for communication of policy relevant information to decision-makers.

Key Concepts

- Theoretical approaches to policy formulation, implementation and appraisal;
- Values and ideology which impact on the policy process in general and the health policy process in particular;
- Respect for diversity of perspectives in the policy process
- Federal and provincial roles in health policy in Canada;
- Intersectoral collaboration in the policy process;
- Models for decision making

Course Format

- Classes will commence the week of January 9th and conclude the week of the April Workshop in St. John's, NL.

- We will use the Canada Health Act (1984) and subsequent efforts to reform it (primarily the Romanov Commission) to illustrate the policy formulation, implementation and appraisal processes discussed throughout the course.

- **READINGS**: Each week, you will be assigned a number of readings which will provide an overview of a selected concept or process which is fundamental to the understanding of policy in general, supplemented by material which situates the topic in the Canadian health policy context. Readings will be taken from the required texts and on-line sources. Where additional readings are required, copies of the readings will be provided to the students.

- **LECTURES**: Each week, a power-point presentation which provides an overview of the topic and take away points from the readings will be posted by the course instructor, Dr. Doreen Neville.

- **DISCUSSION QUESTIONS**: Questions which will guide the classroom discussion are outlined for each week.

- **CLASS PARTICIPATION**: 2 one-hour teleconference sessions will be scheduled each week. Half of the class will attend each session. Students are expected to provide their input on the discussion questions during these teleconference sessions.

- **STUDENT ASSIGNMENTS**: Students will be asked to identify a current health/social policy issue which they would like to explore in greater detail.
    - Students will present an overview of the issue and their approach to analysis in an oral presentation to the class, during the week of the Policy Workshop in April.
    - The oral presentation will be followed by submission of a written paper which presents an analysis of the topic.
    - This policy synthesis must be accompanied by a Briefing Note suitable for submission to a decision maker in government or a major health care organization.

- **COURSE CULTURE**: Critical thinking and appraisal skills are highly valued tools for a policy maker or analyst. Equally valued in the policy arena is the capacity to understand the different perspectives of key institutions and actors in the policy process, and respect the contributions that these different perspectives bring to the policy debate. Throughout this course I hope to see this attitude of respect for diversity illustrated in the commentary which surrounds our weekly discussions of the course material and our interactions with each other.

Course Evaluation

- Class participation: 15%
- Oral Presentation (20 minutes): 20%
- Policy Synthesis Paper (20 pages maximum):50%
- Briefing Note (2 pages): 15%

Course Faculty

- Doreen Neville, ScD
  Associate Professor,
  Health Policy and Health Care Delivery
  Memorial University, Faculty of Medicine, Division of Community Health
  dneville@mun.ca; phone 709-777-6215; fax 709-777-7382

Required Texts

- Brooks S, Miljan L. ***Public Policy in Canada: An Introduction*** (4th edition). Toronto: Oxford University Press, 2003

- Tuohy CH. ***Accidental Logics: The Dynamics of Change in the Health Care Arena in the United States, Britain and Canada***. Toronto: Oxford University Press, 1999.

COURSE SCHEDULE

WEEK	TOPIC	TELECONFERENCE TIMES
Week 1:	**Section 1: Policy Formulation** Public Policy and Health Policy in Canada: An Introduction	A. B.
Week 2:	**Section 1: Policy Formulation** Agenda Setting	A. B.
Week 3:	**Section 1: Policy Formulation** Values and Policy Making	A. B.
Week 4:	**Section 1: Policy Formulation** Role of Structure, Institutions and Actors,	A. B.
Week 5:	**Section 1: Policy Formulation** Policy Decision Making ***Health Policy Topic for Presentation and Paper Due: Submit in writing***	A. B.
Week 6:	**Section 2: Policy Implementation** Theoretical Perspectives	A. B.
Week 7:	**Section 2: Policy Implementation** The Implementation of Regionalization of Health System Governance and Service Delivery in Canada	A. B.
Week 8:	**Section 2: Policy Implementation** Challenges to Implementation of the Romanow Commission Recommendations	A. B.
Week 9:	**Section 3: Policy Analysis/ Evaluation** Overview of Policy Analysis Frameworks and Approaches	A. B.
Week 10:	**Section 3: Policy Analysis/ Evaluation** Economic Approaches	A. B.
Week 11:	**Section 3: Policy Analysis/ Evaluation** Policy Synthesis	A. B.
Week 12:	***Oral Presentations By Students***	**Policy and Decision Making Workshop**
Week 13	**No Class; FINAL PAPER AND BRIEFING NOTE DUE BY 5PM**	

COURSE OUTLINE

Week 1: **POLICY FORMULATION**
Public Policy and Health Policy in Canada: An Introduction

***Objectives*:**
1. To introduce the concepts of public policy and health policy;
2. To review the major theories of public policy formulation;
3. To explore the context of policy making in Canada;
4. To re-introduce the Canada Health Act as the "case" for this course.

***Readings*:** **on-line or required texts**

Brooks S. **Public Policy in Canada: An Introduction** (4th Edition). Toronto: Oxford University Press, 1998.

Chapter 2: Theories of Public Policy, p 22-49
Chapter 3: Context of Public Policy Making in Canada, p 50-87

The Canada Health Act: www.hc-sc.gc.ca/medicare/chaover.htm

What is the CHA? **Note: please download and read the actual legislation**
Evolution of the CHA
Services Covered
Requirements
Penalties
Services Not Covered.

***Discussion Questions*:**

1. Which of the 3 perspectives on the policy process (pluralism, choice, Marxism/class) described in the Brooks (Chapter 2) reading seems to best describe your present understanding of the policy process in Canada? Why?

2. Are there contextual issues/influences which come to bear on health policy making which differ from those which operate in other areas of public policy in Canada?

3. What types of contextual issues may have influenced the formulation of the Canada Health Act?

Week 2: **POLICY FORMULATION**
Agenda Setting

Objectives: 1. To review the processes and factors which influence if and how an issue becomes a focus for public policy intervention.
2. To begin to explore how reform of the Canada Health Act became a policy agenda item in Canada.

Readings: **Note: The 4 readings for this week are contained in the readings package. BUT, students should also visit the Tommy Douglas Research Institute on-line and have a look at their website.**

Howlett M, Ramesh M. **Studying Public Policy: Policy Cycles and Policy Subsystems**. Don Mills, Ontario: Oxford University Press, 1995.
Chapter 5: Agenda Setting- Policy Determinants and Policy Windows, p 103-120.

Inglehart JK. ***Revisiting the Canadian Health Care System***. New England Journal Of Medicine, Health Policy Report, Vol 342, no 26, 2007-2012, 2000.

Evans R, Roos NP. ***What is right about the Canadian Health Care System?*** Milbank Quarterly, Vol 77, No 3, 392-399, 1999.

Rachlis M, Evans RG, Lewis P, Barer M. ***Revitalizing Medicare: Shared Problems, Public Solutions***. A study prepared for the Tommy Douglas Research Institute, 2001.
Executive Summary and Part One, p i-15.

www.tommydouglas.ca

Discussion Questions:

1. What were some of the factors which led to the emergence of the reform of the Canadian health care system/Canada Health Act as one of **the** principal public policy debates of the current and previous decade?

2. Do these factors reflect the determinants discussed in the Howlett/Ramesh readings?

3. What do you consider, from your own experience, to be the major factors that determine whether or not an issue becomes a health policy agenda item in Canada?

Week 3: **POLICY FORMULATION**
Values and Policy Making

Objectives:

1. To introduce the concepts that underlie most debates in health policy.
2. To discuss how these concepts impact on policy formulation and evaluation.
3. To examine the role that values play in the current Canadian health policy arena

Readings: **All readings are in your package**

Stone D. **Policy Paradox: The Art of Political Decision Making**. New York: W. W. Norton and Company, 1997.
Chapter 2: Equity (p39-60)
Chapter 3: Efficiency (p 61-85)

Graves FL, Beauchamp P, Herle D. Research on Canadian Values in Relation to Health and The Health Care System. In **Making Decisions: Evidence and Information. Papers Commissioned by the National Forum on Health.** Health Canada. 1998, p 351-437.

Discussion Questions:

1. Do you think there is a difference between American versus Canadian perspectives on the relative importance of equity versus efficiency?

2. What values do **you** consider most important in the formulation of health policy??

3. What values do you feel have been reflected most effectively in the Canada Health Act? What values have not been well incorporated?

4. What other kinds of processes/approaches could be undertaken to further refine our understanding of the values that Canadians most want enshrined in their health policy and health system?

Week 4 POLICY FORMULATION
Role of Structure, Institutions and Actors

Objectives: 1. To examine the role of actors and structures/institutions in the policy formulation process in general;
2. To explore the role of actors and institutions in the formulation of health policy, particularly in Canada.

Readings: **Note: All readings are contained in the readings package**.

Pal LA. ***Beyond Policy Analysis: Public Issue Management in Turbulent Times***. Scarborough, Ontario: Nelson Thompson Learning, 2003
Chapter 6: *Policy Communities and Networks*, p.231-268

Lavis JN. **Political elites and their influence on health care reform in Canada**. Romanov Commission, Discussion Paper # 26, October 2002.

Redden, CJ. ***Rationing care in the community: Engaging citizens in health care decision-making*** (1999). Journal of Health Politics, Policy and Law: 24, 6, 1363-1389.

Shapiro I. ***Life, at what price?*** Walrus, November 2004, 47-57.

Discussion Questions:

1. What are the key institutions and structures in Canada which have the most power in terms of influencing the health policy agenda?

2. Are these institutions equally powerful in other social policy areas, such as education, justice?

3. Are these institutions genuinely motivated to make substantial changes in the Canadian health care system?

4. Some argue that there is a “democratic deficit” in health policy decision making in Canada. Is the public a major actor in the health policy arena in this country or does the system continue to be dominated by the “political elites”?

Week 5: POLICY FORMULATION
Policy Decision

Objectives:

1. To examine the decision-making processes that underlie policy formulation.
2. To review and consolidate the role of information (research) values and institutional structure in policy formulation (Lomas' Framework).
3. To examine the role of royal commissions in the formulation of policy in general and health policy in particular.

***Readings*: All assigned readings are contained in your package**

Whittington MS, Van Loon RJ. ***Canadian Government and Politics: Institutions and Processes***. Toronto: McGraw-Hill Ryerson Limited, 1996.
Chapter 2: The Policy Process, p 21- 45.

Doern GB, Aucoin P (Eds). ***The Structures of Policy Making in Canada*.** Toronto: Macmillan of Canada, 1971.
Chapter 4: V. Seymore Wilson. *The Role of Royal Commissions and Task Forces*, p 113-129.

Lomas J. ***Connecting Research and Policy***. Isuma 1, 140-144

Discussion Questions:

1. We have recently seen the release of the latest Royal Commission on health care in Canada, the Romanov Report. What does the impact of the Hall Commission (in the 1960s) and the attention paid to the Romanov Commission suggest about the health policy making process in Canada?

2. What role does research play in the policy decision making/development process in Canada?

3. What structures and processes are most likely to play a strong role in future modifications to the Canada Health Act and why?

Week 6: POLICY IMPLEMENTATION
Theoretical Perspectives

Objectives:

1. To understand the factors/processes that facilitate or impede the implementation of policy by key decision makers.
2. To understand the types of instruments that that can be used to introduce and enforce policy.
3. To understand the role of the bureaucracy in the implementation of policy.

Readings: **All readings except the Brooks text are in your package**

Howlett M, Ramesh M. ***Studying Public Policy: Policy Cycles and Policy Subsystems***. Don Mills, Ontario: Oxford University Press, 1995
Chapter 4: *Policy Instruments*, p.80-100

Brooks S. ***Public Policy in Canada: An Introduction***. Toronto: Oxford University Press, 1998.
Chapter 4: *Policy Implementation*, p 88-107

Bickerton JP , Gagnon AG (Eds). ***Canadian Politics*, **Second Edition. Toronto: Broadview Press, 1994.
Chapter 16; Brooks S. *Bureaucracy,* p. 307-327

Cohen JE et al. ***Predictors of Canadian Legislators's Support for Public Health Policy Interventions.*** Canadian Journal of Public Health, 2001, vol 92, no.3, 188-189.

Discussion Questions:

1. What are the most common types of instruments used to implement/enforce health policy in Canada? How is this related to the overall design of the Canadian federation and the constitutional division of powers?

2. What are the roles that the bureaucracy play in policy development and implementation in Canada?

3. How does the role of the bureaucracy support and /or hinder the implementation of policies supported by the elected representatives of the people?

Week 7 POLICY IMPLEMENTATION
The Implementation of Regionalization of Health System Governance and Service Delivery in Canada

Objectives:

1. To examine the process of implementation of regionalization in the Canadian health care system
2. To consider the factors that have impeded or supported the implementation process to date.

Readings: **All readings are contained in your package**

Church J, Barker P. ***Regionalization of health services in Canada: A critical perspective***. International Journal of Health Services, 1998: 28(3), 467-486.

Lewis S, Kouri D. ***Regionalization: Making sense of the Canadian Experience.*** Healthcare Papers, 2004: 5 (1) 12-31

Leat P. ***Making sense of the Canadian Experience: The potential impact of regionalization***. Notes from the Editor in Chief. Healthcare Papers, 2004: 5 (1), 4-10.

Neville DB, Barrowman G, Fitzgerald B, Tomblin S. ***Regionalization of health services in Newfoundland and Labrador: perceptions of the planning, implementation and consequences of regional governance.*** Journal of Health Services Research and Policy, 2005: 10 (Supplement 2), 12-21.

Discussion Questions:

1. What were the policy objectives of regionalization?

2. Has regionalization been implemented successfully in terms of meeting the policy objectives?

3. What factors have facilitated or hindered the implementation of regionalization?

4. Given what you know to date about how the Canadian health care system is structured and the factors that influence policy development and implementation, what are the pros and cons of a regional governance model as the Canadian system struggles with (a) maintaining access as it currently exists under the Canada Health Act and (b) addressing the issues such as primary care enhancement?

Week 8: **POLICY IMPLEMENTATION**
Challenges to Implementation of the Romanow Commission's Recommendations.

Objectives: 1. To review the final report of the Commission on the Future of Health Care in Canada.
2. To consider the responses to the report from the key actors/institutions in Canadian health policy.
3. To speculate on the likelihood of successful implementation of the report's key findings, given the existing organization and structure of the Canadian political system.

Readings: **Tuohy readings are in the required text; the others are in your package**

Tuohy CH. ***Accidental Logics: The Dynamics of Change in the Health Care Arena in the United States, Britain and Canada***. New York: Oxford University Press, 1999.
Chapter 1: *Understanding the Dynamics of Change in the Health Care Arena,* p 3- 34
Chapter 2: *The Establishment of The Welfare State in the Health Care Arena,* p 37- 61.
Chapter 8: *Conclusion,* p 239-268

Romanow, RJ. ***Building on Values: The Future of Health Care in Canada***. Final Report of the Royal Commission on the Future of Health Care in Canada, November 2002. Executive Summary, p i-xxxiv.

A Ten Year Plan to Strengthen Health Care. First Ministers' Meeting, September 13-15th, 2004

Discussion Questions:

1. Carolyn Tuohy says that *periodic episodes of policy change* establish the structural and institutional parameters of the decision making system (p7) and require extraordinary mobilization of political authority and will. Do you think that the Romanow report will result in one or more episodes of policy change? Why/ why not?

2. Which recommendations could be implemented without major structural change in the system? Among these, which are likely to be implemented?

Week 9: POLICY ANALYSIS/EVALUATION
Overview of Policy Analysis Frameworks and Approaches

Objectives:

1. To introduce the conceptual issues involved in policy analysis/evaluation.
2. To identify the types of frameworks and processes commonly employed for policy analysis/evaluation.

Readings: **All readings are in your package**

Sheldon TA. Editorial: ***Making evidence synthesis more useful for management and policy making***. Journal of Health Services Research and Policy, 2005, 10 (Supplement 1), S1: 1-5.

Mays N, Pope C, Popay J. ***Systematically reviewing qualitative and quantitative evidence to inform management and policy making in the health field***. Journal of Health Services Research and Policy, 2005, 10 (Supplement 1), S1: 6-20

Pawson R, Greenhaigh T, Walshe K. ***Realist Review: A new method of systematic review designed for complex policy interventions***. Health Services Research and Policy, 2005, 10 (Supplement 1), S1: 21-34

Lavis J, Davies H, Denis JL, Golden-Biddle K, Ferlie E. ***Towards systematic reviews that inform health care management and policy making.*** Health Services Research and Policy, 2005, 10 (Supplement 1), S1: 35-48

Dye TR. ***Understanding Public Policy*** (9th edition). Upper Salddle River, NJ: Prentice Hall Inc, 1998.

Chapter 15: Policy Evaluation: Finding out what happens after a law is passed. p. 337 -335

Discussion Questions:

1. At what stages in the analysis process is research most prominent?
2. The Romanov Commission has been a much heralded component of the health policy analysis process in Canada. How and when was research used in the Commission, versus consultation or other methods of information gathering?
3. What factors prompt the start of a post implementation policy evaluation process?
4. What appear to be the most common policy evaluation methods?

More examples of approaches to analysis/evaluation:

www.policy.ca (the health policy section);
Manitoba Centre For Health Policy and Evaluation.
www.umanitoba.ca/centre/mchp/mchpe.htm;
Institute for Clinical Evaluative Sciences.www.ices.on.ca

Week 10: **POLICY ANALYSIS/EVALUATION**
Economic Approaches to Evaluation

Objectives:

1. To consider the strengths and weaknesses of the most common types of economic evaluation methods;
2. To examine the interrelationship between values, perspectives and methods of economic appraisal.

Readings: **All readings are in your package**

Drummond MF, Stoddart GL, Torrance GW. ***Methods For the Economic Evaluation of Health Care Programs***. Toronto: Oxford Medical Publications, 1987
Chapter 2: *Basic Types of Economic Evaluations*, p 5-17
Chapter 3: *Critical Assessment of Economic Evaluations*, p 18-38.

Coast J. ***Is economic evaluation in touch with society's health values?*** BMJ, 2004: 329(20), 1233-1236.

Discussion Questions:

1. What are the major reasons for using economic evaluations in health policy analysis?

2. Under what circumstances do you think the results of economic evaluation should be the key piece of evidence in decision making (versus political considerations, concern for equity, liberty, security etc)?

3. Can you think of/describe an example in Canadian health policy where economic evaluation results did drive a health policy decision?

Week 11: POLICY ANALYSIS/EVALUATION
Policy Synthesis

Objectives:

1. To identify the major components of a policy synthesis
2. To review the role of research synthesis in the context of policy synthesis
3. To identify the types of communication usually provided to policy makers with respect to policy decision choices.

Readings: **All readings are in your package, but also please browse the CHSRF website**

Potter I. **Policy Analysis in Government** (A guide prepared for public distribution bt a former Assistant Deputy Minister for Health Canada; permission to use for this course was granted by the author in the fall of 2001)

Behn RD, Vaupel JW. ***Quick Analysis for Busy Decision Makers***. New York: Basic Books , Inc., 1982.
Chapter 1: The Concepts of Analytical Thinking, p 1-25.

Fulop N et al (Eds) ***Studying the Organisation and Delivery of Health Services: Research Methods***. New York: Routledge, 2001
Chapter 12: Nicholas Mays et al. Synthesizing Research Evidence, p 188- 218.

Choices for Change: The Path For Restructuring Primary Healthcare Services in Canada (Executive Summary)

Briefing Notes Formats: Ontario and Newfoundland and Labrador

www.chsrf.ca **Browse their website and look at their formats for policy synthesis papers**

Discussion Questions:

1. What are the major points to consider when drafting a policy synthesis or policy analysis for a government or senior health system decision maker?

2. What does the structure of most cabinet submissions and ministerial briefing notes suggest about the nature of communication of information for policy decision making? What are the strengths and limitations of this communication style?

AHS-6005 - Introduction - Introduction

AHS 6005: Policy and Decision Making
Introduction

The goal of this course is to explore how Canadian policy, and health policy in particular, is developed, implemented and evaluated. Throughout the next 13 weeks you will gain an understanding of the complex factors and processes in the health policy arena in this country and have an opportunity to further develop your skills in the areas of critical appraisal and policy synthesis.

The course is divided into three main sections:

1. Policy Formulation/Development (Weeks 1-5)
2. Policy Implementation (Weeks 6-8) ; and
3. Policy Analysis and Synthesis (Weeks 9-12).

Actual examples of Canadian health policy will be used to illustrate the role and impact of interests, institutions, stakeholders and values in the policy process.

Atlantic Regional Training Centre
Masters Programme in Applied Health Services Research, 2005

AHS-6005 - Syllabus - Instructor

AHS 6005: Policy and Decision Making
Instructor - Victor Maddalena

Victor Maddalena, PhD, Assistant Professor
Health Policy
Faculty of Medicine
Division of Community Health and Humanities
Memorial University
Health Sciences Centre **Room#**
Tel: 709-777-8539
Fax: 709-777-7382
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Atlantic Regional Training Centre
Masters Programme in Applied Health Services Research, 2007.

AHS-6005 - Syllabus - Description

AHS 6005: Policy and Decision Making
Description

The goal of this course is to explore how Canadian policy, and health policy in particular, is developed, implemented and evaluated. Throughout the next 12 weeks you will gain an understanding of the complex factors and processes in the health policy arena in this country and have an opportunity to further develop your skills in the areas of critical appraisal and policy synthesis.

Actual examples of Canadian health policy will be used to illustrate the role and impact of interests, institutions, stakeholders and values in the policy process.

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AHS-6005 - Syllabus - Overall Course Objectives and Key Concepts

AHS 6005: Policy and Decision Making
Overall Course Objectives and Key Concepts
Objectives

Students will learn about and gain insight into:

- Approaches to policy/health policy development;
- The role of institutions, key stakeholders and values in health policy development, implementation and evaluation;
- Processes of policy implementation in decision making environments;
- The process and methods of policy appraisal and evaluation;
- The approaches to policy synthesis; and
- Strategies for communication of policy relevant information to decision-makers.

Key Concepts

- Theoretical approaches to policy formulation, implementation and appraisal;
- Values and ideology which impact on the policy process in general and the health policy process in particular;

- Respect for diversity of perspectives in the policy process;
- Federal and provincial roles in health policy in Canada;
- Intersectoral collaboration in the policy process; and
- Models for decision making

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AHS-6005 - Syllabus - Course Format

AHS 6005: Policy and Decision Making

Course Format

- **Classes** will commence on Jan 11, 2010 and conclude on April 4, 2010. All classes will be held via teleconference On Monday afternoons from: 1:30 to 3 pm Atlantic Time (2pm – 3:30pm NL time)
- **Readings**: Several readings will be assigned each week. The readings provide insight into fundamental aspects of health policy. Readings will be taken from the required text, as well as relevant journals and on-line sources. Copies of the readings not contained in the required text will be made accessible to the students on D2L.
- **Lectures**: Each week, an overview of the topic and take away points from the readings will be presented in lecture format.
- **Class Participation**: Class participation accounts for 10% of the course evaluation. Students are expected to provide regular input on the discussion questions during the weekly classes.
- **Student Assignments**: (Described below)

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AHS-6005 - Syllabus - Evaluation

AHS 6005: Policy and Decision Making

Summary of Course Assignments/Method of Evaluation

Students will be evaluated according to the following course requirements:

1. Term Paper/Book Review 35%
2. Presentation of Term paper 10%
3. Short Paper (Contemporary Health Issue) 20%
4. Briefing Note 25%
5. Student Participation 10%

Total 100%

In general:

-Please proofread your papers and assignments for spelling and grammar!

-Write in an acceptable academic style; do not write in point form.

-If you use someone's material, cite references (APA Format)

-Please do not exceed page length for assignments.

-Students will be responsible for reading assigned readings.

-Do Not use Wikipedia as a source!!

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AHS-6005 - Syllabus - Description of Course Assignments

AHS 6005: Policy and Decision Making
Description of Course Assignments

-

a) **Term Paper/Book Review:**

Term Paper: Students will be expected to select, research, analyze and present a term paper on a contemporary health care issue. The selection of a relevant issue is the responsibility of the student in consultation with the instructor.

Your topic does not necessarily have to fall within the "health care system", but it should be a topic that has a connection to the health of the population.

In your presentation of the issue, address the following questions as appropriate:

- Why is this issue of interest?
- Why is this issue relevant to the health of the population?
- If the issue is controversial, what are the various views?
- What are the potential long-term impacts (positive or negative) associated with this issue?
- How does this issue contribute to the overall advancement of a reformed health care system for Newfoundland and Labrador or Canada?
- What are the views of different stakeholders?
- What are the costs and opportunity costs associated with this issue?

Do not feel limited to the above questions. In general your paper should describe the issue, the controversy and what is the relevance of the issue to the health of the population.

Your paper should be a maximum of 12 – 15 pages in length, plus additional pages for references. Please use 12-point font, standard margins, double spaced.

Book Review: Students have the option of writing a book review on the following text:

1. Illich I (1976). Limits to Medicine. Medical Nemesis: The Expropriation of Health. New York: Marion Boyars

The student choosing to write a book review should focus their paper on the following:

- Summarize the author's main thesis
- How is the author's thesis relevant to health policy today?
- Provide a critical analysis of the author's main thesis.

Your paper should be a maximum of 10 – 12 pages in length. Please use 12-point font, standard margins, double spaced.

Students will be required to present their Term paper/book review to the class in the form of a short (10 minute) summary.

Due Date: Week 10 or sooner.

b) Short Paper (Contemporary Health Issue)

Student will be required to prepare a 2 page (single spaced, 12 point font, 1 inch margins) paper on a health issue that is in the news. Students should follow the following headings while preparing their short paper:

1. Define the problem.
2. Why is this issue in the news?
3. Who are the major players and what are their positions on the issue?

4. What is the intended (or actual) impact (+/-) on the health of the population as a result of the issue?
5. Conclusions

Due: By week 4

c) Briefing Note

Associations or societies representing the various health professions frequently conduct research or surveys in an attempt to lobby or influence policy-makers, or to win public support on a particular issue.

Select from among the following Position Papers and prepare a Briefing Note.

1. Ontario Medical Association (October 2005). An ounce of prevention of a ton of trouble: Is there an epidemic of obesity in children? A Position Paper by the Ontario Medical Association https://www.oma.org/Resources/Documents/2005EpidemicofObesityinChildren.pdf

2. Ontario Medical Association (September 2008). Cellular Phone Use and Driving: A DangerousCombination. A Position Paper by the Ontario Medical Association September 2008 ISBN 0-919047-64-5 https://www.oma.org/Resources/Documents/2008CellphoneDrivingSafety.pdf

3. Canadian Council of Provincial Child and Youth Advocates (June 23, 2010). Aboriginal Children and Youth in Canada: Canada Must Do Better: A Position Paper. http://provincialadvocate.on.ca/documents/en/Position%20Paper%20-%20Canadian%20Council%20of%20Provincial%20Child%20and%20Youth%20Advocates.pdf

When you have obtained and read a copy of the document, prepare a (three page) Briefing Note for the Deputy Minister as if you are a Policy Analyst working in the Department of Health and Community Services. Follow the Briefing Note format provided. Review the document with the aim of summarizing and analyzing its essential messages from the perspective of the Department of Health and Community Services having to respond to their position. The Briefing Note will be marked based on the student's ability to concisely summarize and present the key points in the position/research paper, provide an analysis of the issues, and assess how the views presented will impact on the health care system.

Note: Use 12 point font, 1 inch margins, single spaced.

Due Date: Week 7

d) Class Participation/Article Presentation

For class participation students have the option of presenting at least one of the articles designated as required reading for the course. Students will be evaluated on their ability to succinctly present a summary/critique of the article/chapter and lead a brief class discussion.

Required Texts

Bryant T (2009). An Introduction to Health Policy. Canadian Scholar's Press Inc.: Toronto

Additional Reference: HARKNESS CANADIAN HEALTH POLICY BRIEFING TOUR, 2007-2008 Briefing Document, (April 2008). Canadian Health Services Research Foundation.

http://www.chsrf.ca/funding_opportunities/harkness/documents/HarknessCanadianHealthPolicyBriefingTour2007-08BriefingDocument_ENGFINAL.pdf

University Policy on Plagiarism

All students in this class are to read and understand the policies on plagiarism and academic honesty referenced in the University Calendar 2008-2009, Section 4.11.4 Academic Offences, available at http://www.mun.ca/regoff/calendar/sectionNo=regs-0748 . Ignorance of such policies is no excuse for violations.

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AHS-6005 - Syllabus - Required Texts

AHS 6005: Policy and Decision Making
Required Text

Bryant T (2009). An Introduction to Health Policy. Canadian Scholar's Press Inc.: Toronto

Additional Reference: HARKNESS CANADIAN HEALTH POLICY BRIEFING TOUR, 2007-2008 Briefing Document, (April 2008). Canadian Health Services Research Foundation.

http://www.chsrf.ca/funding_opportunities/harkness/documents/HarknessCanadianHealthPolicyBriefingTour2007-08BriefingDocument_ENGFINAL.pdf

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Masters Programme in Applied Health Services Research, 2005

AHS-6005 - Syllabus - University Policy on Plagiarism

AHS 6005: Policy and Decision Making
University Policy on Plagiarism

All students in this class are to read and understand the policies on plagiarism and academic honesty referenced in the University Calendar 2008-2009, Section 4.11.4 Academic Offences, available at http://www.mun.ca/regoff/calendar/sectionNo=regs-0748. Ignorance of such policies is no excuse for violations.

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AHS-6005 - Schedule - Schedule

AHS 6005: Policy and Decision Making
Schedule
Note: Please refer to Calendar for specific dates and times of learning activities.

Topics		Learning Activities
	START	
Section 1: Policy Formulation/Development		
• Public Policy and Health Policy in Canada: An Introduction	**Week 1**	• Post group response to discussion questions. • Participate in teleconference session.
• Agenda Settings	**Week 2**	• Post group response to discussion questions. • Participate in teleconference session.
• Values and Policy Making	**Week 3**	• Post group response to discussion questions. • Participate in teleconference session.

Topic	Week	Activities
• Role of Structure, Institutions and Actors	**Week 4**	• Post group response to discussion questions. • Participate in teleconference session. • **Due:** Contemporary Health Issue Short Paper (Submit in Writing)
• Policy Decision Making	**Week 5**	• Post group response to discussion questions. • Participate in teleconference session.
Section 2: Policy Implementation		
• Theoretical Perspective	**Week 6**	• Post group response to discussion questions. • Participate in teleconference session.
• The Implementation of Regionalization of Heath System Governance and Service Delivery in Canada	**Week 7**	• Post group response to discussion questions. • Participate in teleconference session. • **Due:** Briefing Note (Submit in Writing)
• Challenges to the Implenentation of the Romanov Commission's Recommendations	**Week 8**	• Post group response to discussion questions. • Participate in teleconference session.
Section 3: Policy Analysis/ Evaluation		
• Overview of Policy Analysis Frameworks and Approaches	**Week 9**	• Post group response to discussion questions. • Participate in teleconference session.
• Economic Approaches to Evaluation	**Week 10**	• Post group response to discussion questions. • Participate in teleconference session. • **Due:** Term Paper (Submit in Writing)
• Policy Synthesis	**Week 11**	• Post group response to discussion questions. • Participate in teleconference session.
	Week	

• "Special Topic"	**12**	• We will keep this week open for a "special topic" (i.e. a contemporary policy issue) to be identified jointly by instructors and students.
• Course Wrap-up	**Week 13**	• Student Presentations, Course Evaluation, Course Wrap-up.

END

Atlantic Regional Training Centre
Masters Programme in Applied Health Services Research, 2005

AHS 6006: Qualitative and Quantitive Methods

PART ONE

Instructor

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Welcome to AHS 6006 – Qualitative Methods.

My name is Debbie MacLellan and I am looking forward to the challenge of working with you over the next few weeks as you explore the wonderful world of qualitative research. This is the first time that I have facilitated a web-based course so I am both excited and nervous; as I am sure many of you were when you started last fall. It is also the first time that I have facilitated a course at the graduate level – but I have been teaching at UPEI for 15 years, so I have lots of experience at the undergraduate level.

So…a little bit about my background. I am an associate professor in the Department of Family and Nutritional Sciences at UPEI. I obtained a Bachelor of Science degree in Home Economics from UPEI, a Master's degree in Nutrition from the University of Alberta, and, just recently, completed a Doctorate degree from the University of Saskatchewan (just proves that it is never too late to go back to school!). My doctoral thesis work involved the exploration of the concept of 'client-centredness' within a nutrition counseling relationship, using a phenomenological approach. My research interests are varied but I am currently involved in a number of projects related to adolescent health.

In another life, I was an administrative/clinical dietitian at the Prince Edward Home in Charlottetown and the Providence Hospital in Moose Jaw, Saskatchewan. I have continued to maintain my registration status as a dietitian; however, I haven't practiced in the field since I came to UPEI. While in Saskatchewan, my husband Ron and I welcomed four children into the world (Darcy, Chris, Heather and Megan). Darcy is currently attending McGill University Dental School. Chris graduated last year from UPEI with a Bachelor's degree in Computer Science and was recently married to Moira Craig (my first experience as a mother-in-law!). Heather is currently attending UPEI, exploring history and religious studies and Megan attends Nova Scotia Agricultural College. She is interested in becoming a veterinarian.

Again, welcome to this course. I hope that you will find that it piques your interest in pursuing a qualitative project, if not for your thesis perhaps sometime down the road. I encourage you to contact me at anytime if you have any questions about the course or about qualitative research in general.

Description

The qualitative section of this course is designed to assist students in developing their understanding of a variety of qualitative research methods and to start to develop the skills necessary to conduct a qualitative research project. We will begin with a focus on the general epistemological assumptions which underpin a qualitative research approach and continue with discussions of the different types of qualitative methods and modes of analysis.

Objectives

Successful completion of this course should enable students to:

1. Understand and recognize a variety of qualitative research approaches.
2. Develop a qualitative research question.
3. Determine the appropriate qualitative research design to answer a qualitative research question.
4. Identify appropriate qualitative data collection techniques.
5. Understand a basic approach to qualitative research data analysis.

Resources

Required Textbook

Mason, J. (2002). Qualitative Researching (2nd Ed.). Thousand Oaks, CA: Sage Publications.

Readings

See course schedule.

Evaluation

The following is the evaluation scheme for Section 1 of the course.

Note: Section 1 is worth 50% of your final grade for AHS 6006.

Click the next button on the navigation menu bar above for a detailed explanation of each component.

Component	Due	Value
Focused Autobiography	January 20, 2006	10%
Thought papers + 'Good' questions [5 @ 10% each]	Ongoing	50%
Class Participation	Ongoing	10%
Research Design Paper	March 31, 2006	30%

Focused Autobiography

Due: January 20, 2006

Value: 10%

For this first assignment, I would like you to reflect on what led you to enter the Masters of Applied Health Services Research program and what it is like to be a graduate student in this program. You can use the following questions to guide your thoughts, but please feel free to write about anything related to your experience of becoming a graduate student.

1. How did you decide to become a graduate student?
2. What past experiences influenced your desire to become a graduate student?
3. What barriers did you have to overcome prior to entering graduate school?
4. How did you overcome those barriers?
5. Why did you decide to apply to the ARTC program?

With your permission, we will be using this data to practice qualitative data analysis later in the term. If you would rather that I not include your paper, please let me know when you submit your assignment.

This assignment will be evaluated by looking at the quality and depth of your writing, not the content (see grading scheme). We can discuss this in more detail during our first teleconference on January 10th.

Thought Papers + 'Good' Questions

Due: Weekly starting the week of January 15th
[You need to email your paper and question to me by 9:00 AM Monday morning so that I can review and compile your questions for the teleconference discussion on Tuesday morning.]

Value: 5 @ 10% each

A **thought paper** is 2 to 3 pages of your original work. It is a **brief**, written description of your **reflection** on the readings in the course. A thought paper is **not a summary** of the assigned readings. There are many ways to approach a thought paper, but the best ones will do some of the following:

- highlight paradoxes
- raise questions or doubts
- articulate concerns
- peak curiosity

- offer alternative explanations
- raise a controversy
- question ambiguous definitions, words, phrases
- uncover missing elements
- extract value conflicts and assumptions

The purpose of the thought papers is to inform our discussion during our weekly teleconferences. To that end, I would ask that you include one **‘good’ question** at the end of each of your thought papers. I will review these questions prior to our teleconferences and use them to facilitate the discussion. For the purposes of this course, a ‘good’ question is one that does not have a yes/no answer or one that simply asks people to recall factual knowledge and information. Similar to the thought paper, there are many ways to ask a ‘good’ question, but the best questions usually will:

- ask students to apply their knowledge and understanding and/or to apply what they already know to their understanding of the new material.
- ask students to identify relationships among concepts, ideas, and information – to analyze the information in the reading material.
- challenge students to synthesize the information – is the material in the various readings consistent? Inconsistent?
- ask students to appraise the information. Does it make sense? Are there any errors? Is it important information?

Again, this assignment will be evaluated based primarily on the depth and quality of your writing (see grading scheme). I will be looking to see if you have really thought about the issues, identified areas of concern/confusion and linked this new knowledge (assuming that it is new) to what you have already learned about qualitative research.

Class Participation

Value: 10%

The conference calls for this course will take place on **Tuesday mornings from 10:00 AM to noon**. These conference calls are meant to approximate the face-to-face seminar meetings that are part of traditional graduate courses. By writing your thought papers and ‘good’ questions, you should be prepared to fully participate each week.

The criteria for evaluating class participation will be based on your understanding of the material as well as your ability to foster discussion and demonstrate respectful understanding of the thoughts and ideas of others. The group discussion gives you an opportunity to test your own ideas and to learn from others. It is not an opportunity for me to lecture to you or to talk solely about my own ideas. Discussion, like writing, is often hard work, requiring preparation and commitment. It also takes practice. We will need to work to ensure that everyone gets an opportunity to fully participate. You are expected to monitor yourself to make sure that you are learning as well as speaking. When you are not certain about something or need clarification on a point, speak up. You are likely not the only person with the same question and you will be

helping the group as a whole clarify ideas. If you are having continuing problems in speaking and participating fully in the discussions, please let me know.

Research Design Paper

Due: March 31, 2006

Value: 30%

For the final project for this section of AHS 6606, you are required to submit an 8 to 10 page qualitative research design paper. This paper should include:

- A brief description and literature review of the health issue of interest
    - Your review of the literature should be written concisely and serve as a framework for your study (3 to 4 pages). You will need to review at least 5 articles in your area of interest.
- A well formulated research question(s) that guides your study.
- Reflexive statement
    - Include a reflexive statement (1 to 2 pages) based on your particular framework of knowledge (i.e. epistemological stance) and reflecting other considerations regarding your personal history, gender, race, ethnicity, cultural history, particular interests, biases and so forth. (See sample statement)
- A description of and rationale for the proposed research design and methods (4 to 5 pages)
    - Include a brief discussion of how you would ensure the trustworthiness of your data.

Your paper must be word processed (either Word Perfect or Word) and double spaced. You can structure your paper in any way that you choose as long as it is organized in a logical and coherent manner. You may write in the first person and are encouraged to use subheadings.

You are not only demonstrating your ability to design a qualitative research project in this paper, you are also demonstrating your knowledge of the literature on qualitative methods. Thus, it is extremely important that you cite the literature appropriately in your paper. None of the issues that you address are likely to be 'common knowledge' and must be accompanied by a citation, even when paraphrasing. Quotations must be accompanied by a citation that includes the author(s), date of publication, and page number as do paraphrases from lengthy books or reports. Your paper must include a reference list, not a bibliography. That is, only those references cited in the text of your paper should be included in the list. The format that is commonly used in the social sciences is that of the American Psychological Association (APA). However, if you are more familiar with another format you are welcome to use that (please indicate which format you are using when you submit your paper).

Your paper will be evaluated based on content (see grading scheme) and presentation (grammar, spelling, organization).

Grading Scheme

90 - 100 | Exceptional

A superior performance with consistent strong evidence of: a comprehensive, inclusive grasp of the subject matter; an ability to make insightful, critical evaluation of the material given; an exceptional capacity for original, creative, and/or logical thinking; and an excellent ability to organize, to analyze, to synthesize, to integrate ideas, and to express thoughts fluently.

80 - 89 | Excellent

An excellent performance with strong evidence of: a comprehensive grasp of the subject matter; an ability to make sound critical evaluation of the material given; a very good capacity for original, creative and/or logical thinking; an excellent ability to organize, to analyze, to synthesize, to integrate ideas and to express thoughts fluently.

70 - 79 | Good

A good performance with evidence of a substantial knowledge of the subject matter; a good understanding of the relevant issues and a good familiarity with the relevant literature and techniques; some capacity for original, creative, and/or logical thinking; and a good ability to organize, analyze, and examine the subject matter in a critical and contructive manner.

60 - 69 | Satisfactory

A generally satisfactory and intellectually adequate performance with evidence of: an acceptable basic grasp of the subject matter; a fair understanding of the relevant issues; a general familiarity with the relevant literature and techniques; an ability to develop solutions to moderately difficult problems related to the subject matter; and a moderate ability to examine the material in a critical and analytical manner.

50 - 59 | Minimal Pass

A barely acceptable performance with evidence of: a familiarity with the subject matter; some evidence that analytical skills have been developed; some understanding of the relevant issues; some familiarity with the relevant literature and techniques; and attempts to solve moderately difficult problems related to the subject material and to examine the material in a critical and analytical manner are only partially successful.

50 | Failure

An unacceptable performance.

Schedule

Week	Topic	Readings
January 9	**The challenges of qualitative research: epistemological & ontological concerns.**	**Textbook** • Mason, pp. 1–23. **Readings** • Denzin, N. & Lincoln, Y. (2000). The discipline and practice of qualitative research. In: N. Denzin & Y. Lincoln (Eds.), *Handbook of Qualitative Research* (2nd Ed.) (pp. 1–25). Thousand Oaks, CA: Sage Publications.
January 16	**Designing qualitative research**	**Textbook** • Mason, pp. 24–47. • Mason, pp. 51–61 **Readings** • LeVasseur, J. (2003). The problem of bracketing in phenomenology. *Qualitative Health Research*, 13, 408–420. (Available online) • Schram, T. (2006). Forming research questions. In *Conceptualizing and Proposing Qualitative Research* (2nd Ed). (pp. 74–91).
January 23	**Data collection: interviewing**	**Textbook** • Mason, pp. 62–83. **Readings** • Nunkoosing, K. (2005). The problem with interviews. *Qualitative Health Research*, 15, 698–706. (Available online).
January 30	**Data colletion: observation**	**Textbook** • Mason, pp. 84–144.

		Readings • Savage, J. (2000). Participative observation: Standing in the shoes of others? *Qualitative Health Research*, 10, 324–339. (Available online).
February 6	**Data analysis**	**Textbook** • Mason, pp. 147–172. **Readings** • Savage, J. (2000). One voice, different tunes: issues raised by dual analysis of a segment of qualitative data. *Journal of Advanced Nursing*, 31, 1493–1500.
February 13	**Data analysis**	**Textbook** • Mason, pp. 173–203. **Readings** • Hsieh, H. & Shannon, S. (2005). Three approaches to qualitative content analysis. Qualitative Health Research, 15, 1277–1288. (Available online). • Weitzman, E. (2000). Software and qualitative research. In N. Denzin & Y. Lincoln (Eds.), Handbook of Qualitative Research (2nd Ed.) (pp. 803–820). Thousand Oaks, CA: Sage Publications.
February 20	**Preparing a qualitative research study: Ensuring quality**	**Readings** • Bowen, G. (2005). Preparing a qualitative research-based dissertation: Lessons learned. *The Qualitative Report*, 10, 208–222. (Available online). • Whittemore, R., Chase, S., & Mandle, C. (2001). Validity in qualitative research. *Qualitative Health Research*, 11, 522–537. (Available online).

PART TWO

Intructor

Professor: Dr. Lenora Perry
Office: M.U.N, Education Building, Rm 5001
Office Phone: 709-737-7558
Home Phone: 709-722-6044
E-Mail: lenoraperry@hotmail.com

Teaching Assistant: Mr. Gerry White
Office: M.U.N, Education Building, Rm 3038
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Introduction

The quantitative section of this course will run for six weeks and is designed to provide a foundation for conducting quantitative research using appropriate statistical and analytical procedures. Students will have the opportunity to use a well known Statistics Canada database, the National Population Health Survey, 1998-99 dataset. The statistical software package, SPSS, is to be used for the analysis of research questions to be investigated.

The emphasis in this section of the course will be on applied research using appropriate inferential statistics.

Students will carry out statistical analysis on an issue of their own choosing, using data from the National Population Health Survey, noted above. Although students will be exposed to the use and application of several quantitative methods used in descriptive and inferential statistical analysis of social and health data, the primary methodology used in the assignment will be regression analysis. Regression analysis is given a major focus in the course because of its wide use and acceptance in the research community today. Of course, in addition to regression analysis, students may draw on the full range of statistical techniques covered in the course to the extent that it may be necessary to describe and support their research questions.

At various points over the six weeks, students will post their work in progress to the WebCT Discussion Forum. Feedback on this work will be provided by the instructor, as well as by other students. At the end of the course, each student's work will be pulled together in a final submission that will summarize findings. The final paper should be similar to the type of quantitative study one would find in a quantitative research journal.

Resources

Required Textbook

The textbook for Section II of the course is:

George Argyrous, *Statistics for Social and Health Research*, with a Guide to SPSS (Sage, 2000). The book provides a good grounding in basic statistical techniques and has the added advantage of incorporating a guide to SPSS directly into the text. It is well-suited to distance teaching. The

text also comes with a CD-ROM that contains various datasets used for examples and exercises described in the book. Students may find it useful to try some of the recommended exercises before applying the techniques in their assignments.

Now that students are in the second term of their program, they should find that much of the first six chapters of the text include material which has been previously studied in this program or in other courses. However, it is important that you quickly read through these chapters and note anything which may be new to you.

Other Required Resources

Student Copy - Statistical software package, SPSS, version 13.
Section II: Notes
Discussion Forum: Main Section Postings
National Health Population Survey, 1998-99
Codebook for NPHS HTML Document
NPHS Data File SPSS Document

Assignments

The assigned work on which the final grade will be based, for this section of the course, will revolve around the preparation of a final research report. This research will be reported in a similar manner to a study you would find in a quantitative research journal in the social sciences or the health services area. Students will conduct statistical analysis on an issue of their own choosing, using a common dataset, the National Population Health Survey, 1998-99. This survey has been chosen because of its ample sample size and broad coverage of health-related issues in Canada. Early on in the course, each student will pick an issue or issues of interest, and develop appropriate research questions he or she would like to investigate. By the first teleconference, each student should have given some consideration to questions which might be appropriately posed from this dataset. The research questions selected will form the basis of the dependent and independent variables used in your piece of research. **Based on this, each student will prepare a short research proposal and post it for feedback from others and the instructor.** In addition to carrying out their own analysis, students will also provide comments and feedback on the work of others.

At four points in the course, you will post your work to your group folder under the Discussion Forum. These postings will include your proposal, your analysis, your results and discussion from the analysis, and the next to final draft of your paper. Postings may also include questions and other general comments on which students want feedback. So that students will not be required to comment on all other students' work, three students will be assigned to a group which will allow detailed feedback to the two other students in their group. Each person will post within their own group and comments related to the assignments should be confined to that folder. Your final paper should be posted in a fairly final draft form for feedback from the others in the group, before it is mailed to the instructor through Course Mail.

The commentary that is provided on one another's work or in general will vary in length and complexity. In some cases, you may find that someone's work looks very sound and may choose to convey simply this in your commentary. In other cases, you may have more to say and should provide more detailed comments. The aim is to provide commentary where it is most relevant and helpful, rather than trying to say equal amounts about each piece of work you review. The mark for your contribution to this element of the course will be an overall assessment of the commentaries provided.

General course comments, which will also count towards the participation mark, should be posted to the quantitative section folder under the Discussion Forum. All students should be commenting here on readings and notes which are not specific to their assignments, but course related. These comments would not normally be as detailed as in your group responses to other students' work.

Feedback from the instructor will come in various forms. The most important vehicle will be the Tuesday conference calls. In weeks when there is work in progress to discuss, a fair bit of our time will be devoted to providing feedback on the work that has been done and dealing with any issues or concerns that may have arisen (these conference calls will also provide an opportunity for students to raise questions they may have). There may also be some written feedback, which would normally be more specific in nature and would be posted to the discussion folder of the relevant student or sent directly via e-mail.

At the end of the course, each student will submit their final assignment which will pull together the material submitted as work in progress, though obviously it should be modified in accordance with commentary received at earlier points and edited for coherence and concision. This final submission should not exceed 15 pages, including tables and graphs.

Evaluation

Component	**Due**	**Value**
Research Proposal - Submission 1	(Approximately 2 Pages - March 7/8)	10%
Work in Progress - Submission 2	Student Feedback on Proposals - March 7-14	5%
Work in Progress - Submission 3	Commentary on Other Students Work in Progress - Throughout Term	5%
Final Paper - Submission 4	April 7	60%
Participation and Web Discussion - Course Content, etc.	Throughout Term	20%
Total		100%

Schedule

<table>
<tr><th>Week/Date</th><th>Readings</th><th>Activities</th></tr>
<tr><td>Week 1 (February 26 - March 4)</td><td>Read the Section II Syllabus and Notes on the WebCT.
Most of the first 6 chapters of the Argyrous text is review of material you should have covered in other courses. Read chapters 1, 3, 4, 5 & 6 to refresh your understanding of basic quantitative understandings.
Read chapter 2 to help with setting up your data files.</td><td>Tuesday, February 28th, 2:30-3:45: Conference call to discuss course logistics, prepare students for proposal writing, and provide overview of SPSS.
Download and browse the codebook and documentation for the National Population Health Survey the Resources section or the quantitative discussion folder of the course.
Begin to reflect on the issue/variables you will analyze.
Download the National Population Health Survey data file from the Resources section or the quantitative discussion folder of the course. Open the date file using SPSS and familiarize yourself with the basic structure of data files, drawing on Argyrous, Chapter 2.</td></tr>
<tr><td>Week 2 (March 5 - 11)</td><td>Finish reading Part 1 of the Argyrous text (Chapters 1–6).
Read instructor's notes.</td><td>Tuesday, March 7th : Conference call.
By Tuesday or Wednesday, March 7/8, post your draft proposal. The proposal should include, a description of the issue you wish to explore including the rationale and two or three pieces of supporting literature, the research question(s) you wish to answer, and the specific dependent variable you will analyze and the other variables you anticipate including in your analysis. You may wish to specify your hypotheses, as well. You should also include the dimensions of the sample you are using (eg. all Provinces, your province, etc.), as well as a short description of the data set (ie. NPHS) and the research methodology you are using (ie. regression analysis).</td></tr>
<tr><td>Week 3 (March 12 - 18)</td><td>Review instructor's notes on the WebCT.</td><td>Provide comments on work in progress #1 by Tuesday, March 8th.</td></tr>
</table>

	• Read Argyrous text, Part 2 (Chapters 7–10). • After reading the text, read the instructor's note on regression analysis on the WebCT.	• Tuesday, **March 14th**: Conference call. • By Saturday, **March 18th**, post your work in progress #2, which should employ techniques covered in Part 2 of the text, i.e., bivariate analysis.
Week 4 (March 19 - 25)	• Review instructor's notes on the WebCT. • Read Parts 3 and 4 of Argyrous text.	• Provide comments on work in progress #2 by Tuesday, **March 21th**. • Tuesday, **March 21st**: Conference call/Netmeeting.
Week 5 (March 26 - April 1)	• Read Part 6 of the Argyrous text (Part 5 is not necessary). • **Then** review instructor's notes on the WebCT.	• By Monday, **March 27th**: Post your work in progress #3, which should incorporate the techniques covered in parts 3 and 4 of the text. The main focus should be on the bivariate inferential techniques in Part 4, but Part 3 is essential background to understand the logic of inferential statistics. • Tuesday, **March 28th**: Conference call • Provide comments on work in progress #3 by Friday, **March 31st**.
Week 6 (April 2 - 7)	• Review the final papers for the other two people in your group.	• Tuesday, **April 4th**: Conference call. • By Tuesday, **April 4th**: post your full draft of your final assignment for comments by other students, which should incorporate the multivariate techniques covered in Part 6 of the text. By Friday/Saturday**April 7th/8th**: attach the final copy of full assignment to an email to the instructor through course mail

AHS-6006 - "Getting Started" - Getting Started

AHS 6006: Qualitative and Quantitative Methods
Getting Started
Welcome to ARTC 6006, Qualitative and Quantitative Methods. This course is designed to increase your understanding and ability to critically evaluate qualitative and quantiative research. You will be introduced to a variety of qualitative research methods and to a commonly used statistical software package, SPSS.

The course is divided into **two sections.** Dr. Jennifer Slemmer will be teaching Section I - Statistical Analysis of Quantitative Data. It will run from January 5th - February 22rd. Section II - Qualitative Research Methods will be taught by Dr. Debbie MacLellan from February 23th - April 3rd.

Note: Each section of the course constitutes 50% of the final grade. Further details on evaluation are provided under each section.

Regularly scheduled teleconference sessions with the instructor will be scheduled for each session. You are reminded that participating in the teleconference sessions is an important component of the course and is critical for learning.

A link to the content for each section of the course are provided under the Course Menu located on the top of your screen. Click on the link, "Section I Syllabus" to begin.

Good Luck!

Atlantic Regional Training Centre
Masters Programme in Applied Health Services Research, 2004

AHS-6006 - Section I Syllabus - Instructor: Jennifer Slemmer

Qualitative and Quantitive Methods
Instructor
Jennifer E. Slemmer, PhD
Office: UPEI, Dalton Hall, Room 502
Mailbox: Dalton Hall (main office)
Telephone: 902-620-5158
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Email: jslemmer@upei.ca
Office hours: by appointment

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Masters Programme in Applied Health Services Research, 2004.

AHS-6006 - Section I Syllabus - Required Resources

Qualitative and Quantitive Methods
Required Resources

File uploaded to Desire2Learn: Biostatistics PDF.

Available to students: Photocopied book chapters from Cresswell, "Research Design", 3rd edition.

Textbook: "Choosing and Using Statistics: A Biologist's Guide" by Calvin Dytham. ISBN: 1-4051-0243-8. Blackwell Publishing, 2nd edition, 2003.

Statistical Software: The statistical software package, SPSS, is to be used for all analyses of data sets for meeting the requirements of this course.

- Where you can access SPSS at UPEI: http://www.upei.ca/itss/node/78
- Where you can access SPSS at MUN: http://www.mun.ca/cc/services/computerservices/computerlabs/index.php
- Where you can access SPSS at UNB: http://labdisplay.unb.ca/unbf.html
- Where you can access SPSS at Dalhousie: http://its.dal.ca/services/computer_services/labs/index.html

Graph-Pad: This software is available for a free, one-month trial download. We will be using it for the last few weeks of class, so DO NOT download it until I tell you to do so. You can find the website at: http://www.graphpad.com/welcome.htm

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Masters Programme in Applied Health Services Research, 2004.

AHS-6006 - Section I Syllabus - Course Information

Qualitative and Quantitive Methods
Course Information

The quantitative section of this course is designed to provide a foundation for conducting quantitative research using appropriate statistical and analytical procedures. By the end of the course you should have a basic knowledge of both descriptive and inferential statistical

procedures and be able to manipulate and evaluate experimental data from simple research designs using both parametric and non-parametric analyses. You should also develop the ability to critically evaluate data/information, and recognize both the potential and the limits of statistics.

Course date, time and location

Date and time: 9:30 AM – 12:00 PM, Thursday mornings

Evaluation

Grading Scheme	
Assignment	Grade %
Problem set #1	15%
Problem set #2	15%
Problem set #3	20%

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AHS-6006 - Section I Schedule - Schedule

Qualitative and Quantitive Methods
Schedule and Evaluation

Week 1: Thursday 6 January

- Introduction and course syllabus
- Dytham: Chapters 1 – 5 (pages 1 – 45)
- Biostatistics PDF file:
  - Types of data and their presentation (pages 1 – 10)
  - Central Tendency and Dispersion (pages 1 – 11)

Week 2: Thursday 13 January

- Dytham: Chapter 6 (pages 46 – 65)
- Handing out Problem Set #1
  - *due by 12:00 PM (noon) on Monday 24 January!*

Week 3: Thursday 20 January

- Review of Problem Set #1
- Dytham: Chapter 7
- Dytham: Chapter 8 (pages 165 – 171)

Week 4: Thursday 27 January

- Biostatistics PDF file
  - Testing for differences (pages 1 – 22)
  - Two sample tests (pages 1 – 12)
  - Testing differences in ≥ 2 groups (pages 1 – 29)
  - Higher level Analysis of Variance (pages 1 -14)

Week 5: Thursday 3 February

- Continuation of Week 4 material
- Introduction to Graph-Pad software
- Handing out Problem Set #2
  - *due by 12:00 PM (noon) on Monday 14 February!*
  - *download Graph-Pad free, 30-day demo for this problem set!*

Week 6: Thursday 10 February

- Review of Problem Set #2
- Biostatistics PDF file
  - Regression and Correlation (pages 1 – 24)
- Dytham: Chapter 8 (pages 173 – 199)

Week 7: Thursday 17 February

- Prepared package:
  - Research Design (Creswell) book chapters: 6, 7 and 8 (pages 111 – 171)
- First portion of course review
- Handing out Problem Set #3
  - *due by 12:00 PM (noon) on Monday 28 February!*

NB: You are allowed to work as a two-person team on the problem sets. Please submit one copy of the assignment per team, with both names on it. Each member of the team will receive the same mark, so choose your partner wisely!

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AHS-6006 - Section II Syllabus - Instructor -- Dr. Debbie MacLellan

AHS 6006: Qualitative and Quantitive Methods
Instructor

Professor:	Dr. Debbie MacLellan
Office:	#311 Dalton Hall University of Prince Edward Island
Phone:	(902) 566-0521
E-Mail:	maclellan@upei.ca
Class Time:	Weekly teleconferences on Tuesdays from 1:00 to 2:30
Class Start Date:	Tuesday February 22, 2011
Class End Date:	Tuesday March 29, 2011

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AHS-6006 - Section II Syllabus - Course Description and Objectives

AHS 6006: Qualitative and Quantitive Methods
Course Description and Objectives

This section of AHS 6006 is designed to assist students in developing their understanding of a variety of qualitative research methods and to start to develop the skills necessary to conduct a qualitative research project. We will begin with a focus on the general epistemological assumptions which underpin a qualitative research approach and continue with discussions of the different approaches to qualitative data collection and modes of analysis.

Successful completion of this course will enable students to:

1. Describe a variety of qualitative research approaches
2. Develop a qualitative research question
3. Determine the appropriate methodological approach to answer a qualitative research question
4. Identify appropriate qualitative data collection strategies
5. Understand a basic approach to qualitative research data analysis

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AHS-6006 - Section II Syllabus - Course Resources

AHS 6006: Qualitative and Quantitive Methods
Resources
Required Textbook

Grbich, C. (2009). Qualitative research in health: An introduction. London, UK:Sage

Required Readings

(Note: all of these readings are available online through your university library)

Johnstone, P. (2004). Mixed methods, mixed methodology health services research in practice. Qualitative Health Research, 14, 259-271.

Li S. & Seale, C. (2007). Learning to do qualitative data analysis: An observational study of doctoral work. Qualitative Health Research, 17: 1442-1452.

Redmond, R. & Curtis, E. (2009). Focus groups: principles and process. Nurse Researcher, 16, 57-69.

Swift, J. & Tischler, V. (2010). Qualitative research in nutrition and dietetics: getting started. Journal of Human Nutrition and Dietetics. 23,559-566.

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AHS-6006 - Section II Syllabus - Course Evaluation

AHS 6006: Qualitative and Quantitive Methods
Course Evaluation

The following is the evaluation scheme for Section 2 of the course.

Click the next button on the navigation menu bar above for a detailed explanation of each component.

Component	Value
Critical appraisal	20%
'Good' questions & response papers	30%

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AHS-6006 - Section II Syllabus - 'Good' Questions & Response Papers

AHS 6006: Qualitative and Quantitive Methods

Due: Weekly starting the second week of this class. You need to email your paper to me (maclellan@upei.ca) and post your question by noon each Monday so that I can review and compile them in preparation for our discussion on Tuesday.

Each week you will be responsible for reading a section of our text and/or additional readings and identifying one 'good' question that we will use to facilitate our class discussions. For the purposes of this course, a 'good' question is one that does not have a yes/no answer or one that simply asks people to recall factual knowledge and information. There are many ways to ask a 'good' question but the best questions usually will:

* ask students to apply their knowledge and understanding and/or to apply what they already know to their understanding of the material

* ask students to identify relationships among concepts, ideas and information - to analyze the information in the readings

* challenge students to synthesize the information - is the material in the various readings consistent? Inconsistent?

* ask students to appraise the information. Does it make sense? Are there any errors? Is it important information? Why/why not?

In addition, I also want you to write a one page response (double spaced) to your question. When writing your response, keep in mind that this is not a factual exercise. I want you to think critically about an aspect of qualitative research and reflect on your understanding of the question that you have posed. For example, you might want to pose a question that indicates a concern with the reading. Identify that concern and discuss the basis for your concern (what is the basis of your thinking - why do you think the way that you do?). You may also want to raise a controversy - question what the authors are saying and then offer an alternative explanation based on your previous knowledge. You may want to highlight a missing element - do you think that the author msised an important aspect of the topic? Why?

Note: Feel free to write more than one page if that is what it takes to clearly articulate your point. you will not be penalized for going over the 'page' limit.

How will your papers be evaluted? Much of your writing in these papers will be your own opinion and thoughts about a particular issue. For the most part, I will not be evaluating 'what' you say but I will be evaluating 'how' you say it. I will be looking for:

* insightful, critical evaluation of the readings

* an ability to analyze, synthesize and integrate the material from the readings

* evidence of critical and creative thinking

* an ability to organize your thoughts and present your ideas in a clear, concise, manner

* an ability to link course material with previous knowledge (ie. what you learned in other courses taken in the program to date).

Please review the course grading scheme for additional information. If you have any questions or concerns about the feedback you receive on your papers please feel free to email or phone me.

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AHS-6006 - Section II Syllabus - Critical Appraisal

AHS 6006: Qualitative and Quantitive Methods

Critical Appraisal

You will be asked to find a qualitative research paper to critically appraise using the guidelines posted on D2L. This critique will be due on March 29, 2011. Please send a link to the paper that you would like to critique to me by March 8, 2011.

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AHS-6006 - Section II Syllabus - Teleconferences

AHS 6006: Qualitative and Quantitive Methods
Teleconferences

Our weekly teleconference meeting will be held on Tuesday afternoons from 1:00 PM until 2:30 PM. These conferences are meant to approximate the face-to-face seminar meetings that are part of traditional graduate courses. You should be prepared to present your 'good' question and participate fully in the discussion each week.

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AHS-6006 - Section II Syllabus - Critical appraisal guidelines

Note: Files of this type need to be printed from the application they were created in. Click the link below to open the file and print.

URL: Qualitative_Research critical appraisal guidelines.pdf

AHS-6006 - Section II Syllabus - Grading rubric for response papers - Rubric

Note: Files of this type need to be printed from the application they were created in. Click the link below to open the file and print.

URL: Marking rubric for Reflection papers.doc

AHS-6006 - Section II Schedule - Course Schedule

AHS 6006: Qualitative and Quantitive Methods
Course Schedule

Week	Date	Topic	Required Reading
1	Feb 22	**Theory & Design** What is qualitative research? The 'ologies'...ontology, epistemology, & methodology	Text, Chapter 1 Swift & Tischler, 2010
2	Mar 1	**Theory & Design** Theoretical perspectives Debates & dilemmas - how do I know 'good' qualitative research when I see it? Paper 1 due	Text, Chapters 2 & 3
3	Mar 8	**Data collection** Interviewing - more than an information conversation Focus groups Observation Paper 2 due	Text, Chapters 4 & 5 Redmond & Curtis, 2009
4	Mar 15	Methodologies Library-based Field-based Action-based	Text, Chapters 6, 7, & 8

		Paper 3 due	
5	Mar 22	**Data analysis** Is there a 'right' way? Paper 4 due	Text, Chapter 9 Li & Seale, 2007
6	Mar 29	**Mixing methods** Paper 5 due Critical appraisal due	Johnston, 2004

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AHS 6007: Knowledge Transfer and Research Uptake

Overview

The Knowledge Transfer and Research Uptake course is the seventh of eight courses required in the Masters of Applied Health Services Research program. This web-based distance education course combines peer reviewed and grey literature, websites, online discussions, and written and oral assignments to explore the facilitators and barriers to the use of research evidence in decision-making in the health care system. The course will introduce students to research transfer methods to enhance the dissemination and implementation of research findings in clinical, management, and policy decisions.

The course consists of eleven web-based sessions:
1. Course Introduction
2. Evidence-Based Decision-Making
3. The Role of Research Evidence in Decision Making
4. Models of Research Uptake
5. Linkage & Exchange
6. Communicating Research (Part 1)
7. Communicating Research (Part 2)
8. Diffusion, Dissemination, & Implementation
9. Knowledge Brokers & Evaluation
10. Knowledge Utilization
11. The Role of Funding Agencies

In addition, there will be two in-person sessions held during the workshops in PEI and Halifax. During August workshop in PEI, we will review the course objectives and course format. During the December workshop in Halifax, students will give presentations and we will "wrap-up" the course.

Learning Objectives

This course will expose students to the theoretical and practical aspects of knowledge transfer and research uptake. Students will gain an understanding of:
- The role of research evidence in decision making in the health care system.
- The facilitators and barriers around the use of research evidence in decision-making in the health care system.
- The role of decision-makers, funding agencies, researchers and “knowledge brokers” in the uptake of research evidence by decision makers.
- The informational needs of clinical, managerial, and legislative decision makers.
- The effectiveness of diffusion, dissemination, and implementation strategies to increase awareness and change behaviour.

Students will learn how to:

- Identify and consult with decision makers to develop research questions that are relevant to decision makers.
- Develop transfer strategies to increase awareness and facilitate behaviour change.
- Tailor and communicate research findings to multiple audiences.
- Develop an evaluation plan to assess the effectiveness of diffusion, dissemination, and implementation strategies.

Schedule

The schedule for the course is presented below. Any changes to the schedule will be posted in the discussion forum. Please note that “week” in the table refers to the week in the semester (beginning the week of the PEI workshop) and “session” refers to the web-based module.

The bulk of assignments are due in the second half of the course. To accommodate the workload, three weeks have been designated as “reading weeks”. There will be no web-based modules during these weeks.

WEEK	DATE [Week of]	SESSION
-	August 31, 2005	Workshop in PEI
1	September 15, 2005	Course Introduction and Evidence-Based Decision-Making
2	September 22, 2005	The Role of Research Evidence in Decision Making
3	September 29, 2005	Models of Research Uptake
5	October 6, 2005	Linkage & Exchange
6	October 13, 2005	Communicating Research (part 1)
7	October 20, 2005	Communicating Research (part 2)
8	October 27, 2005	Diffusion, Dissemination & Implementation
9	November 3, 2005	**Reading Week 1**
10	November 10, 2005	Knowledge Brokers & Evaluation
11	November 17, 2005	Knowledge Utilization
12	November 24, 2005	**Reading Week 2**
13	December 1, 2005	The Role of Funding Agencies
14	December 8, 2005	**Reading Week 3**
15	December 15, 2004	Workshop in Halifax

Content

- **Session One: Course Introduction**
- **Session Two: Evidence-Based Decision-Making**
- **Session Three: The Role of Research Evidence in Decision Making**
- **Session Four: Models of Research Uptake**
- **Session Five: Linkage & Exchange**
- **Session Six: Communicating Research (Part 1)**
- **Session Seven: Communicating Research (Part 2)**
- **Session Eight: Diffusion, Dissemination & Implementation**
- **Session Nine: Knowledge Brokers & Evaluation**
- **Session Ten: Knowledge Utilization**
- **Session Eleven: The Role of Funding Agencies**

Evaluation

The evaluation consists of four components:

Component	Value	Due Date
Participation	20	Weekly
Lay Summary of Research Article	15	November 10, 2005
Linkage and Transfer Plan for Thesis	25	December 1, 2005
Evaluation Framework	40	December 11, 2005
Critique of Research Transfer Plan (completed with evaluation framework)		Final workshop

Participation

A grade for participation will be awarded based on the responses to the assigned reading and discussion questions. Responses to the reading questions should reflect your grasp of the concepts examined in the assigned readings (demonstrate that the you have read and understood the material). Responses to the discussion question should demonstrate the your ability to apply concepts to other situations and integrate each week's material with other course content.

Lay Summary of Research Article

Prepare a four page summary of a peer-reviewed article recently published in an academic journal. The summary should be written for a general, lay audience, and appropriate for dissemination to the general public, health administrators, and health care providers. The grade will be based on:

- Writing style and use of figures/tables
- Summary and presentation of research objectives, methods, results
- Discussion of implications, limitations
- Links for further information

The article will be selected by the student and posted on the Discussion Forum.

Linkage and Transfer Plan for Thesis

For a selected research topic, develop a linkage and transfer plan. You may examine any topic of your own choosing but are encouraged to develop a plan for your thesis project. In your plan:

- summarize your research topic
- identify potential audiences (those who will use the study, participated in the study, or may potentially be affected by the study)
- document and summarize findings from the "environmental scan" (i.e. literature, stakeholder consultation, and summary of other research activity)
- summarize the research interests, informational needs, and communication preferences for these audiences
- present how the research protocol reflects (or will reflect) the research interests and information needs of the audiences
- identify the desired behavioral responses of these audiences (i.e. the effect of the transfer strategies)
- present diffusion/dissemination/implementation strategies to achieve the desired behavioral responses

Submit a document outlining and summarizing these points. The paper should be 10 pages (or less). The page limit does not include title page or reference.
Please note this is a "field trip" exercise. I want you to go and meet with your target audiences and demonstrate you can apply the principles we've covered in the course. DO NOT submit and academic paper that summarizes the literature.

Evaluation Framework

Throughout the course we will examine various elements involved in increasing the use of research evidence in decision-making including organizational structures and relationships; the way in which research is funded, designed and conducted; and diffusion, dissemination, and implementation strategies. Develop an evaluation framework that captures and describes these elements and measures and links them with the effectiveness in realizing knowledge transfer and research uptake goals.
Submit a paper outlining and describing an evaluation framework. The paper should be 10 pages (or less), double-spaced, using 12 point font. The page limit does not include title page or reference.
This assignment is the closest we will get a traditional academic paper. However, I don't want you to simply summarize the literature. I want you to go one step further and develop indicates that measure how well the agency did on the KT activities.

Critique of Research Transfer Plan

Using the same agency evaluate the knowledge transfer/research uptake activities related to one project. The critique should use the your evaluation framework to critically assess the effectiveness of the agency's knowledge transfer/research uptake activities relating to the project.
You must each select a different agency (first come first served!) and are encouraged to contact the agency directly to gather information for your assignment, in addition to searching websites, literature etc. In the December workshop we will have a seminar where we share the information gathered and have a discussion. Be prepared to do a three minute verbal summary of the agency and your findings to get the discussion going.

- Content:
    - description of the agency and project
    - evaluation framework
    - evaluation indicators
    - critical assessment of knowledge transfer/research uptake activities

Submitting Assignments

Two copies of the Lay Summary of Research Article, Linkage and Transfer Plan for Thesis, and Evaluation Framework are due by 9 a.m. on the due dates. They may be submitted by email, fax, in-person or by post but must be received by the instructor by the deadline. Late assignments will be penalized 5% each day (including weekends).

Students who plagiarize will receive a failing grade for the course. It is the student's responsibility to ensure that he or she is aware and understands plagiarism guidelines.

The responses to the discussion and assigned reading questions must be posted by 9 a.m. on Thursday of each week unless otherwise stated. For the assigned reading questions, students will not be penalized for quoting directly from the text without citations.

Reading List

Required Reading

Bero, L.A., Grilli, R., Grimshaw, J.M., Hravey, E., Oxman, A.D., & Thomson, M.A. (1998). Getting research findings into practice - Closing the gap between research and practice: an overview of systematic reviews of interventions to promote the implementation of research findings. British Medical Journal, 377, 7156, 465-468.

Black, N. 2001. Evidence based policy: proceed with care. BMJ, 323, 275-279.

Breton, K. Landry, R., Ouimet, M. (2002). Knowledge Broker and Knowledge Brokering. What Do We Know? Presentation slides prepared for the Spring Institute for Knowledge Transfer "Champions, Opinion leaders and Knowledge Broker: Linkages Between Researchers and Policy Makers," May 5-8, 2002 Edmonton, Alberta.

Canadian Health Services Research Foundation. (2002). *Communication Notes* -- How to Give a Research Presentation to Decisions Makers. Ottawa: CHSRF.

Canadian Health Services Research Foundation. (2001). *Communication Notes* -- Reader-Friendly Writing -- 1:3:25. Ottawa: CHSRF.

Canadian Health Services Research Foundation. (2001). *Communication Notes* -- Self-Editing: Putting Your Readers First. Ottawa: CHSRF.

Canadian Health Services Research Foundation. (2000). *Health Services Research and… Evidence-Based Decision-Making*. Ottawa: CHSRF.

Canadian Health Services Research Foundation. (2000). *If research is the answer, what is the question?* Ottawa: CHSRF.

Canadian Health Services Research Foundation (1999). *Issues in Linkage and Exchange Between Researchers and Decision Makers*. Ottawa: CHSRF.

Canadian Health Services Research Foundation. (1998). *Communications Primer*. Ottawa: CHSRF.

Canadian Health Services Research Foundation. (1998). *Merit Panel Grant Application Rating Form*. Ottawa: CHSRF.

Canadian Population Health Initiative. (2001). *An Environmental Scan of Research Transfer Strategies*. Ottawa: Canadian Institute for Health Information.

Dobbins, M., Ciliska, D., Cockerill, R., Barnsley, J., & DiCenso, A. (2002). A Framework for the Dissemination and Utilization of Research for Health Care Policy and Practice. *The Online Journal of Knowledge Synthesis for Nursing, 9*, Document 7.

Doubleday. W.G. (2000). Seals & Cod. *Isuma, 1*, 1, 150-153.

Feldman, P.H., Nadash, P., & Gursen, M. (2001). Improving Communication Between Researchers and Policy Makers in Long-Term Care, or researchers are from Mars; policy makers are from Venus. *The Gerontologist, 41*, 312- 321.

Green, L.W. & M.P. Eriksen. (1988). Behavioural Determinants of preventive practices by physicians. *American Journal of Preventive Medicine, 4* (Supplement 1), 101-107.

Kitson. A., Harvey, G. & McCormack (1998). Enabling the implementation of evidence based practice: a conceptual framework. *Quality in Health Care, 7*, 149-158.

Lavis, J.L., Robertson, D., Woodside, J.M., McLeod, C.B., Abelson, J. & The Knowledge Transfer Sudy Group. (2003). How Can Research Organizations More Effectively Transfer Research Knowledge to Decision makers? *The Milbank Quarterly, 81*, 2, 221-248.

Lomas, J. (2000). Connecting Research and Policy. *Isuma, 1*, 1, 140-144.

Lomas, J. (2000). Using 'Linkage and Exchange' to Move Research Into Policy At A Canadian Foundation. *Health Affairs, 19*, 1, 236-240.

Lomas, J. (1997). *Improving Research Dissemination and Uptake in the Health Sector: Beyond the Sounds of One Hand Clapping*, McMaster University Centre fir Health Economics and policy Analysis, Policy Commentary C97-1.
Lomas, J. (1993). Diffusion, Dissemination and Implementation: Who should do what? *Annals of the New York Academy of Sciences, 703*, 226-237.
Lomas, J. (1990). Finding Audiences, Changing Beliefs: The structure of Research Use in Canadian Health Policy. *Journal of Health, Politics, Policy, and Law. 15*, 3, 525- 542.
Nova Scotia Health Research Foundation (2003). *Grant Application Review Form*. Halifax: NSHRF.
NHS Centre for Reviews and Dissemination. (1999). Getting Evidence into Practice. York: The Royal Society of Medicine Press Ltd.
Organizing Committee of the 2000 Knowledge Transfer Conference (2001). *Knowledge Transfer: Looking Beyond Health*. Ottawa: CHSRF
Program in Policy Decision-Making. What we've learned - for research organizations: Develop a systematic approach to knowledge transfer. April 15, 2003.
Nova Scotia Health Research Foundation.
Roos, N.P. & Shapiro, E. (1999). From Research to Policy - What have We Learned? *Medical Care, 37, (6)*, JS291-JS305, Supplement.
Sackett, D.L & Rosenberg, W.M.C. (1995). On the need for evidence-based medicine. *Journal of Public Health Medicine, 17*, 4, 330-334.
Weiss, C.H. (1979). The many meanings of research utilization. *Public Administration Review, 39*, 426-31.

Recommended Reading

Canadian Health Economics Research Association
Canadian Health Services Research Foundation
Canadian Health Services Research Foundation. (2002). Communication Notes -- How to Give a Research Presentation to Decisions Makers. Ottawa: CHSRF.
Canadian Health Services Research Foundation. (2004). Communication Notes – Developing a dissemination plan. Ottawa: CHSRF.
Canadian Health Services Research Foundation. (2002). Communication Notes -- Designing a Great Poster. Ottawa: CHSRF.
Canadian Institutes of Health Research
Closer to home: The burden of out-of-pocket expenses on cancer patients in Newfoundland and Labrador
EXTRA: Executive Training for Research Application, Canadian Health Services Research Foundation
Family Physicians in Winnipeg: What's Changed? (Report Summary)
Supply, Availability and Use of Family Physicians in Winnipeg (Full Report)
Institute for Clinical Evaluative Sciences
Institute for Work & Health
Knowledge Utilization
Manitoba Centre for Health Policy
Population Health Research Unit
Radel, J. (1999). Effective Presentation. KU Medical center. Kansas City, KS: Author.
Saskatchewan Health Quality Council
SEARCH: Swift Efficient Application of Research in Community Health. Alberta Heritage Foundation for Medical Research.
The Centre for Knowledge Transfer
The Cochrane Collaboration

Communicating with Instructor

Office hours are Thursdays from 9:30 a.m.to 12:30 a.m. Newfoundland time. I can be contacted by either telephone or course email.

If you have posted questions to the discussion forum, I will try to answer them in a reasonable amount of time (1 to 3 days).

In case of EMERGENCY ONLY, please contact me by telephone or leave a message with Ms. Christine Gordon at (902)566-0417 during normal work hours (8:30 a.m. - 5 p.m. NT).

AHS-6007 - Session One: Welcome & Course Introduction - Overview

Knowledge Translation and Research Uptake
Overview
The Knowledge Translation and Research Uptake course is the seventh of eight courses required in the Masters of Applied Health Services Research program. This web-based distance education course combines text book, peer reviewed and grey literature, websites, online discussions, and written and oral assignments to explore the facilitators and barriers to the use of research evidence in decision-making in the health care system. The course will introduce students to research translation methods to enhance the dissemination and implementation of research findings in clinical, management, and policy decisions.
The course consists of 4 web-based sessions, 2 face to face, and 5 tele conferences:

1. Welcome and Course Introduction (Chapter 1) What is Knowledge to Action? **Face to Face** UNB
2. Appropriate Access to Research Knowledge (Chapter 2.4) **Teleconference Dr. Barb Campbell**
3. Knowledge to Action Cycle (Chapter 3.1,3.2,3.3,3.4) **Teleconference Dr. Barb Campbell**
4. Communicating Research and Sustaining Uptake (Chapter 3.7, 3.8) **Web (Student facilitated E-Live**)
5. Diffusion, Dissemination, & Implementation of Interventions (Chapter 3.5) **Web (Student facilitated E-Live)**
6. Models of Research Uptake (Chapter 4) **Teleconference Dr. Jeremy Grimshaw**
7. Reading Week 1
8. Linkage & Exchange **Teleconference Dr. Jennifer Taylor**
9. Knowledge Brokers and Utilization (Chapter 5) **Web Student facilitated E-Live**
10. Reading Week 2
11. Evaluation Process/Framework (Chapter 3.6 & 6) **Web Student facilitated E-Live**
12. Funding Agencies and Opportunities **Teleconference Dr. Barb Campbell**
13. Reading Week 3
14. Workshop in Halifax **Face to Face Wrap Up**

During August workshop in Fredericton, we will review the course objectives and course format and decide on our facilitation groups. I will introduce the concept of evidence informed research and knowledge translation. We will also set assignment values and due dates. During the December workshop in Halifax, we will "wrap-up" the course.

Atlantic Regional Training Centre
Masters Programme in Applied Health Services Research, 2010, 2009, 2008, 2005, 2003.
AHS-6007 - Session One: Welcome & Course Introduction - Communicating with Instructor

AHS-6007 - Session One: Welcome & Course Introduction - Communicating with Instructor

Communicating with Faculty
You can find me at the Webster Centre for Teaching and Learning at the University of Prince Edward Island. I am the Director of the Webster Centre and Associate Professor at the UPEI School of Nursing. My doctoral work was in knowledge translation therefore I have a research interest in knowledge translation, new learners, child health, literacy, and participatory action research methodology. Please feel free to contact me if you have questions and/or concerns. I can be contacted by e-mail within D2L or phone 902-566-0743.

If you have posted questions to the discussion forum, I will try to answer them in a reasonable amount of time.

Barbara Campbell

Atlantic Regional Training Centre
Masters Programme in Applied Health Services Research, 2010, 2009,2008, 2005, 2003.

AHS-6007 - Session One: Welcome & Course Introduction - Learning Objectives

Learning Objectives
This course will expose students to the theoretical and practical aspects of knowledge translation and research uptake. Students will gain an understanding of:

- The role of research evidence in decision making in the health care system.
- The facilitators and barriers around the use of research evidence in decision-making in the health care system.

- The role of decision-makers, funding agencies, researchers and "knowledge brokers" in the uptake of research evidence by decision makers.
- The informational needs of clinical, managerial, and legislative decision makers.
- The Knowledge To Action Framework.

The effectiveness of diffusion, dissemination, and implementation strategies to increase awareness and change behaviour.

Students will learn how to:

- Identify and consult with decision makers to develop research questions that are relevant to decision makers.
- Develop translation strategies to increase awareness and facilitate behaviour change.
- Tailor and communicate research findings to multiple audiences.
- Develop a linkage and transfer plan to assess the effectiveness of diffusion, dissemination, and implementation strategies of their thesis, research or project.

Atlantic Regional Training Centre
Masters Programme in Applied Health Services Research, 2010, 2009, 2008, 2005, 2003.
AHS-6007 - Session One: Welcome & Course Introduction - Evaluation

AHS-6007 - Session One: Welcome & Course Introduction - Evaluation

Evaluation
The evaluation consists of four components all of which will be evaluated by the instructor through a global marking scheme using a rubric ranging from A+ downward. Numeric scores will appear as a final mark on your transcript.

Component	**Value**	**Due Date**
Response Papers (5X6 = 30%)	30%	Sept 17th, Oct 1st, 15th, 29th, Nov 12th Fridays@5pm
Class Facilitation & Discussion Board Critique 20%	20%	weekly
Lay Summary of Research	20%	October 8th, 2010
Linkage and Translation Plan for Thesis	30%	December 3rd, 2010

Class Facilitation and Participation in E-discussions 20%

Each dyad will be responsible for **facilitating an online web class through Eluminate Live** on one of the themes of knowledge translation during the semester. You can use the text and readings in the course syllabus or introduce more current readings to add to the extant literature. You will be responsible to share your knowledge online through E-live on the chosen topic and attempt to link it to your research/project. Be sure to read and write about topics of interest to your thesis topic. This way your thesis writing and articulation will be peer reviewed by your colleagues in the course.

All postings for the **weekly discussion questions** and readings are to be complete by Friday of each week as I will review them by Sunday of the following week. Each student will respond to the discussion question and then reflect and **provide feedback to your colleagues.** Responses to the discussion question should demonstrate your ability to apply concepts to other situations, your grasp of the readings and the integration of each week's material with other course content. This type of evaluation is in keeping with a self-directed study. Both the degree of participation and the quality of the critique provided will be considered in grading.

Response Papers- 30%

Even though this is an online course, you are expected to be active participants. It is expected that you will complete all required readings for this course. From your current selected topic which fits with your research, project, or workplace, you will be asked to submit a response paper of approximately two pages in length (500 - 700 words). Responses should not merely recite or summarize the reading material; rather you are expected to meaningfully reflect on the readings and the ideas presented. You will discuss a specific issue that arose from the readings and comment on how the material relates to your work/thesis.

The purpose of the response paper is to encourage you to engage with the material and reflect on how it impacts upon your chosen research, project or profession. You will be asked to post your papers and immediately following the submission deadline of each Response Paper you can then read your classmates response papers to engage in further discussion.

Over the course of the term you will be asked to submit 5 response papers in total – each worth 6 marks for a total out of 30%. Please number and date your papers #1-5.

In addition to posting your response papers in the **dropbox** you will also be asked post your work in a discussion folder for subsequent critique* by your classmates. Please refrain from posting on the discussion board until the assignment deadline has passed. For example, a response paper due on Friday at 5pm should not be posted on the discussion board until Friday after 5pm.

Lay Summary of Research Article on Knowledge Exchange 20%

Prepare a **four page** LAY summary of either your residency/work or a peer-reviewed article recently published in an academic journal or a summary of your research for your thesis. The summary should be written for a **general, lay audience**, and appropriate for dissemination to the general public, health administrators, and health care providers. The grade will be based on:

- Writing style and use of figures/tables
- Summary and presentation of research objectives, methods, results
- Discussion of implications, limitations
- Links for further information
- Visual look

Linkage and Translation Plan for Thesis 30%

For a selected research topic, thesis, or project you will develop a linkage and translation plan. You may examine any topic of your own choosing but are encouraged to develop a plan for your thesis project. In your plan:

- summarize your research topic
- identify potential audiences (those who will use the study, participated in the study, or may potentially be affected by the study)
- document and summarize findings from the environmental scan (i.e. literature, stakeholder consultation, and summary of other research activity)
- summarize the research interests, informational needs, and communication preferences for these audiences
- present how the research protocol reflects (or will reflect) the research interests and information needs of the audiences
- identify the desired behavioral responses of these audiences (i.e. the effect of the translation strategies)
- present diffusion/dissemination/implementation strategies to achieve the desired behavioral responses

Submit a document outlining and summarizing these points. The paper should be no more than 10 pages. The page limit does not include title page or reference list.

Submitting Assignments

The Lay Summary of Research Article, Response Papers, and the Linkage and Translation Plan for Thesis, are due on the due dates and submitted to the dropbox. They are to be submitted by D2L but must be received by the instructor by the deadline. Late assignments will be penalized 5% each day (including weekends).

Students who plagiarize will receive a failing grade for the course. It is the student's responsibility to ensure that he or she is aware and understands plagiarism guidelines.

AHS-6007 - Session One: Welcome & Course Introduction - Reguired Reading - Text

Recommended Text:

Canadian Institutes of Health Research (2009). Knowledge translation in health care: Moving from evidence to practice (2009). *Straus S., Tetroe J. & Graham I. (Eds.).* Singapore: Blackwell Publishing Ltd. (Available online, e.g. Amazon, etc…).

Recommeded Articles:

Campbell, B. (2010). Applying Knowledge to Generate Action: A Community-Based Knowledge Translation Framework. ***The Journal of***

Continuing Education in the Health Professions 30(1):65–71 To Access this article highlight, Ctrl C then Ctrl V into you browser

http://authorservices.wiley.com/bauthor/WISproxy.asp?doi=10.1002/chp.20058&ArticleID=653332

Recommended Podcasts

TBA

AHS-6007 - Session One: Welcome & Course Introduction - Historical Reading List

Historical Reading List:

Bero, L.A., Grilli, R., Grimshaw, J.M., Hravey, E., Oxman, A.D., & Thomson, M.A. (1998). Getting research findings into practice - Closing the gap between research and practice: an overview of systematic reviews of interventions to promote the implementation of research findings. *British Medical Journal, 377*, 7156, 465-468.

Black, N. 2001. Evidence based policy: proceed with care. *BMJ, 323*, 275-279.

Breton, K. Landry, R., Ouimet, M. (2002). Knowledge Broker and Knowledge Brokering. What Do We Know? Presentation slides prepared for the Spring Institute for Knowledge Transfer "Champions, Opinion leaders and Knowledge Broker: Linkages Between Researchers and Policy Makers," May 5-8, 2002 Edmonton, Alberta.

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Canadian Health Services Research Foundation. (1998). *Communications Primer*. Ottawa: CHSRF.

Canadian Health Services Research Foundation. (1998). *Merit Panel Grant Application Rating Form*. Ottawa: CHSRF.

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Dobbins, M., Ciliska, D., Cockerill, R., Barnsley, J., & DiCenso, A. (2002). A Framework for the Dissemination and Utilization of Research for Health Care Policy and Practice. *The Online Journal of Knowledge Synthesis for Nursing, 9*, Document 7.

Doubleday. W.G. (2000). Seals & Cod. *Isuma, 1*, 1, 150-153.

Feldman, P.H., Nadash, P., & Gursen, M. (2001). Improving Communication Between Researchers and Policy Makers in Long-Term Care, or researchers are from Mars; policy makers are from Venus. *The Gerontologist, 41*, 312- 321.

Green, L.W. & M.P. Eriksen. (1988). Behavioural Determinants of preventive practices by physicians. *American Journal of Preventive Medicine, 4* (Supplement 1), 101-107.

Kitson. A., Harvey, G. & McCormack (1998). Enabling the implementation of evidence based practice: a conceptual framework. *Quality in Health Care, 7*, 149-158.

Lavis, J.L., Robertson, D., Woodside, J.M., McLeod, C.B., Abelson, J. & The Knowledge Transfer Sudy Group. (2003). How Can Research Organizations More Effectively Transfer Research Knowledge to Decision makers? *The Milbank Quarterly, 81*, 2, 221-248.

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Lomas, J. (1993). Diffusion, Dissemination and Implementation: Who should do what? *Annals of the New York Academy of Sciences, 703*, 226-237.

Lomas, J. (1990). Finding Audiences, Changing Beliefs: The structure of Research Use in Canadian Health Policy. *Journal of Health, Politics, Policy, and Law. 15*, 3, 525- 542.

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NHS Centre for Reviews and Dissemination. (1999). Getting Evidence into Practice. York: The Royal Society of Medicine Press Ltd.

Organizing Committee of the 2000 Knowledge Transfer Conference (2001). *Knowledge Transfer: Looking Beyond Health*. Ottawa: CHSRF Program in Policy Decision-Making. Develop a systematic

approach to knowledge transfer. April 15, 2003.

Roos, N.P. & Shapiro, E. (1999). From Research to Policy - What have We Learned? *Medical Care, 37, (6)*, JS291-JS305, Supplement.

Sackett, D.L & Rosenberg, W.M.C. (1995). On the need for evidence-based medicine. *Journal of Public Health Medicine, 17*, 4, 330-334.

Weiss, C.H. (1979). The many meanings of research utilization. *Public Administration Review, 39*, 426-31.

Additional References Canadian Health Economics Research Association

The Cochrane Collaboration

The CHSRF series, *Insight and Action*, where these and other references are summarized. Also, there are notes, which appear in bold, throughout the list to add some context.

www.chsrf.ca/other_documents/insights_action

Reardon R., Lavis, J & Gibson, J. 2006. *From Research to Practice: a Knowledge Translation Planning Guide.* Institute for Work & Health, Toronto. http://www.iwh.on.ca/assets/pdf/IWH_kte_workbook.pdf
Denning S. 2006. "Effective storytelling: strategic business narrative techniques." *Strategy & Leadership*; 34(*1*): 42-48. ***This article comes from the business literature, but Denning is an authoritative source on storytelling***

Chunharas, S. 2006. "An interactive integrative approach to translating knowledge and building a "learning organization" in health services management." *Bulletin of the World Health Organization*; 84*(8):* 652-657.

Graham ID et al. 2006. "Lost in Knowledge Translation: Time for a Map?" *Journal of Continuing Education in the Health Professions*; 26(*1*): 13-24.

Lawrence R. 2006. "Research dissemination: Actively bringing the research and policy worlds together." *Evidence & Policy*; 2(3): 373-383.

A great example of successful KT efforts Watson D, Barer M, Matkovich H and Gagnon M. 2007. "Wait Time Benchmarks, Research Evidence and the Knowledge Translation Process." *Healthcare Policy*; 2(*3*): 56-62.

A refreshing take on KT Thompson Fullilove M, Green LL, Hernández-Cordero LJ, & Fullilove RE. 2006. "Obvious and Not-So-Obvious Strategies to Disseminate Research." *Health Promotion Practice*; 7(3): 306-311.

Lavis J. (2006) "Research, Public Policymaking, and Knowledge-Translation Processes: Canadian Efforts to Build Bridges" *The Journal of Continuing Education in the Health Professions;* 26: 37- 45.

Tsui L, Chapman SA, Schnirer L, & Stewart S. 2006. "Handbook on Knowledge Sharing: Strategies and Recommendations for Researchers, Policymakers, and Service Providers." http://www.cup.ualberta.ca/component/option,com_docman/task,doc_download/gid,58/

Doumit G, Gattellari M, Grimshaw J, O'Brien MA. Local opinion leaders: effects on professional practice and health care outcomes. Cochrane Database of Systematic Reviews 2007, Issue 1, Art. No.: CD000125. DOI: 10. 1002/14651858.CD000125.pub3.

Kuruvilla S et al. 2007. "Describing the impact of health services and policy research." *Journal of Health Services & Research Policy*; 12(*1*): 23-37.

I exercised some creative authority in selecting this reference for *Insight and Action*, but it's a worthy read, especially for those with an interest in storytelling Heath C & Heath D. 2007. *Made to Stick: Why Some Ideas Survive and Others Die*. New York: Random House. See http://www.madetostick.com/excerpts/ to read the book's introduction.
A great example of research use gone awry; Also a good source on debunking the myth that Canada needs to train more physicians Evans RG & McGrail KM. 2008. "Richard III, Barer-Stoddart and the Daughter of Time." *Healthcare Policy*; 3(*3*): 18-28.

Ginsburg LR, Lewis, S, Zackheim, L & Casebeer, A. 2007. "Revisiting interaction in knowledge translation." *Implementation Science*, 2(*34*).

Hovey JD, Booker V, & Seligman LD. 2006. Using theatrical presentations as a means of disseminating knowledge of HIV/AIDS risk factors to migrant farmworkers: An evaluation of the effectiveness of the Infórmate Program. *Journal of Immigrant Health*; 9: 147-156.

Jewell CJ & Bero LA. 2008. “Developing Good Taste in Evidence”: Facilitators of and Hindrances to Evidence-Informed Health Policymaking in State Government. *The Milbank Quarterly*; 86(2): 177-208.

-6007 - Session Two: Mythbusters and Evidence Boost - Post-Lecture

Atlantic Regional Training Centre
Masters Programme in Applied Health Services Research, 2010, 2009, 2005, 2003.

AHS-6007 - Session One: Welcome & Course Introduction - Glossary of Terms

Note: Files of this type need to be printed from the application they were created in. Click the link below to open the file and print.

URL: Glossary of KT Terms.doc

AHS-6007 - Session One: Welcome & Course Introduction - E-Live

Elluminate Live

AHS 6007 has Elluminate Live sessions offered whereby students and the instructor can communicate (via audio and text) with each other over the Internet. This technology is often referred to as "Voice over IP".

Schedule

- Wednesday, September 22, 1:00 p.m. - 3 p.m. (Atlantic time)
- Wednesday, September 29 1:00 p.m. - 3:00 p.m. (Atlantic time)
- Wednesday, October 27, 1:00 p.m. - 3:00 p.m. (Atlantic time)
- Wednesday, November 3, 1:00 p.m. - 3:00 p.m. (Atlantic time)

Getting Started

You will need access to a computer with a soundcard, microphone and headset or speakers to participate in the session. As this course does not contain an introductory Elluminate Live session, you are strongly encouraged to visit the Elluminate Live Support site (http://www.elluminate.com/support/) as soon as possible to verify if your computer contains the correct software, Java Web Start, to run Elluminate Live. If it does not, install this software following the step-by-step instructions provided on the site.

Note: You will only need to install this software once on each computer used to access Elluminate Live.

Once you have Java Web Start installed, click on the link below to enter your Elluminate Live classroom. Type in your full name for the login and "ahs6007" for the password.

- AHS 2007 Elluminate Live Classroom

You are strongly advised to enter the classroom at least once a day ahead of time as when you first enter, large Java files are downloaded to your machine. These files are only downloaded once. Also, on the day of your session, you should enter 15-30 minutes before the session starts to configure your audio settings and set your connection speed. To do this, follow the instructions provided on the Whiteboard (right side of screen).

Note: If you require technical assistance, contact "Technical Support" via the Course Menu.

To ready for your Elluminate Live session, participate in a demo session and/or view the documents below. You will need Adobe Acrobat Reader to view these documents. The Reader is free and can be downloaded from http://www.adobe.com/products/acrobat/readstep2.html.

- Participant Quick Reference Guide (Version 10)
- Participant's Guide (Version 10)

AHS-6007 - Course Schedule - Schedule

Schedule

The schedule for the course is presented below. Any changes to the schedule will be posted in the discussion forum. Please note that week in the table refers to the week in the semester (beginning the week of the Fredericton workshop) and session refers to the web-based module.
To accommodate the workload, three weeks have been designated as reading weeks. There will be no web-based modules during these weeks.

WEEK	DATE [Week of]	SESSION
1	August 30th-August 31th, 2010	Workshop in Fredericton: Welcome and Course Introduction ***Face to Face*** Set up dyads for class presentations What is Knowledge to Action? Dr. Barb Campbell

2	September 8, 2010	Appropriate Access to Research Knowledge (Chapter 2.4) **Teleconference Dr. Barb Campbell 1-3 pm**
3	September 15, 2010	Knowledge to Action Cycle (Chapter 3.1,3.2,3.3,3.4) **Teleconference Dr. Barb Campbell 1-3 pm** #1 Response Paper due on Sept 17th
4	September 22, 2010	Communicating Research and Sustaining Uptake (Chapter 3.7, 3.8) (**Student facilitated E-Live**) **1-3pm**
5	September 29 2010	Diffusion, Dissemination, & Implementation of Interventions (Chapter 3.5) **Student facilitated E-Live 1-3pm** # 2 Response Paper due on Oct 1st
6	October 6, 2010	Models of Research Uptake **Tele conference** Dr. Jeremy Grimshaw University of Ottawa **Class is 1-3pm, Dr. Grimshaw is from 2-3 Atlantic time** **Lay Summary Due** October 8th
7	October 13, 2010	Happy Thanksgiving Week **Reading Week #1** # 3 Response Paper dueoct 15th
8	October 20, 2010	Linkage & Exchange (Chapter 3.6) **Dr. Jennifer Taylor** UPEI Family and Nutritional Science **Tele conference 1-3 pm**
9	October 27, 2010	Knowledge Brokers and Utilization (Chapter 5) **(Student Facilitated E-Live)1-3pm** #4 Response Paper dueOct 29th
10	November 3, 2010	Evaluation Process/Framework (Chapter 6) **Student facilitated E-Live1-3pm** #5 Response Paper due Nov 12th
11	November 10, 2010	**Reading Week 2**
12	November 17, 2010	Funding Agencies and Opportunities **Tele conference 1-3 pm** Final Paper discussion Dr. Barb Campbell
13	November 24, 2010	**Reading Week 3: Almost done!**
14	December 3, 2010	All written work to be completed and submitted by this date Linkage and Exchange paper due Dec 3rd
15	December 6-7th, 2010	Workshop in Halifax *Face to Face*

Atlantic Regional Training Centre
Masters Programme in Applied Health Services Research, 2010, 2009,2008, 2005, 2003.
AHS-6007 - Session Two: Mythbusters and Evidence Boost - Pre-Lecture

AHS 6008: Advanced Qualitative Research

Seminar: Every Wednesday 1030-1230hrs NL time commencing September 15th
Professor: Diana L. Gustafson MEd PhD
Voice Mail: 777-6720
E-mail: through D2L or diana.gustafson@med.mun.ca

Course Description

The course builds on basic knowledge of research design and evaluation by providing a more in-depth examination of ontological and epistemological assumptions underpinning qualitative research approaches. Students will enhance their knowledge and ability to design a sound qualitative research project. The course also provides practical experience in interviewing and analysis of qualitative data and critiquing qualitative health research.

Course Competencies

At the successful completion of this course, you will be able to:

1. Generate working definitions of the technical vocabulary used in qualitative research;
2. Discuss critically the theoretical assumptions and principles underpinning qualitative research;
3. Identify the purpose, strengths and limitations of qualitative approaches to health research;
4. Identify some of the ethical considerations in health research;
5. Collect and analyze qualitative data;
6. Discuss critically some common issues in designing and implementing health research;
7. Evaluate the methodological and interpretative rigour and trustworthiness of published qualitative health research literature;
8. Demonstrate a working knowledge of research design by developing a research proposal for a health issue of interest to you.

Prerequisites

Students must have completed AHS 6003 Research and Evaluation Design and Methods and AHS 6006 Qualitative and Quantitative Research Methods or demonstrate that they have the equivalent knowledge of research methods and skill in critical thinking and writing. Experience with on-line learning is an asset.

Required Course Resources

The required and additional readings can be found in texts and on-line journal articles.

1. Richards, L. & Morse, J.M. (2007). README FIRST for a user's guide to qualitative methods. (2nd edition) Thousand Oaks, CA: Sage.
2. Morris, M. (2002). Participatory research and action: A guide to becoming a researcher for social change. Available from CRIAW-ICREF www.criaw-icref.ca/node/49

Additional Resources for Students

For help with navigating D2L or technical problems with the platform or teleconferencing services, contact the program coordinator at your university.

For help with writing skills or English as a second language, contact the Writing Centre at your university early in the semester. There are a variety of workshops and a free drop-in service to assist you, as a graduate student, with a variety of learning needs such as writing a scholarly paper.

For help with specific personal concerns or other difficulties that may prevent you from achieving your academic potential, get confidential help by contacting the counselling centre or student services at your university. If your difficulties are interfering with your ability to meet academic deadlines, please contact me in confidence well in advance of the due date for the assignment to negotiate a mutually acceptable plan.

If you have a documented disability and require accommodations to have equal access to this course, please meet with me at the beginning of the semester. You may also contact Student Services directly or the disability officer at your university.

Academic Misconduct

Your university has a policy on academic misconduct that I support and will enforce. Academic misconduct takes many forms and includes, but is not limited to plagiarism, submitting a product prepared in whole or in part by another person, buying or selling term papers, and submitting the same piece of work twice for academic credit. For more details about plagiarism and other academic offences, consult your university calendar. If you need further clarification, make an appointment with a librarian or someone in the Writing Centre at your university. **Please familiarize yourself with the ARTC position on plagiarism in the ARTC Manual.**

Evaluation of Student Performance

You will be evaluated on how well you have achieved the course competencies. All written assignments will be submitted via D2L. The requirements for each assignment are provided. An evaluation rubric is also provided. This rubric serves as a student self-evaluation tool prior to submitting the assignment and to make the grading of assignments more transparent. The grading scheme is also provided to make you aware of what constitutes outstanding, superior, competent, basic and unsatisfactory performance in written and oral assignments.

Tri-Council Tutorial Certificate	5%
Research proposal	35%
Presentation of Design Issue	15%
Data Collection and Analysis using Grounded Theory	30%
Seminar Participation	15%

Grading Scheme

Course assignments and seminar activities give you the opportunity to demonstrate your understanding and ability to integrate, evaluate and apply advanced principles and concepts of qualitative research. Typically, students must pass or achieve 65% in EACH course assignment to successfully complete the course. Evaluation will be based on the following guidelines:

Evaluation of all student assignments will be based on the following guidelines:

Evaluation of all activities will be based on the following guidelines:

92-100 Reserved for outstanding work that provides clear evidence of a rare talent for the subject and of an original and/or incisive mind. Assignments are of the highest quality and demonstrate outstanding comprehension and synthesis of material as well as highly sophisticated analytical and critical thinking; Points are always clearly articulated and easy to follow. Always prepared to actively participate in class activities. Offers original, precise, accurate, thoughtful responses to questions and promotes an outstanding level of critical discussion.

85-91 Awarded for superior work that provides clear evidence of a certain flair for and comprehension of the subject. Assignments demonstrate excellent understanding of material as well as sophisticated analytical and critical thinking; Points are clearly articulated and easy to follow. Almost always prepared to actively participate in class activities. Offers accurate and thoughtful responses to questions and promotes a superior level of critical discussion.

75-84 Recognizes competent work that is accurate, organized and thoughtful without being distinguished. Assignments demonstrate a sound grasp of the material and some evidence of critical thinking; Points are generally well articulated. Usually prepared to participate in class activities; Responds well to most questions and contributes to a good quality discussion. This is the level of performance expected of and achieved by most graduate students.

65-74 Represents work of that meets minimum requirements. Quality of work suffers from occasional incompleteness or inaccuracy. Assignments demonstrate basic or minimal grasp of the material; Typically summarizes material with little or no analysis or critical reflection; Points that are raised may be underdeveloped, inaccurate, incomplete, unsupported or poorly articulated. Often unprepared or inadequately prepared to participate in class activities. Demonstrates some difficulty responding to questions. May impede critical discussion.

0-64 Represents work that does not meet the minimum requirements. Assignments are incomplete, inaccurate, poorly organized. Lacking basic familiarity with course materials or ability to engage critically. Little or no evidence of preparation. Demonstrates significant difficulty responding to questions. Impedes, disrupts or detracts from critical discussion. Students who consistently perform at this level will not be awarded credit for satisfactory completion of this course.

Week 1: Qualitative approaches as scientific inquiry

Core competencies for this week:

1. Generate working definitions of the technical vocabulary used in qualitative research;
2. Discuss critically the theoretical assumptions and principles underpinning qualitative research;
3. Identify some of the ethical considerations in health research;
4. Collect qualitative data using interviews and textual sources;
5. Discuss critically some contemporary debates in community health research design; and
6. Communicate, verbally and in writing, a cogent, scholarly, and critical assessment of the research design presented in published health literature.

Preparation for Seminar

1. Begin a personal on-line journal that documents your critical reflections on the weekly readings. What questions or concerns do these readings raise for you? How do the authors challenge how you understand the process of interviewing? On what issues do the authors agree? Disagree? Be prepared to discuss these issues in seminar.
2. Read Bauman et al., and identify the epistemology, methodology and method in this qualitative study for discussion in seminar.
3. Document in your on-line journal and be prepared to identify your general area of research interest.
4. Be prepared to sign up to facilitate one of the design issue discussions.

Required Readings

1. Bauman, A., Hunsberger, M., Blythe, J. & Crea, M. (2008). Sustainability of the workforce: Government policies and the rural fit. Health Policy, 85, 372-379.
2. Richards & Morse, Chapters1 & 2

Additional Readings

1. Karnieli-Miller, O., Strier, R., & Pessach, L. (2009). Power relations in qualitative research. Qualitative Health Research, 19(2), 279-289.

On your own this week

1. Complete the following BEFORE you begin your interviews for the project:
    a. Review the Tri-Council Ethics Policy: http://pre.ethics.gc.ca/policy-politique/tcps-eptc/docs/TCPS%20October%202005_E.pdf
    b. Complete the Tri-Council Tutorial (~ 2 hours) and send a copy of the certificate to professor. www.pre.ethics.gc.ca/english/tutorial/

Week 2: Research and interviewing skills

Core competencies for this week:

1. Generate working definitions of the technical vocabulary used in qualitative research;
2. Collect qualitative data using interviews and textual sources;
3. Discuss critically some contemporary debates in community health research design;

Preparation for Seminar

1. Document in your on-line journal your critical reflections on the weekly readings.
2. Read project overview, recruitment letters, consent form, interview guide, and demographic sheet. These documents are available online.
3. Re-visit your declared area of research interest.
    a. Document in your on-line journal the health-related issue, problem or question of interest to you, why you are curious about this issue, your relationship to the issue, and why it is important to you.
    b. Justify how the findings of research into this issue/ problem/ question can be "applied" to health policy, programs or practice. In other words, what is applied about your proposed research?

Required Readings

1. Hermanowicz, J. (2002). The great interview: 25 strategies for studying people in bed. Qualitative Sociology, 25(2), 479-499.
2. Richards & Morse, Chapter 5

Additional Readings

3. DiCicco-Bloom, B., & Crabtree, B. (2006). The qualitative research interview. Medical Education, 40, 3 14-321. http://www.ara.ca/

On your own this week

1. Begin your interviews.
    a. **NB**: You must have reviewed the Tri-Council ethics policy, submitted the tutorial certificate and obtained informed consent to begin interviewing.
2. Document in your on-line journal your reflections on your first interview.
    a. Consider your performance in light of this week's readings and the seminar discussion.
    b. What did you do well? What do you need to work on?
3. Post your reflections on your interview experience to the D2L – Interviewing Discussion.

Week 3: Groundwork for your project; Choosing your method

Core competencies for this week:

1. Discuss critically the theoretical assumptions and principles underpinning qualitative research;
2. Collect qualitative data using interviews and textual sources;
3. Discuss critically some contemporary debates in community health research design;
4. Communicate, verbally and in writing, a cogent, scholarly, and critical assessment of the research design; and
5. Demonstrate a working knowledge of research design by developing a basic research proposal for a health issue of interest to you.

Preparation for Seminar:

1. Document your critical reflections on the weekly readings.
2. Consider the implications for your proposed research in light of the week`s readings
3. Be prepared to discuss the progress of your interviews. What challenges are you facing?

Required Readings

1. Carter, S. & Little, M. (2007). Justifying knowledge, justifying method, taking action: Epistemologies, methodologies, and methods in qualitative research. Qualitative Health Research, 17, 1316-1328.
2. Richards & Morse, Chapter 3, 11

Exemplar (discussion led by professor)

3. Cleary, J., Barhman, R., MacCormack, T. & Herold, E. (2002). Discussing sexual health with a partner: a qualitative study with young women. The Canadian Journal of Human Sexuality, 11(3-4), 117-132.

Additional Readings

4. Morse, J. (2003). Biasphobia. Qualitative Health Research, 13, 891-892.
5. Starks, H. & Trinidad, S.B. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. Qualitative Health Research, 17(10), 1372-1380.

On your own this week

1. Continue with conducting and transcribing your interviews.
2. Post transcribed interview in word document to D2L.
3. Provide feedback to your peers on their interview reflections in D2L – Interviewing Discussion.
4. Write your specific research question(s) that you want to address and the rationale for investigating this issue. Indicate your project's theoretical drive, your methodological assumptions and chosen research method.

Week 4: Getting started; Establishing a sound research design

Core competencies for this week:

1. Generate working definitions of the technical vocabulary used in qualitative research;
2. Discuss critically the theoretical assumptions and principles underpinning qualitative research;
3. Identify the purpose, strengths and limitations of qualitative approaches to health research;
4. Discuss critically some contemporary debates in community health research design; and
5. Demonstrate a working knowledge of research design by developing a basic research proposal for a health issue of interest to you.

Preparation for Seminar

1. Document in your on-line journal your critical reflections on the weekly readings.
2. Be prepared to discuss the ways that you will ensure trustworthiness in the development of your research project.
3. Be prepared to discuss any design issues that you are facing in establishing a sound research design.

Required Readings

1. Richards and Morse, Chapters 4, 9, 12
2. Fossey, E., Harvey, C., McDermott, F. & Davidson, L. (2002). Understanding and evaluating qualitative research. Australian & New Zealand Journal of Psychiatry, 36(6): 717-732.

Exemplar

3. Risdon, C., Cook, D. & Willms, D. (2000). Gay and lesbian physicians in training: a qualitative study. CMAJ, 162(3), 331-334.

On your own this week

1. Document in your on-line journal details of your search strategy you will use to establish the background of your research question and organize your literature review:
    a. What concept(s) will you use to formulate your strategy?
    b. What databases will you use?
    c. Justify why you have chosen this search strategy.
2. Continue to reflect on the interviews that you have conducted so far through the lens of the readings and discussion to date.

Week 5: Phenomenology

Core competencies for this week:

1. Generate working definitions of the technical vocabulary used in qualitative research;
2. Discuss critically the theoretical assumptions and principles underpinning qualitative research;
3. Identify the purpose, strengths and limitations of qualitative approaches to health research;
4. Discuss critically some common issues in designing and implementing health research; and
5. Evaluate the methodological and interpretative rigour and trustworthiness of published qualitative health research literature.

Preparation for Seminar

1. Document in your on-line journal your critical reflections on the weekly readings.
2. Be prepared to identify the characteristics of a phenomenological study using the exemplar.
3. Be prepared to discuss the design issues evident in the exemplar.
4. Consider this methodology in light of your proposed research and the research exercise.
5. Be prepared to discuss your own design challenges.

Required Readings

1. Dowling, M. (2007). From Husserl to van Manen: A review of different phenomenological approaches. International Journal of Nursing Studies, 44, 13 1-142.
2. Richards & Morse, Chapter 8

Exemplar

3. Martins, D.C. (2008). Experiences of homeless people in the health care delivery system: A descriptive phenomenological study. Public Health Nursing, 24(5), 420-430.

Additional Readings

4. McConnell-Henry, T., Chapman, Y., & Francis, K. (2009). Husserl and Heidegger: Exploring the disparity. International Journal of Nursing Practice, 15, 7-15.

On your own this week:

1. Begin transcribing your interviews if you have not already done so.
2. Consider if phenomenology is an appropriate methodological choice for your research proposal.
3. Continue to develop your research proposal.

Week 6: Ethnography

Core competencies for this week:

6. Generate working definitions of the technical vocabulary used in qualitative research;
7. Discuss critically the theoretical assumptions and principles underpinning qualitative research;
8. Identify the purpose, strengths and limitations of qualitative approaches to health research;
9. Discuss critically some common issues in designing and implementing health research; and
10. Evaluate the methodological and interpretative rigour and trustworthiness of published qualitative health research literature.

Preparation for Seminar

1. Document in your on-line journal your critical reflections on the weekly readings.
2. Be prepared to identify the characteristics of an ethnographic study using the exemplars.
3. Be prepared to discuss the design issues evident in the exemplars.
4. Consider this methodology in light of your proposed research and the research exercise.
5. Be prepared to discuss your own design challenges.

Required Readings

1. Cook, K.E.. (2005). Using critical ethnography to explore issues in health promotion. Qualitative Health Research, 15(1),129-138.
2. Richards and Morse, Chapter 8

Exemplars

3. Atkinson, P., & Pugsley, L. (2005). Making sense of ethnography and medical education. Medical Education, 39, 228-234.
4. Gabbay, J. & le May, A. (2004). Evidence based guidelines or collectively constructed "mindlines"? Ethnographic study of knowledge management in primary care. British Medical Journal, 329(7473): 1013-1016.

Additional Readings

1. Allen, S., Chapman, Y., Francis, K. & O'Connor, M. (2008). Examining the methods used for a critical ethnographic enquiry. Contemporary Nurse. 29(2), 227-237.
2. Perry, J., Lyman, M. J., & Anderson, J. M. (2006). Resisting vulnerability: The experiences of families who have kin in hospital - a feminist ethnography. International Journal of Nursing Studies, 43, 173-184.

On your own this week

1. Continue transcribing your interviews.
2. Consider if ethnography is an appropriate methodological choice for your research proposal.
3. Continue to develop your research proposal.

Week 7: Grounded Theory

Core competencies for this week:

1. Generate working definitions of the technical vocabulary used in qualitative research;
2. Discuss critically the theoretical assumptions and principles underpinning qualitative research;
3. Identify the purpose, strengths and limitations of qualitative approaches to health research;
4. Discuss critically some common issues in designing and implementing health research; and
5. Evaluate the methodological and interpretative rigour and trustworthiness of published qualitative health research literature.

Preparation for Seminar

1. Document in your on-line journal your critical reflections on the weekly readings.
2. Be prepared to identify the characteristics of a grounded theory study using the exemplar.
3. Be prepared to discuss the design issues evident in the exemplar.
4. Consider this methodology in light of your proposed research and the research exercise.
5. Be prepared to discuss your own design challenges.

Required Readings

1. Buckley, C. & Waring, M. (2009). The evolving nature of grounded theory: experiential reflections on the potential method for analyzing children`s attitudes towards physical activity. International Journal of Social Research Methodology, 12(4), 317-334.
2. Montgomery, P., & Bailey, P. (2007). Field notes and theoretical memos in grounded theory. Western Journal of Nursing Research, 29(1), 65-79.
3. Richards and Morse, Chapter 8

Exemplar

4. Wuest, J. (2001). Precarious ordering: Toward a formal theory of women's caring. Health Care for Women International, 22, 167-193. Note example of theoretical sampling

On your own this week

1. Complete the transcription of your interviews.
2. Consider if grounded theory is an appropriate methodological choice for your research proposal.
3. Continue to develop your research proposal.

Week 8: Participatory Action Research

Core competencies for this week:

1. Generate working definitions of the technical vocabulary used in qualitative research;
2. Discuss critically the theoretical assumptions and principles underpinning qualitative research;
3. Identify the purpose, strengths and limitations of qualitative approaches to health research;
4. Discuss critically some common issues in designing and implementing health research; and
5. Evaluate the methodological and interpretative rigour and trustworthiness of published qualitative health research literature.

Preparation for Seminar

1. Document in your on-line journal your critical reflections on the weekly readings.
2. Be prepared to identify the characteristics of a participatory action research study using the exemplar.
3. Be prepared to discuss the design issues evident in the exemplar.
4. Consider this methodology in light of your proposed research and the research exercise.
5. Be prepared to discuss your own design challenges.

Required Readings

1. Morris, M. (2002). Participatory research and action: A guide to becoming a researcher for social change.

Exemplars

1. Cawston, P., Mercer, S., & Barbour, R. (2007) Involving deprived communities in improving the quality of primary care services: Does participatory action research work? BMC Health Services Research, 7, 1-9.
2. Minore, B., Boone, M., Katt, M., Kinch, P. & Birch, S. (2004). Addressing the realities of health care in northern aboriginal communities through participatory action research. Journal of Interprofessional Care, 18(4), 360-368.

Optional Readings

3. Savin-Baden, M., & Wimpenny, K. (2007). Exploring and implementing participatory action research. Journal of Geography in Higher Education, 31, 331-343.

On your own this week

1. Consider if participatory action research is an appropriate methodological choice for your research proposal.
2. Continue to develop your research proposal.

Week 9: Coding and data analysis

Core competencies for this week:

1. Collect and analyze qualitative data;
2. Discuss critically some common issues in designing and implementing health research;
3. Demonstrate a working knowledge of research design by developing a research proposal for a health issue of interest to you.

Preparation for Seminar

1. Document in your on-line journal your critical reflections on the week's readings.
2. Print data from D2L website, try coding it line by line, and bring it to seminar for discussion.
3. Submit your research proposal via D2L.

Required Readings

1. Richards & Morse, Chapters 6 & 7
2. Hsieh, H., & Shannon, S. (2005). Three approaches to qualitative content analysis. Qualitative Health Research, 15(9), 1277-1288.

Exemplar

3. Kidd, S.A., & Kral, J.K. (2002). Suicide and prostitution among street youth: a qualitative analysis. Adolescence, 37(146), 411-431.

On your own this week

1. Begin analyzing the data collected from your interviews using a constant comparative method.
2. Document in your on-line journal your reflections of the process of coding your data.

Week 10: Content Analysis

Core competencies for this week:

1. Collect and analyze qualitative data;
2. Discuss critically some common issues in designing and implementing health research; and
3. Demonstrate a working knowledge of research design by developing a research proposal for a health issue of interest to you.

Preparation for Seminar

1. Document in your on-line journal your critical reflections on the week's readings.
2. Be prepared to discuss the design issues evident in the exemplar.
3. Be prepared to discuss the challenges you are experiencing with data analysis.

Required Readings

1. Richards and Morse, Chapter 9
2. Elo, S. & Kyngas, H. (2008). The qualitative content analysis process. Journal of Advanced Nursing, 62(1), 107-115.

Exemplar

1. O'Sullivan, T, Amaratunga, C., Hardt, J., Dow, D., Phillips, K , & Corneil, W(2007). Are we ready? Evidence of support mechanisms for Canadian health care workers in multi-jurisdictional emergency planning. Canadian Journal of Public Health, 98(5), 358-363.

On your own this week

1. Finalize your data analysis.
2. Begin writing up your data collection and analysis report.

Week 11 – Writing the Final Report

Core competencies for this week:

1. Demonstrate a working knowledge of research design by developing a basic research proposal for a health issue of interest to you.

Preparation for Seminar

1. Document in your on-line journal your critical reflections on the week's readings.
2. Be prepared to discuss the challenges you are experiencing with writing up your report on data collection and analysis.

Required Readings

1. Gilgun, J. F. (2005). "Grab" and good science: Writing up the results of qualitative research. Qualitative Health Research, 15(2), 256-262.
2. Richards & Morse, Chapter 10

Additional Readings

3. Smith, M. (2004). Killing the angel in a room of one`s own. Being as unconscious as possible when writing up qualitative research. Journal of Social Work Practice, 18(2): 255-65.
4. Smith, S. (2006). Encouraging the use of reflexivity in the writing up of qualitative research. International Journal of Therapy & Rehabilitation, 13(5): 209-215.

On your own this week

1. Continue writing up your data collection and analysis report.

Week 12 – Evaluating Qualitative Research

Core competencies for this week:

1. Discuss critically some contemporary debates in community health research design;
2. Communicate, verbally and in writing, a cogent, scholarly, and critical assessment of the research design presented in published health literature; and
3. Demonstrate a working knowledge of research design by developing a basic research proposal for a health issue of interest to you.

Preparation for Seminar

1. Document in your on-line journal your critical reflections on the week's readings.
2. Be prepared to critically evaluate the exemplar using the evaluation criteria you have learned in this course.
3. Be prepared to discuss the last minute challenges you are experiencing with writing up your report on data collection and analysis.

Required Readings

1. Cohen, D., & Crabtree, B. (2008). Evaluative criteria for qualitative research in health care: Controversies and recommendations. Annals of Family Medicine, 6(4), 331-339.
2. Richards & Morse, Chapter 9

On your own this week

1. Finish writing up your data collection and analysis report.
2. Submit the final report by the due date via D2L.

Assignment #1: Research Proposal

Write a **20 double-spaced page** (excluding title page, references and appendices) research proposal which involves using a qualitative approach. The introduction, rationale, relevance and significance of the research problem **must not exceed 3 pages**. The conceptual framework or philosophical underpinnings and the literature review **must not exceed 6-7 pages**. This length restriction will constrain your literature review to key literature. The research design **must not exceed 10 pages** and should include a clear statement and description of the research approach, sample population and size, inclusion criteria, method and plan for data collection and data analysis, and relevant ethical considerations. Consent forms, recruitment letters, interview guides and the timeline may be in appendices.

NB: If you have already written a research proposal that has been reviewed and/or accepted by your supervisory committee, you will be expected to develop a distinct proposal based on another (possibly related) health issue with a different design.

Assignment #2: Design Issue

There will be opportunities to discuss the design issues that students are discovering during the development of their research proposals. Each student is expected to present on one design issue. The schedule will be determined in Wk 1.

NB: The professor will lead the first design issue discussion in Wk 3.

During the first 10 minutes, you will present a design issue evident in the exemplar including a VERY brief overview of the research problem, the domain of study, and the research design. This will be followed by a 15-20 minutes discussion that you facilitate. During this time each student is expected to raise a design issue that they are experiencing in developing her or his proposal. The intent of this discussion is to allow the entire group to learn from each other's struggles around developing a proposal.

Some examples of design issues are:

- appropriateness of method for addressing research question
- framing of research purpose or objectives
- sample recruitment
- inclusion criteria
- data collection issues
- ethical issues

Assignment #3 – Data Collection and Analysis Using Grounded Theory

1. Conduct 3 tape recorded interviews with people about their relationship with the health care system and transcribe them into text documents. Consent forms and initial interview topics will be provided.

   N.B. Students may choose to share interviews, thereby reducing the work involved in interviewing and transcribing; however, each student must conduct at least one interview. As well each student must develop his/her own beginning grounded theory.

2. Analyse the data you collected in the interviews using the constant comparative method of grounded theory. This means that you must:
   a. Carry out initial line by line coding letting your codes evolve as you work through your interviews constantly comparing data for each code. Ask yourself, "What is this datum a conceptual indicator of?"
   b. Group substantive codes into categories and re-code interviews in terms of those categories;
   c. Sort data into categories and systematically theoretically code to raise your analysis to a more conceptual level and link categories;
   d. Continuously ask yourself "What is going on here?" and write memos.
   e. Be open to identifying the basic social problem that emerges, and the core category or basic social process that explains how the problem is managed.
   f. Review previously coded data to theoretically sample for examples of categories, processes, degrees, conditions etc that were not apparent when you first coded.
   g. Repeat this iterative process.

3. Generate a theory based on your theoretical coding, your core category, and your memos. Remember much analysis in grounded theory takes place as you write your final report.

4. Submit a **10-page** final report.
   a. Identify your basic social problem.
   b. Name your core category or basic social process, and define it.
   c. Name any stages or sub processes and define them, identify their conceptual properties, and use data to illustrate.
   d. Identify and define conditions that influence variation in the process.
   e. A diagram might be helpful to demonstrate the relationships between categories.
   f. Write at a conceptual level discussing central concepts and the relationships between them. Do not write at a descriptive level.
   g. You do NOT need to integrate literature.
   h. DO NOT WRITE UP THE METHOD...ONLY THE FINDINGS.

HINT: Read some grounded theory articles to give you an idea how to write up your findings.

Course Outline

Week	Topic	Activities and Assignments
Sep 8	Course Orientation	
Wk 1 Sep 15	Qualitative approaches as scientific inquiry	Sign up to facilitate discussion of research design issue Identify area of research interest
Wk 2 Sep 22	Research and Interviewing Skills	Tri-Council Tutorial Clarify and expand on statement of research interest Begin interviews
Wk 3 Sep 29	Groundwork for your project; Choosing your method	Post interview reflections Write research question
Wk 4 Oct 6	Getting started: Establishing a sound research design	Provide peer feedback on interview reflections
Wk 5 Oct 13	Phenomenology	Develop search strategy Mini-literature review
Wk 6 Oct 20	Ethnography	Begin transcribing interviews
Wk 7 Oct 27	Grounded theory	Post transcribed interview
Wk 8 Nov 3	Participatory Action Research	
Wk 9 Nov 10	Coding and data analysis	Research proposal Due
Wk 10 Nov 17	Content analysis	
Wk 11 Nov 24	Writing the final report	
Wk 12 Dec 1	Evaluating Qualitative Research Consolidation	Data collection and analysis using grounded theory

Orientation

1. You are expected to submit all written assignments via D2L formatted in Word. Assignments are due before midnight (NL time) on the due date. Late submissions will be subject to a penalty equivalent to 5% of the maximum value of the assignment per day past the due date. Extensions without penalty will only be granted for extenuating circumstances, provided you contact me before the due date. Failure to organize your time does not constitute extenuating circumstances.
2. You are expected to complete all assignments independently unless indicated otherwise.
3. You are expected to use a recognized citation style such as APA format (6th edition) for all written submissions. Appropriate and consistent use of citation style, grammar and spelling is a basic requirement in academic writing and grades will be deducted for misuse.

Two simultaneous:

Your proposed research

A data collection and analysis exercise on individuals` relationship to the Canadian health care system.

AHS 6009: Advanced Quantitative Methods

Instructor

Rick Audas
Division of Community Health, Faculty of Medicine, Memorial University of Newfoundland and Labrador

Introduction

The overall plan with this course is to provide students with a variety of course material and exercises that will equip them with a wide range of statistical tools that should aid them in their research endeavors. This is very much viewed as a 'pre-thesis' module and students should focus on developing the quantitative skills they will need to complete their research. I am quite happy for students to integrate their own data and research problems into the structure of the course.

The course will be delivered in two distinct sections. The first part of the course will involve the delivery of more 'formal' material by the instructor. This will include course readings, lecture notes and exercises using SPSS. The focus here will be on operationalizing problems, producing statistical output and interpreting the results.

In addition to the on-going course exercises that will be set by the instructor, students are required to complete a term project which can tie into the thesis. This can be either through analysis of data to be used in the thesis, or through the use of techniques that will be employed once data is made available.

If possible, I would like to see the students present their term projects at the December retreat.

Given that all of the students have developed an understanding of SPSS, this course will attempt to build upon this, and will tailor the exercises and the output included in the course notes appropriately.

The first part of the course is broken into 4 two week sections that are designed to roughly stand alone. Two weeks are kept as 'open' to allow us to have one-on-one discussions regarding term projects.

Required Text

The core text to be used in this course is:

Tabachnick, Barbara G. and Linda S. Fidell (2001) *Using Multivariate Statistics* 4th edition, published by Allyn and Bacon (ISBN 0-321-05677-9).
While I think this is a very good text and covers most of what we would need to get through on the course, some supplemental material will be necessary. Relevant material will be copied and provided for you.

Use of WebCT

I propose that we schedule a weekly one-hour synchronous discussion where we can focus on problems that you are having with the assignments and to provide a forum where we can examine any relevant issues. I also suggest that an asynchronous session board be created that will allow us to pose questions that may require a more reasoned response. As necessary, WebCT sessions will be supplemented by conference calls and I hope to make a visit to each site throughout the course.

Evaluation

Assignments	
(3 Assignments worth 15% each)	45%
Term Project	40%
Contribution to Discussion and Presentations	15%

Submissions

Term Project

Ideally, the term project will be an examination of an issue to be explored in your thesis. It could be supplemental or background analysis to be followed by qualitative analysis or the development of a survey. It could also be a preliminary version of the core analysis to be completed in your thesis. If appropriate data is unavailable, then an alternative is for students to canvass the literature and review the techniques that have been used by others doing similar research and develop a methodological plan that they can execute once the required data has been collected.

Schedule

Week	Topic
1	Introduction to Regression Models
2	Variables: Including Scale Development and Reliability
3	Consultations on Term Project
4	Logistic Regression
5	Multinomial and Ordered Regression
6	Survival Models I
7	Survival Models II
8	Consultations on Term Project
9	Principal Components, Factor Analysis & Cluster Analysis
10	Overview of Other Topics – Panel Data Metods – Hierarchical Linear Models – Structural Equation Modesls

AHS 6009: Advanced Quantitative Methods

Course Contents

Least Square Regression - Section One
- Linear Regressions
  - Linear Regressions Page 2
  - Linear Regressions Page 3
- Multiple or Multivariate - WeekTwo
  - Case Study
    - Case Study Continued
    - Assumptions and Problems
    - Correlation Matrices

Least Square Regression - Section Two
- Variables
- Categorical Variables
- Collapsing Categories
- Semi-continous Variables
- Interaction Terms
- Quadratic Terms
- Some Notes on Specification
- Standard Normal & Logarithmic Transformation of Variables
- Scale Development and Reliability
- Testing Reliability

Limited Dependent Variables - Binary Choice & Limited Dependent Variable Models
- Binary Logistic Regression
  - Binary Logistic Regression - Page 2
  - Binary Logistic Regression - Page 3
- Effects of Continuous Variables
- Assessing Goodness of Fit

Limited Dependent Variables - Multinomial and Ordered Regression
- Multinomial Logistic Regression
  - Multinomial Logistic Regression - Page 2
- Ordered Logistic Regression

Survival Models - Section One - Duration Data & Survival Analysis
- Survival Analysis I
- Life Tables
  - Life Tables - Page 2

Survival Models - Section Two
- Competing Risks

Principal Components, Factor Analysis and Cluster Analysis
- Discriminant Function Analysis
- Cluster Analysis
- Factor or Principal Component's Analysis

An Overview of Other Topics
- Further Topics

AHS-6009 - Syllabus - Instructor

Instructor
Rick Audas
Division of Community Health, Faculty of Medicine, Memorial University of Newfoundland and Labrador
Atlantic Regional Training Centre
Masters Programme in Applied Health Services Research, 2003

AHS-6009 - Syllabus - Introduction

Course Introduction

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Atlantic Regional Training Centre
Masters Programme in Applied Health Services Research, 2003

AHS-6009 - Syllabus - Required Text

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Atlantic Regional Training Centre
Masters Programme in Applied Health Services Research, 2003

AHS-6009 - Syllabus - Use of D2L

Use of D2L

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Atlantic Regional Training Centre
Masters Programme in Applied Health Services Research, 2003

AHS-6009 - Syllabus - Evaluation

Evaluation:

Assignments (3 Assignments worth 15% each)	45%
Term Project	40%
Contribution to Discussion and Presentations	15%

Atlantic Regional Training Centre
Masters Programme in Applied Health Services Research, 2003

AHS-6009 - Syllabus - Submissions

Submissions
Term Project

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Atlantic Regional Training Centre
Masters Programme in Applied Health Services Research, 2003

AHS-6009 - Syllabus - E-live

Elluminate Live
You will be using Elluminate Live for your discussion sessions this semester. Elluminate Live allows you to communicate (via audio and text) with one another over the Internet. This technology is often referred to as "Voice over IP".

Schedule

- The discussion session will take place on Friday, October 2nd at 3:00 AST (3:30 NL time).
- The discussion session will take place on Wednesday, October 14th at 3:00 AST (3:30 NL time).

Getting Started
You will need access to a computer with a soundcard, microphone and headset or speakers to participate in the session.

To access your session, click on the link below to enter your Elluminate Live classroom. Type in your full name for the login and **ahs6009** for the password.

Please access your virtual classroom as soon as possible (do **not** wait until the day of the session). This will verify if your computer contains the correct software, Java Web Start, to run Elluminate Live. When you first enter, large Java files may be downloaded to your machine.

- ARTC - Advanced Qualitative Methods Elluminate Live Classroom.

  It will take a couple of minutes to verify your username and password as well. You will know you have successfully entered the virtual classroom when you see your name listed under the participant information section.</p> <div class=">**Note:** You may need to visit the Elluminate Live Support site (http://www.elluminate.com/support/) to download the required software if not found on your computer. Simply click the Java Software Download link on the support page to begin the download.

  If you require technical assistance, please contact "Technical Support" via the Course Menu. You will only need to install this software once on each computer used to access Elluminate Live.

  You are strongly advised to enter each session at least 15-30 minutes before the session starts to ensure your audio settings and connection speed are fine.

To ready for your Elluminate Live session, participate in a demo session and/or view the documents below. You will need Adobe Acrobat Reader to view these documents. The Reader is free and can be downloaded from http://www.adobe.com/products/acrobat/readstep2.html.

- Participant Quick Reference Guide (Version 9.5)
- Participants Guide to Elluminate Live (Version 9.5)

AHS-6009 - Syllabus - Recorded Elive Session - OCT 02/09

Note: This topic is a link to a website. Navigate to the site specified below to print desired content.
URL: http://elm.elluminate.com/HOSTEDCDLI/join_meeting.html?meetingId=1189208553090

AHS-6009 - Syllabus - Recorded Elive Session - OCT 09/09

Note: This topic is a link to a website. Navigate to the site specified below to print desired content.
URL: http://elm.elluminate.com/HOSTEDCDLI/play_recording.html?recordingId=1189208553090_1255110751029

AHS-6009 - Course Schedule - Schedule

Schedule

Week	Topic
Least Squares Regression	
1	Introduction to Regression Models
2	Variables: Including Scale Development and Reliability
3	Consultations on Term Project
Limited Dependent Variables	
4	Logistic Regression
5	Multinomial and Ordered Regression
Survival Models	

6	Survival Models I
7	Survival Models II
8	Consultations on Term Project
Other Topics	
9	Principal Components, Factor Analysis & Cluster Analysis
10	Overview of Other Topics • Panel Data Metods • Hierarchical Linear Models • Structural Equation Modesls

Atlantic Regional Training Centre
Masters Programme in Applied Health Services Research, 2003

[MED6200] Biostatistics I- On line Course

Day/Time: **Thursdays**
Location: **D2L**
Office Hours: No specific hour. Contact by e-mail through D2L

Professor: Veeresh Gadag
Voice Mail: 777-6221
E-mail: vgadag@mun.ca

Course Description

This course in Biostatistics prepares students to view and assess population health or clinical research through a scientific quantitative analysis perspective. The course emphasizes how to: (i) organize and summarize sample statistical data and (ii) make decisions about a large body of data from which sample data originates.

The concepts and methods necessary for organizing and summarizing sample data are referred to as "descriptive statistics" and you will be introduced to this material during the first several units of the course. The principles and procedures for making decisions about summarized data are described as "inferential statistics" and you will be learning about these ideas during the later part of the course.

As this is a Web-based distance learning course, students will be using the World Wide Web (WWW) to learn, access learning resources, complete and submit assignments, and participate in online discussions with other students and the instructor. Students will also be learning how to use the SPSS computer software program for summarizing and analyzing statistical data. SPSS is a well recognized and used software program in the statistics and health research fields.
Online discussion activities will enable students to reflect on the concepts presented in the course and to learn from the instructor and other students. Computer conferencing discussion system will be used to communicate with each other over the duration of this course. Students participation in online discussions is important.

The overall aim of this course is to introduce statistical analytical technique to analysis both qualitative and quantitative biomedical and population health data. Relevant examples will be used to illustrate the application of these methods and how to interpret the results. The development of critical thinking skills will be emphasized through the teaching. To aid in the analysis of data, computer software SPSS will be introduced and will be required in most assignments. This course is designed as an introductory course for Graduate students in Epidemiology/Biostatistics stream as a required course and for MSc.

Prerequisite:
An introductory course in Statistics at the undergraduate level or with permission of the instructor

Biostatistics I: Online Course

Course Competencies

At the successful completion of this course, students should be able to demonstrate an understanding of the concepts covered in the course. The course content is delivery structure is as follows.

Contents & Schedule

Units	Start	Activities and Assignments
Unit 1: Information Handling	Week 1	Assignment 1: Due end of week 1. Discussion Activity
Unit 2: Using Descriptive Statistics	Week 2	Assignment 2: Due end of week 2. Discussion Activity
Unit 3: Probability & Probability Distributions	Week 3	Discussion Activity
Unit 4: Sampling Distributions	Week 4	Assignment 3: Due end of week 4. Discussion Activity
Unit 5: Estimation	Week 5	Discussion Activity
Unit 6: Testing of Hypothesis - I	Week 6	Discussion Activity
Unit 7: Testing of Hypothesis - II	Week 7	Discussion Activity
Unit 8: Testing of Hypothesis - III	Week 8	Assignment 4: Due end of week 8. Discussion Activity
Unit 9: Analysis of Variance	Week 9	Assignment 5: Due end of week 9. Discussion Activity
Unit 10: Linear Regression and Correlation Analysis	Week 10	Discussion Activity
Unit 11: Multiple Linear Regression and Correlation analysis	Week 11	Assignment 6: Due end of week 11. Discussion Activity
Unit 12 Analysis of Frequencies	Week 12	Discussion Activity
Unit 13	Week 13	End of semester Review
	End	

Students with Special Needs

Students with documented disability or who require accommodations to obtain equal access to this course, please meet with the instructor at the beginning of the semester or check out the services available through the Glenn Roy Blundon Centre.

Other Recommended Resources for Students

For help with writing skills, contact the Writing Centre in SN 2053 or call 737-3168 early in the semester. There are a variety of workshops and a free drop-in service to assist you, as a graduate student, with a variety of learning needs such as writing a scholarly paper.

For help with specific personal concerns or other difficulties that are preventing you from doing your academic best, get confidential help by contacting the University Counselling Centre through or go to the Smallwood Centre, 5th floor, Rm. 5000 or call 737-8874.

Academic Misconduct

The University has a policy on academic misconduct that will be enforced. Academic misconduct takes many forms and includes, but is not limited to plagiarism, submitting a product prepared in whole or in part by another person, buying or selling term papers, and submitting the same piece of work twice for academic credit. For more details, you are encouraged to consult or the University calendar. If you need further clarification, make an appointment with a librarian or someone in the Writing Centre.

University Policy on Plagiarism

All students in this class are required to read and understand the policies on plagiarism and academic honesty referenced in the University Calendar 2009-2010, Section 2.2.12.2 Academic Dishonesty: Offences and 5.11.4 Academic Offences, available at http://www.mun.ca/regoff/calendar/sectionNo-regs-0748. Ignorance of such policies is no excuse for violations.

The lectures and displays (and all material) delivered or provided in this course by Dr Veeresh Gadag, including any visual or audio recording thereof, are subject to copyright owned by Veeresh Gadag. It is prohibited to record or copy by any means, in any format, openly or surreptitiously, in whole or in part, in the absence of express written permission from Yanqing Yi or Veeresh Gadag any of the lectures or materials provided or published in any form during or from the course.

Evaluation of Student Performance

Evaluation of student performance will be based on three components as follows:

Component	Due	Value
Online Participation	On going through the semester	10%
Assignments (Six)	On going through the semester	30%
Multiple Choice Exam	End of Week 12	20%
Final Exam Computer Based	End of Week 12	40%

Assignments give you the opportunity to demonstrate your understanding and ability to integrate, evaluate and apply the principles and concepts learned in this course. Letter grades will be assigned in accordance with the MUN School of Graduate Studies guidelines. [Typically, students must pass or achieve 65% in EACH component of the course to successfully complete the course.]

The aim of these assignments is to help students to understand the statistical reasoning behind each analysis method and to develop the skills to apply these methods to data analysis. Students should be able to understand the components of each analysis method and know how to interpret the results. Data sets will be provided for the assignments.

The Multiple choice examination and the final examination are closed book exams. The understanding of the concepts will be examined in the multiple choice examination and understanding of the methods of analysis and the abilities to apply these methods and to interpret the results will be examined in the final examination..

Biostatistics I – MED 6200 (CRN# 73278)
Winter, 2012

Instructor	Dr. Yanqing Yi, Division of Community Health and Humanities Office: HSC 2835 Phone: 777-8848 E-mail: yyi@mun.ca
Office Hours	Wednesday 10:30 a.m. – 12:30 noon
Time and Location	2:00 p.m. – 5:00 p.m., Wednesday Computer Lab B (Health Science Library)
Text	*Biostatistics - A Foundation for Analysis in the Health Sciences* by Wayne W. Daniel, 9th Edition, John Wiley & Sons, Inc. ISBN #: 978-0-470-10582-5
References	*Fundamentals of Biostatistics* by Bernard Rosner, 4th Edition, Duxbury. *Statistics Using SPSS- An Integrative Approach* by Sharon Lawner Weinberg and Sarah Knapp Abramowitz, 2nd Edition, Cambridge

Evaluation:

Five assignments	40% (each worth 8%)
Midterm test	20%
Final Examination	40%

Test and Examination

The midterm test and the final examination are closed book.
A non-programmable calculator is necessary for both of the exams and assignments. Formula sheets and some statistical tables will be provided for the exams.

The tentative date for midterm test is March 7th, 2:00 p.m. to 4:30 p.m. and the location is at **Computer Lab B**. The midterm test will include only multiple choice questions. There will be no make-up midterm test. Students who miss the midterm test with legitimate reasons will have the weight for the midterm test added to the final examination.

The final examination is scheduled on April 11th, 2:00 p.m. to 5:00 p.m. and the location is at **Computer Lab B**. The final examination will contain both multiple choice and long answer questions.

Statistical Software To aid in the analysis of data, the statistical software, SPSS has been selected for this course. The software is easy to use and has been installed in every machine in Computer Lab B and Lab A. Some questions in assignments will involve the use of SPSS. You are also required to understand the outputs produced by some procedures of SPSS and pick up the correct numbers to answer questions in both of the mid-term test and the final examination.

Important Dates

Jan. 19: Last day for students to add courses
Feb. 22: Term break, no class
Mar. 7: Tentative date for mid-term test (Computer Lab B)
Apr. 11: Final exam

Academic Dishonesty

It is important that you read and understand the policies on plagiarism and academic honesty referenced in the University Calendar 2011-2012, Section 2.4.12 Academic Behaviour, available at http://www.mun.ca/regoff/calendar/sectionNo=GRAD-0015#GRAD-0867. Ignorance of such policies is no excuse for violations.

Accommodation for Special Needs

If you have illness or any disability issues which need special accommodations, please contact the Glenn Roy Blundon Centre (Tel. (709) 864-2156; Email: blundon@mun.ca) or the Learning Centre (Tel. (709) 637-6268 or through the website at www.swgc.mun.ca/lcentre).

Tentative topics:

- Descriptive statistics
  - Measure of central tendency
  - Measure of dispersion
- Probability and probability distributions
  - Basic probability concepts
  - Distributions of discrete variables
  - Distributions of continuous variables
  - Applications: screening tests, relative risk, odds ratio
- Sampling distributions
  - Sampling distributions of the sample mean and the difference between two sample means
  - Sampling distributions of the sample proportion and the difference between two sample proportions

(Continued …)

- Estimation
  - Confidence intervals for a population mean and
    - the difference between two population means
  - Confidence intervals for a population proportion and
    - the difference between two population proportions
  - Sample size determination
- Hypothesis testing
  - For a population mean and
    - the difference between two population means
  - For a population proportion and
    - the difference between two population proportions
  - Type I, type II errors and statistical power
- Analysis of variance (ANOVA)
  - One way ANOVA
  - Two-way ANOVA
  - Repeated measures design
- Regression
  - Simple linear regression
  - The correlation model
  - Multiple linear regression
- Analysis of frequencies
  - Chi-square test
  - Yates's correction chi-square test
  - Fisher exact test
  - McNemar's test
  - Confidence interval for relative risk and odds ratio

MED6700: Public Health Seminar 1 (2010/11)

Coordinator:	Catherine Donovan
Lecture :	**Wednesday,** biweekly, 12PM-2PM commencing Wed. September 8, 2009
Location:	2J618/2862
Office Hours:	By appointment
Contact:	777-8534 or **donovanc@mun.ca**

Course Description

The Master of Public Health (MPH) will provide students with a broad foundation in the area of Population and Public Health . Its core courses focus on public health leadership skills, population health including: assessing health, health promotion, disease prevention , health protection; and public health planning and programming. Where public health topic areas require added emphasis or are of a distinct nature not covered in a core course they will be addressed in one of two Public Health Seminar Courses (one in each of the fall and winter semesters). The seminar series is designed to provide specific, timely information on a series of public health topics, emerging issues and current research.

Course Objectives

At the successful completion of this course, you will:

1. Be familiar with the MPH program, its purpose objectives and organization;

2. Become familiar with the governance of public health at local, provincial, national and international levels;

3. Become familiar with public health information systems and know key principles and programs for health surveillance;

4. Know key principles and processes of Health Impact Assessment, Public Health Communication and Emergency Preparedness;

5. Appreciate special issues related to public health research;

6. Have timely discussion of emerging public health issues.

Resources

In addition to the general resources recommended for the MPH that provide information relevant to seminar topics, specific readings may be provided by individual lecturers if indicated.

General Resource List for Master of Public Health

These are general reference works for public health. Some will be referred to frequently in your courses others not at all but are useful references for now or in the future.

1. Maxy Rosenau-Last *Public Health & Preventive Medicine*, 15th edition (2008), Part II Communicable Diseases http://online.statref.com./TOC/TOC.aspx?FxId=51&SessionId=CD279AEVNZAQKILZ

2. Greenberg, Daniels, Flanders, Eley and Boring. *Concepts of Epidemiology* Medical Epidemiology. Lange Medical Books/McGraw-Hill; (4th Ed.) 2004

3. Bhopal RS. *An integrated introduction to the ideas, theories, principles and methods of epidemiology* Oxford University Press, Oxford, 2002

4. Young, TK. Pop*ulation Health: Concepts and Methods*, Oxford University Press, (2nd Ed.) New York, NY: 2005.

5. Shah, C.P. (2003). *Public Health and Preventive Medicine in Canada* (5th Ed.). Toronto, Elsevier.

6. Baum F., *The New Public Health* 2nd ed., Oxford University Press, Toronto, 2002

7. Pencheon et al, Ed., *Oxford Handbook of Public Health Practice*, Toronto 2001

8. Heymann David, Ed. *Control of Communicable Disease Manual*, 19th ed., American Public Health Association, Washington, 2008

9. *Report if the Committee on Infectious Diseases* 26th ed., American Academy of Pediatrics, Elk Grove Village, Ill., 2003

10. Last J., *A Dictionary of Epidemiology* 4th ed., Oxford University Press, Toronto, 2001

11. Butler-Jones D. *Report on the State of Public Health in Canada*, 2009/2008, Public Health Agency of Canada, http://www.phac-aspc.gc.ca/publicat/2008/cpho-aspc/index-eng.php

12. This Is Public Health: A Canadian History, Canadian Public Health Association, 2010, e-book http://cpha100.ca/history/history-e-book

Course Activities

This course usually will be presented as a bi-weekly 2 hour lecture/discussion, 1 or 2 topics may be covered in each session. Students are expected to attend all seminars and to review in advance any reference material for each seminar. Students are **expected to participate** in the

discussion during the seminar. One seminar will be open to address an emerging issue or one of particular interest to students. Students should consider what might be of interest early in the semester to ensure a suitable presenter is available.

Evaluation of Student Performance

Attendance will be recorded for each seminar. Participation in the seminar will be evaluated based on a pass or fail.

Grading Guide

Pass *Attendance at a minimum of 5 seminars. Active participation in discussion, demonstrating an understanding of material and evidence of analytical and critical thinking; Points are generally well articulated and easy to follow; asks thoughtful questions .*

Fail *Attending less than 5 seminars*. Demonstrates minimal or poor familiarity with material; analysis and discussion is absent, points are poorly articulated; asks irrelevant questions or no questions at all.*

* (without reasonable excuse)

Weekly Outline

Date	Topic	Facilitator/Location
Session I Sept.8, 2010	Introduction to the “Master of Public Health”	Catherine Donovan **2J618**
Session II Sept 22,2010	The Public Health System	David Allison/Elizabeth Wright **2J618**
Session III Oct 6, 2010	Public Health Information Systems	Kelly Butt **H2862**
Session IV Oct. 20, 2010	GIS in Public Health, H1361/ Health Impact Assessment	Alvin Simms/Catherine Donovan **2J618**
Session V Nov.3, 2010	Communication in Public Health/ Public Health & Emergency Preparedness	Catherine Donovan/David Allison **H2862**
Session VI Nov.24, 2010	Research in Public Health/ Emerging Issues in Public Health	Catherine Donovan **2J618**
Session VII Dec.1, 2010	Course review	Catherine Donovan **2J618**

Session I: Introduction to the "Master of Public Health"

Facilitator: Dr. Catherine Donovan

Purpose

This session will discuss the format of the Seminar Course in addition to providing an overview of the MPH program including: a discussion of the courses and practicum; format of courses; expectations of students; evaluation methods and a discussion of resource materials. It will also consider the Core Competencies expected of public health practitioners.

Objectives

1. To provide an overview of the course
2. To provide an overview of the MPH program
3. To discuss Core Competencies for Public Health in Canada
4. To describe the recommended resources and how they may be accessed.
5. To discuss the expectations of students.
6. To provide an opportunity for questions.

Format

Lecture and Discussion

Readings

1. Student Handbook
2. Course Syllabus
3. Public Health Agency of Canada, Sept. 2007, Core Competencies for Public Health in Canada, http://www.phac-aspc.gc.ca/ccph-cesp/pdfs/cc-manual-eng090407.pdf

Session *II: The Public Health System: Regional/Local*

A Voyage on a Sea of Change

Facilitator: Dr. David Allison

This session discusses the governance, administration and organizational structures and roles of local, regional & provincial public health systems with a focus on the system in Newfoundland and Labrador.

Objectives

1. To understand organizational structures and roles of the public health system at local, regional and the provincial levels.

2. To become familiar with structures and roles of the public health system at a national and international level.

3. To appreciate the inter-dependence of public health systems.

Format

Lecture/Discussion

Readings

1. Department of Health and Community Services, Government of Newfoundland and Labrador – Organizational Chart: http://www.health.gov.nl.ca/health/department/staff_roster.pdf

2. Disease Control & Epidemiology, Dept. of Health & Community Services: http://www.health.gov.nl.ca/health/publichealth/cdc/cdc.html

3. Department of Health and Community Services Strategic Plan 2008-11. Government of Newfoundland and Labrador. http://www.health.gov.nl.ca/health/publications/plan2008_11.pdf

4. Department of Health and Community Services (2004). Investing in Health. A Report on Public Health Capacity in Newfoundland and Labrador. March 2004.

5. Shah C., Public Health and Preventive Medicine in Canada, 5th ed., 2003, Community Health Services, Ch.15, 459-492

Session *II – The Public Health System: National/International*

Facilitator: Elizabeth Wright

This session discusses the governance, administration and organizational structures and roles of the public health system at a national and international level.

Objectives

1. To understand organizational structures and roles of the public health system at a national and international level.

2. To appreciate the inter-dependence of public health systems.

Format

Lecture

Readings

1. Public Health Agency of Canada, http://www.phac-aspc.gc.ca/about_apropos/index-eng.php

2. World Health Organization, http://www.who.int/about/en/

3. Shah C., Public Health and Preventive Medicine in Canada, 5th ed., 2003, Federal and Provincial Health organizations Ch.13, 395-423

Session III: Public Health Information Systems

Facilitator: Kelly Butt

Population Health Assessment is a core function of public health. Timely, accurate information is essential for program planning, implementation and evaluation. A number of systems and sources exist to support the collection, dissemination and use of information to promote public health. This session will describe the various public health information systems and will include a focus on communicable disease systems.

Objectives

1. To become familiar with the types of information relevant to public health programming.
2. To identify sources of information and the process for accessing information.
3. To become familiar with evolving Communicable Disease Information Systems in Canada
4. To identify key rapid dissemination systems for Communicable Diseases

Format

Lectures and discussion

Readings

1. Dept of Health & Community Services Information and Surveillance http://www.health.gov.nl.ca/health/publichealth/cdc/informationandsurveillance.html
2. Public Health Agency of Canada Surveillance http://www.phac-aspc.gc.ca/surveillance-eng.php
3. Community Accounts http://www.communityaccounts.ca/communityaccounts/onlinedata/getdata.asp
4. Newfoundland Centre for Health Information http://www.nlchi.nf.ca/
5. Canadian Institute for Health Information http://secure.cihi.ca/cihiweb/splash.html

Session *IV: GIS and Public Health information*

Facilitator: Dr. Alvin Simms

Geospatial analysis of public health information is increasingly becoming a planning tool for Public Health not only in the context of emergency response but in population health assessment and planning.

Objectives

1. To gain an understanding of GIS and its technology
2. To become familiar with the application of geospatial analysis to Public health

Format

Lecture and Discussion

Readings

Boffetta, P., Castaing, M., & Brennan, P. (2006). A geographic correlation study of the incidence of pancreatic and other cancers in Whites. Eur J Epidemiol, 21(1), 39-46.

Crighton, E. J., Elliott, S. J., Moineddin, R., Kanaroglou, P., & Upshur, R. (2007). A spatial analysis of the determinants of pneumonia and influenza hospitalizations in Ontario (1992-2001). Soc Sci Med, 64(8), 1636-1650.

Odoi, A., Martin, S. W., Michel, P., Holt, J., Middleton, D., & Wilson, J. (2004). Determinants of the geographical distribution of endemic giardiasis in Ontario, Canada: a spatial modelling approach. Epidemiol Infect, 132(5), 967-976.

Rosenberger, R. S., Sneh, Y., Phipps, T. T., & Gurvitch, R. (2005). A spatial analysis of linkages between health care expenditures, physical inactivity, obesity and recreation supply. Journal of Leisure Research, 37(2), 216-235.

Session IV: Health Impact Assessment

Facilitator: Dr. Catherine Donovan

Health Impact Assessment (HIA) is a tool gaining recognition as essential to public health. It is designed to be used in much the same way as an Environmental Impact Assessment, ensuring that health is considered in virtually all policy and program decisions.

Objectives

1. To become familiar with the HIA model.

2. To recognize appropriate settings for HIA.

Format

Lecture and Discussion

Readings

1. NHS Executive London, A Short Guide to Health Impact Assessment Informing Healthy Decisions, 2000 Canadian Handbook of Health Impact Assessment, http://www.londonshealth.gov.uk/pdf/hiaguide.pdf

2. Health Canada, Canadian Handbook of Health Impact Assessment, 2004, http://www.hc-sc.gc.ca/ewh-semt/pubs/eval/handbook-guide/index-eng.php

Session V: Communication in Public Health

Facilitator: Dr. Catherine Donovan

Effective communication is a critical strategy in public health. In addition to ensuring that appropriate public health practitioners have the knowledge they need to make effective decisions in the prevention and control of disease, effective communication with the public is essential to ensure they are collaborative participants in control measures. Clear messages and effective communication strategies are important tools in stemming panic in the event of epidemics or environmental health emergencies.

Objectives

1. To recognize the importance of effective communication in public health management
2. To become familiar with effective communication strategies both in the context of health promotion and for the purposes of risk communication
3. To appreciate the challenges associated with communication in a population health setting.

Format

Lecture and Discussion

Readings

1. Wright, K.B., Sparks L.., O'Hair H.D., Health Communication in the 21st Century, Blackwell Publishing, Malden, 2008, p178-261. (Copy available through Paula Hogan)
2. Hobbs J, et al., Communicating health information to an alarmed public facing a threat such as bioterrorist attack, J. of Health Communication, 2004, 9:67-75.
3. Dentzer S., Communicating medical news-pitfalls of health care journalism, NEJM, Jan.1, 2009, 360(1):1-3.

Additional Readings

1. Bennett P., Calman K., ed., Risk communication and public health, Oxford University Press, Toronto, 1999

Session V: Public Health & Emergency Preparedness

Facilitator: Dr. David Allison

Emergency preparedness is a core function in public health. Environmental disasters or epidemics usually precipitate an emergency response that requires a public health response. Emergency preparedness ensures that the resources, policies and procedures are available to respond quickly and efficiently when indicated

Objectives

1. To recognize the role of public health in emergency preparedness
2. To identify key features of a public health emergency preparedness plan
3. To recognize important partners in the planning and response phases
4. To become familiar with some examples of emergency preparedness planning in the public health setting

Format

Lecture & Discussion

Readings

1. Emergency Response Services, Public Health Agency of Canada http://www.phac-aspc.gc.ca/emergency-urgence/index-eng.php

2. Emergency Preparedness and Response, Center for Disease Control http://emergency.cdc.gov/

Session VI –Research in Public Health

Facilitator: Dr. Catherine Donovan

Research is inherent in public health practise. While research methods will be discussed in detail in other courses there are unique issues related to research in the public health setting. It may be difficult to distinguish between assessment, investigation and research in this context. Ethical considerations are paramount in making this distinction. Knowledge dissemination as part of the research process is also an important tool in disease prevention and control.

Objectives:

1. To understand the role of research in public health.
2. To appreciate differences between research and investigation in the public health context .
3. To discuss knowledge dissemination and its application in public health.
4. To become aware of research methodology.

Format

Lecture and discussion

Readings

1. Office Director , Science Coordination & Innovation, CDC, Guidelines for Defining Public Health Research and Public Health Non-Research, http://www.cdc.gov/od/science/regs/hrpp/researchDefinition.htm
2. Quigley R.B., Advocacy and Community: Conflicts of Interest In Public Health Research in Boylen M., Public Health Policy and Ethics, Kluwer Academic Publishers, London, 2004, http://www.springerlink.com/content/k226w4/ (must access through HSC Library) 228-34.
3. Kenny N. Sherwin S.B., BaylisRe-visioning Public Health Ethics: A Relational Perspective, Can.J.Public Health 2010;101(1):9-11
4. Tansey et al, A framework for research ethics review during public emergencies, CMAJ 2010;182(14):1533-1537

Additional Readings

1. Daly J., Kellehear A., Glicksman M., **The Public Health Researcher *A***

Methodological Guide, Oxford University Press, New York, 1997

Session VI: Emerging Issues

Facilitator: Dr. Catherine Donovan

This session is designed to address emerging issues in public health during the semester or to address specific issues students would like to consider.

Objectives

1. To review an emerging or current public health issue.
2. To provide students an opportunity to discuss a public health concern or issue in greater depth.

Format

Lecture, discussion or student led discussion based on one or more identified issues. Through the term students should consider what they would like to discuss during this session. A guest speaker can be invited for this session and students are encouraged to make recommendations. Students may be asked to prepare a brief case report for discussion.

Readings

To be determined

Session VII: Course Review

Facilitator: Dr. Catherine Donovan,

This session is designed to review the seminar course content and structure and to address questions emerging during the semester related to the MPH .

Objectives

1. To review any outstanding question from the material presented in the course.

2. To recommend improvements to the content or format of the course.

3. To provide students an opportunity to address any concerns related to the MPH program which may have evolved over the course of the semester.

Format

Discussion

Readings

To be determined

MED6701: Public Health Seminar 2

Coordinator:	Catherine Donovan
Lecture :	**Alternate Wednesdays,** 12PM-2PM. Commencing January 12
Location:	**Th. B (unless otherwise indicated in the schedule)**
Office Hours:	By appointment
Contact:	777-8534 or **donovanc@mun.ca**

Course Description

The Masters of Public Health will provide students with a broad foundation in the area of Population and Public Health. Its core courses focus on assessing health, health promotion, disease prevention, health protection, and public health planning and programming. Where public health topic areas require added emphasis or are of a distinct nature not covered in a core course they will be addressed in one of two Public Health Seminar Courses (one in each of the fall and winter semesters). The seminar series is designed to provide specific, timely information on a series of public health topics, emerging issues and current research.

Course Objectives

At the successful completion of this course, you will:

1. Understand issues related to ethics in the public health context;

2. Understand specific legal issues relevant to public health;

3. Appreciate issues of global health and their relevance to public health;

4. Become familiar with aboriginal health issues and their determinants;

5. Have an opportunity to discuss and review the course, the MPH program and practicum issues.

Resources

In addition to the general resources recommended for the MPH that provide information relevant to seminar topics, specific readings may be provided by individual lecturers if indicated.

Course Activities

This course usually will be presented as a bi-weekly 2 hour lecture/discussion. Students are expected to attend all seminars and to review any reference material for each seminar. One seminar will be open to address an emerging issue or one of particular interest to students. Students should consider what might be of interest early in the semester to ensure a suitable presenter is available.

Evaluation of Student Performance

Attendance will be recorded for each seminar. Participation in the seminar will be evaluated based on a pass or fail.

Grading Guide

Pass *Attendance at a minimum of 10 seminars. Active participation in discussion, demonstrating an understanding of material and evidence of analytical and critical thinking; Points are generally well articulated and easy to follow; asks thoughtful questions .*

Fail *Attending less than 10 seminars*. Demonstrates minimal or poor familiarity with material; analysis and discussion is absent, points are poorly articulated; asks irrelevant questions or no questions at all.*

**** (without reasonable excuse)***

Weekly Outline

Date	Topic	Facilitator
Session I Jan. 12, 2011	Ethics and Public Health 1, **2J618**	Chris Kaposy
Session II Jan. 26, 2011	Public Health Law 1, **Th.B**	Barbara Barrowman
Session III Feb. 9, 2011	Public Health Law 2, **Th.B**	Barbara Barrowman
Session IV March 2, 2011	Global Health , **Th.B**	Shree Mulay
Session V March 16, 2011	Aboriginal Health, **Th.B**	Carolyn Sparkes-Sturge
Session VI March 30, 2011	Food Security , **Th.B**	Mark Wilson/Catherine Donovan
Session VI April 6, 2011	Course Review, MPH review Practicum Orientation, **Th.B**	Catherine Donovan/Victor Maddalena

Session I : *Ethics and Public Health*

Facilitator: Dr. Chris Kaposy

Public Health presents unique ethical challenges as its fundamental values focus on the health of the population, collective action and social justice. These values that may not always be shared by popular or political opinion and they may on occasion conflict with individual rights and freedoms.

Objectives

To introduce central concepts from moral theory and ethics relevant to public health ethics. To explore the tensions between individual rights and collective rights in public health. The specific focus for example will be on the control of communicable diseases.

Format

Lecture and discussion

Readings

Kass, Nancy E (2004), Public Health Ethics: From Foundations and Frameworks to Justice and Global Public Health. *Journal of Law, Medicine and Ethics*, Vol. 32, No. 2: 232-242

Nixon, Stephanie, Upshur, Ross E., Robertson, Ann, Benatar, Solomon R., Thompson, Alison, & Daar, Abdullah. (2005). Public Health Ethics. In T.Bailey, Timothy Caulfield, & N.M.Reis (Eds.), *Public Health Law and Policy in Canada*, Lexis Nexus Canada. (on reserve – Health Sciences Library).

Kotalik J. (2005) Preparing for an influenza pandemic: ethical issues. *Bioethics* Volume 19 Issue 4: 422-431.

Singer, P., et. al. (2003) Ethics and SARS: lessons from Toronto. *BMJ* 327 Dec. 6. 1342-1344.

Additional Readings

1. Boylen M., *Public Health Policy and Ethics*, Kluwer Academic Publishers, London, 2004, http://www.springerlink.com/content/k226w4/ (must access through HSC Library)
2. Anand S., Peter F, Sen A., *Public Health Ethics and Equity*, Oxford University Press, Toronto, 2004 (on reserve – Health Sciences Library)
3. Bayer et al., *Public Health Ethics Theory Policy and Practice*, Oxford University Press, Toronto, 2007 (on reserve – Health Sciences Library).

Session II-III *: Public Health Law*

Facilitator: Dr. B. Barrowman

Legislation underpins much of Public Health practice. Legislation to control communicable diseases, sanitation and environmental risks are the foundation for health protection in this country. Increasingly laws are designed to address population health risks beyond the control of communicable diseases and environmental risks. Legislation and policy is becoming a cornerstone of a comprehensive approach to health promotion and creating environments for individuals and communities to make the best choices for their health.

Objectives

1. To recognize the role that legislation plays in the prevention and control of diseases.
2. To become familiar with examples of current health protection legislation
3. To appreciate liability issues related to public health.
4. To recognize the role legislation is playing in comprehensive health promotion strategies.
5. To become familiar with examples of existing legislation that have an impact on the prevention of disease
6. To appreciate potential conflicts created by legislation grounded in the promotion of population health.

Format

Lecture and Discussion

Readings

1.

Additional Readings

1. Lowbury R, Kinghorn GR, Criminal Prosecution for HIV Transmission, BMJ 2006;333:666-7.
2. Okie S., New York to Trans Fats:You're Out! , N. Engl.J.Med, May 17,2007; 356 (20):2017-2.1
3. Lowbury R Bailey T.M., Caulfield T., Ries N.M., Public Health Law & Policy in Canada, Lexis Nexis Butterworths, Markham, 2005

4. Mensah et. Al., Law as a Tool for preventing Chronic Diseases: Expanding the Range of effective Public Health Strategies, Centers for Disease Control and prevention, http://www.cdc.gov/PCD/issues/2004/jan/03_0033.htm

Session IV – Global Health

Facilitator: Dr. Shree Mulay

Health is a global issue. Globalization, technology, communication and travel mean that we have an impact and are impacted by circumstances and environments throughout the planet. Public health is concerned with health equity and social justice, as such our interests extend far beyond our own borders. This seminar introduces general issues in global health.

Objectives

1. To identify major issues and trends in global health
2. To understand the importance of the determinants of health in a global context
3. To become familiar with the millennium development goals
4. To identify policies, programs and practices contributing to enhancing global health

Format

Presentation and discussion

Readings

Additional Readings

1. United Nations General Assembly, Road map towards the implementation of the United Nations Millennium Declaration, Report of the Secretary General, 2001, Executive Summary, pp. 1-5, http://www.un.org/millenniumgoals/sgreport2001.pdf?OpenElement
2. United Nations, The Millennium Development Goals Report 2009, Overview pp.6-8, http://www.un.org/millenniumgoals/pdf/MDG%20Report%202009%20ENG.pdf

Session V*: Aboriginal Health*

Facilitator: Dr. Carolyn Sturge Sparkes

Aboriginal Peoples are disproportionately affected by a number of preventable communicable and chronic diseases. Man-made and natural environments as well as socioeconomic conditions within these environments increase their vulnerability to these afflictions. The health status of Aboriginal communities is one of the most pressing public health concerns for current Canadian society. Aboriginal Peoples hold unique, while varied knowledge of health and healing. Studies show that increased understanding, acknowledgment, and integration of this knowledge into Westernized health care practices can have a positive effect on the overall well-being of Aboriginal Peoples.

Objectives

1. To increase knowledge of Aboriginal health issues.
2. To become familiar with Aboriginal history and the distinct peoples who constitute First Nations, Inuit and Métis communities in Canada.
3. To recognize how this history influenced health in Aboriginal communities.
4. To understand the role that the determinants of health play in influencing current health status of Aboriginal populations.
5. To discuss current approaches to addressing Aboriginal health.
6. To become familiar with Aboriginal approaches to health.

Format

Presentation & Discussion

Readings

1. Antone, E. & Imai, J. (2006). *Defining Aboriginal health literacy in a Canadian context: Bringing Aboriginal knowledge into practice*. On-line proceedings for the National Conference of the Canadian Association for the Study of Adult Education (CASAE), Toronto, ON, May 28-30, 2006.
2. Frohlich, K., Ross, N., & Richmond, C. (2006). Health disparities in Canada today: Some evidence and a theoretical framework. *Health Policy, 79*, 132-143. Available on-line at www.sciencedirect.com
3. National Aboriginal Health Organization.(2008). *An overview of traditional knowledge and medicine and public health in Canada*. Ottawa, ON: Author.

Additional Readings

1. KueYoung, T., & Chatwood, S. (2010). Health care in the North: What Canada can learn from its circumpolar neighbours, *CMAJ*, *10*/1503. (early release November 1, 2010 on-line at www.cmaj.ca).
2. Loppie Reading, C., & Wien F. (2009). *Health inequalities and social determinants of Aboriginal Peoples' health*. Prince George, BC: National Collaborating Centre for Aboriginal Health, University of Northern British Columbia.

Session VI –*Emerging Issues/Food Security*

Facilitator: **Dr. Catherine Donovan/ Mark Wilson**

This seminar will address a global health issue of current public health interest

Objectives

1. To become familiar with global health issues.
2. To interact with a variety of people who have knowledge and had experiences in international health.

Format

Presentation and discussion

Readings

1. As provided by presenter

Session VII *: MPH Review and Introduction to Practicum*

Facilitator: Drs. Catherine Donovan/ Victor Maddalena

This is an opportunity to discuss the Seminar course and the MPH overall. Your perspective on the program and recommendations for improvement are most welcome.

This will also be an orientation to the practicum, and an opportunity to discuss any questions or concerns you have regarding the practicum.

Objectives

1. To provide an opportunity for feedback on the MPH program.
2. To discuss the public health structures within sites which are part of the practicum curriculum.
3. To become familiar with procedures, practices and communications within the organizations and between public health organizations.
4. To explore how you may function within these organizations as a practicum student.

Readings

1. Practicum Handbook

MED 6722: Environmental Health (In class)

(Draft, there will some changes when HSC library will be fully functional)

Coordinator: **Atanu Sarkar**
Lecture: Commencing the week of Jan. 11, 2012 ends on Apr 04, 2012 (every Wednesday)
Location: H2862 (except 8th Feb, 2J619 (conf. dining room))
Lecture Hours: 5.30 pm – 8.30 pm
Contact: 777-2360 or atanu.sarkar@med.mun.ca

Course Description

Environmental Health has always been a fundamental component of Public Health however with growing concern for the environment and climate change, the interconnectedness of human health and the ecosystem is becoming more pronounced. This course is designed to provide an understanding of the basic principles and practices in the assessment, prevention and management of environmental and occupational risk factors in industrialized and developing countries. Topics include how the human body reacts to various environmental pollutants; physical, chemical, and biological agents of environmental contamination; ecological changes; risk analysis; vulnerable populations; the scientific basis for policy decisions; and emerging global environmental health problems. This course format is primarily based on three hours of class room activities including lecture/s, student presentations and group activities and discussions.

Course Objectives

At the successful completion of this course, you will:

1. Understand the relationship between human health and the environment
2. Be familiar with common environmental health terminology.
3. Know the basic principles of environmental health (i.e. Ecosystem perspectives, environmental agents, risk assessment, risk management, precautionary principle, environmental epidemiology, waste management, sustainable development).
4. Understand key principles and practices in maintaining food, water and ambient air quality.
5. Be familiar with key issues in environmental health at national and global level.
6. Appreciate the impact of emerging issues such as climate change and its impact on human health.
7. Be aware of key issues and occupational health practices in the work environment.
8. Identify gaps in the current knowledge base concerning the health effects of environmental agents and identify areas of uncertainty in the risk-assessment process.
9. Understand the role of public health in the management of environmental health issues.

Resources

The textbook for the course is **Higenkamp K.,** ***Environmental Health: Ecological Perspectives*****,**

Jones and Bartlett, 2007. Apart from this, following basic texts are recommended as additional resources:

1. Howard Frumkin (editor) 'Environmental health from Global to Local' Jossey-Bass (A Wiley Imprint). 2nd Edition (2010) (*asked for e-copy and expected to be available soon*)
2. WHO, Environmental Health Indicators: Framework and Methodologies, World Health Organization, 1999, Geneva http://whqlibdoc.who.int/hq/1999/WHO_SDE_OEH_99.10.pdf
3. Jean Lebel, Health An Ecosystem Approach http://www.idrc.ca/en/ev-29393-201-1-DO_TOPIC.html
4. National Collaborating Centre on Environmental Health http://www.ncceh.ca/
5. Key Questions in the Millennium Ecosystem Assessment, Encyclopedia of Earth, (can be accessed through the Books and Reports Heading), http://www.eoearth.org/article/Ecosystems_and_Human_Well-being_Synthesis~_Key_Questions_in_the_Millennium_Ecosystem_Assessment
6. Maxy Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008), Part IIL Environmental Health
7. Friis, R.F. Essentials of Environmental Health, Jones and Bartlett, Toronto,2007
8. Heyman, D.L., Ed, Control of Communicable Diseases Manual, 19th Edition. American Public Health Association, Washington, D.C., 2008.
9. van den Hazel P.J., International strategies in children's environmental health, Int. J. of Hyg. Environ. Health 210: 521-25, 2007
10. Rethage et al., Assessment of environmental worry in health related settings: re-evaluation and modification of an environmental worry scale, Int. J. of Hyg. Environ. Health 211:105-113, 2008
11. Payne-Sturges D., Kemp D., Ten years of addressing children's health through regulatory policy at the U.S. Environmental Protection Agency, Environ. Health Perspectives, Dec, 2008, 116(12):1720-24.
12. Cairns J., The developing role of ecotoxicology in industrial ecology and natural capitalism, Environ, Health Perspectives, Aug. 2000,108(8):A346-48.

The descriptions of weekly activities (mentioned later) are followed by a list of required readings and additional readings. Readings, unless otherwise specified are available on-line through the WWW or through internet access from HSC Library. It is expected that you review **required readings** each week to prepare the week's group discussion.

Course Format/Activities

The course objectives will be achieved primarily through lectures, discussion, individual and group activities. Students are expected to study all the required readings. The textbook and other required readings and lecture notes will be the primary sources of information for this course. The textbook layout is similar to the course layout with objectives.

Normally each weekly session will include:

a. Faculty lecture followed by discussion. Some lectures will be followed by group activities. Each group will be provided with supportive data, maps, figure, pictures and questions to

discuss and report back on a specific issue relevant to the topic of the class.

b. Student presentation of a peer reviewed research article. Beginning in the 2nd week, one / two students will make presentation of a peer reviewed research article on the week's topic. The schedule for the presenters will be decided on the 1st week.

c. Few weeks you will have a guest lecture (50 minutes)

Evaluation of Student Performance

Written, group and oral activities will give you the opportunity to demonstrate an understanding of basic principles and concepts of Environmental Health. Assignment of letter grades will be in accordance with the MUN School of Graduate Studies guidelines. Students must achieve a passing mark **(65%)** to successfully complete the course.

1. Article review and presentation (15%)
2. Class participation (10%)
3. Research paper (written) (25%)
4. Research paper presentation (15%)
5. Take home examination (35%)

Article Review and presentation: Each student will be assigned for one article for review and presentation in the class. The review should include a descriptive summary and critical assessment of the article. The article will be selected from the list of 'Additional Readings'. Each presenter will have a total of 15 minutes for the presentation and 5 minutes for questions. In week II, VII and VIII, there will be two presentations each.

Class participation: Each student will actively participate in discussions; after faculty and guest lectures, group activities, and presentations of research article and research papers.

Research Paper (written): A list of research topics will be given and each student will select one. A comprehensive and critical review of the topic is expected (max 3500 words). The assignment is due April 12, 2012 (time: 24:00; submit online). List of research topics are in Annex I

Research Paper (presentation): Students will make short presentations of their research papers in Week 12 & 13 (4th & 11th April). Duration of the activity (each presenter): 25 minutes (20 minutes presentation + 5 minutes discussion). All students will be asked to peer review the presentations and provide written feedback, however only the faculty assessment will be included in the grade.

Take Home Examination: In weeks IV (10%), VIII (10%), X (15%), three take home assignments will be given to the students. The students will be given maximum one week time (non-negotiable) to submit. The questions will cover wide range of topics from the previous sessions, however, emphasis will given to concept, critical analysis and rational statement. 10% marks will be deducted for each delayed day.

Evaluation criteria for Research paper (presentation and written assignment) are attached as Annex II and Annex III

Weekly Outline

Time: 5.30pm-8.30pm

Date	Topic	Facilitator
Wk. I, Week of Jan. 11, 2012	Introduction to Environmental Health & the Ecosystem	Atanu Sarkar
Wk. II , Week of Jan. 18, 2012	Basic Principles	Atanu Sarkar
Wk. III, Week of Jan.25, 2012	Environmental Epidemiology	Atanu Sarkar
Wk. IV, Week of Feb. 01, 2012	Environmental Toxicology	Atanu Sarkar
Wk. V, Week of Feb. 08, 2012	Food & Agriculture	Atanu Sarkar
Wk. VI, Week of Feb. 15, 2012	Water	Atanu Sarkar
Wk. VII , Week of Feb 29, 2012	Air	Atanu Sarkar
Wk. VIII, Week of Mar 07, 2012	Indoor Environments	Atanu Sarkar
Wk. IX , Week of Mar 14, 2012	Radiation	Atanu Sarkar
Wk. X, Week of Mar 21, 2012	Occupational Health	Atanu Sarkar
Wk. XI, Week of Mar 28, 2012	Environment and vulnerable population	Atanu Sarkar
Wk. XII, Week of Apr 04, 2012	Research paper presentation	Atanu Sarkar
Wk. XIII, Week of Apr 11, 2012	Research paper presentation	Atanu Sarkar

Week I: Introduction to Environmental Health and the Ecosystem

Facilitator: Atanu Sarkar

Purpose

This session will provide an overview of the course including: a discussion of the course format; expectations of students; evaluation methods and a discussion of resource materials. It will also introduce key issues and terminology.

Objectives

1. To provide an overview of the course, course objectives, course format, student and faculty responsibilities, and student evaluation tools.
2. To describe the required and recommended resources and how they may be accessed.
3. To create an appreciation of environmental health, its relationship to the ecosystem and to Public Health.
4. To introduce the key terms related to environmental health including: environment, ecology ecosystem, pollution, climate change, sustainability, environmental health vs. healthy environment.

Activity

1. Introduction to the course and its overview
2. Faculty lecture
3. Group discussion and presentation
4. Selection of research paper

Required Readings

1. Course Syllabus **(available on D2L).**
2. Higenkamp K., Environmental Health: Ecological Perspective, Jones and Bartlett, 2007, Ch. 1 (1-19), 2 (23-34).
3. Frumkin H., Cifuentes E., Gonzales MI, Environmental Justice: From global to local, p.1-12, Ch. 42 in Maxy Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008), Part III Environmental Health.

Additional Readings

1. Seguin J., Berry P., Human Health in a Changing Climate A Canadian Assessment of Vulnerabilities and Adaptive Capacity, Synthesis Report, Minister of Health, Health Canada, 2008.

2. Health Policy Research Bulletin, Health Canada, October 2002, 4(2):1-14. http://www.hc-sc.gc.ca/sr-sr/alt_formats/hpb-dgps/pdf/pubs/hpr-rps/bull/2002-4-environ/2002-4-environ-eng.pdf

3. Olden K., Newbold R.R., Women's health and the environment in the 21st century, Environ. Health Perspectives, Oct. 2000, 108 (5):767-68.
http://www.ncbi.nlm.nih.gov/pubmed/11035979
http://ehpnet1.niehs.nih.gov/members/2000/suppl-5/767-768olden/olden-full.html

4. WHO, The Health and Environment Linkages Initiative, http://www.who.int/heli/risks/en/ .

5. Muir T, Zegarac M., Societal Costs of exposure to toxic substances: economic and health costs of four case studies that are candidates for environmental causation, Environ. Health Perspectives, Dec. 2001, 109(6):885-903. (E-Journal)
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1240624/pdf/ehp109s-000885.pdf

Week II: Basic Principles of Environmental Health

Facilitator: Atanu Sarkar

This session introduces key environmental health principles and practices including the precautionary principle, environmental health risk assessment, risk management and communication, environmental impact assessment and environmental health law.

Objectives

1. To understand the concept of the precautionary principle.
2. To be able to explain and give examples of key practices in environmental health including environmental impact assessment.
3. To become familiar with environmental epidemiology
4. To become familiar with the organization of environmental health services.
5. To understand the importance of law and environmental protection and to be able to give local examples.

Activity

1. Faculty lecture
2. Group discussion and presentation
3. Article review and presentation
4. Guest speaker (Dr David Allison)

Required Readings

1. Higenkamp K., Environmental Health: Ecological Perspectives, Jones and Bartlett, 2007, Ch.3 (pp 36-48), 4 (pp 52-74), 19 (pp 356-368).
2. Jean Lebel, Health An Ecosystem Approach http://www.idrc.ca/en/ev-29393-201-1-DO_TOPIC.html
3. Kriebel, D., Tickner, J., Epstein, P., Lemons, J., Levins, R., Loechler, E.L., Quinn, M., Rudel, R., Schettler, T., and Stoto, M., The Precautionary Principle in Environmental Science, Environmental Health Perspectives, 2001, 109(9):871-876.(E-Journal) http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1240435/pdf/ehp0109-000871.pdf
4. Commers M.J., Gottlieb N., Kok G., How to change environmental conditions for health, Health Promotion International, 2007, 22(1):80-86. (E-Journal) http://heapro.oxfordjournals.org/content/22/1/80.full.pdf+html
5. Pollution Prevention Department of Environment and Conservation, Government of NL, http://www.env.gov.nl.ca/env/department/branches/divisions/pollution.html
6. Environmental Health, Health and Community Services, Government of NL, Environmental Health http://www.health.gov.nl.ca/health/publichealth/envhealth/environmental.html
7. Environmental Assessments, Environment Canada http://www.ceaa-acee.gc.ca/010/index_e.htm

***Additional Readings** (first five articles are for review and presentation, __select two for two presentations__)*

1. Goldman L.R., Koduru S., Chemicals in the environment and developmental toxicity to children: a public health and policy perspective, Environ. Health Perspectives, June 2000 108(3):443-48. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1637825/pdf/envhper00312-0079.pdf
2. Tyshenko M.G. et al, Regulatory and Non-regulatory strategies for improving children's environmental health in Canada, J. Toxic. Environ. Health part. B, 2007 10(1):143-56. http://pdfserve.informaworld.com/328415__769426587.pdf
3. Suk, W.A., Avakian, M.D., Carpenter, D., Groopman, J.D., Scammell, M., and Wild, C.P., Human Exposure Monitoring and Evaluation in the Arctic: The Importance of Understanding Exposures to the Development of Public Health Policy, Environmental Health Perspectives, 2004 112(2):113- 120. http://ehp03.niehs.nih.gov/article/fetchArticle.action?articleURI=info:doi/10.1289/ehp.6383
4. Elliot P., Savitz D.A., Design issues in small-area studies of environment and health, Environ. Health Perspectives, Aug., 2008, 116(8):1098-1104.(E-Journal) http://ehp03.niehs.nih.gov/article/fetchArticle.action?articleURI=info:doi/10.1289/ehp.10817
5. Jarosinska D., Gee D., Children's environmental health and the precautionary principle, Int. J. of Hyg. Environ. Health, 2007, 210:541-46. (E-Journal) http://www.ncbi.nlm.nih.gov/pubmed/17889608

6. http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B7GVY-4PPWMN9-2&_user=1069227&_coverDate=10%2F31%2F2007&_rdoc=1&_fmt=high&_orig=search&_origin=search&_sort=d&_docanchor=&view=c&_acct=C000051267&_version=1&_urlVersion=0&_userid=1069227&md5=ebe8e41323454364a30fc0daa0f26f74&searchtype=a

7. Gochfeld M., Burger J., Environmental and ecological risk assessment, p1-19, Ch. 21 in Part III Environmental Health, Maxy Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008).

Week III: Environmental Epidemiology

Facilitator: Atanu Sarkar

Environmental epidemiology is a sub-specialty of epidemiology that focuses on the identification of environmental hazards that may pose a risk to human health. It has been more formally defined as the study of the effect on human health of physical, chemical and biological factors in the external environment.

Objectives

1. To understand the concept, methods and practice of the environmental epidemiology
2. To orient the environmental perspective of epidemiology
3. Ethical issues of environmental epidemiology
4. To identify the roles of environmental epidemiology in policy making

Activity

1. Faculty lecture
2. Group discussion and presentation
3. Article review and presentation
4. Guest Speaker (Climate change, Joel Finnis)

Required Readings

1. Baker, D and Nieuwenhuijsen, M, Environmental epidemiology – study methods and application 2008. OUP (Ch, I, II, VI)
2. A. Abouteir**,** F. El Yaagoubi**,** I. Bioh-Johnson**,** A. Kamel**,** N. Godard**,** L. Cormerais**,** F. Robin**,** d**,** O. Lesens, 2011. *Water access and attendance for diarrhea in primary health care centers, Gaza strip.* Transactions of the Royal Society of Tropical Medicine and Hygiene, 105(10): 555-560. http://www.sciencedirect.com/science/article/pii/S0035920311001325

Additional Readings *(for review and presentation)*

1. Ki-Hyun Kim**,** Shamin Ara Jahan**,** Ehsanul Kabir, 2011. *A review of diseases associated with household air pollution due to the use of biomass fuels.* Journal of Hazardous Materials 192(2): 425-431. http://www.sciencedirect.com/science/article/pii/S0304389411007424

2. Gaofeng Zhao, Huaidong Zhou, Donghong Wang, Jinmiao Zha, Yiping Xu, Kaifeng Rao, Mei Ma, Shengbiao Huang, Zijian Wang, 2009. *PBBs, PBDEs, and PCBs in foods collected from e-waste disassembly sites and daily intake by local residents*. Science of The Total Environment, 407(8): 2565-2575. http://www.sciencedirect.com/science/article/pii/S0048969708012497

3. Rachel Peletz, Michelo Simuyandi, Kelvin Sarenje, Kathy Baisley, Paul Kelly, Suzanne Filteau and Thomas Clasen Drinking Water Quality, 2011. *Feeding Practices, and Diarrhea among Children under 2 Years of HIV-Positive Mothers in Peri-Urban Zambia*. Am J Trop Med Hyg 85(2): 318-326. http://www.ajtmh.org/content/85/2/318.long [doi: 10.4269/ajtmh.2011.11-0140]

Week IV: Environmental Toxicology

Facilitator: Atanu Sarkar

A toxin is something which causes illness. It can be chemical in nature or produced by a biological organism. A toxin can be natural or manmade. Sometimes a toxin is an unintended product of a chemical process, an anticipated but undesirable product or it can be the intended product designed for use in a bioterrorism event. An appreciation of toxicology is important to understanding environmental health.

Objectives

1. To recognize key definitions in toxicology.
2. To identify important toxins in the environment and their impact on human health.
3. To become familiar with the environmental risk assessment process including the concepts of "vulnerable receptor" and "dose response."
4. To become familiar with hazardous waste management.
5. To discuss examples of the application of risk assessment.

Activity

1. Faculty lecture
2. Group discussion and presentation
3. Article review and presentation
4. Guest speaker (Cathy Donovan)

Required Readings

1. Higenkamp K., Environmental Health: Ecological Perspectives, Jones and Bartlett, 2007 Ch. 6 (98-110), 5 (79-94), 14 (261-277), 7 (123-131).
2. Bhatia R., Wernham A., Integrating human health into environmental impact assessment: An unrealized opportunity for environmental health and justice, Environ. Health Perspectives, Aug., 2008,116(8):991-1000. (E-Journal) http://ehp03.niehs.nih.gov/article/fetchArticle.action?articleURI=info:doi/10.1289/ehp.11132
3. Health Canada, Environmental Health Assessment, http://www.hc-sc.gc.ca/ewh-semt/eval/index-eng.php
4. Environmental Assessments, Environment Canada http://www.ceaa-acee.gc.ca/010/index_e.htm .
5. Health Canada, Environmental and Workplace Health, http://www.hc-sc.gc.ca/ewh-semt/contaminants/index-eng.php

Additional Readings *(first four articles are for review and presentation, select one)*

1. Wikström, A.K., Cnattingius, S., and Stephanssona, O., Maternal Use of Swedish Snuff (Snus) and Risk of Stillbirth, Epidemiology, 2010, 21(6):772-778.

http://journals.lww.com/epidem/Abstract/2010/11000/Maternal_Use_of_Swedish_Snuff__Snus__and_Risk_of.5.aspx

2. Wogan, G.N., Hecht, S.S., Felton, J.S., Conney, A.H., Loeb L.A., Environmental and chemical carcinogenesis, Seminars in Cancer Biology, 2004, 14: 473–486 doi:10.1016/j.semcancer.2004.06.010 http://www.unc.edu/courses/2009spring/envr/740/001/Sem%20Cancer%20Biol%2004%20Env%20and%20chem%20carcinogenesis.pdf
3. Dallaire, F., Dewailly, E., Muckle, G., Vézina, C., Jacobson, S.W., Jacobson, J.L., and Ayotte, P., Acute Infections and Environmental Exposure to Organochlorines in Inuit Infants from Nunavik, Environmental Health Perspectives, 2004, 112(14): 1359- 1364 http://ehp03.niehs.nih.gov/article/fetchArticle.action?articleURI=info:doi/10.1289/ehp.7255
4. Muckle, G., Ayotte, P., Dewailly, E., Jacobson, S.W., and Jacobson, J.L., Prenatal Exposure of the Northern Québec Inuit Infants to Environmental Contaminants, Environmental Health Perspectives, 2001, 109(12): 1291-1299. http://ehpnet1.niehs.nih.gov/members/2001/109p1291-1299muckle/muckle-full.html
5. Gochfield M., Principles of Toxicology, p. 1-38, Ch.20. in Part III Environmental Health, Maxy Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008).
6. Utell M.J., Frampton M.W., Toxicologic methods: Controlled human exposures, Environ. Health Perspectives, Aug. 2000, 108(4):605-13. http://www.ncbi.nlm.nih.gov/pubmed/10931779
7. Report on Human Biomonitoring of Environmental Chemicals in Canada http://www.hc-sc.gc.ca/ewh-semt/pubs/contaminants/chms-ecms/overview-vue-eng.php
8. Health Canada, Food & Nutrition, Toxicology Research Programs http://www.hc-sc.gc.ca/fn-an/res-rech/res-prog/toxicol/index-eng.php

Week V: Food and Agriculture

Facilitator: Atanu Sarkar

Food safety is an increasing concern worldwide. Even wealthy countries that possess sophisticated technology for management of food quality experience regular incidents of food-borne illness and contamination. Globalization, transportation, ecosystem change and over-population are having an impact on food security. Middle and low income countries face greater challenges in ensuring a safe, adequate food supply.

Objectives

1. To recognize common agents responsible for contamination of food supplies.

2. To identify common food borne diseases.

3. To understand ecological and sociological processes that impact food accessibility and quality and link with agriculture practices.

4. To describe common food monitoring and management practices.

5. To recognize key regulations related to maintenance of food quality.

Potato and population growth http://www.bbc.co.uk/news/magazine-15377913

Activity

1. Faculty lecture
2. Group discussion and presentation
3. Article review and presentation

Required Readings

1. Higenkamp K., Environmental Health: Ecological Perspectives, Jones and Bartlett, 2007,Ch. 13 (pp 238-256).
2. Hawkes C., Ruel M.T., (Eds) Understanding the links between agriculture and health, International Food Policy Research Institute, Washington DC. 2008, 1-36. http://www.ifpri.org/sites/default/files/publications/focus13.pdf
3. Lougheed, T., The Changing Landscape of Arctic Traditional Food, Environmental Health Perspectives, 2010, 118(9):A 386- 393 http://ehp03.niehs.nih.gov/article/fetchArticle.action?articleURI=info%3Adoi%2F10.1289%2Fehp.118-a386
4. Marshall D.L., Dickenson J., Ensuring Food Safety p. 1-23, Ch.47, in Part III Environmental Health, Maxy Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008).
5. Canada's Foodborne Illness Outbreak Response Protocol (2010) to Guide a multijurisdictional response. http://www.phac-aspc.gc.ca/zoono/fiorp-pritioa/index-eng.php Annexes http://www.phac-aspc.gc.ca/zoono/fiorp-pritioa/ann13-eng.php

Additional Readings *(first three articles are for review and presentation, select one)*

1. Nahar, N., Sultana, R., Gurley, E.S., Hossain, M.J., and Luby, S.P., Date Palm Sap Collection: Exploring Opportunities to Prevent Nipah Transmission, EcoHealth 2010, DOI: 10.1007/s10393-010-0320-3.
   http://www.springerlink.com/content/l88kj0vln2626851/
   http://www.ncbi.nlm.nih.gov/pubmed/20617362
2. Lantz PM, Dupuis L, Reding D, Krauska M, Lappe K. Peer Discussions of Cancer Among Hispanic Migrant Farm Workers, Public Health Rep. 1994 109(4):512-520
   http://www.med.umich.edu/mott/research/Lantz_VITA.pdf
   http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1403528/pdf/pubhealthrep00059-0050.pdf
3. Mwangangi, J.M., Shililu, J., Muturi, E.J., Muriu, S., Jacob, B., Kabiru, E.W., Mbogo, C.M., Githure, J., Novak, R.J., Anopheles larval abundance and diversity in three rice agro-village complexes Mwea irrigation scheme, central Kenya, Malaria Journal, 2010, 9:228-237.
   http://www.ncbi.nlm.nih.gov/pubmed/20691120
4. Canadian Food Inspection Agency http://www.inspection.gc.ca/english/agen/agene.shtml
5. About FoodSafe.ca, http://www.foodsafe.ca/FSAbout.htm .
6. Food Security Network, http://www.foodsecuritynews.com/ .

Week VI: Water

Facilitator: Atanu Sarkar

Water is essential to human survival. Water availability and quality is a major concern worldwide with climate change and ecosystem change significantly altering water sources. Waterborne disease can be caused by infectious organisms and toxic contamination. Management of water quality and accessibility is key to human health and long-term survival of the ecosystem.

Objectives

1. To recognize common agents responsible for contamination of water supplies.
2. To identify common waterborne diseases.
3. To understand ecological processes that impact water accessibility and quality.
4. To understand waste management as it relates to maintenance of water quality.
5. To describe common water monitoring, treatment and management practices.
6. To recognize key legislation related to water quality.

Activity

1. Faculty lecture
2. Group discussion and presentation
3. Article review and presentation
4. Guest speaker (Darryl Johnson)

Required Readings

1. Higenkamp K., Environmental Health: Ecological Perspectives, Jones and Bartlett, 2007, Ch. 9 (150-169), 14 (267-273).
2. Meinhardt P.L., Water Quality Management and Water-Borne Disease Trends, p. 1-45, Ch. 48 in. in Part III Environmental Health, Maxy Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008).
3. Water Resources Branch, Department of Environment and Conservation, Government of NL, http://www.env.gov.nl.ca/env/waterres/index.html
4. Newfoundland and Labrador Water Resources Portal. http://maps.gov.nl.ca/water/

Additional Readings (select one for review and presentation)

1. Zamberlan da Silva M.E. et al, Comparison of the bacteriological quality of tap water and bottled mineral water, Int. J. Hyg. Environ. Health 2008 211:504-09 http://www2.hcmuaf.edu.vn/data/phyenphuong/Comparison%20of%20the%20bacteriological%20quality%20of%20tap%20water%20and%20bottled%20mineral%20water.pdf

   http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B7GVY-4RWK0C7-1&_user=1069227&_coverDate=10%2F01%2F2008&_rdoc=1&_fmt=high&_orig=search&_origin=search&_sort=d&_docanchor=&view=c&_acct=C000051267&_version=1&_urlVersion=0&_userid=1069227&md5=bf41e06f44bb77ecf4004a348a6bedfa&searchtype=a
2. Martinez-Urtaza, J., Huapaya, B., Gavilan, R.G., Blanco-Abad, V.,Ansede-Bermejo, J., Cadarso-Suarez, C., Figueiras, A., and Trinanes, J., Emergence of Asiatic Vibrio Diseases in

South America in Phase With El Nin˜o, Epidemiology, 2008, 19(6): 829- 837.
http://www.ncbi.nlm.nih.gov/pubmed/18854707

3. Roychowdhury, T. Groundwater arsenic contamination in one of the 107 arsenic-affected blocks in West Bengal, India: Status, distribution, health effects and factors responsible for arsenic poisoning, International Journal of Hygiene and Environmental Health, 2010, doi:10.1016/j.ijheh.2010.09.003
http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B7GVY-51834V0-1&_user=1069227&_coverDate=10/16/2010&_rdoc=1&_fmt=high&_orig=search&_origin=search&_sort=d&_docanchor=&view=c&_searchStrId=1546676445&_rerunOrigin=google&_acct=C000051267&_version=1&_urlVersion=0&_userid=1069227&md5=0966fd66b95e165137e2623518eef2af&searchtype=a

http://www.ncbi.nlm.nih.gov/pubmed/20956086

Week VII: Air

Facilitator: Atanu Sarkar

Industrialization has dramatically changed air quality over the last century. The impact of air pollution on human health has been well documented particularly in urban environments. Air pollution has been associated with climate change and consequently ecosystem change which is having an impact on the distribution of infectious and chronic diseases. The focus of this week will be on outdoor air quality.

Objectives

1. To understand the key agents associated with outdoor air pollution.
2. To recognise the impact of air pollution and climate change on human health.
3. To discuss energy production and its implications for air pollution.
4. To become familiar with key monitoring and management techniques related to air quality.
5. To discuss evolving strategies to address air pollution.
6. To become familiar with air quality legislation.

Activity

1. Faculty lecture
2. Group discussion and presentation
3. Article review and presentation

Required Readings

1. Higenkamp K., Environmental Health: Ecological Perspectives, Jones and Bartlett, 2007,Ch.8 (135-147), 11 (195-212).
2. Makri A., Stilianskis N.I., Vulnerability to air pollution health effects, Int. J. Hyg. Environ. Health, 2008, 211:326-36. (E-Journal) http://www.ncbi.nlm.nih.gov/pubmed/17719845
3. Pollution and Air Quality, The Lung Association, http://www.lung.ca/protect-protegez/pollution-pollution/outdoor-exterior/pollutants-polluants_e.php .
4. Heart & Stroke Foundation of Canada, 2008 Report Card http://www.heartandstroke.com/site/apps/nlnet/content2.aspx?c=ikIQLcMWJtE&b=4955951&ct=4974269

Additional Readings (<u>select two for two presentations</u>)

1. Cohen A., Outdoor air pollution and lung cancer, Environ. Health Perspectives, 2000,108(4):743-49. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1637685/pdf/envhper00313-0140.pdf

2. Gauderman W.J., Air Pollution and Children An unhealthy mix, N.Engl.J.Med, 2006 3555(1):78-79. http://www.bvsde.paho.org/bvsacd/cd53/air-mix.pdf

3. Szyszkowicz M., Air pollution and emergency department visits for ischemic heart disease in Montreal, Canada, Int. J., Occ. Med. Environ. Health, 2007 20(2): 167-74. http://www.ncbi.nlm.nih.gov/pubmed/17638683

4. Szyszkowicz M., Ambient air pollution and daily emergency department visits for asthma in Edmonton, Canada, Int. J., Occ. Med. Environ. Health, 2008, 21(1):25-30. (E-Journal) http://www.researchgate.net/publication/5382524_Ambient_air_pollution_and_daily_emergency_department_visits_for_asthma_in_Edmonton_Canada

5. Shin et. al., A temporal, multicity model to estimate the effects of short-term exposure to ambient air pollution on health, Environ. Health Perspectives, Sept.2008,116(9):1147-53. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2535614/

Week VIII: Indoor Environments

Facilitator: Atanu Sarkar

In northern countries most time is spent indoors. Building techniques designed to save energy, aging infrastructure, crowding and risk behaviours such as smoking contribute to indoor air pollution and a growing environmental health problem. Aging schools are significant concern for children who are often the most vulnerable to pollutants. Safe, accessible housing is a worldwide concern.

Objectives

1. To become familiar with key indoor pollutants.
2. To understand issues related to mould and its health impact.
3. To recognise common health complaints related to indoor air pollution.
4. To become familiar with interventions that can address indoor air pollution.
5. To discuss the requirements for safe housing.
6. To discuss energy production as if applies to safe housing.

Activity

1. Faculty lecture
2. Group discussion and presentation
3. Article review and presentation

Required Readings

1. Higenkamp K., Environmental Health: Ecological Perspectives, Jones and Bartlett, 2007, Ch.15 (285-298).
2. Last J.M., Housing and health, p.1-7, Ch. 51 in Part III Environmental Health, Maxy Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008).
3. Wang B.L. et al., Symptoms definitions for SBS (sick building syndrome) in residential dwellings, Int. Wang B.L. J. Hyg. Environ. Health, 2008, 211:114-120. (E-Journal) http://onlinelibrary.wiley.com/doi/10.1111/j.1600-0668.2009.00589.x/full

Additional Readings (select two for two presentations)

1. Hansel et. al., A longitudinal study of indoor nitrogen dioxide levels and respiratory symptoms in inner-city children with asthma, Environ, Health Perspectives, Oct. 2008, 116(10): 1428-32. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2569107/
2. Howden-Chapman P. et al., Effects of improved home heating on asthma in community dwelling children: randomised control trial, BMJ Sept.2008, 337; a1411. http://www.nationalasthma.org.au/content/view/545/960/#s5

3. Hutter et al. Health complaints and annoyances after moving into a new office building: A multidisciplinary approach including analysis of questionnaires, air and house dust samples, Int. J. Hyg. Environ. Health, 2006, 209:65-68. http://ec.europa.eu/health/ph_risk/committees/04_scher/docs/scher_o_055.pdf

4. Edvardson et. al., Medical and social prognosis of non-specific building-related symptoms (Sick Building Syndrome): a follow-up study of patients previously referred to hospital, Int. Arch. Occup. Environ Health 2008, 81:805-12. http://www.ncbi.nlm.nih.gov/pubmed

5. Etzel R.A., Indoor and outdoor air pollution: Tobacco smoke, moulds and diseases in infants and children, Int. J. Hyg. Environ. Health 207, 611-16. http://www.ncbi.nlm.nih.gov/pubmed/17869581

Week IX: Radiation

Facilitator: Atanu Sarkar

Radiation, in the form of naturally occurring materials such as radon or manmade contaminants as produced in diagnostic radiation, has long been a public health concern. New issues are arising around electromagnetic waves, light waves and UV radiation. Microwaves and cell phones are a growing cause of concern for the public. In many of these areas the evidence of health impact is unclear and more evidence is required to draw cause and affect relationships.

Objectives

1. To become familiar with terms and definitions related to radiation.
2. To describe health effects associated with various forms of radiation impacts.
3. To discuss the significance of various forms of radiation and their potential impact.
4. To discuss interventions to minimize exposure to radiation.

Activity

1. Faculty lecture
2. Group discussion and presentation
3. Article review and presentation

Required Reading

1. Higenkamp K., Environmental Health: Ecological Perspective, Jones and Bartlett, 2007, Ch. 12 (217-233), 11 (200-205), 14 (278-280).
2. Upton A.C., Ionizing Radiation, p.1-7 Ch.35, in Part III Environmental Health, Maxy Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008).
3. Frank A.L., Nonionizing Radiation, p.1-14, Ch. 36 in Part III Environmental Health, Maxy Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008).

Additional Readings (select one for review and presentation)

1. Otto M., von Muhlendahl K.E., Electromagnetic fields(EMF): Do they play a role in children's health (CEH)?, Int. J. Hyg. Environ. Health, 2007, 210: 635-44. http://www.ncbi.nlm.nih.gov/pubmed/17765660
2. Samet J.M., Eradze G.R., Radon and Lung Cancer Risk: taking stock at the millennium, Environ. Health Perspectives, Aug. 2000, 108(S4):635-41. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1637678/pdf/envhper00313-0037.pdf
3. Jauchem J.R., Effects of low-level radio frequency (3kHz to 300GHz) energy on human cardiovascular, reproductive, immune and other systems: A review of the recent literature, Int. J. Hyg. Environ. Health, 2008 211:1-29. http://www.stormingmedia.us/04/0429/A042915.html
4. Vanderstraeten J., Verschaeve L. Gene and protein expression following exposure to radiofrequency fields from mobile phones, Environ. Health Perspectives, Sept. 2008, 116(9):1131-35. http://ehp03.niehs.nih.gov/article/fetchArticle.action?articleURI=info:doi/10.1289/ehp.11279

Week X: Occupational Health

Facilitator: Atanu Sarkar

The work environment is a potential source of physical, chemical and biological hazards. It is also an environment that has been subject to significant controls through workplace occupational programs, hazard analysis and legislation.

Objectives

1. To identify key workplace hazards and give examples of physical, chemical and biological hazards.
2. To identify the health effects of these hazards.
3. To discuss occupations of greatest risk for workplace hazards.
4. To become familiar with legislation related to Occupational Health & Safety.
5. To discuss significant features of workplace health & safety programs.

Activity

1. Faculty lecture
2. Group discussion and presentation
3. Article review and presentation

Required Readings

1. Higenkamp K., Environmental Health: Ecological Perspectives, Jones and Bartlett, 2007, Ch.17 (322-334).
2. Occupational Health and Safety, Dept. of Government Services, Government of NL., http://www.gs.gov.nl.ca/ohs/ .
3. Herrick R. F., Industrial Hygiene P.1-11, Ch.39 in Part III Environmental Health, Maxy Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008).
4. Bingham E., Monforton, Occupational Safety and Health Standards p.1-7 in Part III Environmental Health, Maxy Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008).

Additional Readings (select one for review and presentation)

1. Lombardo L.J., Balmes J.R., Occupational Asthma: A review, Environ. Health Perspectives, 108 (S4):697- 704. http://www.health.state.ny.us/diseases/asthma/work_related_asthma.htm
2. Korpi et al.,Controlling occupational allergies in the workplace, Int. J. of Occ. Medicine Environ. Health, 2007, 20(2): 107-116. http://versita.metapress.com/content/h15860130373u035/fulltext.pdf
3. Arcury T.A., Quandt S.A., McCauley L., Farmworkers and pesticides: Community based research, Environ. Health Perspectives, Aug., 2000, 108(8):787-792. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1240561/

Week XI: Environment and Vulnerable population

Facilitator: Atanu Sarkar

Existing disparities worsen the adverse health consequences due to environmental changes. Gender, age, ethnic background, socioeconomic status, habitation and other social factors determine population sub-groups more vulnerable in terms of burden of disease, and coping mechanism or adaptation. However, these social determinants of environmental health issues are often neglected in larger policy dimension.

Objectives

1. To define and identify the vulnerable population with respect to environmental health issues
2. To assess population vulnerability, global burden of diseases due to environmental factors
3. To identify coping mechanisms and sustainable strategies (including low cost local technologies)

Activity

1. Faculty lecture
2. Group discussion and presentation
3. Article review and presentation
4. Guest speaker

Required Readings

1. Masuda, J.R., Zupancic, T., Poland, B., Cole, D.C., Environmental health and vulnerable populations in Canada: mapping an integrated equity-focused research agenda, The Canadian Geographer, 2008, 52(4): 427–450. http://onlinelibrary.wiley.com/doi/10.1111/j.1541-0064.2008.00223.x/abstract
2. Environmental and Workplace Health: Vulnerable Populations. http://www.hc-sc.gc.ca/ewh-semt/contaminants/vulnerable/index-eng.php
3. Bartlett, S., Children— a large and vulnerable population in the context of climate change, 2009, UNFPA. http://www.unfpa.org/webdav/site/global/users/schensul/public/CCPD/papers/Bartlett%20Paper.pdf
4. Key Questions in the Millennium Ecosystem Assessment, How have ecosystem changes affected well being and poverty alleviation?, Encyclopedia of Earth, p22-34 (can be accessed through the Books and Reports Heading, page numbers may vary depending on your viewer so look for the specific question) http://www.eoearth.org/article/Ecosystems_and_Human_Well-being_Synthesis~_Key_Questions_in_the_Millennium_Ecosystem_Assessment ,
5. Health and Environment Linkages Initiative, WHO, Environment and health in developing countries, http://www.who.int/heli/risks/ehindevcoun/en
6. Wilkinson R.G., Pickett K.E., DeVogli R., Equality, sustainability and quality of life, BMJ, Nov.,2010; 341c5816 http://www.ncbi.nlm.nih.gov/pubmed/21045025
7. Attaran A., Boyd D., Stanbrook M.B., Asbestosis mortality: A Canadian export, CMAJ, Oct. 21,2008, 179(9):871-2 http://www.cpha.ca/uploads/policy/position_asbestos_e.pdf

Additional Readings *(first four articles are for review and presentation, select one)*

1. Reid, C.E., O'Neill, M.S., Gronlund, C.J., Brines, S.J., Brown, D.G., Diez-Roux, A.V., and Schwartz, J., Mapping Community Determinants of Heat Vulnerability, Environmental Health Perspectives, 2009, 117(11): 1730-1736 http://ehp03.niehs.nih.gov/article/fetchArticle.action?articleURI=info:doi/10.1289/ehp.0900683
2. McMichael, A.J., Friel, S., Nyong A., and Corvalan, C., Global environmental change and health: impacts, inequalities, and the health sector, Br Med J, 2008, 336:191-194. doi:10.1136/bmj.39392.473727.AD http://www.bmj.com/content/336/7637/191.full
3. Timothy J Downs, Laurie Ross, Danielle Mucciarone, Maria-Camila Calvache, Octavia Taylor, Robert Goble, Participatory testing and reporting in an environmental-justice community of Worcester, Massachusetts: a pilot project, Environmental Health, 2010, 9:34 http://www.ehjournal.net/content/9/1/34/abstract
4. Masuda, J.R., Poland, B., and Baxter, J., Reaching for environmental health justice: Canadian experiences for a comprehensive research, policy and advocacy agenda in health promotion, Health Promotion International, 2010, doi:10.1093/heapro/daq041 http://heapro.oxfordjournals.org/content/early/2010/07/07/heapro.daq041.full.pdf
5. The Mining Watch – Canada, http://www.miningwatch.ca/
6. The Center for Health, Environment and Justice http://www.chej.org/
7. Massey, R., Environmental Justice: Income, Race, and Health, Global Development And Environment Institute, Tufts University, MA. http://www.e3network.org/teaching/Massey_Environmental_Justice.pdf

Annex I
RESEARCH TOPICS (MED6722)

1) Declining sperm count and the roles of environmental factors
2) Antibiotics in environment: are they threat to human health?
3) Industrialization in south and the Arctic communities pay the price
4) GMO for food security or inviting more trouble
5) Nano technology: blessing of science or another human made threat
6) Is Canada bracing for heat stress due to climate change?
7) Is organic food a real healthy option?
8) Current paradigms of farm animal management and spurts of epidemics: any relation?
9) Can conservation of wilderness ensure healthy urban environment
10) DDT or malaria; who is better evil: explain from environmental health perspectives
11) Oil spills and implications on human health
12) Contextualizing the precautionary principle in environmental health: a case study of electromagnetic waves from cell phones
13) Second hand smoking and health implication for children
14) Alcoholic beverages are often the cocktails of pesticides
15) Incinerators for management of solid wastes: healthy choice or threat to health
16) Emerging environmental health threats to Inuit communities in Nunatsiavut
17) Environmental health threats due to mine tailings: a Canadian perspective
18) Use of environmental health approach in clinical services: a viable option?
19) Some synthetic chemicals are responsible for immune deficiency: a North American perspective
20) Circumstances when breast milk is a potential threat to infant’s health
21) Airport noise and adverse health effects
22) Lessons learnt from Hurricane Katrina: from environmental health perspectives
23) Modern nuclear power is answer to energy crisis in the context climate change
24) Role of public transport in curbing urban air pollution
25) Import of foreign vegetables, Canadian food inspection, quality issue and population vulnerability
26) Cost-benefit analysis of best practices of municipality water treatment in Canada vis-à-vis bottled water and household filters

Annex II

MED 6722: Environmental Health

PRESENTATION EVALUATION

Student Name: ____

Topic: ____

Date: 2012 / ___ / ___

CONTENT OF PRESENTATION **(70%)**

Introduction (incl. title and outline of presentation)	1	2	3	4	5
Ability to quickly communicate essence of topic and stimulate interest	1	2	3	4	5
Clarity, coherence, succinctness	1	2	3	4	5
Evidence in support of arguments	1	2	3	4	5
Organization and structure	2	4	6	8	10
Identification, emphasis and understanding of key issues	2	4	6	8	10
Recommendations	2	4	6	8	10
Conclusion (summary and restatement of key points and findings)	2	4	6	8	10
Responses to audience questions	2	4	6	8	10

PRESENTATION SKILLS (30%)

Visual aids (clarity, readability, support for main points)	2	4	6	8	10
Eye contact / use of notes	1	2	3	4	5
Audience involvement	1	2	3	4	5
Timing, length and pace	2	4	6	8	10

Additional comments: ____

____

____

____

____

TOTAL: ______ *%*

Annex III

MED 6722: Environmental Health

Research Paper – Evaluation Form

Student Name: ______________________________

Topic: ____

Criterion	Score
Abstract	___ / 5
Introduction - establishes context, objectives and structure of paper	___ / 5
Description of the Problem	___ / 10
Analytical / Critical Evaluation	___ / 20
Support for Arguments / Accuracy of Information	___ / 10
Recommendations - including justification	___ / 10
Conclusion	___ / 10
Overall structure and clarity	___ / 10
Referencing / Quality of Sources / Research Effort	___ / 10
Length	___ / 10

Total: ______ %

MED6722: Environmental Health

Coordinator: Catherine Donovan

Online/Lecture : Commencing the week of Jan. 10, 2011 completion of weekly on-line D2L program
(Eluminate Live session on April 6, 10AM-1PM)

Location: All instruction and interaction will occur online through D2L

Office Hours: By appointment

Contact: 777-8534 or **donovanc@mun.ca**

Course Description

Environmental Health has always been a fundamental component of Public Health however with growing concern for the environment and climate change, the interconnectedness of human health and the ecosystem is becoming more pronounced. This course is designed to provide an understanding of the basic principles and practices in the assessment, prevention and management of environmental and occupational risk factors. Topics include how the human body reacts to various environmental pollutants; physical, chemical, and biological agents of environmental contamination; ecological changes; risk analysis; vulnerable populations; the scientific basis for policy decisions; and emerging global environmental health problems. This course will be primarily presented through online content and discussions, self-directed learning and exercises, and student presentations. The course coordinator will be available throughout the course, monitoring progress, interacting through on-line discussion and answering questions.

Course Objectives

At the successful completion of this course, you will:

1. Understand the relationship between human health and the environment
2. Be familiar with common environmental health terminology.
3. Know the basic principles of environmental health (IE. Risk assessment, risk management, precautionary principle, environmental epidemiology,waste management, sustainable development).
4. Understand key principles and practices in maintaining food, water and air quality.
5. Be familiar with key issues in environmental health including vulnerable populations.
6. Appreciate the impact of emerging issues such as climate change on the environment and its impact on human health.
7. Be aware of key issues and occupational health practices in the work environment.
8. Identify gaps in the current knowledge base concerning the health effects of environmental agents and identify areas of uncertainty in the risk-assessment process.
9. Understand the role of public health in the management of environmental health issues.

Resources

The textbook for the course is Higenkamp K., Environmental Health: Ecological Perspectives, Jones and Bartlett, 2007. Specific articles, chapters etc. will be referenced in each topic area. If other readings are required, they are available on-line through the WWW or through internet access from HSC Library unless otherwise specified. It is expected that you review **required readings** each week as they are the basis for knowledge acquisition in this online course.

Below are additional resources of value in reviewing Environmental Health issues.

1. Maxy Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008), Part IIL Environmental Health

2. Friis, R.F. Essentials of Environmental Health, Jones and Bartlett, Toronto,2007

3. National Collaborating Centre on Environmental Health http://www.ncceh.ca/

4. Key Questions in the Millennium Ecosystem Assessment, Encyclopedia of Earth, (can be accessed through the Books and Reports Heading), updated Sept.1,2011 http://www.eoearth.org/article/Ecosystems_and_Human_Well-being_Synthesis:_Key_Questions_in_the_Millennium_Ecosystem_Assessment

5. Heyman, D.L., Ed, Control of Communicable Diseases Manual, 19th Edition. American Public Health Association, Washington, D.C., 2008.

6. van den Hazel P.J., International strategies in children's environmental health, Int. J. of Hyg. Environ. Health 210: 521-25, 2007

7. Rethage et al., Assessment of environmental worry in health related settings: re-evaluation and modification of an environmental worry scale, Int. J. of Hyg. Environ. Health 211:105-113, 2008

8. Payne-Sturges D., Kemp D., Ten years of addressing children's health through regulatory policy at the U.S. Environmental Protection Agency, Environ. Health Perspectives, Dec, 2008, 116(12):1720-24.

9. Cairns J., The developing role of ecotoxicology in industrial ecology and natural capitalism, Environ, Health Perspectives, Aug. 2000,108(8):A346-48,

Course Format/Activities

The course objectives will be achieved primarily through self-directed learning and activities. There will be online discussion and activities in each week. Students are expected to study all required readings. The textbook and other required readings will be the primary source of information for this course. It is an American text but provides a good review of environmental health issues. The textbook layout is similar to the course layout with objectives and assignments at the end of each chapter. Where appropriate you may chose to complete these assignments to test your understanding of the concepts in the chapter however you are **only required** to complete and post the activities identified in the syllabus. The text will be supplemented with references to other articles and Canadian sources. **Additional readings** provide comment, examples and additional cases or studies that may be of interest to the specific topic. You are encouraged to read those as time and interest dictate but they will not be a focus for activities or evaluation.

You must do the required reading to ensure you meet the course objectives and are successful in this course. You must also complete relevant activities or exercises. Your contribution to the discussion forum and exercises will benefit all participants and will constitute a significant portion of your grade.

At week XII students will participate in a debate on a controversial environmental health issue/s. This will be done online using Eluminate Live. You must be available at your computer for this time.

Week XII is also an opportunity to review the course, ask any outstanding questions.

Evaluation activities are described in detail in the following sections.

Evaluation of Student Performance

Written activities and oral activities give you the opportunity to demonstrate an understanding of basic principles and concepts of Environmental Health. Assignment of letter grades will be in accordance with the MUN School of Graduate Studies guidelines. Students must achieve a passing mark **(65%)** to successfully complete the course.

Written Assignment
- Discussion Forum Participation:
  - Discussion lead **(10%)**
  - Discussion Participation **(10%)**
- Mid-Term Assignment **(25%)**

Oral Activities
- Environmental Health Debate **(25%)**

Examination **(25%)**
- Short answer, take home exam

Final Reflection (5%)

Discussion Forum (20%)

In most of the weekly D2L presentations there are exercises/activities. 1 or 2 students will be responsible for leading the discussion. The responsible student(s) will read the reference material and other relevant material including **at least 2** additional resources that they have identified. They will focus discussion on the activity **using the principles and concepts relevant to that week's topic** (and those from previous weeks if relevant). The response should be **concise but comprehensive and critical (defined as: merit assessed using informed and skilled judgement, not the finding fault definition**). The initial discussion material should be limited to maximum of 2 pages. You should pose questions for your colleagues and respond to their questions or comments as appropriate. All students should read the required reference material and participate in the subsequent discussion. Students leading the week should post their material by 12 noon **Tuesday** of the relevant week, all other students should make initial responses by 6PM on **Wednesday** to ensure there is time for further conversation. All material should be posted to the Discussion Forum for the relevant week. Students will be graded for the session(s) they lead. (**10% in total**). Grades will be based on the comprehensiveness & clarity of the original discussion paper, the effectiveness of the questions and response to the discussion forum.

In addition all students will receive a grade (**10% in total**) for contributing to the weekly discussion. Responses will be reviewed to ensure you have considered important concepts both in your comments and in posing relevant questions, the discussion forum is an opportunity to ask questions or develop a better understanding of the material, creativity is welcome. Students are not expected to comment in detail on each of their colleague's postings however discussion is encouraged on points of interest, experiences related to the topic, controversy or when a point needs clarification. Added references material is also encouraged. Questions are important if you don't understand a concept, it may be one that is also confusing to others.

Students leading the discussion normally will receive their grade at the beginning of following week.

Participation will be assessed based on contribution up to week XII.

Mid-term Assignment (25%)

This is a time limited assignment, it will present a case study and students will be expected to respond to assigned questions and justify their response with relevant evidence. You will receive the assignment on February 17 and must return the assignment to the D2L Dropbox by February 27 . You are expected to complete the assignment independently.

The assignment is worth **25%** of your final grade.

Please put your name on the assignment.

A concise response but one that that covers the main points is expected

Evaluation of the assignment will be based on the following guidelines (adapted from the work of Dr. Diana Gustafason) :

91-100 *Demonstrates outstanding comprehension and synthesis of material as well as highly sophisticated analytical and critical thinking; Points are always clearly articulated and easy to follow.*

85-90 *Demonstrates superior understanding of material as well as sophisticated analytical and critical thinking; Points are clearly articulated and easy to follow.*

75-84 *Demonstrates familiarity with the material as well as some evidence of critical thinking; Points are generally well articulated..*

65-74 *Demonstrates basic familiarity with the material; points are raised but not developed or supported; or provides a solid summary of material but little analysis or reflection.*

0-64 *Demonstrates minimal or poor familiarity with material; analysis is absent, simplistic or unsupported; Points are poorly articulated; Provides only crude summary of material; Little evidence of preparation.*

Environmental Health Debate (25%)

Environment related health problems are often the source of much controversy and a significant challenge for those working in the public health sector. Clusters of cancer or reproductive problems are frequent concerns and public health workers need to be prepared to respond to these concerns with an appreciation of the several perspectives that are involved in the controversy. You will debate 1-3 issues (depending on class size), topics will be provided early in the semester along with team and topic assignment. Two teams will debate each issue with one team supporting the statement and the other providing a contrary point of view. The teams must provide evidence to support their assigned perspective. Student teams will prepare a 15-25 minute (depending on number of issues for debate) presentation outlining the evidence that supports their perspective with 5 to 10 minutes for questions of clarification. After both teams present they will then have 5-10 minutes to counter the evidence or comments presented in the other team's presentation. The debate will then be open for general discussion among all participants. The audience (other students and faculty) will be invited to vote to choose the winning team for each debate. The vote will not have any bearing on the grade given for the presentation. Please provide a copy of any presentation materials you use.

The presentation will be via Eluminate Live and will occur on April 6, 10AM -1PM.

Evaluation of the debate will be based on the following guidelines (adapted from the work of Dr. Diana Gustafason):

91-100 *Demonstrates outstanding comprehension and synthesis of material as well as highly sophisticated analytical and critical thinking; Points are always clearly articulated and easy to follow. Presentation is clear, comprehensive and concise. Precise, accurate, thoughtful responses to questions and promotes a superior level of discussion.*

85-90 *Demonstrates superior understanding of material as well as sophisticated analytical and critical thinking; Points are clearly articulated and easy to follow. Presentation is clear, comprehensive and concise. Accurate and thoughtful responses to questions and promotes a high quality level of discussion.*

75-84 Demonstrates familiarity with the material as well as some evidence of critical thinking; Points are generally well articulated.. Presentation is clear and well organized, Is able to respond well to most questions and promotes a good quality discussion.

65-74 Demonstrates basic familiarity with the material; points are raised but not developed or supported; or provides a solid summary of material but little analysis or reflection. Presentation covers main points Demonstrates some difficulty responding to questions. Impedes critical discussion.

0-64 Demonstrates minimal or poor familiarity with material; analysis is absent, simplistic or unsupported; Points are poorly articulated; Provides only crude summary of material; Little evidence of preparation; Demonstrates significant difficulty responding to questions. Detracts from or disrupts critical discussion.

Final Examination (25%)

This will be a take home, short answer examination. It will be a time limited activity. It is expected that you complete the exam independently without any help from colleagues. The examination will be emailed to you on April 10 at 10 AM and your completed response must be placed in the D2L dropbox by 10 AM on April 11. (The date can be adjusted with the agreement of all students.)

Final Reflection (5%)

This is a 1-2 page reflection on what you have learned in the course, whether or not you feel your learning objectives have been met and any suggestions you may have for ways to improve the course. Deposit your paper in the online Drop Box by end of day on April 13.

Weekly Outline

Date	Topic	Facilitator
Wk. I, Week of Jan. 09, 2012	Introduction to Environmental Health & the Ecosystem	Catherine Donovan
Wk. II , Week of Jan. 16, 2012	Basic Principles	Catherine Donovan
Wk. III, Week of Jan.23, 2012	Environmental Epidemiology	Catherine Donovan
Wk. IV, Week of Jan.30, 2012	Environmental Toxicology	Catherine Donovan
Wk. V, Week of Feb. 6, 2012	Water Quality	Catherine Donovan
Wk. VI, Week of Feb. 13, 2012	Food & Agriculture	Catherine Donovan
Wk. VII , Week of Feb.27, 2012	Field Visit to EHO	Catherine Donovan
Wk.VIII, Week of March 5, 2012	Air Quality & Indoor Environments	Catherine Donovan
Wk. IX , Week of March 12, 2012	Energy & Radiation	Catherine Donovan
Wk. X, Week of March 19, 2012	Occupational Health	Catherine Donovan
Wk. XI Week of March 26, 2012	Environmental Health and Vulnerable Populations	Catherine Donovan
Wk. XII, Week of April 2, 2012. Eluminate Live Session will be held, April 6, 2012. 10AM -1PM	Environmental Health Debate /Course Review	Catherine Donovan
Wk. XIII, April 9, 2012	Take Home Examination	Catherine Donovan

Week I: Introduction to Environmental Health and the Ecosystem

Facilitator: **Catherine Donovan**

Purpose

This session will provide an overview of the course including: a discussion of the course format; expectations of students; evaluation methods and a discussion of resource materials. It will also introduce key issues and terminology.

Objectives

1. To provide an overview of the course, course objectives, course format, student and faculty responsibilities, and student evaluation tools.
2. To describe the required and recommended resources and how they may be accessed.
3. To create an appreciation of environmental health, its relationship to the ecosystem and to Public Health.
4. To introduce the key terms related to environmental health including: environment, ecology ecosystem, pollution, climate change, sustainability, environmental health vs. healthy environment .

Format

Review of required readings, activity and online discussion.

Activity ***(All students should contribute to this activity)***

1. Introduce yourself, telling your colleagues a little about yourself and if you have a special interest in environment health (other than the fact that it is a required course).

2. Recommend a website to your colleagues that provides **interesting** information related to environmental health. The site can be government, community or interest group related. I would normally say that you should believe that the site provides credible information, however it would also be interesting if you pointed to sites that were less credible. Comment on why you think this is a useful site or why it is a troubling one. Feel free to comment on or critique the sites recommended by your colleagues. **Do not include sites that are listed in the references in the syllabus.**

3. Go to http://www.mec.ca/AST/ContentPrimary/Sustainability/GreeningOperations/EcologicalFootp

rint.jsp?utm_source=mec.ca&utm_medium=redirect&utm_campaign=ecofootprint&bmLocale=en and calculate your ecological footprint. Comment on this as an educational tool for promoting the health of the environment.

Required Readings

1. Course Syllabus **(available on D2L).**
2. Higenkamp K., Environmental Health: Ecological Perspective, Jones and Bartlett, 2007, Ch. 1, 2.
3. Frumkin H., Cifuentes E., Gonzales MI, Environmental Justice: From global to local, p.1-12, Ch. 42 in Maxy Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008), Part III Environmental Health. (Get Link)
4. The Sustainable Scale Project http://www.sustainablescale.org/conceptualframework/understandingscale/measuringscale/ecologicalfootprint.aspx
5. Ecological Footprint, Region of Peel, http://www.peelregion.ca/planning/bulletins/ecological.pdf

Additional Readings

1. Seguin J., Berry P., Human Health in a Changing Climate A Canadian Assessment of Vulnerabilities and Adaptive Capacity, Synthesis Report, Minister of Health, Health Canada, 2008.
2. Health Policy Research Bulletin, Health Canada, October 2002, 4(2):1-14.
3. Olden K., Newbold R.R., Women's health and the environment in the 21st century, Environ. Health Perspectives, Oct. 2000, 108 (5):767-68.
4. WHO, The Health and Environment Linkages Initiative, http://www.who.int/heli/risks/en/ .
5. Muir T, Zegarac M., Societal Costs of exposure to toxic substances: economic and health costs of four case studies that are candidates for environmental causation, Environ. Health Perspectives, Dec. 2001, 109(6):885-903. (E-Journal)

"HEADS UP"

The student(s) leading Week V's activity may want to check out that weeks' outline in case there is an opportunity you can take advantage of before Feb..

Week II: Basic Principles of Environmental Health

Facilitator: Catherine Donovan

This session introduces key environmental health principles and practices including the precautionary principle, environmental health risk assessment, risk management and communication, environmental impact assessment and environmental health law.

Objectives

1. To understand the concept of the precautionary principle.

2. To be able to explain and give examples of key practices in environmental health including environmental impact assessment.

4. To become familiar with the organization of environmental health services.

5. To understand the importance of law and environmental protection and to be able to give local examples.

Format

Review of required readings, completion of activity, online discussion and Q&A

Activity (This is a 2 part activity)

1. Discuss what you believe is an example of the application of the Precautionary Principle. Explain and critique the rationale for its application in the setting you have described. Post your example to the discussion forum.
2. Critically comment on "environmental movements" and the role they play in environmental health.

Required Readings

1. Higenkamp K., Environmental Health: Ecological Perspectives, Jones and Bartlett, 2007, Ch.3, 4,19.

2. Commers M.J., Gottlieb N., Kok G., How to change environmental conditions for health, Health Promotion International, 2007, 22(1):80-86. (E-Journal) (Get Link)

3. Kriebel, D., Tickner, J., Epstein, P., Lemons, J., Levins, R., Loechler, E.L., Quinn, M., Rudel, R., Schettler, T., and Stoto, M., The Precautionary Principle in Environmental

Science, Environmental Health Perspectives, 2001, 109(9):871-876. (E-Journal) (Get Link)

4. Administrative Policy and Process for Conducting Environmental Risk Assessments, Environment Canada http://www.ec.gc.ca/ese-ees/default.asp?lang=En&n=BA0E21A9-1
.
5. Pollution Prevention Department of Environment and Conservation, Government of NL, http://www.env.gov.nl.ca/env/department/branches/divisions/pollution.html

6. Environmental Health, Health and Community Services, Government of NL, Environmental Health, http://www.health.gov.nl.ca/health/publichealth/envhealth/environmental.html

Additional Readings

1. Jarosinska D., Gee D., Children's environmental health and the precautionary principle, Int. J. of Hyg. Environ. Health, 2007, 210:541-46. (E-Journal)

2. Goldman L.R., Koduru S., Chemicals in the environment and developmental toxicity to children: a public health and policy perspective, Environ. Health Perspectives, June 2000 108(3):443-48.

3. Tyshenko M.G. et al, Regulatory and Non-regulatory strategies for improving children's environmental health in Canada, J. Toxic. Environ. Health part. B, 2007 10(1):143-56.

4. Suk, W.A., Avakian, M.D., Carpenter, D., Groopman, J.D., Scammell, M., and Wild, C.P., Human Exposure Monitoring and Evaluation in the Arctic: The Importance of Understanding Exposures to the Development of Public Health Policy, Environmental Health Perspectives, 2004 112(2):113- 120

5. Gochfeld M., Burger J., Environmental and ecological risk assessment, p1-19, Ch. 21 in Part III Environmental Health, Maxy Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008).

“HEADS UP”

There are managers of Environmental Health working with Community Health in all areas of the province/country. Those in NL have agreed to speak with you, (it may be appropriate for people to form into groups for this activity depending on the number in the class and your location) identify which of the managers you will interview, make contact and arrange a time to discuss environmental health services and issues, depending on your location you should contact the closest manager/coordinator of environmental health (or public health inspection depending on your jurisdiction) and arrange an interview, by phone if necessary. This activity can be arranged for anytime up to the due date of Feb.28.

The following questions may be helpful to guide your interview but you should consider others based on your readings and your experience in the course to date:

- How is Environmental Health organized and what are the key services provided in the program?
- What are the challenges and opportunities for environmental health in the existing structures?
- What are the key legislative tools that environmental health officers use?
- What do they see as the major environmental health issues facing the province and globally?
- Other questions that have been raised in the course and are of interest to you or the group.

The lead student will post a brief report to the Discussion Forum. Please include your own reflections and interpretation on the interview not just the responses to your questions. All students should read the posted report and comment on their experience or perceptions.

The managers are Darryl Johnson, Department of Health and Community Services, Confederation Building (729-3422); Pat Murray, Gander (651- 6260), Brian Moores, Corner Brook (637-5000 ext 5419).

Week III- ENVIRONMENTAL EPIDEMIOLOGY

Facilitator: **Catherine Donovan**

Environmental epidemiology is a sub-specialty of epidemiology that focuses on the identification of environmental hazards that may pose a risk to human health. It has been more formally defined as the study of the effect on human health of physical, chemical and biological factors in the external environment.

Objectives

1. To understand the concept, methods and practice of the environmental epidemiology
2. To appreciate the environmental perspective of epidemiology
3. Ethical issues of environmental epidemiology
4. To identify the roles of environmental epidemiology in policy making

Format

Review of required readings, completion of activity, online discussion and Q&A

Activity

Critically appraise the Aboutier article. Comment on its ability to influence public policy related to environmental health.

Required Readings

1. Higenkamp K., Environmental Health: Ecological Perspectives, Jones and Bartlett, 2007, Ch. 4.
2. Soskolone, C., Andruchow J.E., Racioppi F., , From Theory to practice in environmental Epidemiology: Developing, Conducting and Disseminating Health Research, WHO, European Centre for Environment and Health, 2006, Ch. 1, Part 1: p 17-24, Ch. 2 Part 1:p 29-50 http://www.euro.who.int/__data/assets/pdf_file/0006/91095/E91890.pdf (read the case studies if you have time).
3. A. Abouteir, F. El Yaagoubi, I. Bioh-Johnson, A. Kamel, N. Godard, L. Cormerais, F. Robin, d, O. Lesens, 2011. *Water access and attendance for diarrhea in primary health care centers, Gaza strip*. Transactions of the Royal Society of Tropical Medicine and Hygiene, 105(10): 555-560. http://www.sciencedirect.com/science/article/pii/S0035920311001325

3. Elliot P., Savitz D.A., Design issues in small-area studies of environment and health, Environ. Health Perspectives, Aug., 2008, 116(8):1098-1104.(E-Journal) (Get Link)
4. Kryzanowski J., Mintyre L, A Holistic Model for the Selection of Environmental Assessment indicators to Assess the Impact of Industrialization on Indigenous Health, Can. J. Public Health, 2011;102(2):112-17 (Get Link)

Additional Readings

1. Ki-Hyun Kim, Shamin Ara Jahan, Ehsanul Kabir, 2011. *A review of diseases associated with household air pollution due to the use of biomass fuels.* Journal of Hazardous Materials 192(2): 425-431. http://www.sciencedirect.com/science/article/pii/S0304389411007424

2. Gaofeng Zhao, Huaidong Zhou, Donghong Wang, Jinmiao Zha, Yiping Xu, Kaifeng Rao, Mei Ma, Shengbiao Huang, Zijian Wang, 2009. *PBBs, PBDEs, and PCBs in foods collected from e-waste disassembly sites and daily intake by local residents*. Science of The Total Environment, 407(8): 2565-2575. http://www.sciencedirect.com/science/article/pii/S0048969708012497

3. Rachel Peletz, Michelo Simuyandi, Kelvin Sarenje, Kathy Baisley, Paul Kelly, Suzanne Filteau and Thomas Clasen Drinking Water Quality, 2011. *Feeding Practices, and Diarrhea among Children under 2 Years of HIV-Positive Mothers in Peri-Urban Zambia*. Am J Trop Med Hyg 85(2): 318-326. http://www.ajtmh.org/content/85/2/318.long [doi: 10.4269/ajtmh.2011.11-0140]

Week IV: Environmental Toxicology

Facilitator: **Catherine Donovan**

A toxin is something which causes illness. It can be chemical in nature or produced by a biological organism. A toxin can be natural or manmade. Sometimes a toxin is an unintended product of a chemical process, an anticipated but undesirable product or it can be the intended product designed for use in a bioterrorism event. An appreciation of toxicology is important to understanding environmental health.

Objectives

1. To recognize key definitions in toxicology.
2. To identify important toxins in the environment and their impact on human health.
3. To become familiar with the environmental risk assessment process including the concepts of "vulnerable receptor" and "dose response."
4. To become familiar with hazardous waste management.
5. To discuss examples of the application of risk assessment.

Format

Review of required readings, completion of activity, online discussion and Q&A

Activity

Review Health Canada's risk assessment process (http://www.hc-sc.gc.ca/ewh-semt/contaminants/index-eng.php , the Chemical Substance Portal is probably the easiest route) and illustrate the process using an example of a substance of interest to you. Explain your choice & critically comment on the review and it's implications for public health. Post your example to the discussion forum.

Required Readings

1. Higenkamp K., Environmental Health: Ecological Perspectives, Jones and Bartlett, 2007 Ch. 6, 5, 14 (272-277), 7 (123-131).
2. Health Canada, Environmental Health Assessment, http://www.hc-sc.gc.ca/ewh-semt/eval/index-eng.php
3. Health Canada, Environmental and Workplace Health, http://www.hc-sc.gc.ca/ewh-semt/contaminants/index-eng.php
5. Bhatia R., Wernham A., Integrating human health into environmental impact assessment: An unrealized opportunity for environmental health and justice, Environ. Health Perspectives, Aug., 2008,116(8):991-1000. (E-Journal) (Get Link)

Additional Readings

1. Suk, W.A., Hazardous Waste : Assessing, detecting and remediation, p 1-12, Ch. 49 in Part III Environmental Health, Maxy Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008).
2. Gochfield M., Principles of Toxicology, p. 1-38, Ch.20. in Part III Environmental Health, Maxy Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008).
3. Utell M.J., Frampton M.W., Toxicologic methods: Controlled human exposures, Environ. Health Perspectives, Aug. 2000, 108(4):605-13.
4. Report on Human Biomonitoring of Environmental Chemicals in Canada http://www.hc-sc.gc.ca/ewh-semt/pubs/contaminants/chms-ecms/overview-vue-eng.php
5. Health Canada, Food & Nutrition, Toxicology Research Programs http://www.hc-sc.gc.ca/fn-an/res-rech/res-prog/toxicol/index-eng.php
6. Wogan, G.N., Hecht, S.S., Felton, J.S., Conney, A.H., Loeb L.A., Environmental and chemical carcinogenesis, Seminars in Cancer Biology, 2004, 14: 473–486 doi:10.1016/j.semcancer.2004.06.010
7. Muckle, G., Ayotte, P., Dewailly, E., Jacobson, S.W., and Jacobson, J.L., Prenatal Exposure of the Northern Québec Inuit Infants to Environmental Contaminants, Environmental Health Perspectives, 2001, 109(12): 1291-1299.

Week V – WATER QUALITY

Facilitator: Catherine Donovan

Water is essential to human survival. Water availability and quality is a major concern worldwide with climate change and ecosystem change significantly altering water sources. Waterborne disease can be caused by infectious organisms and toxic contamination. Management of water quality and accessibility is key to human health and long-term survival of the ecosystem.

Objectives

1. To recognize common agents responsible for contamination of water supplies.
2. To identify common waterborne diseases.
3. To understand ecological processes that impact water accessibility and quality.
4. To understand waste management as it relates to maintenance of water quality.
5. To describe common water monitoring, treatment and management practices.
6. To recognize key legislation related to water quality.

Format

Review of required readings, completion of activity, online discussion and Q&A

Activity

Take a photograph of what you believe to be an issue related to water quality in your community. Post the photograph early in the week. You can post questions for your colleagues but don't give away what you think is the issue/s. Give your colleagues until Wed. at 6PM to comment on what they see as the issue and their recommendations for a solution if relevant, then comment on what you believe to be the issue and your proposed solution.

Required Readings

1. Higenkamp K., Environmental Health: Ecological Perspectives, Jones and Bartlett, 2007, Ch. 9,14 (p. 267-273).
2. Meinhardt P.L., Water Quality Management and Water-Borne Disease Trends, p. 1-45, Ch. 48 in . in Part III Environmental Health, Maxy Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008). (Get Link)

3. Water Resources Branch, Department of Environment and Conservation, Government of NL, http://www.env.gov.nl.ca/env/waterres/index.html
4. Newfoundland and Labrador Water Resources Portal http://maps.gov.nl.ca/water/

Additional Readings

1. Zamberlan da Silva M.E. et al, Comparison of the bacteriological quality of tap water and bottled mineral water, Int. J. Hyg. Environ. Health 2008 211:504-09
2. Roychowdhury, T. Groundwater arsenic contamination in one of the 107 arsenic-affected blocks in West Bengal, India: Status, distribution, health effects and factors responsible for arsenic poisoning, International Journal of Hygiene and Environmental Health, 2010, doi:10.1016/j.ijheh.2010.09.003
3. Martinez-Urtaza, J., Huapaya, B., Gavilan, R.G., Blanco-Abad, V.,Ansede-Bermejo, J., Cadarso-Suarez, C., Figueiras, A., and Trinanes, J., Emergence of Asiatic Vibrio Diseases in South America in Phase With El Nin˜o, Epidemiology, 2008, 19(6): 829- 837.

Week VI – FOOD & AGRICULTURE

Facilitator: **Catherine Donovan**

Food safety is an increasing concern worldwide. Even wealthy countries that possess sophisticated technology for management of food quality experience regular incidents of food-borne illness and contamination. Globalization, transportation, ecosystem change industrialization and over-population are having an impact on food security, quality and the environment. Middle and low income countries face greater challenges in ensuring a safe, adequate food supply.

Objectives

1. To recognize common agents responsible for contamination of food supplies.
2. To identify common food borne diseases.
3. To understand ecological and sociological processes that impact food accessibility and quality and their link with agriculture practices.
4. To describe common food monitoring and management practices.
5. To recognize key regulations related to maintenance of food quality.

Format

Review of required readings, completion of activity, online discussion and Q&A

Activity

Choose a foodborne outbreak or food contamination incident that has been reported in the popular media. Review related literature and comment on the key issues that contributed to the outbreak and key strategies needed to ensure food safety and security in this circumstance. Post your answer to the discussion forum.

Required Readings

1. Higenkamp K., Environmental Health: Ecological Perspectives, Jones and Bartlett, 2007, Ch. 13, Ch. 7 P.123-130..
2. Marshall D.L., Dickenson J., Ensuring Food Safety p. 1-23, Ch.47, in Part III Environmental Health, Maxy Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008). (Get Link)
3. Canada's Foodborne Illness Outbreak Response Protocol (2010) to Guide a multijurisdictional response. http://www.phac-aspc.gc.ca/zoono/fiorp-pritioa/index-eng.php Annexes http://www.phac-aspc.gc.ca/zoono/fiorp-pritioa/ann13-eng.php
4. Lougheed, T., The Changing Landscape of Arctic Traditional Food, Environmental Health Perspectives, 2010, 118(9):A 386- 393 (Get Link)
5. Hawkes C. Ruel M.T., Eds) Understanding the links between agriculture and health, International Food Policy Research Institute, Washington DC. 2008, 1-36, http://www.ifpri.org/sites/default/files/publications/focus13.pdf

Additional Readings

1. Canadian Food Inspection Agency http://www.inspection.gc.ca/english/agen/agene.shtml.
2. About FoodSafe.ca, http://www.foodsafe.ca/FSAbout.htm .
3. Food Security Network, http://www.foodsecuritynews.com/ .

WEEK VII: FIELD VISIT

Facilitator: **Catherine Donovan**

The purpose of this session is to build on knowledge acquired to date discussing key features of environmental health programs and services which are an important component of health protection.

Objectives

- To define key features of environmental health programs..
- To understand the application of concepts and principles of environmental health to a practice environment.
- To identify the roles and responsibilities of the various partners in environmental health.
- To recognize key issues in environmental health and the challenges and opportunities in programming.

There are managers of Environmental Health working with Community Health in all areas of the province. They have agreed to speak with you, (it may be appropriate for people to form into groups for this activity depending on the number in the class and your location) identify which of the managers you will interview, make contact and arrange a time to discuss environmental health services and issues, depending on your location you should contact the closest manager/coordinator of environmental health (or public health inspection depending on your jurisdiction) and arrange an interview, by phone if necessary. This activity can be arranged for anytime up to the due date of Feb. 23.

The following questions may be helpful to guide your interview but you should consider others based on your readings and your experience in the course to date:

- How is Environmental Health organized and what are the key services provided in the program?
- What are the challenges and opportunities for environmental health in the existing structures?
- What are the key legislative tools that environmental health officers use?
- What do they see as the major environmental health issues facing the province and globally?
- Other questions that have been raised in the course and are of interest to you or the group.

The lead student will post a brief report to the Discussion Forum. Please include your own reflections and interpretation on the interview not just the responses to your questions. This may take a little time to arrange so you will have until Feb. 23rd to post your report. All students should read the posted report and comment on their experience or perceptions.

The managers are Darryl Johnson, Department of Health and Community Services, Confederation Building (729-3422); Sharon Metcalfe, Holyrood (229-1576), Pat Murray, Gander (651- 6260), Brian Moores, Corner Brook (637-5000 ext 5419)

Week VIII: AIR Quality and Indoor Environments

Facilitator: **Catherine Donovan**

Industrialization has dramatically changed air quality over the last century. The impact of air pollution on human health has been well documented particularly in urban environments. Air pollution has been associated with climate change and consequently ecosystem change which is having an impact on the distribution of infectious and chronic diseases.

In northern countries much of the time is spent indoors. Building techniques designed to save energy, aging infrastructure, crowding and risk behaviours such as smoking contribute to indoor air pollution and a growing environmental health problem. Safe, accessible housing is a worldwide concern.

Objectives

1. To understand the key agents associated with outdoor and indoor air pollution.
2. To recognise the impact of air pollution and climate change on human health.
3. To recognise common health complaints related to indoor air pollution.
4. To discuss energy production and its implications for air pollution.
5. To become familiar with key monitoring and management techniques related to air quality.
6. To discuss evolving strategies to address outdoor and indoor air pollution.
7. To discuss the requirements for safe housing.
8. To become familiar with air quality legislation.

Format

Review of required readings , completion of activity, online discussion and Q&A

Activity

Indoor air quality has been a particular concern for schools in this province, critically discuss key measurements used to assess indoor air quality, address concerns that are reflected in these measures and suggest realistic measures to address these concerns. Comment on an example that you are aware of related to indoor air quality, it may be one you became aware of through the media or one you have had experience with, ensure that you have adequate information to describe the problem. What do you think is the role of public health in addressing indoor air quality? Post your response to the discussion forum.

Required Readings

1. Higenkamp K., Environmental Health: Ecological Perspectives, Jones and Bartlett, 2007,Ch.8, 11, 15.
2. Makri A., Stilianskis N.I., Vulnerability to air pollution health effects, Int. J. Hyg. Environ. Health, 2008, 211:326-36. (E-Journal) (Get Link)
3. Szyszkowicz M., Ambient air pollution and daily emergency department visits for asthma in Edmonton, Canada, Int. J., Occ. Med. Environ. Health, 2008, 21(1):25-30. (E-Journal) (Get Link)
4. Last J.M., Housing and health, p.1-7, Ch. 51 in Part III Environmental Health, Maxy Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008). (Get Link)
5. Wang BL. Et al., Symptoms definitions for SBS (sick building syndrome) in residential dwellings, Int. J. Hyg. Environ. Health, 2008, 211:114-120. (E-Journal) (Get Link)
6. Etzel R.A., Indoor and outdoor air pollution: Tobacco smoke, moulds and diseases in infants and children, Int. J. Hyg. Environ. Health 207, 611-16. (Get Link)
7. Pollution and Air Quality, The Lung Association, http://www.lung.ca/protect-protegez/pollution-pollution/outdoor-exterior/pollutants-polluants_e.php .
8. Heart & Stroke Foundation of Canada, 2008 Report Card http://www.heartandstroke.com/site/apps/nlnet/content2.aspx?c=ikIQLcMWJtE&b=4955951&ct=4974269

Additional Readings

1. Air Quality Index, Department of Environment and Conservation, Government of Newfoundland and Labrador, http://www.env.gov.nl.ca/env/env_protection/science/aqhi.html
2. Cohen A., Outdoor air pollution and lung cancer, Environ. Health Perspectives, 2000,108(4):743-49.
3. Gauderman W.J., Air Pollution and Children An unhealthy mix, N.Engl.J.Med, 2006 3555(1):78-79.
4. Szyszkowicz M., Air pollution and emergency department visits for ischemic heart disease in Montreal, Canada, Int. J., Occ. Med. Environ. Health, 2007 20(2): 167-74.
5. Shin et. Al. , A temporal, multicity model to estimate the effects of short-term exposure to ambient air pollution on health, Environ. Health Perspectives, Sept.2008,116(9):1147-53.
6. Hansel et. al., A longitudinal study of indoor nitrogen dioxide levels and respiratory symptoms in inner-city children with asthma, Environ, Health Perspectives, Oct. 2008, 116(10): 1428-32.
7. Howden-Chapman P. et al., Effects of improved home heating on asthma in community dwelling children: randomised control trial, BMJ Sept.2008, 337; a1411.
8. Hutter et al. Health complaints and annoyances after moving into a new office building: A

multidisciplinary approach including analysis of questionnaires, air and house dust samples, Int. J. Hyg. Environ. Health, 2006, 209:65-68.

9. Edvardson et. Al., Medical and social prognosis of non-specific building-related symptoms (Sick Building Syndrome): a follow-up study of patients previously referred to hospital, Int. Arch. Occup. Environ Health 2008, 81:805-12.

Week IX: Energy & Radiation

Facilitator: Catherine Donovan

Radiation, in the form of naturally occurring materials such as radon or manmade contaminants as produced in diagnostic radiation, has long been a public health concern. New issues are arising around electromagnetic waves, light waves and UV radiation. Microwaves and cell phones are a growing cause of concern for the public. In many of these areas the evidence of health impact is unclear and more evidence is required to draw cause and effect relationships.

Objectives

1. To become familiar with terms and definitions related to radiation.
2. To describe health effects associated with various forms of radiation impacts.
3. To discuss the significance of various forms of radiation and their potential impact.
4. To discuss interventions to minimize exposure to radiation.

Format

Review of required readings, completion of activities, online discussion and Q&A.

Activity

Recently a school council in Ontario banned wireless networks in its elementary school. Reports are providing conflicting information about such things as wireless and cell phones Many consider this overreaction others think we should be applying the precautionary principle. View this Marketplace video.
Part 1 http://www.youtube.com/watch?v=Fqe3brHrCSM&feature=related
&
Part 2 http://www.youtube.com/watch?v=GpIHbxa4bZw&feature=related

Critically comment on the content using the knowledge you have acquires so far, discuss the evidence presented, consider the impact of this kind of information on health considering the impact it will have on individuals and the population. Post your comments on the discussion forum.

Required Reading

1. Higenkamp K., Environmental Health: Ecological Perspective, Jones and Bartlett, 2007, Ch. 12, 11 (200-205), 14 (278-280).

2. Upton A.C., Ionizing Radiation, p.1-7 Ch.35, in Part III Environmental Health, Maxy Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008). (Get Link)

3. Frank A.L., Nonionizing Radiation, p.1-14, Ch. 36 in Part III Environmental Health, Maxy Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008). (Get Link)

Additional Readings

1. Otto M., von Muhlendahl K.E., Electromagnetic fields(EMF): Do they play a role in children's health (CEH)?, Int. J. Hyg. Environ. Health, 2007, 210: 635-44.

2. Samet J.M., Eradze G.R., Radon and Lung Cancer Risk: taking stock at the millennium, Environ. Health Perspectives, Aug. 2000, 108(S4):635-41.

3. Jauchem J.R., Effects of low-level radio frequency (3kHz to 300GHz) energy on human cardiovascular, reproductive, immune and other systems: A review of the recent literature, Int. J. Hyg. Environ. Health, 2008 211:1-29.

4. Vanderstraeten J., Verschaeve L. Gene and protein expression following exposure to radiofrequency fields from mobile phones, Environ. Health Perspectives, Sept. 2008, 116(9):1131-35.

Week X: Occupational Health

Facilitator: Catherine Donovan

The work environment is a potential source of physical, chemical and biological hazards. It is also an environment that has been subject to significant controls through workplace occupational programs, hazard analysis and legislation.

Objectives

1. To identify key workplace hazards and give examples of physical, chemical and biological hazards .
2. To identify the health effects of these hazards.
3. To discuss occupations of greatest risk for workplace hazards.
4. To become familiar with legislation related to Occupational Health & Safety.
5. To discuss significant features of workplace health & safety programs.

Format

Review of required readings, completion of activities, online discussion and Q&A

Activity

Give an example of an Occupational Health and Safety policy, program or legislation in a jurisdiction of your choosing (organization, workplace, municipality, province, etc.) or one that you have had experience with. Identify its key features and comment on its effectiveness. Post your answer to the Discussion Forum.

Required Readings

1. Higenkamp K., Environmental Health: Ecological Perspectives, Jones and Bartlett, 2007, Ch.17.
2. Occupational Health and Safety, Dept. of Government Services, Government of NL., http://www.gs.gov.nl.ca/ohs/ .
3. Herrick R. F., Industrial Hygiene P.1-11, Ch.39 in Part III Environmental Health, Maxy Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008). (Get Link)
4. Bingham E., Monforton, Occupational Safety and Health Standards p.1-7 in Part III Environmental Health, Maxy Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008). (Get Link)

Additional Readings

1. Lombardo L.J., BalmesJ.R., Occupational Asthma: A review, Environ. Health Perspectives, 108 (S4):697- 704.
2. Korpi et al.,Controlling occupational allergies in the workplace, Int. J. of Occ. Medicine Environ. Health, 2007, 20(2): 107-116.
3. Arcury T.A., Quandt S.A., McCauley L., Farmworkers and pesticides: Community based research, Environ. Health Perspectives, Aug., 2000, 108(8):787-792.

Week XI : Environment and Vulnerable Populations

Facilitator: Catherine Donovan

Existing health, economic and social disparities worsen adverse health consequences due to environmental changes. Gender, age, ethnic background, socioeconomic status, habitation and other social factors make some sub-populations more vulnerable because of potential exposures, burden of disease, and coping mechanisms or adaptation. These determinants of environmental health are often neglected in larger policy discussions and decisions.

Objectives

1. To define and identify vulnerable populations with respect to environmental health issues.
2. To assess vulnerability including potential exposures and the burden of disease due to environmental factors
3. To identify coping mechanisms and sustainable strategies

Activity

Review the Attaran editorial in the CMAJ. Ensuring that you keep in mind the Quebec and Canadian governments rationale for not supporting the ban on asbestos, comment on the issue using the 3 objectives for this session.

Required Readings

1. Key Questions in the Millennium Ecosystem Assessment, **How have ecosystem changes affected well being and poverty alleviation?**, Encyclopedia of Earth, p22-34 (can be accessed through the Books and Reports Heading, page numbers may vary depending on your viewer so look for the specific question) http://www.eoearth.org/article/Ecosystems_and_Human_Well-being_Synthesis~_Key_Questions_in_the_Millennium_Ecosystem_Assessment ,
2. Environmental and Workplace Health: Vulnerable Populations. http://www.hc-sc.gc.ca/ewh-semt/contaminants/vulnerable/index-eng.php
3. Bartlett, S., Children— a large and vulnerable population in the context of climate change, 2009, UNFPA. http://www.unfpa.org/webdav/site/global/users/schensul/public/CCPD/papers/Bartlett%20Paper.pdf
4. Health and Environment Linkages Initiative, WHO, Environment and health in developing countries, http://www.who.int/heli/risks/ehindevcoun/en
5. Wilkinson R.G., Pickett K.E., DeVogli R., Equality, sustainability and quality of life, BMJ, Nov.,2010; 341c5816 (Get Link)
6. Masuda, J.R., Zupancic, T., Poland, B., Cole, D.C., Environmental health and vulnerable populations in Canada: mapping an integrated equity-focused research agenda, The Canadian Geographer, 2008, 52(4): 427–450. (Get Link)
7. Attaran A., Boyd D., Stanbrook M.B., Asbestosis mortality: A Canadian export, CMAJ, Oct. 21,2008, 179(9):871-2 (Get Link)

Additional Readings

1. Reid, C.E., O'Neill, M.S., Gronlund, C.J., Brines, S.J., Brown, D.G., Diez-Roux, A.V., and Schwartz, J., Mapping Community Determinants of Heat Vulnerability, Environmental Health Perspectives, 2009, 117(11): 1730-1736
2. McMichael, A.J., Friel, S., Nyong A., and Corvalan, C., Global environmental change and health: impacts, inequalities, and the health sector, Br Med J, 2008, 336:191-194. doi:10.1136/bmj.39392.473727.AD
3. Timothy J Downs, Laurie Ross, Danielle Mucciarone, Maria-Camila Calvache, Octavia Taylor, Robert Goble, Participatory testing and reporting in an environmental-justice community of Worcester, Massachusetts: a pilot project, Environmental Health, 2010, 9:34
4. Masuda, J.R., Poland, B., and Baxter, J., Reaching for environmental health justice: Canadian experiences for a comprehensive research, policy and advocacy agenda in health promotion, Health Promotion International, 2010, doi:10.1093/heapro/daq041
5. The Mining Watch – Canada, http://www.miningwatch.ca/The Center for Health, Environment and Justice http://www.chej.org/
6. Massey, R., Environmental Justice: Income, Race, and Health, Global Development And Environment Institute, Tufts University, MA., http://www.e3network.org/teaching/Massey_Environmental_Justice.pdf
7. Smith et al. Effect of reduction in household air pollution on childhood pneumonia in Guatemala (RESPIRE):a randomized controlled trial, www.thelancet.com, Nov. 12,2011, 378: 1717-26, http://www.sciencedirect.com/science/article/pii/S0140673611609215

Week XII: Issues in Environmental Health, a debate

(plus course review)

Facilitator: Catherine Donovan

The environment is a not only a concern for public health practitioners but a growing concern for the public. While in the context of public health services there are important programming concerns related to risk assessment, legislation, organization and management there are many as yet ill defined issues that are of great interest. Environment related health problems are often the source of much controversy and a significant challenge for those working in the public health sector. Clusters of cancer or reproductive problems are frequent concerns and public health workers need to be prepared to respond to these concerns with an appreciation of the varied perspectives that may be involved in the controversy.

Objectives

1. To provide an opportunity to discuss current environmental issues.
2. To apply the knowledge acquired during the course to the analysis of an environmental health issue and to share this analysis with colleagues.
3. To critically review evidence on an emerging environmental health issue.
4. To demonstrate an ability to communicate information related to a controversial environmental health issue.

Format

Environment related health problems are often the source of much controversy and a significant challenge for those working in the public health sector. Clusters of cancer or reproductive problems are frequent concerns and public health workers need to be prepared to respond to these concerns with an appreciation of the varied perspectives that are involved in the controversy. You will debate 1-3 issues (depending on class size), topics will be provided early in the semester along with team and topic assignment. Two teams will debate each issue with one team supporting the statement and the other providing a contrary point of view. The teams must provide evidence to support their assigned perspective. Student teams will prepare a 15-25 minute (depending on number of issues for debate) presentation outlining the evidence that **supports** their perspective (the rebuttal is the time to counter your opponents arguments not in your original presentation, only present the evidence that supports your position at this point) with 5 to 10 minutes for questions of clarification. After both teams present they will then have 5-10 minutes to counter the evidence or comments presented in the other team's presentation. (The debate will then be open for general discussion among all participants. The audience (other students and faculty) will be invited to vote to choose the winning team for each debate. The vote will not have any bearing on the grade given for the presentation. Please provide a copy of any presentation materials you use.

The presentation will be via Eluminate Live and will occur on April 6, 10AM -1PM.

Evaluation of the debate will be based on the following guidelines (adapted from the work of Dr. Diana Gustafason):

91-100 *Demonstrates outstanding comprehension and synthesis of material as well as highly sophisticated analytical and critical thinking; Points are always clearly articulated and easy to follow. Presentation is clear, comprehensive and concise. Precise, accurate, thoughtful responses to questions and promotes a superior level of discussion.*

85-90 *Demonstrates superior understanding of material as well as sophisticated analytical and critical thinking; Points are clearly articulated and easy to follow. Presentation is clear, comprehensive and concise. Accurate and thoughtful responses to questions and promotes a high quality level of discussion.*

75-84 *Demonstrates familiarity with the material as well as some evidence of critical thinking; Points are generally well articulated.. Presentation is clear and well organized, Is able to respond well to most questions and promotes a good quality discussion.*

65-74 *Demonstrates basic familiarity with the material; points are raised but not developed or supported; or provides a solid summary of material but little analysis or reflection. Presentation covers main points Demonstrates some difficulty responding to questions. Impedes critical discussion.*

0-64 *Demonstrates minimal or poor familiarity with material; analysis is absent, simplistic or unsupported; Points are poorly articulated; Provides only crude summary of material; Little evidence of preparation; Demonstrates significant difficulty responding to questions. Detracts from or disrupts critical discussion.*

Course Review

I t is time to summarize some lessons learned during the last semester and to offer an opportunity to answer outstanding questions or to discuss issues of interest.

It is also an opportunity to review your personal learning objectives for the course. Have they been met? Are there some left to be achieved? Do you have new learning objectives? How can these be met after the course is finished?

We are interested in your feedback on how well the course has met your learning needs. Your input will assist us in enhancing the learning of those who follow. What were the strengths of the course? What were the limitations? How can the strengths be enhanced and the limitations managed more effectively?

Objectives

1. To review the key concepts and principles presented in the course.
2. To provide an opportunity to answer any lingering questions.
3. To assess whether or not the course met its objectives.
4. To identify the strengths and limitations of the course.
5. To provide recommendations for future courses.

Format

You should do a 1-2 page Reflection Paper focusing on what you have learned in the course, whether or not you feel your learning objectives have been met and any suggestions you may have for ways to improve the course. Deposit your paper in the online Drop Box by end of day on April 13.

You are also welcome to post comments or suggestions to the online discussion forum, your colleagues may share your perspective and wish to reinforce your suggestions.

Week XIII: Take Home Examination

Final Examination

This will be a take home, short answer examination. This will be a time limited activity. It is expected that you complete the exam independently without any help from colleagues. The examination will be emailed to you on April 10 at 10 AM and your completed response must be placed in the D2L dropbox by 10 AM on April 11. (The date can be adjusted with the agreement of all students.)

MED 6723 - Health Promotion: As a reflexive practice on health
Winter 2012

Instructor: **Martha Traverso-Yepez, PhD**

Time: January 10 – April 10, 2012
Tuesday 1:00 – 4:00 p.m. (from Jan 10th to Jan 31st)
Tuesday 2:00 – 5:00 p.m. (from Feb 7th to April 10th)

Location: Computer Lab B, H2860, H2862, Lecture Theatre B (Please keep handy a copy of the Course Content and Schedule to know where to go)

Office Hours: Mondays from 4 to 5 pm the first four weeks
Mondays from 12.45 to 1.45 pm the rest of the term
Please contact the instructor to make an appointment at any other time of the week. E-mail: mtraverso@mun.ca

Office Site: Community Health and Humanities – Room H2830-B
Tel: 777-8584

Please access D2L (www.online.mun.ca) for week planning, announcements, messaging and discussion.

A. Course Description and Prerequisite:

This course is designed to provide a broad understanding of health and health promotion at the individual, small group, community, and societal levels. The course considers the diverse range of meanings associated with health and health promotion, and the complex issues that arise from various definitions of health. The course also reflects an ecological perspective of health, in which the social, political, material, spiritual, mental and physical dimensions are considered not only as related, but also interdependent.

The course comprises five core components: 1) introduction to health promotion development and practice; 2) the determinants of health and health inequalities; 3) the complex dynamic of power relations and empowerment and the importance of healthy public policy, 4) health promotion or promotion of health: the importance of reflexivity and of adopting a "dialogical" stance in health promoting practices; 5) selected topics in health promotion theory and practice: mental health, health literacy, and cross-cultural awareness in a globalized world.

Prerequisite
This is a required course for students enrolled in the Master in Public Health program (Division of Community Health and Humanities – Faculty of Medicine). Students who are not enrolled in the MPH program require the permission of the instructor.

B. Course Objectives

Upon the successful completion of this course you will be able to:

1. Summarize health promotion as an expression of different perspectives, processes, and strategies, and be able to provide evidences of its complexity.
2. Compare and identify evidences of the complex relationship between the social, cultural, material, environmental, and bio-psycho-social influences of health and its promotion between different SES populations.
3. Define the concept of empowerment and formulate concrete ways to operationalize the construct.
4. Appraise the opportunities and deterrents for health promoting practices within the background of the health care system, the ongoing neoliberal economy, the emergence of population health, and the penetration of new information technologies.
5. Formulate necessary skills, competencies, and grounded theory to foster your own development as a promoter of health within your expected academic and professional trajectory.

C. Reading Materials:

Please note that the book below is a required reading and is available at the MUN Bookstore.

- **Laverack, G. (2003). Health promotion practice. Power and empowerment. London: Sage.**

There are required and complementary readings from the books below (on reserve at the library) and from journals and sites available on line and listed in every week's agenda:

- Neill, M; Pederson, A.; Dupéré, S.; Rootman, I. (Ed.) (2007). *Health promotion in Canada: Critical Perspectives* (2nd Edition), Toronto: Canadian Scholars' Press Inc.
- Nutbeam, D., & Harris, E. (2004). *Theory in a nutshell: A practical guide to health promotion theories* (2nd edn.). Toronto: McGraw_Hill.
- Poland, B.D., Green, L.W., & Rootman, I. (2000). Settings for health promotion: Linking theory and practice. Thousand Oaks, CA: Sage.
- Vollman, A.R.; Anderson, E.T.; McFarlane, J. (2008), *Canadian Community as partner, Theory and Multidisciplinary Practice* (2nd edition). Philadelphia: Wolters Kluwer Health.
- Stephens, C. (2008). *Health Promotion. A Psychosocial Approach.* Maidenhead, England: McGraw-Hill Open University Press.
- Wilkinson, R. & Pickett, K. (2010). *The spirit level. Why equality is better for everyone.* London: Penguin Books.

D. Course Format and Activities:

The course will consist of thirteen on campus sessions, supported by the Desire2learn (D2L) online environment. The weekly session will include interactive presentations, small group-discussion, student-led activities and facilitated class discussion driven by required readings. The students will be expected to be actively engaged in the activities both with the instructor and with each other. Specific learning objectives are detailed for

each weekly session. Participation in class is essential and a “safe” place for discussion of course content will be guaranteed. Activities and assignments must be posted in D2L.

It is expected that as a group, we will create a learning community in which we all gain knowledge from the critical review and discussion of the issues under study. For that purpose, it is important for students to assume the responsibility of keeping up with the require readings before the session for which they have been assigned. You will also be requested to sign for a paper presentation at least once during the semester.

E. Course Policies:

Academic Integrity: Please be aware that the University has a policy on academic misconduct, such as plagiarism or submitting the same paper twice, which I support and will enforce. However, academic integrity goes beyond these issues to include a caring concern and commitment in fulfilling the required course tasks and developing an enjoyable, supportive learning community.

F. Assignments and Distribution of Grades:

Students will be evaluated according to the following course requirements:

1. Critical Annotated Bibliography:	10%
2. Mid-term Reflective Journal:	20%
3. Final-term Reflective Journal:	20%
4. Seminar presentation/participation:	10%
5. Paper (Presentation 10% and written version 30%):	40%

General format for all written assignments:

All written assignments should be presented in Microsoft Word, using Times Roman 12 point font; **1.5-space; one inch margins, and please include a header that includes your name, assignment and page number**. **Important considerations:** a) proofread your papers and assignments for spelling, grammar, and coherence; b) don’t forget to include the bibliographic references in the adequate format and the references list at the end; c) marks will be deducted for lateness. Assignments are due at midnight on the specified due date.

1. Critical Annotated Bibliography (10%): Participants are required to critically review one article from the suggested readings for the first class. In addition to a good care of grammar and writing skills, a few things for annotated bibliographies to consider follow below (sort of a checklist). **Maximum one page.**
a) Proper citation and brief author’s background;
b) main focus or purpose of the article clearly acknowledged;
c) following the “3-2-1 Purposeful Reading Strategy,” identify: i. What do you think are the three most central or important concepts in this article? ii. In this article there may be information, ideas, or perspectives that were confusing or about which you need to know more in order to fully understand the article. Identify two of these ideas, facts,

perspectives, which if explained, would help you to understand the article better. iii. If you had an opportunity to chat with the author of the article, what one question might you pose? This is not a question to address any of the areas identified in #2, but rather to extend your understanding or to challenge something the author has said.
d) You may briefly identify the author's writing style (Is the publication organized logically? Are the main points clearly presented? Do you find the text easy to read?), and
e) You can also write down conclusions or observations reached by you (recognizing strengths and weaknesses, including connections you can make with other readings).

2. & 3. Mid-term and Final-term Reflective Journal (25% each): It will comprise a weekly commitment to: 1) a critical review of one required reading from the suggested list as explained in the previous assignment **(maximum one page);** and 2) a critical reflection about the learning process generated by the readings and the participation in the activities for the weekly session **(maximum one page).** Your reflection will demonstrate a degree of understanding of the topic under study focusing on the learning objectives for each session. Here are some prompts to help you in your reflective writing: a) What did I find interesting and/or new in this session? b) What is my reaction to this particular topic or to the objectives or issues covered? c) How can I relate this knowledge to things that I have learnt in the course or in other courses? (when mentioning other authors, please include references) d) How does this knowledge relate to my personal, professional, and academic experiences? You can also include: a) usefulness or relevance of the reading/s to the topic being studied that week; b) special features of the reading/s or activities that were unique or especially helpful to you; c) clarification of what was new and in need of further consultation for you. These prompts are intended as a guide only. You may write about things related to the topics covered in class using the readings, in-class activities, and group discussions as a reference. You may relate the issues discussed in class to current events in mass media. Also, please reflect on your reactions and opinions, and how/why they may have changed (or remained the same) throughout your coursework. It may include any creative expression or connection conveying relevant ideas on the subject matter. **Maximum: 1 page.**

4. Seminar presentation/participation (10%): At least once during the semester each participant will be expected to facilitate class discussion about one required reading for that session highlighted in the Syllabus. Sign up in week one. You will prepare a **one-page copy (maximum)** following the instruction for annotated bibliography to deliver to your colleagues and to the instructor before your presentation. The emphasis here is to facilitate the discussion, bringing two or three questions, issues, or critical material (i.e. related media clippings or previous articles).

5. **Major Paper and presentation (40%):** Towards the end of the second part of the semester, you are expected to select, research, analyze and present a term paper on a specific health promotion issue of interest to you. Questions to guide your research can be: a) What is the relevance of this issue? b) What are the various views and perspectives related to it? c) What are the perspectives of the key stakeholders in the issue? It must include the selection of at least three peer reviewed journal articles and other complementary sources of information.

Once you have your topic, think of the different questions you would like to answer (not limited to the three mentioned above). As soon as you know what you would like to work

on, we can discuss your topic (paper and presentation) as necessary through individual, prescheduled appointments.

Through the individual presentation, students will share with their colleagues the knowledge gained in the assignment. Each student will have a 15 minute presentation of his/her assignment in the last three sessions with 5 additional minutes for questions. It is important to bring a printed outline of the power point presentation including the list of references consulted. Important aspects to consider while preparing your PP presentation: 1) well organized ideas conveying a coherent message; 2) the outline should be presented at the beginning, so your audience knows what you will be talking about; 3) structure your timeline to accomplish your presentation in 15 minutes making sure to highlight the most important points. **(Presentation assignment mark: 10%).**

The written assignment should be a maximum of eight pages in length, 12-point font, **double spaced (except for the references which will be presented single-spaced)**, and standard margins. It should be organized in sub-items to include an introduction, background literature review, the corresponding intervention/research approaches if that is the case, results, and final comments **(Written assignment mark: 30%).**

General Institutional Criteria: Evaluation of assignments will be based on the MUN School of Graduate Studies guidelines enclosed herewith. Students must pass or achieve 65% in EACH component of the course to successfully complete the course.

92 - 100	*Demonstrates outstanding comprehension and synthesis of material as well as highly sophisticated analytical and critical thinking; Points are always clearly articulated and easy to follow. Precise, accurate, thoughtful responses to questions and promotes a superior level of discussion.*
85 - 91	*Demonstrates superior understanding of material as well as sophisticated analytical and critical thinking; Points are clearly articulated and easy to follow. Accurate and thoughtful responses to questions and promotes a high quality level of discussion*
75 - 84	*Demonstrates familiarity with the material as well as some evidence of critical thinking; Points are generally well articulated.. Is able to respond well to most questions and promotes a good quality discussion*
65 - 74	*Demonstrates basic familiarity with the material; points are raised but not developed or supported; or provides a solid summary of material but little analysis or reflection. Demonstrates some difficulty responding to questions. Impedes critical discussion.*
0 - 64	*Demonstrates minimal or poor familiarity with material; analysis is absent, simplistic or unsupported; Points are poorly articulated; Provides only crude summary of material; Little evidence of preparation; Demonstrates significant difficulty responding to questions. Detracts from or disrupts critical discussion.*

E. Course Content and Schedule

Week	Topic	Activities/Assignments/Students' reading/facilitation
Jan 10 1-4 pm Comp. Lab B	Introduction to the theory and practice of health promotion. Critical thinking and deepening the social analysis.	Introductions. Agenda setting. Interactive presentation and activities.
Jan 17 1-4 pm Comp. Lab B	Milestones in health promotion: Key national and international documents	Interactive presentation and activities. Seven conferences summaries. **Submission of Annotated bibliography Monday Jan 16th midnight.** Student facilitation: 2
Jan 24 1-4 pm Comp. Lab B	The Intersection of Health Promotion and Population Health in the Canadian context.	Interactive presentation and activities. Students' facilitation: 2
Jan 31 1-4 pm Comp. Lab B	Different perspectives and approaches in health promotion.	Interactive presentation and activities. Student facilitation: 2
Feb 7 2-5 pm H2860	Health promotion in context: from lifestyles to the social determinants of heath.	Interactive presentation and activities. Student facilitation: 2
Feb 14 2-5 pm H2860	Exploring social determinants of health and health inequalities. Policy and practical implications.	Interactive presentation and activities. Student facilitation: 2
Feb 21	**Mid-term break.**	**Hand in mid-term reflective journal on February 21st Tuesday midnight**
Feb 28 2-5 pm H2862	Power and empowerment: the complex dynamic of power relations in health promotion.	Interactive presentation and activities. Student facilitation: 2
Mar 6 2-5 pm Lecture Theat. B	Power and empowerment: community perspectives	Interactive presentation and activities. Student facilitation: 2
Mar 13 2-5 pm H2860	Power and empowerment: The settings approach and reorientation of health services.	Interactive presentation and activities. Student facilitation: 2
Mar 20 2-5 pm H2860	Health promotion or the promotion of health: defining values for health promotion research and intervention practices.	Interactive presentation and activities. Student facilitation: 2 **Hand in final reflective journal on March 25th Sunday midnight**

Mar 27 2-5 pm H2860	Special topics in health promotion: mental health promotion.	Guest speaker Students' presentations and discussion.
April 3 2-5 pm H2860	Special topics in health promotion: Health literacy and cultural awareness in a globalized world.	Guest speaker Students' presentation and discussion
April 10 2-5 pm H2860	**Final presentations - Course wrap-up and evaluation -**	**Hand in final assignment on Monday, April 16th midnight**

Week I: Introduction to the theory and practice of health promotion.

Health promotion is primarily about facilitating the socio-environmental space for people to develop awareness and caring attitudes toward their health, other people's health, and the health of their social environment. However, what we mean by 'health' does not have a straight forward connotation, even though it significantly influences the way we approach health promotion and its strategies.

Learning objectives

1. Discuss the different meanings of health obtained through classical research articles.
2. Critically examine the difficulties for defining health and examine their implications for health promotion.
3. Generate a working definition of health promotion and identify key health promotion values underpinning official health promotion documents.

Recommended readings:

D'Houtaud, A.; Field, M.G. (1984). The image of health: variations in perceptions by social class in a French population. *Sociology of Health and Illness.* V.6 (1). http://onlinelibrary.wiley.com/doi/10.1111/1467-9566.ep10777358/abstract

Stephens, C. (2008). *Health Promotion. A Psychosocial Approach.* Maidenhead: McGraw-Hill Open University Press. Chapter I: Health and health promotion as social practice, p. 5-20.

Complementary Readings:

Neill, M; Pederson, A.; Dupéré, S.; Rootman, I. (Ed.) (2007). Health promotion in Canada: Critical Perspectives (2nd Edition), Toronto: Canadian Scholars' Press Inc. (Chapter 1 – Introduction)

Nutbeam, D. (1998). Health promotion glossary. *Health Promotion International, 13*(4), 349. Retrieved from http://search.ebscohost.com.qe2a-proxy.mun.ca/login.aspx?direct=true&db=aph&AN=4484476&site=ehost-live&scope=site

Radley, A. (1994). *Making sense of illness: The social psychology of health and disease*. Thousand Oaks, CA US: Sage Publications, Inc. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=1995-97766-000&site=ehost-live&scope=site (Chapter 3 "Ideas about Health and Staying Healthy")

Roberts, Wayne (2010). Off balance – Time to realign – social policy is more critical than lifestyle when it comes to health. Journal article available at: HTTP://WWW.NOWTORONTO.COM/NEWS/STORY.CFM?CONTENT=178580 which has access to Health Council of Canada (2010) Report: **From Stepping It Up:** Moving The Focus From Health Care In Canada To A Healthier Canada

Website: Health Promotion – Public Health Agency of Canada: http://www.phac-aspc.gc.ca/hp-ps/index-eng.php

Week II: Milestones in health promotion: Key national and international documents.

This session will focus on a critical revision of national and international milestones in health promotion theory development and practices. We will cover national documents: **1974:** Lalonde Report; **1986:** Epp Report, Achieving Health for All: A Framework for Health Promotion; and international documents: **1986:** 1st International Conference on Health Promotion: "Ottawa Charter for Health Promotion"; **1988:** 2nd International Conference on Health Promotion: "The Adelaide recommendations: Healthy public policy"; **1991:** 3rd International Conference on Health Promotion: "The Sundsvall statement on supportive environments for health"; **1997:** 4th International Conference on Health Promotion: "The Jakarta declaration on health promotion" (alliances); **2000:** The 5th Global Conference on Health Promotion: Bridging the Equity Gap (Mexico); **2005:** The 6th Global Conference on Health Promotion in a Globalized World (Bangkok, Thailand); **2009:** The 7th Global Conference on Health Promotion: Promoting Health and development: closing the implementation gap (Nairobi, Kenya).

Learning objectives:

- To identify and compare the main commitments from key documents in Canadian health promotion.
- To contrast the traditional biomedical concept of health with the perspective advanced by the Lalonde Report, the Epp Report and other health promotion documents.
- To identify key commitments of each international conference.
- To appraise the evolution of focus throughout the seven global conferences and discuss the kind of challenges they pose.

Required Readings:

Epp, J. (1986). Achieving health for all: A framework for health promotion. *Canadian Journal of Public Health, 77*(6), 393-424. Retrieved from http://heapro.oxfordjournals.org/content/1/4/419.full.pdf

Lalonde, M. (1974). A New Perspective on the Health of Canadians (pp. 11-18; 31-34, 63-72). Ottawa: Health and Welfare Canada. http://www.hc-sc.gc.ca/hcs-sss/alt_formats/hpb-dgps/pdf/pubs/1974-lalonde/lalonde-eng.pdf

Poland, B. (2007). Health promotion in Canada: Perspectives and future prospects. *RBPS (Revista Brasileira em Promoção da Saúde).* 20(1): 3-11. http://www.unifor.br/notitia/file/1231.pdf

WHO, Global Conferences on Health Promotion: http://www.who.int/healthpromotion/conferences/en/index.html

Complementary Readings:

Canadian Public Health Association. (1996). *Action statement for health promotion in canada.* Canadian Public Health Association. http://www.cpha.ca/en/programs/policy/action.aspx

Health Canada (1997). *Health promotion in Canada: A case study.* http://www.phac-aspc.gc.ca/ph-sp/pdf/hprpt-eng.pdf

Labonté, R. (1994). Death of a Program, Birth of Metaphor. The Development of Health Promotion in Canada. In Pederson, A.; Neill, M.; Rootman, I. (Ed.) (1994). *Health promotion in Canada.* Toronto: H.B. Saunders Canada.

Week III: The Intersection of Health Promotion and Population Health

This session will explore the different ways that terms such as health promotion and population health have been approached and mediated by contested connotations in the Canadian context. The focus will be on the particular development of health promotion ideas in Canada. In response to growing debate and tension, Hamilton and Bhatti (1996) offer an integrated model of population health and health promotion.

Learning Objectives:

- To summarize the particular evolution of health promotion ideas in Canada.
- To identify the coincidences and differences between health promotion and population health approaches.
- Identify some of the critical points about the population health approach
- To examine ways of intervention using Hamilton and Bhatti's integrated model of a "population health promotion approach".

Required Readings

Hamilton, N.; Bhatti,T. (1996). *Population Health Promotion: An integrated model of population health and health promotion.* Ottawa: Health Canada. Available: http://www.phac-aspc.gc.ca/ph-sp/php-psp/index-eng.php and http://www.phac-aspc.gc.ca/ph-sp/php-psp/php3-eng.php

Kindig, D.; Stoddart, G. (2003). What is Population Health? *American Journal of Public Health,* 93(3), pp.380-383. Available: http://www.ajph.org/cgi/reprint/93/3/380

Labonté, R., M. Polanyi, N. Muhajarine, T. McIntosh & A. Williams. (2005). Beyond the divides: Towards critical population health research.. Critical Public Health, 15(1): 5-17.

Complementary Readings

Coburn, D., & Poland, B. (1995). The CIAR vision of the determinants of health: A critique. *Canadian Journal of Public Health,* 87(5), 308-310. http://www.ncbi.nlm.nih.gov/pubmed/8972964

Federal/Provincial/Territorial Advisory Committee on Population Health. (1994). Strategies for population health, investing in the health of Canadians. Ottawa: Health Canada.

Jackson, S. F. (2007). Health promotion in Canada: 1986 - 2006. *Promotion & Education, 14*(214), 214-218. http://www.ncbi.nlm.nih.gov/pubmed/18372871

Labonté, R. (1995). Population Health and Health Promotion: What Do they have to say to each other? *Canadian Journal of Public Health,* 86 (3): 165-68 http://www.frcentre.net/library/AchievingHealthForAll.pdf

Robertson, A. (1998). Shifting Discourses on Health in Canada: From Health Promotion to Population Health. *Health Promotion International,* 13, 155-166.

Vollman, A.R. (2008). Population Health Promotion: Essentials and Essence of Practice. In: A.R. Vollman; E.T.Anderson; J. McFarlane, *Canadian Community as partner, Theory and Multidisciplinary Practice* (2nd edition). Philadelphia: Wolters Kluwer Health, pp.2-25.

Website:

Population Health in Action:
http://www.ssdha.nshealth.ca/Workbook%20November%202005.pdf

Week IV: Different perspectives and approaches in health promotion.

Health promotion interventions are an important component of the public health approach usually guided by theories coming from the behavioral and social sciences (psychology, sociology, anthropology, management, consumer behavior and marketing), which are generally referred to as theoretical frameworks or models based on epistemological and political orientations.

Learning Objectives:

- To compare background principles and perspectives permeating the most important health promotion frameworks and strategies.
- To illustrate some of the major health promotion strategies focused on individuals and behavioral changes: a) health education, b) health communication.
- Other approaches focusing on the interaction between individuals and their broader social and economic context will be discussed in the following units.

Required Readings:

Nutbeam, D. & Harris, E. (2002). Theory in a nutshell: A guide to health promotion theory. Toronto: McGraw Hill. (Chapter 2: "Theories on health behaviour and health behaviour change: individual characteristics," **Chapter 5: "Models for change in organizations and for the creation of health-supportive organizational practice**").

Eakin, J., Robertson, A. Poland, B; Coburn, D.; Edwards; R. (1996) Towards a critical social science perspective on health promotion research. *Health Promotion International*11 (2): 157-165. http://heapro.oxfordjournals.org/content/11/2/157.short

Health Promotion - PHAC site: http://www.phac-aspc.gc.ca/hp-ps/index-eng.php

Complementary Readings

CPHA (1996) Action Statement for Health Promotion in Canada http://www.cpha.ca/en/programs/policy/action.aspx

Health Canada. (2002). Promoting health in Canada: An overview of recent developments & initiatives. www.hc-sc.gc.ca/hppb/phdd/promoting.html

Macdonald, G; Bunton, R. (2002), Health Promotion: Disciplinary Developments. In: R. Bunton; G. Macdonald (eds). London: Routledge (2nd edition), pp. 9-27.

Pluye, P., Potvin, L., & Denis, J. (2004). Making public health programs last: Conceptualizing sustainability. *Evaluation & Program Planning, 27*(2), 121-133. Retrieved from http://www.abrasco.org.br/GTs/GT%20Promocao/Making%20Public%20Health.pdf

Additional Complementary readings:

Go Healthy Newfoundland and Labrador, Achieving Health and Wellness: Provincial Wellness Plan for Newfoundland and Labrador, (Phase 1:2006-2008) www.gov.nl.ca/health/publications ; www.gohealthy.ca

Government of Newfoundland and Labrador, Department of Health and Community Services. (2002). Healthier together: a strategic plan for Newfoundland and Labrador. St. John's, NL: Author. http://www.gov.nf.ca/health/strategichealthplan/

Week V: Health Promotion in context: from lifestyles to the social determinants of health.

This session is an introduction to the relationship between living conditions and health, showing the limits of the lifestyle approach and the need to think health within the broader social, economic, and political background. Through Laverack's three faces of health promotion, we will review the different ways to develop health promotion interventions, and review a framework of health determinants to explain their implication for an empowering health promotion practice.

Learning Objectives:

- To explain the relevance of the socio-environmental context and living conditions for health and well-being.
- To discuss the complex, mediated relationships between "social determinants" and health inequities.
- To understand the health implications of economic and social policies, as well as the benefits that investing in healthy policies can bring.

Required Readings:

Felitti, V.J. et al. (1998).Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. The Adverse Childhood Experiences (ACE) Study. Am J Prev Med 1998; 14(4). Available at: http://www.ncbi.nlm.nih.gov/pubmed/9635069

Laverack, G. (2003). Health promotion practice. Power and empowerment. London: Sage (Chapter 1 and Chapter 2).

Wilkinson, R. & Pickett, K. (2010). *The spirit level. Why equality is better for everyone.* London: Penguin Books (Chapter 1: "The end of an era" and Chapter 3: "How inequality gets under the skin")

Complementary Readings:

Raphael, D., & Bryant, T. (2006). Maintaining population health in a period of welfare state decline: Political economy as the missing dimension in health promotion theory and practice. *Promotion & Education, 13*(4), 236-242. Available: http://www.louisvilleky.gov/NR/rdonlyres/829AAEBD-B26C-418B-8383-0957318BB491/0/MaintainingPopulationHealth.pdf

Roberts, W. (2011) Time to realign – social policy is more critical than lifestyle when it comes to health. *Now Magazine,* Retrieved from http://www.nowtoronto.com/news/story.cfm?content=178580

Robertson, A. (1999). Health Promotion and the Common Good: Theoretical Considerations. *Critical Public Health*, 9, 117-133. http://www.tandfonline.com/doi/abs/10.1080/09581599908402925

Vanderplaat, M. (2002). Emancipatory Politics and Health Promotion Practice: The Health Professional as Social Activist. In: L.E.Young; V.Hayes. Transforming Health Promotion Practice. Concepts, Issues and Applications. Philadelphia: F.A.Davis Company, pp.87-98.

Week VI: Exploring 'social determinants' of health and health inequalities: Policy and practical implications.

The field of "social determinants of health" is becoming more relevant everywhere in the world to inform and support the health policy making process. It is concerned with broad social, economical and cultural aspects permeating people's lives and their environments, influencing their living conditions and health. This session will address the gross inequalities in health within and between countries. It will also address the social determinants of health in Canada. The societal relations and complex mediators influencing health and health systems will be discussed and their importance will be acknowledged.

Learning objectives:

- To critically examine the root causes of social inequalities and the complex ways these inequalities affect people's social and health status.
- To discuss health promotion or the promotion of health as a social and political activity, while addressing the underlying social determinants of disease.
- To identify the main social determinants of health and their interdependencies.

Required readings:

Paula A. Braveman, MD, MPH, Susan A. Egerter, PhD, Robin E. Mockenhaupt, PhD, MBA (2011). Broadening the Focus: The Need to Address the Social Determinants of Health. Am J Prev Med 2011;40(1S1):S4–S18

Raphael, D. (2003). Addressing the Social Determinants of Health in Canada: Bridging the Gap between Research Findings and Public Policy. *Policy Options, March,* pp.35-40. Available at: http://www.irpp.org/po/archive/mar03/raphael.pdf

Wilkinson, R.G. & Marmot (Eds.). (2003). Social Determinants of Health. The Solid Facts. (2nd ed.). Geneva: WHO. http://www.euro.who.int/document/e81384.pdf

Complementary readings

Blakely, T. (2008). Iconography and commission on the social determinants of health (and health inequity). *Journal of Epidemiology and Community Health, 62*(12), 1018-1020. http://jech.bmj.com/content/62/12/1018.full

Graham, H. (2004). Social determinants and their unequal distribution: clarifying policy understandings. The Milbank Quarterly, 82(1): 101-124. (available on-line). http://www.ncbi.nlm.nih.gov/pubmed/15016245

Marmot, M. (2005). Social determinants of health inequalities. *The Lancet* , Volume 365, Issue 9464: 1099 -1104. At: http://www.ncbi.nlm.nih.gov/pubmed/15781105

Marmot, M., Ryff, C.D., Bumpass, L.L., Shipley, M. and Marks, N.F. (1997). Social Inequalities in Health: Next questions and converging evidence. *Soc.Sci.Med.* Vol. 44, No.6, pp.901-910. http://www.sciencedirect.com/science/article/pii/S0277953696001943

Mikkonen, J. & Raphael, D. (2010). *Social Determinants of Health: The Canadian Facts.* Toronto: York University. Free download at: http://thecanadianfacts.org

Schulz, A. J., Krieger, J., & Galea, S. (2002). Addressing social determinants of health: Community-based participatory approaches to research and practice. *Health Education & Behavior: The Official Publication of the Society for Public Health Education, 29*(3), 287-295. http://heb.sagepub.com/content/29/3/287.refs

Week VII: Power and empowerment: The complex dynamic of power relations in health promotion.

We will be reflecting on how power relations work and explore the different meanings and practices of power. The relevance of understanding how power permeates every relationship in society will allow the discussion around how power relations can be transformed, extending the discussion of power and empowerment from a critical perspective.

Learning objectives:

- To understand the tensions that power relations create and to examine the influence that external context can place on these power relations, particularly the political, economic and socio-ideological context.
- To discuss the complex expression of power relations in everyday health practices.
- To define and discuss the concept of empowerment as a central feature of health promotion.
- To identify key differences between top-down and bottom-up approaches and their expression in health promotion programming.

Required readings:

Laverack, G. (2004). Power Transformation and Health Promotion Practice. Power and Empowerment. London: Sage (especially Chapters 3, 4**, 5, 6, and 7)**

Laverack, G., & Labonte, R. (2000). A planning framework for community empowerment goals within health promotion. *Health Policy and Planning, 15*(3), 255-262.

Williams, L. (2008). Developing Personal Skills: Empowerment. In: A.R. Vollman; E.T.Anderson; J. McFarlane, *Canadian Community as partner, Theory and Multidisciplinary Practice* (2nd edition). Philadelphia: Wolters Kluwer Health, pp.94-112.

Complementary readings:

Laverack, G. (2006). Improving Health Outcomes through Community Empowerment: A review of the literature. *Journal of Health Population Nutrition.* 24 (1): 113-120.

Morgan, M.A. & Lifshay, J. (2006) Community Engagement in Public Health. California: Contra Costa Health Services Publication. http://www.cchealth.org/groups/public_health/publications.php

Mittelmark, M. B. (2001). Promoting social responsibility for health: Health impact assessment and healthy public policy at the community level. *Health Promotion International, 16*(3), 269-274. Retrieved from http://search.ebscohost.com.qe2a-proxy.mun.ca/login.aspx?direct=true&db=aph&AN=25643383&site=ehost-live&scope=site

Williams, L., Labonte, R., & O'Brien, M. (2003). Empowering social action through narratives of identity and culture. *Health Promotion International, 18*(1).

Vanderplaat, M. (2002). Emancipatory Politics and Health Promotion Practice: The Health Professional as Social Activist. In: L.E.Young; V.Hayes. Transforming Health Promotion Practice. Concepts, Issues and Applications. Philadelphia: F.A.Davis Company, pp.87-98.

Week VIII: Power and empowerment: community perspectives

The power relations within communities and broader system levels will be examined. Although often expressed as non-contested, reified concepts, empowerment, community, and community participation can have different connotations. A deeper exploration of these connotations will allow us to reflect more critically about our roles as health facilitators in the different communities of practice where we participate.

Learning objectives:

- To critically reflect on the term community.
- To describe elements of community action, community development, public participation, collaborations and partnerships.
- To understand the roles of partnerships, and inter-sectoral collaborations in population health promotion.
- To identify some of the challenges posed by community approaches: research and intervention

Required Readings

McKnight, J.L. (1987). Regenerating Community. *Social Policy.* 17(3), pp.54-58 http://www.cpn.org/topics/community/regenerating.html . Another version available at: http://www.abcdinstitute.org/docs/abcd/regenerating.pdf

Scott, C.M.; MacKean, G.L. (2008). Strengthening Community Action: Public Participation and Partnerships for Health. In: A.R. Vollman; E.T.Anderson; J. McFarlane, *Canadian Community as partner, Theory and Multidisciplinary Practice* (2nd edition). Philadelphia: Wolters Kluwer Health, pp.113-137.

Stephens, C. (2007). Participation in different fields of practice: Using social theory to understand participation in community health promotion. *Journal of Health Psychology, 12*(6), 949-960.

Complementary readings:

Minkler, M., Fadem, P., Perry, M., Blum, K., Moore, L., & Rogers, J. (2002). Ethical dilemmas in participatory action research: A case study from the disability community. *Health Education & Behavior, 29*(1), 14-29. Retrieved from http://search.ebscohost.com.qe2a-proxy.mun.ca/login.aspx?direct=true&db=c8h&AN=2002037943&site=ehost-live&scope=site

Public Health Agency of Canada (2007). *Crossing Sectors: Experiences in Intersectoral Action, Public Policy and Health.* Prepared by the PHAC in collaboration with the Health Systems Knowledge Network of the World Health Organization's Commission on Social Determinants of Health and Regional Network for Equity in Health in East and Southern Africa (EQUINET). Available at: http://www.phac-aspc.gc.ca/publicat/2007/cro-sec/index_e.html. (Chapters 3 to 8).

Walter, CH.L. (2007). Community Building Practice. A Conceptual Framework. In: M. Minkler (Ed.), Community Organizing and Community Building for Health. (2nd Edition). New Brunswick: Rutgers University Press, pp.66-78.

Week IX: Power and Empowerment: The settings approach and reorientation of health services.

In this session we will discuss the relevance of the settings approach for planning and implementing health promotion programs. However, we will also consider the central role that health promotion has within health services and practices. We will briefly consider the kind of programs likely to be implemented in institutions such as schools, workplaces, and health services. We will also ponder the complexity of issues and challenges for meeting expectations.

Learning objectives

- To be aware of settings as an ecological framework in health promotion.
- To outline potential issues in the implementation of the settings approach (e.g. power relations, organizational structures, formal and informal politics) at different institutions: schools, worksite, and health care system.
- To identify the principles of primary health care and understand the role of health promotion and prevention approaches within the traditional biomedical model and in a reformed system.

Required Readings:

Fownes, L.; Vollman, A.R. (2008). Reorienting Health Services. In: A.R. Vollman; E.T.Anderson; J. McFarlane, *Canadian Community as partner, Theory and Multidisciplinary Practice* (2nd edition). Philadelphia: Wolters Kluwer Health, pp.148-163.

Green, L., Poland, B.D., Rootman, I. (2000). The Settings Approach to Health Promotion. In B.D.Poland, L.W.Green, I. Rootman (Ed.), *Settings for Health Promotion. Linking Theory and Practice.* Thousand Oaks, Sage, (Chapter 1. "A Settings Approach to Health Promotion," pp.1-43 and Chapter 9. "Reflections on Settings for Health Promotion," pp.341-351).

Complementary Readings:

Lavis, J.N., Sullivan, T.J. (2000). The State as a Setting. In B.D.Poland, L.W.Green, I. Rootman (Ed.), *Settings for Health Promotion. Linking Theory and Practice.* Thousand Oaks, Sage, pp.308-340.

Soubhi, H.; Potving, L. (2000). Homes and Families as Health Promotion Settings. In B.D.Poland, L.W.Green, I. Rootman (Ed.), *Settings for Health Promotion. Linking Theory and Practice.* Thousand Oaks, Sage, pp.44-85.

Parcel, G.S., Kelder, S.H.; Basen-Engquist, K. (2000) The School as a Setting for Health Promotion. In B.D.Poland, L.W.Green, I. Rootman (Ed.), *Settings for Health Promotion. Linking Theory and Practice.* Thousand Oaks, Sage, pp.86-137.

Polanyi, M.F.D. et al. (2000). Promoting the Determinants of Good Health in the Workplace. In B.D.Poland, L.W.Green, I. Rootman (Ed.), *Settings for Health Promotion. Linking Theory and Practice.* Thousand Oaks, Sage, pp.138-174.

Johnson, J.L. (2000). The Health Care Institution as a Setting for Health Promotion. In B.D.Poland, L.W.Green, I. Rootman (Ed.), *Settings for Health Promotion. Linking Theory and Practice.* Thousand Oaks, Sage, pp.175-216.

Week X: **Health promotion or the promotion of health: Defining values for health promotion research and intervention practices**

In this session, we will consider ontological, epistemological and methodological issues about health promotion research and intervention practices. We will also reflect on the "dialogical" nature of social relationships, as well as on the relational responsibility of health promotion practices. Concepts such as "caring," "open dialogue," and "responsible connectedness" will be developed to highlight the significance of assertive relationships in the health field.

Learning objectives:

- To identify values and underlying theoretical assumptions governing our research and intervention practices.
- To summarize the need for a paradigm shift - from prediction and control to dialogue and horizontal communication.
- To explain why health promoting practices are always relational and the need for "a health promoting relational way of being."

Required readings:

O'Neill, M & Stirling, A. (2007). The Promotion of Health or Health promotion. In O'Neill, M.; Pederson, A. Dupére, S.; Rootman, I. *Health Promotion in Canada. Critical Persperspectives (2nd Edition).*Toronto: Canadian Scholars' Press.

Hartrick, G. (2002). Beyond Interpersonal Communication: The Significance of Relationship in Health Promoting Practice. In: L.E.Young; V.Hayes. Transforming Health Promotion Practice. Concepts, Issues and Applications. Philadelphia: F.A.Davis Company, pp.49-58.

Riikonen, E. (1999). Inspiring Dialogues and Relational Responsibility. In: S.McNamee; K.J.Gergen (Eds.) *Relational Responsibility. Resources for Sustainable Dialogue.* Thousands Oaks: Sage, pp. 139-149.

Complementary readings:

Korp, P. (2006). Health on the internet: Implications for health promotion. *Health Education Research, 21*(1), 78-86. http://her.oxfordjournals.org/content/21/1/78.full

Buchanan, D. R. (2006). A new ethic for health promotion: Reflections on a philosophy of health education for the 21st century. *Health Education & Behavior, 33*(3), 290. Retrieved from http://search.ebscohost.com.qe2a-proxy.mun.ca/login.aspx?direct=true&db=c8h&AN=2009192265&site=ehost-live&scope=site

Eriksson, M.,. (2008). A salutogenic interpretation of the Ottawa Charter. *Health Promotion International, 23*(2), 190-199. http://mun-resolver.asin-risa.ca/?genre=article&volume=23&issue=2&spage=190&epage=199&issn=0957-4824&date=2008-06-01&aulast=Eriksson,+Monica&title=Health+Promotion+International&atitle=A+salutogenic+interpretation+of+the+Ottawa+Charter.

Simpson, K., & Freeman, R. (2004). Critical health promotion and education--a new research challenge. *Health Education Research, 19*(3), 340-348.

Week XI: Special topics in health promotion: Mental health promotion

Mental health promotion is conceived as "the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health." Fostering supportive environments and individual resilience are key strategies, as well as emphasizing the importance of equity, social justice, interconnections and personal dignity.

Learning Objectives:

- To generate a working definition of mental health promotion as an approach that can be implemented in different ways to deal with everyday challenges.
- To identify and discuss particular situations (life transitions, crisis events, chronic situations, disability/disorder) or settings (family, schools, recreational facilities, work places, residential and health care) that can be stressful and lead to vulnerability and mental health issues.
- To critically examine how mental health promotion efforts can be implemented in ways relevant to the people they are designed to serve.

Required Readings:

McDonald, G. (2006). What is Mental Health. In Cattan, M.; Tilford, S. (Ed). *Mental Health Promotion. A Lifespan Approach.* Berkshire (England): Open University Press/McGraw-Hill, p.8-32 (Available in the Internet for MUN Library users)

Promotion and Education. International Journal of Health Promotion and Education published in 2005 a special supplement named The Evidence of Mental Health Promotion Effectiveness: Strategies for Action. Available at: http://www.gencat.net/salut/imhpa/Du32/html/en/dir1663/Dd12975/iuhpe_special_edition_no2.pdf

Willinsky, C.; Pape, B. (2008). Mental Health Promotion. In: L.E.Young; V.Hayes. Transforming Health Promotion Practice. Concepts, Issues and Applications. Philadelphia: F.A.Davis Company, pp.162-173.

Complementary Readings:

Austen, P. (2006). Community Capacity Building and Mobilization in Youth Mental Health Promotion. The Story of the Community of West Carleton. Health Canada. Available at: http://www.phac-aspc.gc.ca/mh-sm/mhp-psm/pub/community-communautaires/pdf/comm-cap-build-mobil-youth.pdf.

Herrman, H., Saxena, S. Moodie, R. (2005). *Promoting mental health: concepts, emerging evidence, practice /* Geneva: World Health Organization in collaboration with the Victorian Health Promotion Foundation (University of Melbourne).

Week XII: Health literacy and cultural awareness in a globalized world

Cultural awareness or cultural competency includes not only the possession of cultural communication skills, but also being sensitive and respectful of different cultural perspectives. The term also refers to an ongoing commitment or institutionalization of appropriate practice and policies for diverse populations. It is a matter of rights and social justice, and particularly in the health environment, cultural awareness implies having respect for every person's idiosyncrasies.

Learning objectives:

1. To illustrate the relevance and challenges of health literacy, cultural awareness and integrated knowledge translation for health promotion.
2. To outline different techniques for a culturally competent intervention practice.
3. To explain how cultural competency can reduce health disparities.
4. To understand the dynamic of global market forces and the ways they influence local social circumstances and population health.

Required Readings

Brach, C.; Fraserirector, I. (2000). Can Cultural Competency Reduce Racial and Ethnic Health Disparities. A Review and Conceptual Model. *Medical Care Research and Review*, 57 Supplement 1, pp.181-217. Available at: http://cretscmhd.psych.ucla.edu/healthfair/PDF%20articles%20for%20fact%20sheet%20linking/Can_Cultural_Comp_Reduce_Disparities.pdf

Racher, F.E.; Annis, R.C. Honouring Culture and Diversity in Community Practice. In: A.R. Vollman; E.T.Anderson; J. McFarlane, *Canadian Community as partner, Theory and Multidisciplinary Practice* (2nd edition). Philadelphia: Wolters Kluwer Health, pp.164-189.

Razack, M. (2007). Promoting skill-building in cultural competence: A must for paediatricians who care for socially vulnerable populations. Paediatr.Child Health Vol.12, No.8, pp.657-659.

Complementary Readings

Bergsma, L. J. (2004). Empowerment education: The link between media literacy and health promotion. *American Behavioral Scientist, 48*(2), 152-164. doi:10.1177/0002764204267259

Kreuter, M. W., Lukwago, S. N., Bucholtz, D. C., Clark, E. M., & Sanders-Thompson, V. (2003). Achieving cultural appropriateness in health promotion programs: Targeted and tailored approaches. *Health Education & Behavior, 30*(2), 133-146. Retrieved from http://search.ebscohost.com.qe2a-proxy.mun.ca/login.aspx?direct=true&db=c8h&AN=2003090567&site=ehost-live&scope=site

Labonte, R., Feather, J., & Hills, M. (1999). A story/dialogue method for health promotion knowledge development and evaluation. *Health Education Research, 14*(1), 39-50. doi:10.1093/her/14.1.39.

Labonte, R., & Schrecker, T. (2006). Globalization and social determinants of health: Analytic and strategic review paper (part 1 to 3).*Globalization and Health* 2007, **3**:5, 3:6 and 3:7, respectively,
http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1924848&blobtype=pdf
http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1919362&blobtype=pdf
http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1924503&blobtype=pdf

MED6724: Communicable Disease Prevention and Control
(In class Course)

Coordinator: Atanu Sarkar

Lecture: 9th September – 9th Dec, 2011

Location: H2767

Lecture Hours: 9.30AM – 12.30AM

Contact: 777-2360 or atanu.sarkar@med.mun.ca

Course Description

Communicable disease prevention and control is a core function of public health. Indeed, cutting-edge health technologies, such as wide spectrum anti-microbials and vaccines significantly reduced the burden of fatal and chronic debilitating communicable diseases across the nation. However, growing evidences of anti-microbial resistance, resurgence of old communicable diseases, emergence of new communicable diseases, globalization and rising inequity have posed major threats to prevention and control of communicable diseases. This course is designed to provide current understanding of communicable diseases in the context of public health and the principles and practices of their prevention and control, including basic skills and knowledge in outbreak investigation, critical evaluation of control measures and surveillance. This regular course is based on class room activities including lectures, student presentation, discussions and group activities.

Course Objectives

At the successful completion of this course, you will:

1. Understand the communicable disease process;
2. Appreciate the epidemiological basis for incidence, prevalence, prevention and control of communicable diseases;
3. Know the key principles, practices and systems related to communicable disease surveillance;
4. Know how to conduct an outbreak investigation and action;
5. Understand the principles and practices of immunization;
6. Recognize the key features of an effective communicable disease prevention and control program;
7. Be familiar with key relationships in the communicable disease control process from primary care to the World Health Organization;
8. Identify emerging communicable disease issues and their prevention and control;
9. Be aware of travelers' health, particularly the communicable diseases;

Resources

Below are some general resources of value in addressing Communicable Disease Prevention and Control. Specific articles, chapters etc. will be referenced in each topic area if required. Many readings are available on-line through the **www** or through internet access from HSC Library. Some material will be placed on reserve. It is expected that you review **required readings** each week. **Additional readings** provide more in-depth information or will increase student's familiarity with sources and resources available to address communicable disease issues.

1. Heyman, D.L., Ed, Control of Communicable Diseases Manual, 19th Edition. American Public Health Association, Washington, D.C., 2008. (Recommended to purchase)

2. Wallace/Maxcy-Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008), Part II Communicable Diseases. (EBook available through HSC Library) (most frequently referred resource)

3. Primer on Population Health - A virtual textbook on Public Health concepts for clinicians. The Association of Faculties of Medicine of Canada (AFMC). http://phprimer.afmc.ca/inner/primer_contents

4. Shah, C.P. Public Health and Preventive Medicine in Canada (5th Ed.). Elsevier, Toronto, (2003). (On Reserve)

5. Pencheon D. et al. Ed. Oxford Handbook of Public Health Practice, Oxford University Press, Oxford, 2001

6. Report of the Committee on Infectious Diseases (26th Ed.), (Red Book) American Academy of Pediatrics, Elk Grove Village, Ill., 2006. (available in HSC library)

7. Last J., A Dictionary of Epidemiology 4th ed., Oxford University Press, Toronto, 2001.
   OR
   Porta M., A Dictionary of Epidemiology 5th ed., Oxford University Press, 2008.

8. Canadian Immunization Guide, 2006. Ottawa Public Health Agency of Canada (PHAC), 2006 http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

9. Canadian STD Guidelines, Ottawa Public Health Agency of Canada, http://www.phac-aspc.gc.ca/std-mts/sti-its/index-eng.php

10. The Weekly Epidemiological Report, WHO, http://www.who.int/wer/en/

11. Health Canada, Antimicrobial Resistance Keeping it in the Box, 2003, http://www.hc-sc.gc.ca/sr-sr/pubs/hpr-rpms/bull/2003-6-antimicrob/method-eng.php

Course Format/Activities

The course objectives will be achieved primarily through lectures, discussion, individual and group activities. Students are expected to study all the required readings. The textbook and other required readings and lecture notes will be the primary sources of information for this course. The students must do the required readings to ensure success in this course and they are expected to actively participate in general discussion.

Normally each week, will include:

1. Faculty lecture followed by a general discussion (50 minutes).
2. A small group activity, either discussion or debate. Each group will be provided with topic along with supportive information, including data, maps, figure, videos, pictures and questions to discuss. (Normally 25-50 minutes)
3. Student presentation of a peer reviewed research article. Beginning in the 2nd week, one or two students (depending upon total number of students enrolled in the regular course) will make a presentation of a peer reviewed research article on the week's topic. The schedule for the presenters will be decided on the 1st week. Each assigned student will be given the research paper one week prior to his/her presentation. The same paper will be distributed to the rest of the class. (25-50 minutes including questions)
4. Several sessions will have a guest lecture (50 minutes)

Note: Durations of group activity and student presentation/s of peer reviewed research article/s are flexible and these are dependent on arrangement of guest lecture and number of student's presentation/s.

Evaluation of Student Performance

Written, group and oral activities will give you the opportunity to demonstrate an understanding of basic principles and concepts of Communicable Disease Prevention and Control. Assignment of letter grades will be in accordance with the MUN School of Graduate Studies guidelines. Students must achieve a passing mark **(65%)** to successfully complete the course.

1. Class participation 10%
2. Article presentation 15%
3. Out break session 10%
4. Research paper (written) 30%
5. Research paper (presentation) 15%
6. Take home examination 20%

Class participation: Each student will actively participate in discussions; after faculty and guest lectures, group activities, and presentations of research article and research papers.

Article Review: Each student will be assigned one article which they will review and present to the class. The review should include a descriptive summary and critical assessment of the article. The article will be selected from the list of 'Additional Readings'. Each presenter will have a total of 20 minutes for the presentation and 5 minutes for questions.

Outbreak Session: Students will be provided with a case scenario related to an outbreak of a communicable disease and they will use the principles, concepts and processes learned in the course to address specific questions related to the outbreak. Students will be expected to demonstrate their good understanding of the key elements of investigation of an outbreak and the subsequent steps in control.

Research Paper (presentation): Students will make short presentations of their research papers in Week 13 (9th December). Duration of the activity (each presenter): 15 minutes (10 minutes presentation + 5 minutes discussion). All students will be asked to peer review the presentations and provide written feedback, however only the faculty assessment will be included in the grade.

Research Paper (written): A list of research topics will be given and each student will select one. A comprehensive and critical review of the topic is expected (max 3500 words). The assignment is due December 16, 2011.

Take Home Examination: In week 13 (9th December), a list of short answer questions will be given to students. The deadline for submission of answers is 16th December. The questions will cover wide range of topics from the previous sessions, however, emphasis will given to concept, critical analysis and rational statement.

Evaluation criteria for Research paper presentation and written assignment are attached as Annex I and Annex II

Weekly Outline

Date	Topic	Facilitator
Wk I Sept. 09 ,2011	Introduction to Communicable Disease Prevention and Control.	Atanu Sarkar
Wk II, Sept.16, 2011	Infectious Disease Process	Atanu Sarkar
Wk III, Sept.23, 2011	Principles of Immunization	Atanu Sarkar
Wk IV, Sept.30, 2011	Common Agents of Communicable Diseases: Vaccine Preventable Diseases	Atanu Sarkar
Wk V, Oct. 07, 2011	Common Agents of Communicable Diseases: Enteric Infections, Vector-Borne Diseases, Zoonosis	Atanu Sarkar
Wk VI, Oct. 14, 2011	Common Agents of Communicable Diseases: Sexually Transmitted Infections	Atanu Sarkar
Wk VII, Oct. 21, 2011	Common Agents of Communicable Diseases: Tuberculosis	Atanu Sarkar
Wk VIII, Oct. 28, 2011	Travellers Health	Atanu Sarkar
Wk IX, Nov. 04, 2011	Emerging Issues in Communicable Diseases	Atanu Sarkar
Wk X , Nov. 18, 2011	Communicable Disease Prevention and Control Programs	Atanu Sarkar
Wk XI, Nov. 25, 2011	Surveillance for Communicable Diseases	Atanu Sarkar
Wk XII, Dec. 02, 2011	Outbreak Investigation	Atanu Sarkar
Wk XIII, Dec. 09, 2011	Research Paper Presentation,	Atanu Sarkar
Wk XIV, Dec. 16, 2011	Submission of Take Home Exam and Final Research Paper	Atanu Sarkar

Week I: Introduction to Communicable Disease Prevention and Control

Facilitator: Atanu Sarkar

This session will provide an overview of the course including: a discussion of the course format; expectations of students; evaluation methods and a discussion of resource materials. It will also introduce the topic of Communicable Disease and its importance relative to Public Health.

Objectives

1. To provide an overview of the course, course objectives, course format, student and faculty responsibilities, and student evaluation tools.
2. To describe the required and recommended resources and how they may be accessed.
3. To create an appreciation of Communicable Diseases and their relevance to Public Health.
4. To introduce the key definitions related to Communicable Diseases, Prevention and Control including: prevalence, incidence, epidemic, endemic, pandemic, pathogenicity, virulence, spectrum of disease.

Activities

1. Introduction to the course and its overview
2. Faculty lecture on key definitions of Communicable Diseases
3. Audio-visual, followed by group discussion
4. Distribution of list of topics for individual research papers
5. Selection of literature for review and schedule

Required Readings

1. Course Syllabus (available on D2L).
2. Glossary. Provides definitions and terms which may be used throughout the course. (Available on D2L).
3. Wnenzel R.P. Control of Communicable Diseases (Ch. 8) ***Overview***, in Wallace/Maxcy-Roseneau-Last, Public Health & Preventive Medicine, 15th edition (2008), (*EBook available through HSC Library*) Get Link
4. Fisman D. N., Laupland K. B. The sounds of silence: Public goods, externalities and the value of infectious disease control programs, Can. J. Infect. Dis Med Microbiol, 20(2) Summer 2009: 39-41. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2706405/pdf/jidmm20039.pdf
5. http://www.youtube.com/watch?v=agNeCFqYdQk&feature=related (not finalized)

Week II: Infectious Disease Process

Facilitator: Atanu Sarkar

This session introduces the Infectious Disease Process which is the framework for understanding infectious diseases in the community. This broad approach provides a wide range of prevention and control options. The course has focused on biological and dynamic features of infectious diseases, including social, behavioral and biological determinants of infectious disease emergence, transmission, pathogenesis and immunity.

Objectives

1. To be able to explain and give an example of the following terms: agent, host, and environment.
2. To list and describe the various aspects of the six (6) components of the Infectious Disease Process (Chain of Infection).
3. To understand epidemiological features and population health factors that influences the incidence and prevalence of communicable diseases.

Activities

1. Faculty lecture
2. Group discussion
3. Article review and discussion

Required Readings

1. Ostroff SM. Control of Communicable Diseases (Ch. 8) ***Emerging Microbial Threats to Health and Security***, in Wallace/Maxcy-Roseneau-Last, Public Health & Preventive Medicine, 15th edition (2008), (*EBook available through HSC Library*) Get Link
2. Principles of Epidemiology. Self-Study Course 3030-G, Manual 1. Atlanta, 1988:5-12. http://www2a.cdc.gov/phtn/catalog/pdf-file/epi_intro_1.pdf **(available on D2L)**
3. Giesecke J. Modern Infectious Disease Epidemiology (2nd Ed). Arnold, London (Ch 1: What is special about infectious disease epidemiology? pp 3-8, Ch 2: Definition pp 9-20) **(available in HSC library)**

Additional Readings

1. Teschke K, et al. 2010. Water and sewage systems, socio-demographics, and duration of residence associated with endemic intestinal infectious diseases: a cohort study. BMC Public Health. 16;10:767. [doi:10.1186/1471-2458-10-767] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3022849/pdf/1471-2458-10-767.pdf
2. O'Riordan S, et al. 2010. Risk factors and outcomes among children admitted to hospital with pandemic H1N1 influenza. CMAJ. 182(1):39-44. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2802603/pdf/1820039.pdf
3. John TJ, et al. 2011. Continuing challenge of infectious diseases in India. Lancet. Jan 15;377(9761):252-69.
4. Rodrigues LC, et al. 2011. Leprosy now: epidemiology, progress, challenges, and research gaps. Lancet Infect Dis. Jun;11(6):464-70.

Week III: Principles of Immunization

Facilitator: Atanu Sarkar

Immunization is one of the most cost effective public health interventions of all time and has had a profound impact on health and longevity. In spite of its impact, immunization has also been a source of much controversy, as more products for more diseases become available and fears rise about adverse reactions.

Objectives

1. To learn the basic concepts of immunization.
2. To understand the vaccine development process.
3. To become familiar with current recommendations for routine immunization and recommendations for special groups.
4. To learn common adverse effects and contraindications of immunization.
5. To become familiar with vaccine handling and adverse event reporting requirements.
6. To learn about new vaccines and current controversies.

Activities

1. Faculty lecture
2. Group discussion (*any current issue – hard immunity)*
3. Article review and discussion

Guest speaker (Ms. Gillian Butler Canadian Nursing Coalition for Immunization (CNCI) role of national advisory committee, (709) 729-0115)

Required Readings

1. Canadian Immunization Guide. 6th edition. Ottawa. Health and Welfare Canada, 2006. http://www.phac-aspc.gc.ca/publicat/cig-gci/index.html., pp. 3-56, 59–89, 93-106.
2. Shah, C.P. Public Health and Preventive Medicine in Canada (5th Ed.). Elsevier, Toronto, 2003: 259-265

Additional Readings

1. Larson HJ, et al. 2011. Addressing the vaccine confidence gap. Lancet. Jun 9.
2. Duclos P, et al. 2011. Establishing global policy recommendations: the role of the Strategic Advisory Group of Experts on immunization. Expert Rev Vaccines. Feb;10(2):163-73. http://www.expert-reviews.com/doi/pdf/10.1586/erv.10.171
3. Elbe S. 2010. Haggling over viruses: the downside risks of securitizing infectious disease. Health Policy Plan. Nov;25(6):476-85.
4. Bryson M, et al. 2010. A global look at national Immunization Technical Advisory Groups. Vaccine. Apr 19;28 Suppl 1:A13-7.

Week IV: Common Agents of Communicable Diseases: Vaccine Preventable Diseases

Facilitator: Atanu Sarkar

There are some infectious agents that dominate prevention and control efforts in public health. Historically vaccine preventable diseases have been one of the leading causes of death and disability worldwide. With the development of vaccines many of these diseases have been eliminated in high income countries; however they continue to be a significant public health concern in many middle and lower income countries. In addition emerging diseases and changing patterns of immunity are creating new challenges.

Objectives

1. To recognize common vaccine preventable diseases.
2. To describe these diseases in terms of the Infectious Disease Process.
3. To identify disease trends as well as current issues and controversies related to immunization for these diseases.
4. To describe prevention and control efforts related to vaccine preventable diseases.

Activities

1. Faculty lecture
2. Group discussion
3. Article review and discussion
4. Guest speaker

Required Readings

1. Canadian Immunization Guide. 6th edition. Ottawa. Health and Welfare Canada, 2006. http://www.phac-aspc.gc.ca/publi/cig-gci/index.html.,pp.17-21
2. National Immunization Strategy, 2003. http://www.phac-aspc.gc.ca/publicat/nis-sni-03/index-eng.php
3. Disease Controlled Primarily by Vaccination, (Ch. 9) in Wallace/Maxcy-Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008), Part II Communicable Diseases **(EBook available through HSC Library)** ***Get Link***
4. Shah, C.P. Public Health and Preventive Medicine in Canada (5th Ed.). Elsevier, Toronto, 2003: 259-265

Additional Readings

1. Bassetti M, et al. 2011. Measles outbreak in adults in Italy. Infez Med. Mar 1;19(1):16-9. http://www.infezmed.it/VisualizzaUnArticolo.aspx?Anno=2011&numero=1&ArticoloDaVisualizzare=Vol_19_1_2011_2
2. Dubé E, et al. 2011. A(H1N1) pandemic influenza and its prevention by vaccination: paediatricians' opinions before and after the beginning of the vaccination campaign. BMC Public Health. Feb 22;11:128. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3050752/pdf/1471-2458-11-128.pdf
3. Buick C, et al. 2009. The human papillomavirus vaccine: an oncology nursing issue. Can Oncol Nurs J. Summer; 19(2):60-4.
4. Cudmore SL, et al. 2010. Prevention or treatment: the benefits of Trichomonas vaginalis

vaccine. J Infect Public Health. 3(2):47-53.
http://download.journals.elsevierhealth.com/pdfs/journals/1876-0341/PIIS1876034110000043.pdf

Week V: Common Agents of Communicable Diseases: Enteric Diseases, Vector-Borne Diseases, Zoonosis

Facilitator: Atanu Sarkar

There are some infectious agents that dominate prevention and control efforts in public health. Their prevalence, incidence or impact and their amenability to prevention and control efforts make them important public health issues. Enteric and vector-borne diseases are among the leading causes of death worldwide and are the focus of considerable public health investment. Zoonosis has become of increasing concern as environments change and humanity expands into natural spaces and animal habitats. As animal handling practices change exposure risks change for zoonotic diseases.

Objectives

1. To recognize common agents responsible for the diseases
2. To describe these agents in terms of the Infectious Disease Process.
3. To describe prevention and control efforts related to these diseases.

Activities

1. Faculty lecture
2. Group discussion (*profile of individuals most at risk*)
3. Article review and discussion
4. Guest speaker (Hugh Whitney, provincial vet, whole day CONFIRMED)

Required Readings

1. *Acute Gastrointestinal Infections* (Ch.12), *Diseases Spread by Food and Water* (Ch.13), *Diseases Transmitted Primarily by Arthropod Vectors* (Ch. 15), and *Disease Transmitted Primarily from Animals to Humans* (Ch. 16); in Wallace/Maxcy-Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008), Part II Communicable Diseases (EBook available through HSC Library) Get Link

Additional Readings

1. Cutler SJ, et al. 2010, Public Health threat of New, Reemerging, and Neglected Zoonoses in the Industrialized World, emerging infectious Diseases, January 16 (1): 1-7. http://www.cdc.gov/eid/content/16/1/pdfs/1.pdf
2. Sangare LR, et al. 2011, Patterns of anti-malarial drug treatment among pregnant women in Uganda. Malaria J. 2011 Jun 6;10(1):152. http://www.malariajournal.com/content/pdf/1475-2875-10-152.pdf
3. Li D, et al. 2009. Infectivity of Giardia lamblia cysts obtained from wastewater treated with ultraviolet light. Water Res. Jul;43(12):3037-46. http://www.sciencedirect.com/science/article/pii/S004313540900267X
4. Rosas I, et al. 1984. Bacteriological quality of crops irrigated with wastewater in the Xochimilco plots, Mexico City, Mexico. Appl Environ Microbiol. May;47(5):1074-9. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC240061/pdf/aem00162-0194.pdf

Week VI: Common Agents of Communicable Diseases: Sexually Transmitted Infections

Facilitator: Atanu Sarkar

There are some infectious agents that dominate prevention and control efforts in public health. Sexually transmitted infections (STIs) are responsible for significant morbidity and with the recognition of the magnitude of Hepatitis B infection and the emergence of AIDS, STIs have increasingly impacted morbidity and mortality world wide.

Objectives

1. To recognize common sexually transmitted infections.
2. To describe these STIs in terms of the Infectious Disease Process.
3. To identify prevention and control efforts related to STIs.

Activities

1. Faculty lecture
2. Group discussion
3. Article review and discussion
4. Guest speaker (Sarah MacAulay, Education Coordinator, Planned Parenthood - CONFIRMED) (11.30am-12.30am)

Required Readings

1. Canadian Guidelines on Sexually Transmitted Infections 2006, Public Health Agency of Canada, http://www.phac-aspc.gc.ca/std-mts/sti_2006/pdf_2006-eng.php
2. *Epidemiology and Trends in Sexually Transmitted Diseases* (Ch. 10), in Wallace/Maxcy-Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008), Part II Communicable Diseases, (EBook available through HSC Library) Get Link

Additional Readings

1. Raine TR, et al. 2010. Contraceptive decision-making in sexual relationships: young men's experiences, attitudes and values. Cult Health Sex. May;12(4):373-86. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2854868/pdf/nihms166759.pdf
2. Kamunyori S, et al. 2010. Science-based health innovation in Uganda: creative strategies for applying research to development. BMC Int Health Hum Rights. Dec 13;10 Suppl 1:S5. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3001613/pdf/1472-698X-10-S1-S5.pdf
3. Kigozi NG, et al. 2011. Tuberculosis patients' reasons for, and suggestions to address non-uptake of HIV testing: a cross-sectional study in the Free State Province, South Africa. BMC Health Serv Res. May 20;11:110. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3112395/pdf/1472-6963-11-110.pdf
4. Hoen E, et al. 2011. Driving a decade of change: HIV/AIDS, patents and access to medicines for all. J Int AIDS Soc. Mar 27;14:15. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3078828/pdf/1758-2652-14-15.pdf

Week VII: Common Agents of Communicable Diseases: Tuberculosis

Facilitator: Atanu Sarkar

Tuberculosis (TB), once controlled in developed countries has re-emerged in recent years as an important public health threat as a result of drug resistance and co-infections. Tuberculosis has always been and continues to be an important public health issue in many countries around the world.

Objectives

1. To describe the dynamics and epidemiology of TB.
2. To describe key features of prevention and control of TB

Activities

1. Faculty lecture
2. Group discussion
3. Article review and discussion
4. Guest Speaker (Dr Peter Daley, Faculty of Medicine, CONFIRMED)

Required Readings

1. Canadian Tuberculosis Standards, p1-16 : http://www.phac-aspc.gc.ca/tbpc-latb/pubs/pdf/tbstand07_e.pdf
2. *Tuberculosis* (Ch. 12), in Wallace/Maxcy-Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008), Part II Communicable Diseases, (EBook available through HSC Library) Get Link
3. Public Health Agency of Canada Tuberculosis Prevention and Control, http://www.phac-aspc.gc.ca/tbpc-latb/index.html
4. PAHO. Tuberculosis, II Regional Seminar: Final Report. Washington: PAHO, 1973: 111-3. (available online:D2L)

Additional Readings

1. Alexander PE et al. 2007. The emergence of extensively drug-resistant tuberculosis (TB): TB/HIV coinfection, multidrug-resistant TB and the resulting public health threat from extensively drug-resistant TB, globally and in Canada, Can J Infect Dis Med Microbiol, Sept/Oct. 18(5): 289-91. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2533560/pdf/jidmm18289.pdf
2. Atun R, et al 2008. Resistance to implementing policy change: the case of Ukraine. Bull World Health Organ. 2008 Feb;86(2):147-54. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2647377/pdf/06-034991.pdf
3. Guthmann JP, et al. 2011. Assessing BCG vaccination coverage and incidence of paediatric tuberculosis following two major changes in BCG vaccination policy in France. Euro Surveill. Mar 24;16(12). pii: 19824. http://www.eurosurveillance.org/images/dynamic/EE/V16N12/art19824.pdf
4. Global Tuberculosis Control. (Key findings): http://www.who.int/tb/publications/global_report/2008/download_centre/en/index.html

Week VIII: Travellers Health

Facilitator: Atanu Sarkar

The numbers of overseas visits (other than US) made by the Canadian citizens are now around 6 million per year. According to statistics from the World Tourism Organization, international tourist arrivals worldwide in 2009 were 880 million and it is expected to reach 1.6 billion by 2020. International travel can pose various risks to health, depending upon the changing environment, accommodation, hygiene and sanitation, health needs of the travellers and the type of travel to be undertaken. Transmission of infectious diseases acquired in the travel setting may constitute a risk to the public at home. With the rising number of people travelling, understanding travellers' health has become an essential part of public health.

Objectives

1. To recognize issues in travellers' health
2. To assess the health risks of travellers; country/geography, nature of travel, behavioural, intervention, vulnerable population (age, gender, ethnicity, underlying medical conditions of the travellers etc.)
3. To understand chemoprophylaxis and Immunoprophylaxis, specific to travel
4. To understand the special group of travellers; visiting friends and relatives, health care workers , attending mass gathering (like sports, festivals, religious pilgrimage, emergency relief operation)
5. To describe the risk communication: improving travellers' understanding, priorities, preventive measures, emergency and evacuation
6. To become familiar with international rules on travellers' health

Activities

1. Lecture
2. Group discussion
3. Article review and presentation
4. Guest lecture (Margot Mayo who runs the travel clinic "Jema", CONFIRMED)

Required Readings

1. World Health Organization (WHO), International travel and health http://www.who.int/ith/en/
2. Public Health Agency of Canada (PHAC), Travel Health http://www.phac-aspc.gc.ca/tmp-pmv/
3. Centre for Disease Control (CDC), Travellers Health http://wwwnc.cdc.gov/travel/
4. Ravel A, et al. 2011, Description and burden of travel-related cases caused by enteropathogens reported in a Canadian community. J Travel Med. Jan-Feb;18(1):8-19. [doi: 10.1111/j.1708-8305.2010.00471.x] http://onlinelibrary.wiley.com/doi/10.1111/j.1708-8305.2010.00471.x/pdf

Additional Readings

1. Tolle, M.A. 2010. Evaluating a Sick Child after Travel to Developing Countries. JABFM 23(6): 704-713. http://www.jabfm.org/cgi/reprint/23/6/704
2. Zhang M, Liu Z, He H, Luo L, Wang S, Bu H, Zhou X. 2011. *Knowledge, Attitudes, and*

Practices on Malaria Prevention Among Chinese International Travelers. J Travel Med. 18(3):173-177. [doi: 10.1111/j.1708-8305.2011.00512.x.] http://onlinelibrary.wiley.com/doi/10.1111/j.1708-8305.2011.00512.x/pdf

3. Hudson, T.W., Fortuna, J. 2008. *Overview of Selected Infectious Disease Risks for the Corporate Traveler.* J Occup Environ Med. 50(8): 924-934
4. Sharangpani R, Boulton KE, Wells E, Kim C. 2011. *Attitudes and Behaviors of International Air Travelers Toward Pandemic Influenza.* J Travel Med. 18(3):203-8. [doi: 10.1111/j.1708-8305.2011.00500.x.] http://onlinelibrary.wiley.com/doi/10.1111/j.1708-8305.2011.00500.x/pdf
5. Schmid S, Chiodini P, Legros F, D'Amato S, Schöneberg I, Liu C, Janzon R, Schlagenhauf P. 2009. *The Risk of Malaria in Travelers to India.* J Travel Med. 16(3):194-199. http://onlinelibrary.wiley.com/doi/10.1111/j.1708-8305.2009.00332.x/pdf
6. Seringe E, Thellier M, Fontanet A, Legros F, Bouchaud O, Ancelle T, Kendjo E, Houze S, Le Bras J, Danis M, Durand R; for the French National Reference Center for Imported Malaria Study Group. 2011. *Severe Imported Plasmodium falciparum Malaria, France, 1996-2003.* Emerg Infect Dis. 17(5):807-813. http://www.cdc.gov/eid/content/17/5/pdfs/807.pdf

Week IX: Emerging Issues in Communicable Diseases

Facilitator: Atanu Sarkar

In the mid 20th century there was a sense that humans had achieved supremacy over infectious diseases. The introduction of antibiotics and anti-virals, vaccinations and improved sanitation and nutrition had resulted in significant progress in the control and elimination of some infectious diseases. However the triumph was short lived. Resistance to antibiotics and anti-virals, the emergence of previously unknown diseases, the re-emergence of old diseases, the threat of bioterrorism, the advent of new vaccines, changing environments and sustained economic and health disparities have created new challenges and opportunities in the prevention and control of communicable diseases.

Objectives

1. To recognize emerging and re-emerging issues in the prevention and control of communicable diseases.
2. To apply the principles of the Infectious Disease Process and other knowledge gained in the course to the analysis of an emerging infectious disease or communicable disease prevention and control issue.
3. To have an opportunity to present your findings on an emerging communicable disease issue to your colleagues.

Activities

1. Faculty lecture
2. Group discussion
3. Article review and discussion

Required Readings

1. *Emerging Microbial Threats to Health and Security* (Ch. 8), in Wallace/Maxcy-Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008), Part II Communicable Diseases, (EBook available through HSC Library) Get Link
2. Locally Acquired Dengue – Key west Florida, 2009-2010, MMWR, 59 (19):577-581, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5919a1.htm

Suggested Readings

1. MacPherson DW et al. 2009. Population Mobility, Globalization, and antimicrobial Drug Resistance. Emerging Infectious Diseases, Nov 2009, 15(11): 1727-1731. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2857230/pdf/09-0419_finalP.pdf
2. Zimmer SM. 2009. Historical Perspective – Emergence of Influenza(H1N1) Viruses. N Engl J Med, July 16, 2009, 361(3):279-285 http://www.nejm.org/doi/pdf/10.1056/NEJMra0904322
3. Chugh TD. 2008. Emerging and re-emerging bacterial diseases in India. J Biosci. Nov;33(4):549-55.http://www.ias.ac.in/jbiosci/nov2008/549.pdf
4. Calzolari M, et al. 2010. Evidence of simultaneous circulation of West Nile and Usutu viruses in mosquitoes sampled in Emilia-Romagna region (Italy) in 2009. PLoS One. Dec 15;5(12):e14324. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3002278/pdf/pone.0014324.pdf

Week X: Communicable Disease Prevention and Control Programs

Facilitator: Atanu Sarkar

The purpose of this session is to build on previous sessions discussing key features of communicable disease prevention and control programs.

Objectives

1. To define key features required for control, elimination and eradication of a communicable disease.
2. To understand the application of concepts and principles addressed in previous sessions to a real prevention and control program for communicable diseases.
3. To identify the roles and responsibilities of the various partners in the control of communicable diseases.
4. To recognize key challenges and opportunities in the collaborative process to control communicable diseases.

Activities

1. Faculty lecture
2. Group discussion
3. Article review and discussion
4. Guest speaker *(Cathy O'Keefe , Department of Health and Community Services, Confederation Building cokeefe@gov.nl.ca, 729-5019* CONFIRMED*).*

Required Readings

1. The Principles of Disease Elimination and Eradication, MMWR, Dec. 31, 1999, 48(SU01 http://www.cdc.gov/mmwr/preview/mmwrhtml/su48a7.htm
2. Disease Eradication and Health Systems Development, MMWR, Dec. 31, 1999, 48(SU01), http://www.cdc.gov/mmwr/preview/mmwrhtml/su48a8.htm
3. Annex A Fact Sheets for Candidate Diseases for Elimination or Eradication, MMWR, Dec. 31, 1999, 48(SU01);11-46, http://www.cdc.gov/mmwr/preview/mmwrhtml/su48a26.htm
4. Disease Control & Epidemiology, Dept. of Health & Community Services, Government of NL, http://www.health.gov.nl.ca/health/publichealth/cdc/cdc.html

http://www.cdc.gov/nczved/framework/

Additional Readings

1. Kendal AP, et al. 2010. Influenza pandemic planning and performance in Canada, 2009. Can J Public Health. Nov-Dec;101(6):447-53.
2. Henrich N, et al. 2011. Holmes B. What the Public Was Saying about the H1N1 Vaccine: Perceptions and Issues Discussed in On-Line Comments during the 2009 H1N1 Pandemic. PLoS One. Apr 18;6(4):e18479. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3078916/pdf/pone.0018479.pdf

Week XI: Surveillance for Communicable Diseases

Facilitator: Atanu Sarkar

Planning for prevention and control programs requires a knowledge of disease prevalence. Systematic surveillance is a core function in any disease control program and must be comprehensive and integrated from primary care to local level public health offices to national and international levels.

Objectives

1. To become familiar with core definitions related to surveillance including: active, passive and syndromic surveillance.
2. To identify potential sources of communicable diseases data.
3. To become familiar with existing surveillance systems.
4. To recognize the strengths and weaknesses of surveillance systems.
5. To become familiar with evolving surveillance systems such as Geographic Information Systems (GIS).

Activities

1. Faculty lecture
2. Group discussion
3. Article review and discussion

Required Readings

1. Thacker SB, *Historical Development* in Lee LM, et al. Ed., Principles and Practice of Public Health Surveillance, 3rd ed., Oxford University Press, Toronto, 2010, 1-16 (On Reserve)
2. Teutsch SM. Consideration in Planning a Surveillance System, in Lee LM, et al. Ed., Principles and Practice of Public Health Surveillance, 3rd ed., Oxford University Press, Toronto, 2010, 17-31. (On Reserve))
3. Lombardo JS. et al, Disease Surveillance, a Public Health Priority in Lombardo JS, et al. Ed., Disease Surveillance A Public Health Information Approach, John Wiley & sons, Inc., Hoboken, 2007, 1- 41. **(On Reserve))**
4. PHAC, Surveillance http://www.phac-aspc.gc.ca/surveillance-eng.php
5. Brownstein J.S., Freifeld B.S., Madoff L.C., Digital Disease Detection – Harnessing the Web for Public Health Surveillance, N Eng J Med, May21, 2009, 360(21):2153-2157 http://www.nejm.org/doi/pdf/10.1056/NEJMp0900702

Additional Readings

1. Nsubuga P, et al. 2010. Strengthening public health surveillance and response using the health systems strengthening agenda in developing countries. BMC Public Health. Dec 3;10 Suppl 1:S5.
2. Jesse D. et al. 2010. Rabies surveillance in the United States during 2009. Journal of the American Veterinary Medical Association. September 15, 237(6):646-657 [doi: 10.2460/javma.237.6.646]
3. Ortiz JR, et al. 2009. Strategy to enhance influenza surveillance worldwide. Emerg Infect Dis. Aug;15(8):1271-8. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2815958/pdf/08-1422_finalPR.pdf
4. Kliewer EV, et al. 2010. The Manitoba human papillomavirus vaccine surveillance and

evaluation system. Health Rep. Jun;21(2):37-42. http://www.statcan.gc.ca/pub/82-003-x/2010002/article/11153-eng.pdf

Week XII: Outbreak Investigation

Facilitator: Atanu Sarkar

Outbreak Investigation is one of the most commonly recognized public health functions and is critical to disease control initiatives worldwide. A systematic approach to the investigation ensures that the most effective control measures are implemented in a timely manner.

Objectives

1. To understand the principles of Outbreak Investigation, Management and Control.
2. To recognize key terms in relation to outbreak investigation.
3. To understand basic steps of investigation including data collection, descriptive analysis and construction of an epidemic curve.
4. To understand key features of risk communication.

Activities

1. Faculty lecture
2. Group discussion
3. Article review and discussion
4. *(need more info from walkthrough principles, Cathy D2L refer, check province manual for outbreak and surveillance, disease control manual of Nfld government)*

Required Reading

1. Centers for Disease Control, Investigation of Disease Outbreaks, Principles of Epidemiology, Self-Study Course 3030-6, Manual 6, 2001 Atlanta. (Page 347-386). http://www2a.cdc.gov/phtn/catalog/pdf-file/Epi_course.pdf .
2. PHAC, Strategic Risk Communication Framework, http://www.phac-aspc.gc.ca/publicat/2007/risk-com/index-eng.php
3. Epidemiological Investigation of Outbreak, Manitoba Health – Public Health. http://www.gov.mb.ca/health/publichealth/cdc/protocol/investigation.pdf

Additional Readings

1. Andrews JR, et al. Transmission dynamics and control of cholera in Haiti: an epidemic model. Lancet. 2011 Apr 9;377(9773):1248-55. http://www.sciencedirect.com/science/article/pii/S0140673611602730
2. Wadl M, et al. Measles transmission from an anthroposophic community to the general population, Germany 2008 - Effect of early intervention on size and duration of measles clusters in school and kindergarten settings. BMC Public Health. 2011 Jun 15;11(1):474. http://www.biomedcentral.com/content/pdf/1471-2458-11-474.pdf
3. CDC Working Group, Framework to Evaluating Public health Surveillance Systems for Early Detection of Outbreaks, MMWR May7, 2004/53(RR05);1-11, http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5305a1.htm
4. MacLehose et al., Communicable disease outbreaks involving more than one country: systems approach to evaluating the response, BMJ 2001:323:861-63 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1121395/pdf/861.pdf
5. Lee MB, Greig JD. A review of gastrointestinal outbreaks in schools: effective infection control interventions. J School Health. 2010 Dec;80(12):588-98. [doi: 10.1111/j.1746-1561.2010.00546.x.] http://onlinelibrary.wiley.com/doi/10.1111/j.1746-1561.2010.00546.x/pdf

Week XIII: **Research paper Presentation**

Annex I

MED6724: Communicable Disease Prevention and Control

PRESENTATION EVALUATION

Student Name: ____

Topic: ____

Date: 2011 / ___ / ___

CONTENT OF PRESENTATION **(70%)**

Introduction (incl. title and outline of presentation)	1	2	3	4	5
Ability to quickly communicate essence of topic and stimulate interest	1	2	3	4	5
Clarity, coherence, succinctness	1	2	3	4	5
Evidence in support of arguments	1	2	3	4	5
Organization and structure	2	4	6	8	10
Identification, emphasis and understanding of key issues	2	4	6	8	10
Recommendations	2	4	6	8	10
Conclusion (summary and restatement of key points and findings)	2	4	6	8	10
Responses to audience questions	2	4	6	8	10

PRESENTATION SKILLS (30%)

Visual aids (clarity, readability, support for main points)	2	4	6	8	10
Eye contact / use of notes	1	2	3	4	5
Audience involvement	1	2	3	4	5
Timing, length and pace	2	4	6	8	10

Additional comments: ____

____

____

____

____

TOTAL: ______ %

Annex II

MED6724: Communicable Disease Prevention and Control
Research Paper – Evaluation Form

Student Name: ______________________________

Topic: ____

Criterion	Score
Abstract	___ / 5
Introduction - establishes context, objectives and structure of paper	___ / 5
Description of the Problem	___ / 10
Analytical / Critical Evaluation	___ / 20
Support for Arguments / Accuracy of Information	___ / 10
Recommendations - including justification	___ / 10
Conclusion	___ / 10
Overall structure and clarity	___ / 10
Referencing / Quality of Sources / Research Effort	___ / 10
Length	___ / 10

Total: ______ %

MED6724: Communicable Disease Prevention and Control
(In class Course)

Coordinator: Atanu Sarkar
Lecture: 9th September – 9th Dec, 2011
Location: H2767
Lecture Hours: 9.30AM – 12.30AM
Contact: 777-2360 or atanu.sarkar@med.mun.ca

Course Description

Communicable disease prevention and control is a core function of public health. Indeed, cutting-edge health technologies, such as wide spectrum anti-microbials and vaccines significantly reduced the burden of fatal and chronic debilitating communicable diseases across the nation. However, growing evidences of anti-microbial resistance, resurgence of old communicable diseases, emergence of new communicable diseases, globalization and rising inequity have posed major threats to prevention and control of communicable diseases. This course is designed to provide current understanding of communicable diseases in the context of public health and the principles and practices of their prevention and control, including basic skills and knowledge in outbreak investigation, critical evaluation of control measures and surveillance. This regular course is based on class room activities including lectures, student presentation, discussions and group activities.

Course Objectives

At the successful completion of this course, you will:

1. Understand the communicable disease process;
2. Appreciate the epidemiological basis for incidence, prevalence, prevention and control of communicable diseases;
3. Know the key principles, practices and systems related to communicable disease surveillance;
4. Know how to conduct an outbreak investigation and action;
5. Understand the principles and practices of immunization;
6. Recognize the key features of an effective communicable disease prevention and control program;
7. Be familiar with key relationships in the communicable disease control process from primary care to the World Health Organization;
8. Identify emerging communicable disease issues and their prevention and control;
9. Be aware of travelers' health, particularly the communicable diseases;

Resources

Below are some general resources of value in addressing Communicable Disease Prevention and Control. Specific articles, chapters etc. will be referenced in each topic area if required. Many readings are available on-line through the **www** or through internet access from HSC Library. Some material will be placed on reserve. It is expected that you review **required readings** each week. **Additional readings** provide more in-depth information or will increase student's familiarity with sources and resources available to address communicable disease issues.

1. Heyman, D.L., Ed, Control of Communicable Diseases Manual, 19th Edition. American Public Health Association, Washington, D.C., 2008. (Recommended to purchase)

2. Wallace/Maxcy-Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008), Part II Communicable Diseases. (EBook available through HSC Library) (most frequently referred resource)

3. Primer on Population Health - A virtual textbook on Public Health concepts for clinicians. The Association of Faculties of Medicine of Canada (AFMC). http://phprimer.afmc.ca/inner/primer_contents

4. Shah, C.P. Public Health and Preventive Medicine in Canada (5th Ed.). Elsevier, Toronto, (2003). (On Reserve)

5. Pencheon D. et al. Ed. Oxford Handbook of Public Health Practice, Oxford University Press, Oxford, 2001

6. Report of the Committee on Infectious Diseases (26th Ed.), (Red Book) American Academy of Pediatrics, Elk Grove Village, Ill., 2006. (available in HSC library)

7. Last J., A Dictionary of Epidemiology 4th ed., Oxford University Press, Toronto, 2001.
   OR
   Porta M., A Dictionary of Epidemiology 5th ed., Oxford University Press, 2008.

8. Canadian Immunization Guide, 2006. Ottawa Public Health Agency of Canada (PHAC), 2006 http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

9. Canadian STD Guidelines, Ottawa Public Health Agency of Canada, http://www.phac-aspc.gc.ca/std-mts/sti-its/index-eng.php

10. The Weekly Epidemiological Report, WHO, http://www.who.int/wer/en/

11. Health Canada, Antimicrobial Resistance Keeping it in the Box, 2003, http://www.hc-sc.gc.ca/sr-sr/pubs/hpr-rpms/bull/2003-6-antimicrob/method-eng.php

Course Format/Activities

The course objectives will be achieved primarily through lectures, discussion, individual and group activities. Students are expected to study all the required readings. The textbook and other required readings and lecture notes will be the primary sources of information for this course. The students must do the required readings to ensure success in this course and they are expected to actively participate in general discussion.

Normally each week, will include:

1. Faculty lecture followed by a general discussion (50 minutes).
2. A small group activity, either discussion or debate. Each group will be provided with topic along with supportive information, including data, maps, figure, videos, pictures and questions to discuss. (Normally 25-50 minutes)
3. Student presentation of a peer reviewed research article. Beginning in the 2nd week, one or two students (depending upon total number of students enrolled in the regular course) will make a presentation of a peer reviewed research article on the week's topic. The schedule for the presenters will be decided on the 1st week. Each assigned student will be given the research paper one week prior to his/her presentation. The same paper will be distributed to the rest of the class. (25-50 minutes including questions)
4. Several sessions will have a guest lecture (50 minutes)

Note: Durations of group activity and student presentation/s of peer reviewed research article/s are flexible and these are dependent on arrangement of guest lecture and number of student's presentation/s.

Evaluation of Student Performance

Written, group and oral activities will give you the opportunity to demonstrate an understanding of basic principles and concepts of Communicable Disease Prevention and Control. Assignment of letter grades will be in accordance with the MUN School of Graduate Studies guidelines. Students must achieve a passing mark **(65%)** to successfully complete the course.

1.	Class participation	10%
2.	Article presentation	15%
3.	Out break session	10%
4.	Research paper (written)	30%
5.	Research paper (presentation)	15%
6.	Take home examination	20%

Class participation: Each student will actively participate in discussions; after faculty and guest lectures, group activities, and presentations of research article and research papers.

Article Review: Each student will be assigned one article which they will review and present to the class. The review should include a descriptive summary and critical assessment of the article. The article will be selected from the list of 'Additional Readings'. Each presenter will have a total of 20 minutes for the presentation and 5 minutes for questions.

Outbreak Session: Students will be provided with a case scenario related to an outbreak of a communicable disease and they will use the principles, concepts and processes learned in the course to address specific questions related to the outbreak. Students will be expected to demonstrate their good understanding of the key elements of investigation of an outbreak and the subsequent steps in control.

Research Paper (presentation): Students will make short presentations of their research papers in Week 13 (9th December). Duration of the activity (each presenter): 15 minutes (10 minutes presentation + 5 minutes discussion). All students will be asked to peer review the presentations and provide written feedback, however only the faculty assessment will be included in the grade.

Research Paper (written): A list of research topics will be given and each student will select one. A comprehensive and critical review of the topic is expected (max 3500 words). The assignment is due December 16, 2011.

Take Home Examination: In week 13 (9th December), a list of short answer questions will be given to students. The deadline for submission of answers is 16th December. The questions will cover wide range of topics from the previous sessions, however, emphasis will given to concept, critical analysis and rational statement.

Evaluation criteria for Research paper presentation and written assignment are attached as Annex I and Annex II

Weekly Outline

Date	Topic	Facilitator
Wk I Sept. 09 ,2011	Introduction to Communicable Disease Prevention and Control.	Atanu Sarkar
Wk II, Sept.16, 2011	Infectious Disease Process	Atanu Sarkar
Wk III, Sept.23, 2011	Principles of Immunization	Atanu Sarkar
Wk IV, Sept.30, 2011	Common Agents of Communicable Diseases: Vaccine Preventable Diseases	Atanu Sarkar
Wk V, Oct. 07, 2011	Common Agents of Communicable Diseases: Enteric Infections, Vector-Borne Diseases, Zoonosis	Atanu Sarkar
Wk VI, Oct. 14, 2011	Common Agents of Communicable Diseases: Sexually Transmitted Infections	Atanu Sarkar
Wk VII, Oct. 21, 2011	Common Agents of Communicable Diseases: Tuberculosis	Atanu Sarkar
Wk VIII, Oct. 28, 2011	Travellers Health	Atanu Sarkar
Wk IX, Nov. 04, 2011	Emerging Issues in Communicable Diseases	Atanu Sarkar
Wk X , Nov. 18, 2011	Communicable Disease Prevention and Control Programs	Atanu Sarkar
Wk XI, Nov. 25, 2011	Surveillance for Communicable Diseases	Atanu Sarkar
Wk XII, Dec. 02, 2011	Outbreak Investigation	Atanu Sarkar
Wk XIII, Dec. 09, 2011	Research Paper Presentation,	Atanu Sarkar
Wk XIV, Dec. 16, 2011	Submission of Take Home Exam and Final Research Paper	Atanu Sarkar

Week I: Introduction to Communicable Disease Prevention and Control

Facilitator: Atanu Sarkar

This session will provide an overview of the course including: a discussion of the course format; expectations of students; evaluation methods and a discussion of resource materials. It will also introduce the topic of Communicable Disease and its importance relative to Public Health.

Objectives

1. To provide an overview of the course, course objectives, course format, student and faculty responsibilities, and student evaluation tools.
2. To describe the required and recommended resources and how they may be accessed.
3. To create an appreciation of Communicable Diseases and their relevance to Public Health.
4. To introduce the key definitions related to Communicable Diseases, Prevention and Control including: prevalence, incidence, epidemic, endemic, pandemic, pathogenicity, virulence, spectrum of disease.

Activities

1. Introduction to the course and its overview
2. Faculty lecture on key definitions of Communicable Diseases
3. Audio-visual, followed by group discussion
4. Distribution of list of topics for individual research papers
5. Selection of literature for review and schedule

Required Readings

1. Course Syllabus (available on D2L).
2. Glossary. Provides definitions and terms which may be used throughout the course. (Available on D2L).
3. Wnenzel R.P. Control of Communicable Diseases (Ch. 8) ***Overview***, in Wallace/Maxcy-Roseneau-Last, Public Health & Preventive Medicine, 15th edition (2008), (*EBook available through HSC Library*) Get Link
4. Fisman D. N., Laupland K. B. The sounds of silence: Public goods, externalities and the value of infectious disease control programs, Can. J. Infect. Dis Med Microbiol, 20(2) Summer 2009: 39-41. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2706405/pdf/jidmm20039.pdf
5. http://www.youtube.com/watch?v=agNeCFqYdQk&feature=related (not finalized)

Week II: Infectious Disease Process

Facilitator: Atanu Sarkar

This session introduces the Infectious Disease Process which is the framework for understanding infectious diseases in the community. This broad approach provides a wide range of prevention and control options. The course has focused on biological and dynamic features of infectious diseases, including social, behavioral and biological determinants of infectious disease emergence, transmission, pathogenesis and immunity.

Objectives

1. To be able to explain and give an example of the following terms: agent, host, and environment.
2. To list and describe the various aspects of the six (6) components of the Infectious Disease Process (Chain of Infection).
3. To understand epidemiological features and population health factors that influences the incidence and prevalence of communicable diseases.

Activities

1. Faculty lecture
2. Group discussion
3. Article review and discussion

Required Readings

1. Ostroff SM. Control of Communicable Diseases (Ch. 8) ***Emerging Microbial Threats to Health and Security***, in Wallace/Maxcy-Roseneau-Last, Public Health & Preventive Medicine, 15th edition (2008), (*EBook available through HSC Library*) Get Link
2. Principles of Epidemiology. Self-Study Course 3030-G, Manual 1. Atlanta, 1988:5-12. http://www2a.cdc.gov/phtn/catalog/pdf-file/epi_intro_1.pdf **(available on D2L)**
3. Giesecke J. Modern Infectious Disease Epidemiology (2nd Ed). Arnold, London (Ch 1: What is special about infectious disease epidemiology? pp 3-8, Ch 2: Definition pp 9-20) **(available in HSC library)**

Additional Readings

1. Teschke K, et al. 2010. Water and sewage systems, socio-demographics, and duration of residence associated with endemic intestinal infectious diseases: a cohort study. BMC Public Health. 16;10:767. [doi:10.1186/1471-2458-10-767] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3022849/pdf/1471-2458-10-767.pdf
2. O'Riordan S, et al. 2010. Risk factors and outcomes among children admitted to hospital with pandemic H1N1 influenza. CMAJ. 182(1):39-44. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2802603/pdf/1820039.pdf
3. John TJ, et al. 2011. Continuing challenge of infectious diseases in India. Lancet. Jan 15;377(9761):252-69.
4. Rodrigues LC, et al. 2011. Leprosy now: epidemiology, progress, challenges, and research gaps. Lancet Infect Dis. Jun;11(6):464-70.

Week III: Principles of Immunization

Facilitator: Atanu Sarkar

Immunization is one of the most cost effective public health interventions of all time and has had a profound impact on health and longevity. In spite of its impact, immunization has also been a source of much controversy, as more products for more diseases become available and fears rise about adverse reactions.

Objectives

1. To learn the basic concepts of immunization.
2. To understand the vaccine development process.
3. To become familiar with current recommendations for routine immunization and recommendations for special groups.
4. To learn common adverse effects and contraindications of immunization.
5. To become familiar with vaccine handling and adverse event reporting requirements.
6. To learn about new vaccines and current controversies.

Activities

1. Faculty lecture
2. Group discussion (*any current issue – hard immunity)*
3. Article review and discussion

Guest speaker (Ms. Gillian Butler Canadian Nursing Coalition for Immunization (CNCI) role of national advisory committee, (709) 729-0115)

Required Readings

1. Canadian Immunization Guide. 6th edition. Ottawa. Health and Welfare Canada, 2006. http://www.phac-aspc.gc.ca/publicat/cig-gci/index.html., pp. 3-56, 59–89, 93-106.
2. Shah, C.P. Public Health and Preventive Medicine in Canada (5th Ed.). Elsevier, Toronto, 2003: 259-265

Additional Readings

1. Larson HJ, et al. 2011. Addressing the vaccine confidence gap. Lancet. Jun 9.
2. Duclos P, et al. 2011. Establishing global policy recommendations: the role of the Strategic Advisory Group of Experts on immunization. Expert Rev Vaccines. Feb;10(2):163-73. http://www.expert-reviews.com/doi/pdf/10.1586/erv.10.171
3. Elbe S. 2010. Haggling over viruses: the downside risks of securitizing infectious disease. Health Policy Plan. Nov;25(6):476-85.
4. Bryson M, et al. 2010. A global look at national Immunization Technical Advisory Groups. Vaccine. Apr 19;28 Suppl 1:A13-7.

Week IV: Common Agents of Communicable Diseases: Vaccine Preventable Diseases

Facilitator: Atanu Sarkar

There are some infectious agents that dominate prevention and control efforts in public health. Historically vaccine preventable diseases have been one of the leading causes of death and disability worldwide. With the development of vaccines many of these diseases have been eliminated in high income countries; however they continue to be a significant public health concern in many middle and lower income countries. In addition emerging diseases and changing patterns of immunity are creating new challenges.

Objectives

1. To recognize common vaccine preventable diseases.
2. To describe these diseases in terms of the Infectious Disease Process.
3. To identify disease trends as well as current issues and controversies related to immunization for these diseases.
4. To describe prevention and control efforts related to vaccine preventable diseases.

Activities

1. Faculty lecture
2. Group discussion
3. Article review and discussion
4. Guest speaker

Required Readings

1. Canadian Immunization Guide. 6th edition. Ottawa. Health and Welfare Canada, 2006. http://www.phac-aspc.gc.ca/publi/cig-gci/index.html.,pp.17-21
2. National Immunization Strategy, 2003. http://www.phac-aspc.gc.ca/publicat/nis-sni-03/index-eng.php
3. Disease Controlled Primarily by Vaccination, (Ch. 9) in Wallace/Maxcy-Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008), Part II Communicable Diseases **(EBook available through HSC Library)** ***Get Link***
4. Shah, C.P. Public Health and Preventive Medicine in Canada (5th Ed.). Elsevier, Toronto, 2003: 259-265

Additional Readings

1. Bassetti M, et al. 2011. Measles outbreak in adults in Italy. Infez Med. Mar 1;19(1):16-9. http://www.infezmed.it/VisualizzaUnArticolo.aspx?Anno=2011&numero=1&ArticoloDaVisualizzare=Vol_19_1_2011_2
2. Dubé E, et al. 2011. A(H1N1) pandemic influenza and its prevention by vaccination: paediatricians' opinions before and after the beginning of the vaccination campaign. BMC Public Health. Feb 22;11:128. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3050752/pdf/1471-2458-11-128.pdf
3. Buick C, et al. 2009. The human papillomavirus vaccine: an oncology nursing issue. Can Oncol Nurs J. Summer; 19(2):60-4.
4. Cudmore SL, et al. 2010. Prevention or treatment: the benefits of Trichomonas vaginalis

vaccine. J Infect Public Health. 3(2):47-53.
http://download.journals.elsevierhealth.com/pdfs/journals/1876-0341/PIIS1876034110000043.pdf

Week V: Common Agents of Communicable Diseases: Enteric Diseases, Vector-Borne Diseases, Zoonosis

Facilitator: Atanu Sarkar

There are some infectious agents that dominate prevention and control efforts in public health. Their prevalence, incidence or impact and their amenability to prevention and control efforts make them important public health issues. Enteric and vector-borne diseases are among the leading causes of death worldwide and are the focus of considerable public health investment. Zoonosis has become of increasing concern as environments change and humanity expands into natural spaces and animal habitats. As animal handling practices change exposure risks change for zoonotic diseases.

Objectives

1. To recognize common agents responsible for the diseases
2. To describe these agents in terms of the Infectious Disease Process.
3. To describe prevention and control efforts related to these diseases.

Activities

1. Faculty lecture
2. Group discussion (*profile of individuals most at risk*)
3. Article review and discussion
4. Guest speaker (Hugh Whitney, provincial vet, whole day CONFIRMED)

Required Readings

1. *Acute Gastrointestinal Infections* (Ch.12), *Diseases Spread by Food and Water* (Ch.13), *Diseases Transmitted Primarily by Arthropod Vectors* (Ch. 15), and *Disease Transmitted Primarily from Animals to Humans* (Ch. 16); in Wallace/Maxcy-Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008), Part II Communicable Diseases (EBook available through HSC Library) Get Link

Additional Readings

1. Cutler SJ, et al. 2010, Public Health threat of New, Reemerging, and Neglected Zoonoses in the Industrialized World, emerging infectious Diseases, January 16 (1): 1-7. http://www.cdc.gov/eid/content/16/1/pdfs/1.pdf
2. Sangare LR, et al. 2011, Patterns of anti-malarial drug treatment among pregnant women in Uganda. Malaria J. 2011 Jun 6;10(1):152. http://www.malariajournal.com/content/pdf/1475-2875-10-152.pdf
3. Li D, et al. 2009. Infectivity of Giardia lamblia cysts obtained from wastewater treated with ultraviolet light. Water Res. Jul;43(12):3037-46. http://www.sciencedirect.com/science/article/pii/S004313540900267X
4. Rosas I, et al. 1984. Bacteriological quality of crops irrigated with wastewater in the Xochimilco plots, Mexico City, Mexico. Appl Environ Microbiol. May;47(5):1074-9. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC240061/pdf/aem00162-0194.pdf

Week VI: Common Agents of Communicable Diseases: Sexually Transmitted Infections

Facilitator: Atanu Sarkar

There are some infectious agents that dominate prevention and control efforts in public health. Sexually transmitted infections (STIs) are responsible for significant morbidity and with the recognition of the magnitude of Hepatitis B infection and the emergence of AIDS, STIs have increasingly impacted morbidity and mortality world wide.

Objectives

1. To recognize common sexually transmitted infections.
2. To describe these STIs in terms of the Infectious Disease Process.
3. To identify prevention and control efforts related to STIs.

Activities

1. Faculty lecture
2. Group discussion
3. Article review and discussion
4. Guest speaker (Sarah MacAulay, Education Coordinator, Planned Parenthood - CONFIRMED) (11.30am-12.30am)

Required Readings

1. Canadian Guidelines on Sexually Transmitted Infections 2006, Public Health Agency of Canada, http://www.phac-aspc.gc.ca/std-mts/sti_2006/pdf_2006-eng.php
2. *Epidemiology and Trends in Sexually Transmitted Diseases* (Ch. 10), in Wallace/Maxcy-Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008), Part II Communicable Diseases, (EBook available through HSC Library) Get Link

Additional Readings

1. Raine TR, et al. 2010. Contraceptive decision-making in sexual relationships: young men's experiences, attitudes and values. Cult Health Sex. May;12(4):373-86. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2854868/pdf/nihms166759.pdf
2. Kamunyori S, et al. 2010. Science-based health innovation in Uganda: creative strategies for applying research to development. BMC Int Health Hum Rights. Dec 13;10 Suppl 1:S5. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3001613/pdf/1472-698X-10-S1-S5.pdf
3. Kigozi NG, et al. 2011. Tuberculosis patients' reasons for, and suggestions to address non-uptake of HIV testing: a cross-sectional study in the Free State Province, South Africa. BMC Health Serv Res. May 20;11:110. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3112395/pdf/1472-6963-11-110.pdf
4. Hoen E, et al. 2011. Driving a decade of change: HIV/AIDS, patents and access to medicines for all. J Int AIDS Soc. Mar 27;14:15. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3078828/pdf/1758-2652-14-15.pdf

Week VII: Common Agents of Communicable Diseases: Tuberculosis

Facilitator: Atanu Sarkar

Tuberculosis (TB), once controlled in developed countries has re-emerged in recent years as an important public health threat as a result of drug resistance and co-infections. Tuberculosis has always been and continues to be an important public health issue in many countries around the world.

Objectives

1. To describe the dynamics and epidemiology of TB.
2. To describe key features of prevention and control of TB

Activities

1. Faculty lecture
2. Group discussion
3. Article review and discussion
4. Guest Speaker (Dr Peter Daley, Faculty of Medicine, CONFIRMED)

Required Readings

1. Canadian Tuberculosis Standards, p1-16 : http://www.phac-aspc.gc.ca/tbpc-latb/pubs/pdf/tbstand07_e.pdf
2. *Tuberculosis* (Ch. 12), in Wallace/Maxcy-Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008), Part II Communicable Diseases, (EBook available through HSC Library) Get Link
3. Public Health Agency of Canada Tuberculosis Prevention and Control, http://www.phac-aspc.gc.ca/tbpc-latb/index.html
4. PAHO. Tuberculosis, II Regional Seminar: Final Report. Washington: PAHO, 1973: 111-3. (available online:D2L)

Additional Readings

1. Alexander PE et al. 2007. The emergence of extensively drug-resistant tuberculosis (TB): TB/HIV coinfection, multidrug-resistant TB and the resulting public health threat from extensively drug-resistant TB, globally and in Canada, Can J Infect Dis Med Microbiol, Sept/Oct. 18(5): 289-91. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2533560/pdf/jidmm18289.pdf
2. Atun R, et al 2008. Resistance to implementing policy change: the case of Ukraine. Bull World Health Organ. 2008 Feb;86(2):147-54. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2647377/pdf/06-034991.pdf
3. Guthmann JP, et al. 2011. Assessing BCG vaccination coverage and incidence of paediatric tuberculosis following two major changes in BCG vaccination policy in France. Euro Surveill. Mar 24;16(12). pii: 19824. http://www.eurosurveillance.org/images/dynamic/EE/V16N12/art19824.pdf
4. Global Tuberculosis Control. (Key findings): http://www.who.int/tb/publications/global_report/2008/download_centre/en/index.html

Week VIII: Travellers Health

Facilitator: Atanu Sarkar

The numbers of overseas visits (other than US) made by the Canadian citizens are now around 6 million per year. According to statistics from the World Tourism Organization, international tourist arrivals worldwide in 2009 were 880 million and it is expected to reach 1.6 billion by 2020. International travel can pose various risks to health, depending upon the changing environment, accommodation, hygiene and sanitation, health needs of the travellers and the type of travel to be undertaken. Transmission of infectious diseases acquired in the travel setting may constitute a risk to the public at home. With the rising number of people travelling, understanding travellers' health has become an essential part of public health.

Objectives

1. To recognize issues in travellers' health
2. To assess the health risks of travellers; country/geography, nature of travel, behavioural, intervention, vulnerable population (age, gender, ethnicity, underlying medical conditions of the travellers etc.)
3. To understand chemoprophylaxis and Immunoprophylaxis, specific to travel
4. To understand the special group of travellers; visiting friends and relatives, health care workers , attending mass gathering (like sports, festivals, religious pilgrimage, emergency relief operation)
5. To describe the risk communication: improving travellers' understanding, priorities, preventive measures, emergency and evacuation
6. To become familiar with international rules on travellers' health

Activities

1. Lecture
2. Group discussion
3. Article review and presentation
4. Guest lecture (Margot Mayo who runs the travel clinic "Jema", CONFIRMED)

Required Readings

1. World Health Organization (WHO), International travel and health http://www.who.int/ith/en/
2. Public Health Agency of Canada (PHAC), Travel Health http://www.phac-aspc.gc.ca/tmp-pmv/
3. Centre for Disease Control (CDC), Travellers Health http://wwwnc.cdc.gov/travel/
4. Ravel A, et al. 2011, Description and burden of travel-related cases caused by enteropathogens reported in a Canadian community. J Travel Med. Jan-Feb;18(1):8-19. [doi: 10.1111/j.1708-8305.2010.00471.x] http://onlinelibrary.wiley.com/doi/10.1111/j.1708-8305.2010.00471.x/pdf

Additional Readings

1. Tolle, M.A. 2010. Evaluating a Sick Child after Travel to Developing Countries. JABFM 23(6): 704-713. http://www.jabfm.org/cgi/reprint/23/6/704
2. Zhang M, Liu Z, He H, Luo L, Wang S, Bu H, Zhou X. 2011. *Knowledge, Attitudes, and*

Practices on Malaria Prevention Among Chinese International Travelers. J Travel Med. 18(3):173-177. [doi: 10.1111/j.1708-8305.2011.00512.x.] http://onlinelibrary.wiley.com/doi/10.1111/j.1708-8305.2011.00512.x/pdf

3. Hudson, T.W., Fortuna, J. 2008. *Overview of Selected Infectious Disease Risks for the Corporate Traveler.* J Occup Environ Med. 50(8): 924-934
4. Sharangpani R, Boulton KE, Wells E, Kim C. 2011. *Attitudes and Behaviors of International Air Travelers Toward Pandemic Influenza.* J Travel Med. 18(3):203-8. [doi: 10.1111/j.1708-8305.2011.00500.x.] http://onlinelibrary.wiley.com/doi/10.1111/j.1708-8305.2011.00500.x/pdf
5. Schmid S, Chiodini P, Legros F, D'Amato S, Schöneberg I, Liu C, Janzon R, Schlagenhauf P. 2009. *The Risk of Malaria in Travelers to India.* J Travel Med. 16(3):194-199. http://onlinelibrary.wiley.com/doi/10.1111/j.1708-8305.2009.00332.x/pdf
6. Seringe E, Thellier M, Fontanet A, Legros F, Bouchaud O, Ancelle T, Kendjo E, Houze S, Le Bras J, Danis M, Durand R; for the French National Reference Center for Imported Malaria Study Group. 2011. *Severe Imported Plasmodium falciparum Malaria, France, 1996-2003.* Emerg Infect Dis. 17(5):807-813. http://www.cdc.gov/eid/content/17/5/pdfs/807.pdf

Week IX: Emerging Issues in Communicable Diseases

Facilitator: Atanu Sarkar

In the mid 20th century there was a sense that humans had achieved supremacy over infectious diseases. The introduction of antibiotics and anti-virals, vaccinations and improved sanitation and nutrition had resulted in significant progress in the control and elimination of some infectious diseases. However the triumph was short lived. Resistance to antibiotics and anti-virals, the emergence of previously unknown diseases, the re-emergence of old diseases, the threat of bioterrorism, the advent of new vaccines, changing environments and sustained economic and health disparities have created new challenges and opportunities in the prevention and control of communicable diseases.

Objectives

1. To recognize emerging and re-emerging issues in the prevention and control of communicable diseases.
2. To apply the principles of the Infectious Disease Process and other knowledge gained in the course to the analysis of an emerging infectious disease or communicable disease prevention and control issue.
3. To have an opportunity to present your findings on an emerging communicable disease issue to your colleagues.

Activities

1. Faculty lecture
2. Group discussion
3. Article review and discussion

Required Readings

1. *Emerging Microbial Threats to Health and Security* (Ch. 8), in Wallace/Maxcy-Rosenau-Last, Public Health & Preventive Medicine, 15th edition (2008), Part II Communicable Diseases, (EBook available through HSC Library) Get Link
2. Locally Acquired Dengue – Key west Florida, 2009-2010, MMWR, 59 (19):577-581, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5919a1.htm

Suggested Readings

1. MacPherson DW et al. 2009. Population Mobility, Globalization, and antimicrobial Drug Resistance. Emerging Infectious Diseases, Nov 2009, 15(11): 1727-1731. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2857230/pdf/09-0419_finalP.pdf
2. Zimmer SM. 2009. Historical Perspective – Emergence of Influenza(H1N1) Viruses. N Engl J Med, July 16, 2009, 361(3):279-285 http://www.nejm.org/doi/pdf/10.1056/NEJMra0904322
3. Chugh TD. 2008. Emerging and re-emerging bacterial diseases in India. J Biosci. Nov;33(4):549-55.http://www.ias.ac.in/jbiosci/nov2008/549.pdf
4. Calzolari M, et al. 2010. Evidence of simultaneous circulation of West Nile and Usutu viruses in mosquitoes sampled in Emilia-Romagna region (Italy) in 2009. PLoS One. Dec 15;5(12):e14324. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3002278/pdf/pone.0014324.pdf

Week X: Communicable Disease Prevention and Control Programs

Facilitator: Atanu Sarkar

The purpose of this session is to build on previous sessions discussing key features of communicable disease prevention and control programs.

Objectives

1. To define key features required for control, elimination and eradication of a communicable disease.
2. To understand the application of concepts and principles addressed in previous sessions to a real prevention and control program for communicable diseases.
3. To identify the roles and responsibilities of the various partners in the control of communicable diseases.
4. To recognize key challenges and opportunities in the collaborative process to control communicable diseases.

Activities

1. Faculty lecture
2. Group discussion
3. Article review and discussion
4. Guest speaker *(Cathy O'Keefe , Department of Health and Community Services, Confederation Building cokeefe@gov.nl.ca, 729-5019* CONFIRMED*).*

Required Readings

1. The Principles of Disease Elimination and Eradication, MMWR, Dec. 31, 1999, 48(SU01 http://www.cdc.gov/mmwr/preview/mmwrhtml/su48a7.htm
2. Disease Eradication and Health Systems Development, MMWR, Dec. 31, 1999, 48(SU01), http://www.cdc.gov/mmwr/preview/mmwrhtml/su48a8.htm
3. Annex A Fact Sheets for Candidate Diseases for Elimination or Eradication, MMWR, Dec. 31, 1999, 48(SU01);11-46, http://www.cdc.gov/mmwr/preview/mmwrhtml/su48a26.htm
4. Disease Control & Epidemiology, Dept. of Health & Community Services, Government of NL, http://www.health.gov.nl.ca/health/publichealth/cdc/cdc.html

http://www.cdc.gov/nczved/framework/

Additional Readings

1. Kendal AP, et al. 2010. Influenza pandemic planning and performance in Canada, 2009. Can J Public Health. Nov-Dec;101(6):447-53.
2. Henrich N, et al. 2011. Holmes B. What the Public Was Saying about the H1N1 Vaccine: Perceptions and Issues Discussed in On-Line Comments during the 2009 H1N1 Pandemic. PLoS One. Apr 18;6(4):e18479. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3078916/pdf/pone.0018479.pdf

Week XI: Surveillance for Communicable Diseases

Facilitator: Atanu Sarkar

Planning for prevention and control programs requires a knowledge of disease prevalence. Systematic surveillance is a core function in any disease control program and must be comprehensive and integrated from primary care to local level public health offices to national and international levels.

Objectives

1. To become familiar with core definitions related to surveillance including: active, passive and syndromic surveillance.
2. To identify potential sources of communicable diseases data.
3. To become familiar with existing surveillance systems.
4. To recognize the strengths and weaknesses of surveillance systems.
5. To become familiar with evolving surveillance systems such as Geographic Information Systems (GIS).

Activities

1. Faculty lecture
2. Group discussion
3. Article review and discussion

Required Readings

1. Thacker SB, *Historical Development* in Lee LM, et al. Ed., Principles and Practice of Public Health Surveillance, 3rd ed., Oxford University Press, Toronto, 2010, 1-16 (On Reserve)
2. Teutsch SM. Consideration in Planning a Surveillance System, in Lee LM, et al. Ed., Principles and Practice of Public Health Surveillance, 3rd ed., Oxford University Press, Toronto, 2010, 17-31. (On Reserve))
3. Lombardo JS. et al, Disease Surveillance, a Public Health Priority in Lombardo JS, et al. Ed., Disease Surveillance A Public Health Information Approach, John Wiley & sons, Inc., Hoboken, 2007, 1- 41. **(On Reserve))**
4. PHAC, Surveillance http://www.phac-aspc.gc.ca/surveillance-eng.php
5. Brownstein J.S., Freifeld B.S., Madoff L.C., Digital Disease Detection – Harnessing the Web for Public Health Surveillance, N Eng J Med, May21, 2009, 360(21):2153-2157 http://www.nejm.org/doi/pdf/10.1056/NEJMp0900702

Additional Readings

1. Nsubuga P, et al. 2010. Strengthening public health surveillance and response using the health systems strengthening agenda in developing countries. BMC Public Health. Dec 3;10 Suppl 1:S5.
2. Jesse D. et al. 2010. Rabies surveillance in the United States during 2009. Journal of the American Veterinary Medical Association. September 15, 237(6):646-657 [doi: 10.2460/javma.237.6.646]
3. Ortiz JR, et al. 2009. Strategy to enhance influenza surveillance worldwide. Emerg Infect Dis. Aug;15(8):1271-8. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2815958/pdf/08-1422_finalPR.pdf
4. Kliewer EV, et al. 2010. The Manitoba human papillomavirus vaccine surveillance and

evaluation system. Health Rep. Jun;21(2):37-42. http://www.statcan.gc.ca/pub/82-003-x/2010002/article/11153-eng.pdf

Week XII: Outbreak Investigation

Facilitator: Atanu Sarkar

Outbreak Investigation is one of the most commonly recognized public health functions and is critical to disease control initiatives worldwide. A systematic approach to the investigation ensures that the most effective control measures are implemented in a timely manner.

Objectives

1. To understand the principles of Outbreak Investigation, Management and Control.
2. To recognize key terms in relation to outbreak investigation.
3. To understand basic steps of investigation including data collection, descriptive analysis and construction of an epidemic curve.
4. To understand key features of risk communication.

Activities

1. Faculty lecture
2. Group discussion
3. Article review and discussion
4. *(need more info from walkthrough principles, Cathy D2L refer, check province manual for outbreak and surveillance, disease control manual of Nfld government)*

Required Reading

1. Centers for Disease Control, Investigation of Disease Outbreaks, Principles of Epidemiology, Self-Study Course 3030-6, Manual 6, 2001 Atlanta. (Page 347-386). http://www2a.cdc.gov/phtn/catalog/pdf-file/Epi_course.pdf .
2. PHAC, Strategic Risk Communication Framework, http://www.phac-aspc.gc.ca/publicat/2007/risk-com/index-eng.php
3. Epidemiological Investigation of Outbreak, Manitoba Health – Public Health. http://www.gov.mb.ca/health/publichealth/cdc/protocol/investigation.pdf

Additional Readings

1. Andrews JR, et al. Transmission dynamics and control of cholera in Haiti: an epidemic model. Lancet. 2011 Apr 9;377(9773):1248-55. http://www.sciencedirect.com/science/article/pii/S0140673611602730
2. Wadl M, et al. Measles transmission from an anthroposophic community to the general population, Germany 2008 - Effect of early intervention on size and duration of measles clusters in school and kindergarten settings. BMC Public Health. 2011 Jun 15;11(1):474. http://www.biomedcentral.com/content/pdf/1471-2458-11-474.pdf
3. CDC Working Group, Framework to Evaluating Public health Surveillance Systems for Early Detection of Outbreaks, MMWR May7, 2004/53(RR05);1-11, http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5305a1.htm
4. MacLehose et al., Communicable disease outbreaks involving more than one country: systems approach to evaluating the response, BMJ 2001:323:861-63 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1121395/pdf/861.pdf
5. Lee MB, Greig JD. A review of gastrointestinal outbreaks in schools: effective infection control interventions. J School Health. 2010 Dec;80(12):588-98. [doi: 10.1111/j.1746-1561.2010.00546.x.] http://onlinelibrary.wiley.com/doi/10.1111/j.1746-1561.2010.00546.x/pdf

Week XIII: **Research paper Presentation**

Annex I

MED6724: Communicable Disease Prevention and Control

PRESENTATION EVALUATION

Student Name: ____

Topic: ____________________________________

Date: 2011 / ___ / ___

CONTENT OF PRESENTATION **(70%)**

Introduction (incl. title and outline of presentation)	1	2	3	4	5
Ability to quickly communicate essence of topic and stimulate interest	1	2	3	4	5
Clarity, coherence, succinctness	1	2	3	4	5
Evidence in support of arguments	1	2	3	4	5
Organization and structure	2	4	6	8	10
Identification, emphasis and understanding of key issues	2	4	6	8	10
Recommendations	2	4	6	8	10
Conclusion (summary and restatement of key points and findings)	2	4	6	8	10
Responses to audience questions	2	4	6	8	10

PRESENTATION SKILLS (30%)

Visual aids (clarity, readability, support for main points)	2	4	6	8	10
Eye contact / use of notes	1	2	3	4	5
Audience involvement	1	2	3	4	5
Timing, length and pace	2	4	6	8	10

Additional comments: ____

____

____

____

____

TOTAL: ______ %

Annex II

MED6724: Communicable Disease Prevention and Control
Research Paper – Evaluation Form

Student Name: ______________________________

Topic: ____

Criterion	Score
Abstract	___ / 5
Introduction - establishes context, objectives and structure of paper	___ / 5
Description of the Problem	___ / 10
Analytical / Critical Evaluation	___ / 20
Support for Arguments / Accuracy of Information	___ / 10
Recommendations - including justification	___ / 10
Conclusion	___ / 10
Overall structure and clarity	___ / 10
Referencing / Quality of Sources / Research Effort	___ / 10
Length	___ / 10

Total: ______ %

MED6280: Community Health Research Methods

Seminar: Every Wednesday 2-5pm commencing September 7, 2011
Location: HSC 2767 with other locations during the semester (see weekly outline)
Professors: **Diana L. Gustafson MEd PhD**
Voice Mail: 777-6720
Office Hrs: HSC 2834 Wed 12-1:30pm and by prior appointment
E-mail: diana.gustafson@med.mun.ca
Rick Audas PhD
Voice Mail: 777-7395
Office Hrs: HSC 2840 Wed 12.30-2.00 and by prior appointment
E-mail: raudas@mun.ca

Course Description

This course introduces research methods appropriate to the investigation of community health issues and problems. By reading and critiquing peer-reviewed literature and completing individual and group activities, students will develop an understanding of when and how to use qualitative, quantitative and mixed research methods, and the assumptions and rules for ensuring well-developed, rigorous and systematic inquiry. The emphasis will be on developing and enhancing skills in research design and critical analysis.

Prerequisite

This is required course for all students enrolled in MSc(Med) program and is normally required for PhD students. Students who are not enrolled in a community health program require the permission of the instructor.

Precondition for Advanced Course

This course is a prerequisite for MED6294: Advanced Qualitative Methods and MED 6275: Advanced Quantitative Methods

Required Texts

Each week there is a list of required and additional readings drawn from the required text or on-line sources.

1. Green J and N Thorogood. (2009) Qualitative Methods for Health Research (2nd ed.). London: Sage.

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Course Competencies

At the successful completion of this course, you will be able to:

1. Generate working definitions of the technical vocabulary used in qualitative and quantitative research;
2. Critically review the theoretical assumptions and principles underpinning qualitative and quantitative research paradigms;
3. Identify the purpose, strengths and limitations of qualitative and quantitative approaches to health research;
4. Identify some of the ethical considerations in health research;
5. Describe some of the most common qualitative data collection and analysis methods such as interviews, focus groups, participatory action research, and textual and historical sources;
6. Describe some of the most common quantitative data collection and analysis methods using surveys, questionnaires, and observational studies, and descriptive and inferential statistics;
7. Discuss critically some of the contemporary debates in community health research design;
8. Communicate, verbally and in writing, a cogent, scholarly, and critical assessment of the research design presented in published health literature; and
9. Demonstrate a working knowledge of research design by developing a basic research proposal for a health issue of interest to you.

Students with Special Needs

If you have a documented disability or require accommodation to obtain equal access to this course, please meet with me at the beginning of the semester or check out the services available through the Glenn Roy Blundon Centre .

Other Recommended Resources for Students

For help with writing skills, contact the Writing Centre in SN 2053 or call 737-3168 early in the semester. There are a variety of workshops and a free drop-in service to assist graduate students with a variety of learning needs such as writing a scholarly critique of a journal article or video.
For help with specific personal concerns or other difficulties that are preventing you from doing your academic best, get confidential help by contacting the University Counselling Centre at 737-8874 or by going to the Smallwood Centre, 5th floor, Rm. 5000.

Academic Misconduct

The University Community has a collective responsibility to maintain a high level of academic integrity. It is your responsibility to be aware of and engage in appropriate academic behaviour. Academic misconduct takes many forms and includes, but is not limited to plagiarism, submitting a product prepared in whole or in part by another person, buying or selling term papers and submitting the same piece of work for academic credit. For more details, consult the University calendar policy 2.4.12. If you need further clarification, make an appointment with a librarian or someone in the Writing Centre.

Evaluation of Student Performance

Evaluation of all activities will be based on the following guidelines:

92-100 Reserved for outstanding work that provides clear evidence of a rare talent for the subject and of an original and/or incisive mind. Assignments are of the highest quality and demonstrate outstanding comprehension and synthesis of material as well as highly sophisticated analytical and critical thinking; Points are always clearly articulated and easy to follow. Always prepared to actively participate in class activities. Offers original, precise, accurate, thoughtful responses to questions and promotes an outstanding level of critical discussion.

85-91 Awarded for superior work that provides clear evidence of a certain flair for and comprehension of the subject. Assignments demonstrate excellent understanding of material as well as sophisticated analytical and critical thinking; Points are clearly articulated and easy to follow. Almost always prepared to actively participate in class activities. Offers accurate and thoughtful responses to questions and promotes a superior level of critical discussion.

75-84 Recognizes competent work that is accurate, organized and thoughtful without being distinguished. Assignments demonstrate a sound grasp of the material and some evidence of critical thinking; Points are generally well articulated. Usually prepared to participate in class activities; Responds well to most questions and contributes to a good quality discussion. This is the level of performance expected of and achieved by most graduate students.

65-74 Represents work of that meets minimum requirements. Quality of work suffers from occasional incompleteness or inaccuracy. Assignments demonstrate basic or minimal grasp of the material; Typically summarizes material with little or no analysis or critical reflection; Points that are raised may be underdeveloped, inaccurate, incomplete, unsupported or poorly articulated. Often unprepared or inadequately prepared to participate in class activities. Demonstrates some difficulty responding to questions. May impede critical discussion.

0-64 Represents work that does not meet the minimum requirements. Assignments are incomplete, inaccurate, poorly organized. Lacking basic familiarity with course materials or ability to engage critically. Little or no evidence of preparation. Demonstrates significant difficulty responding to questions. Impedes, disrupts or detracts from critical discussion. Students who consistently perform at this level will not be awarded credit for satisfactory completion of this course.

Written activities and oral activities give you the opportunity to demonstrate your understanding and ability to integrate, evaluate and apply basic principles and concepts of community health. Assignment of letter grades will be in accordance with the MUN School of Graduate Studies guidelines. Normally, students must pass or achieve 65% in EACH component of the course to successfully complete the course.

All written assignments are due at the beginning of class. Late submissions will be subject to penalty. All graded assignments will be returned at the end of class. If you are unable to attend class, submit an e-copy of your assignment. It is your responsibility to ensure that e-assignments have been received.

Assignments and Distribution of Grades

Statement of research interest	P/F
Research question	10%
Ethics exercise	10%
Search strategy, databases	15%
Critical appraisal of qualitative health research article	15%
Critical appraisal of quantitative health research article	15%
Oral defense of research proposal	10%
Written research proposal	25%

Critical Appraisal of Published Health Research Articles (30% of final mark)

This **two-part assignment** will enhance your ability to critically review community health literature. You will submit a critical assessment of each of two assigned health research articles: one on an article that describes a **qualitative research design** and the other that describes a **quantitative research design**. Critical appraisal will be **3-5 pages** (double-spaced, Times Roman 12 font, 1" margins). You will receive feedback on your ability to apply course content to the critical evaluation of the trustworthiness of the research design. You will also receive feedback on the formatting, organization, clarity and succinctness of your review. A grading rubric is attached.

Research Proposal

You will develop a basic research proposal on a health issue of interest to you that demonstrates your working knowledge of how to design a sound research project that is likely to produce credible and trustworthy findings. This is a **six-part iterative** assignment. At each step you are expected to demonstrate your understanding of course content by referring to the required and additional readings to support the construction of your design. At each stage you will receive feedback that you are expected to incorporate into the next step in the assignment.

NB: If you have already written a research proposal that has been reviewed/accepted by your supervisory committee, you will be expected to develop a distinct proposal based on another (possibly related) health issue with a different design. Failure to explicitly distinguish between products submitted for evaluation for this class and products for which you have already received formal feedback or academic credit constitutes academic misconduct.

1. Statement of research interest — Pass/Fail

Identifying an area of interest to you is the first step in the research endeavour. This **formative** assignment requires that you identify a topic of interest to you and specify your relationship to that topic. Because this topic will be the foundation for all future assignments in this course, you will **not** be permitted to change your topic. Therefore, choose a topic related to community health that will hold your attention for the semester. You will submit a **one-page** (double-spaced, Times New Roman12 font, 1" margins) statement indicating a health-related issue, problem or question of interest to you, why you are curious about this issue, your relationship to the issue, why it is an important issue, problem or question, and how it relates to community health. An assignment that is submitted on time and demonstrates reasonable effort will constitute a pass.

2. Research Question 10%

A research question indicates clearly and succinctly the issue you want to explore and why. Building on the content and feedback from the previous assignment, you will submit a **3-page** (double-spaced, 12 font, 1" margins) statement that indicates the focus of your proposed research. State 2-3 specific questions that you want to address and the rationale for investigating this issue. Indicate the project's theoretical drive (inductive/discovery or deductive/confirming), your methodological assumptions and proposed research design.

3. Search Strategy and Mini-Literature Review 15%

A literature review is another step in the research endeavour and will help you organize your thinking about your topic of interest, clarify, formulate and focus your research question, identify contentious issues and gaps in the literature, and direct your investigation. **HINT**: Focus on one narrow aspect of your research question to demonstrate that you understand and can undertake a search strategy and thematically present a literature review.

This assignment has three-parts:

a) your search strategy;
b) your reference list; and
c) a mini-literature review

The search strategy component is a **two-page** (double-spaced, 12 font, 1" margins) outline that includes your research question, the guiding concept you used to formulate your strategy, the search strategy, the database(s) used, and a succinct discussion of why you used this approach.

The reference list consists of at least **ten** (10) references related to your research question(s).

The **three-page** (double-spaced, 12 font, 1" margins) mini-literature review critically and thematically summarizes the literature that comprises your reference list. This overview provides the theoretical grounding as well as the relevance, significance and rationale for your proposed research.

4. Ethics Exercise 10%

This is a **two-part** assignment:

a. Review the Tri-Council Ethics Policy: http://pre.ethics.gc.ca/policy-politique/tcps-eptc/docs/TCPS%20October%202005_E.pdf
b. Complete the Tri-Council Tutorial (~ 2 hours) and print a copy of the certificate. http://www.pre.ethics.gc.ca/english/tutorial/
c. Submit a **2-3 page** (double-spaced, 12 font, 1" margins) summary of the ethical issues raised by your proposed research along with the tutorial certificate.

5. Proposal – Oral Defense 10%

The **15-minute** oral defense of your proposal will **focus primarily on the research method** you have chosen. You will be expected to demonstrate your understanding of the data collection technique or data source, why it is a suitable method for your research question, the strengths and limitations of the method, and the practical challenges involved in using that approach to your research question.

You will be evaluated on the clarity of your presentation, your familiarity with the method, and your ability to respond to questions from faculty and peers.

6. Proposal –Written Submission 25%

You will submit a **15-page** (excluding title page and reference list) research proposal based on your original research question and the work you have completed to date. You will incorporate the recommendations received in previous assignments and in your oral defense.

Weekly Outline

NB: Weekly Seminar Topics are subject to change

Date	Seminar Topic	Assignments Due
Wk 1 **Sep 7** **HSC2767**	Course Overview; Epistemology, ontology and theoretical drive in health research	
Wk 2 **Sep 14** **Computer Lab B**	The essence of qualitative research: intro to research design	**Statement of research interest**
Wk 3 **Sep 21** **HSC2767**	Developing a search strategy Appraising health literature. Characteristics of credible & trustworthy qual research	
Wk 4 **Sep 28** **HSC2767**	Responsibilities, ethics and values	**Research question**
Wk 5 **Oct 5** **2J619**	The essence of quantitative research: hypothesis testing and intro to research design	
Wk 6 **Oct 12** **HSC2862**	Measurement in health: Characteristics of credible & trustworthy quant research	**Search strategy and mini-lit review**
Wk 7 **Oct 19** **HSC2767**	Empirical quantitative approaches in health I: Data sources	
Wk 8 **Oct 26** **HSC2767**	Empirical quantitative approaches in health II: Intro to statistical analysis	**Ethics assignment**
Wk 9 **Nov 2** **HSC2767**	Generating qualitative data I: Data sources and methods (observation and documentary sources)	
Wk 10 **Nov 9** **HSC2862**	Generating qualitative data II: Data sources and methods (interviews and focus groups)	**Critical appraisal of quantitative study**
Wk 11 **Nov 16** **2J619**	Analyzing qualitative data (thematic analysis)	
Wk 12 **Nov 23** **HSC2767**	Oral defense of proposal	**Critical appraisal of qualitative study**
Wk 13 **Nov 30** **HSC2767**	Oral defense of proposal Consolidation	Written proposal due Nov 30 for those who presented in Wk 12. Written proposal due Dec 7 for those who presented in Wk 13

Weekly Outline Revised to meet Learning Needs of Students in Fall 2011

NB: Weekly Seminar Topics are subject to change

Date	Seminar Topic	Assignments Due
Wk 1 Sep 7 HSC2767	Course Overview; Epistemology, ontology and theoretical drive in health research	
Wk 2 Sep 14 Computer Lab B	The essence of qualitative research: intro to research design	**Statement of research interest**
Wk 3 Sep 21 Computer Lab B	Developing a search strategy Appraising health literature. Characteristics of credible & trustworthy qual research	
Wk 4 Sep 28 Computer Lab B	Responsibilities, ethics and values	**Research question**
Wk 5 Oct 5 Computer Lab B	The essence of quantitative research: hypothesis testing and intro to research design	
Wk 6 Oct 12 Computer Lab B	Measurement in health: Characteristics of credible & trustworthy quant research	**Search strategy and mini-lit review**
Wk 7 Oct 19 Computer Lab B	Empirical quantitative approaches in health I: Data sources	
Wk 8 Oct 26 Computer Lab B	Empirical quantitative approaches in health II: Intro to statistical analysis	**Ethics assignment**
Wk 9 Nov 2 HSC 2862	Generating qualitative data I: Data sources and methods (observation and documentary sources)	
Wk 10/ Nov 9 Computer Lab B	Generating qualitative data II: Data sources and methods (interviews and focus groups)	**Critical appraisal of quantitative study**
Wk 11 Nov 16 Computer Lab B	Analyzing qualitative data (thematic analysis)	
Wk 12 Nov 23 HSC 2j619	Oral defense of proposal	**Critical appraisal of qualitative study**
Wk 13 Nov 30 Computer Lab B	Oral defense of proposal Consolidation	Written proposal due Nov 30 for those who presented in Wk 12. Written proposal due Dec 7 for those who presented in Wk 13

Wk 1: Course Overview; Epistemology, ontology and theoretical drive in community health research

The first component of this seminar will provide an overview of this course and the expectations for scholarly work. Throughout this program, students are evaluated on their critical understanding of the key concepts and principles relating to the design and implementation of community health research. Oral and written activities are designed to evaluate that knowledge. Assignments in this course provide you with an opportunity to develop your skills in presenting your ideas in scholarly, professional and community venues.

The second component of this seminar will introduce you to some basic concepts and principles in community health research.

Learning Outcomes

1. Generate working definitions of the technical vocabulary used in research;
2. Critically review the theoretical assumptions and principles underpinning research paradigms;
3. Discuss critically some of the contemporary debates in community health research design;
4. Demonstrate a working knowledge of research design by developing a basic research proposal for a health issue of interest to you.

Readings

1. Bryant, Raphael & Rioux (2009). Staying alive (2nd ed.). Chapter 5 (hard copy available from Darlene Tobin)

Possible Points of Discussion

1. Define the following concepts: research, theory, methodology, research method, epistemology, ontology, knowledge production, community, objectivity, subjectivity, qualitative research, quantitative research, mixed methods research.
2. Visualize the research pathway and design components.
3. Identify your general area of research interest and how it relates to community or public health.
4. What makes knowledge authoritative? legitimate?

Wk 2: The essence of qualitative research: intro to research design

Learning Outcomes

1. Generate working definitions of the technical vocabulary used in qualitative research;
2. Critically review the theoretical assumptions and principles underpinning qualitative research paradigms;
3. Identify the purpose, strengths and limitations of qualitative approaches to health research;
4. Discuss critically some of the contemporary debates in community health research design;
5. Communicate, verbally and in writing, a cogent, scholarly, and critical assessment of the research design presented in published health literature; and
6. Demonstrate a working knowledge of research design by developing a research question.

Required Readings

1. Green J and N Thorogood Chapters 1 & 2

Additional Readings

2. Carter, S., & Little, M. (2007). Justifying knowledge, justifying method, taking action: Epistemologies, methodologies, and methods in qualitative research. Qualitative Health Research, 17, 1316-1328.

Learning Activity

1. Define concepts: methodology, method, research paradigm, research design, collaboration, collaborative intent.
2. Figure #1: Discuss research pathway and design components
3. Critically reflect on weekly readings.
4. Consider the implications of your proposed research in light of the week's readings.
5. Worksheet #2: is this a good research question?

Possible Questions for Discussion

1. What are the steps in doing research?
2. What does it mean to "start from where you are?"
3. Who does research?
4. What research should be done? What research should not be done?
5. Who decides what research should be done?

Wk 3: Developing a search strategy; Appraising health literature Characteristics of credible and trustworthy qualitative research

Learning Outcomes

At the successful completion of this course, you will be able to:

1. Generate working definitions of the technical vocabulary used in qualitative research;
2. Critically review the theoretical assumptions and principles underpinning qualitative research paradigms;
3. Identify the purpose, strengths and limitations of qualitative approaches to health research;
4. Discuss critically some of the contemporary debates in community health research design;
5. Communicate, verbally and in writing, a cogent, scholarly, and critical assessment of the research design presented in published health literature; and
6. Demonstrate a working knowledge of research design by developing a basic research proposal for a health issue of interest to you.

Required Readings

1. Green J and N Thorogood Chapter 9, 11
2. Fossey, E., Harvey, C., McDermott, F. & Davidson, L. (2002). Understanding and evaluating qualitative research. Australian & New Zealand Journal of Psychiatry, 36(6): 717-732.

Exemplar

3. Risdon, C., Cook, D. & Willms, D. (2000). Gay and lesbian physicians in training: a qualitative study. CMAJ, 162(3), 331-334.

Additional Reading

4. Starks, H. & Trinidad, S.B. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. Qualitative Health Research, 17(10), 1372-1380.

Learning Activities

1. Discuss your critical reflections on the weekly readings.
2. Be prepared to discuss the ways that you will ensure trustworthiness in the development of your research project.
3. Worksheet #3: Design Issue – Risdon, Cook & Willms.
    a. Discuss the design of the qualitative research described in the exemplar.
4. Be prepared to discuss a design issue that you are facing in establishing a sound research design.

Wk 4: Responsibilities, ethics and values

Learning Outcomes

1. Generate working definitions of the technical vocabulary used in qualitative and quantitative research;
2. Identify some of the ethical considerations in health research;
3. Discuss critically some of the contemporary debates in community health research design;
4. Communicate, verbally and in writing, a cogent, scholarly, and critical assessment of the research design presented in published health literature; and
5. Demonstrate a working knowledge of research design by developing a basic research proposal for a health issue of interest to you.

Required Readings

1. Green J and N Thorogood Chapter 3
2. Karnieli-Miller, O., Strier, R., & Pessach, L. (2009). Power relations in qualitative research. Qualitative Health Research, 19(2), 279-289.
3. Tri-Council Ethics Policy: 2nd edition

Exemplars

1. Chalmers, B. 2007. How ethical is international perinatal research? Issues in perinatal care, 34(3), 191-193.
2. McCoyd, J.L.M. 2008. "I'm not a saint": Burden assessment as an unrecognized factor in prenatal decision making. Qualitative Health Research, 18(11), 1489-1500.

Learning Activities

1. Worksheet #6: Ethical issues in health research
    a. Discuss the ethical issues evident in the exemplars.
2. Complete the Tri-Council Tutorial (~ 2 hours). http://www.pre.ethics.gc.ca/english/tutorial/
3. Print out the certificate and submit with your ethics assignment.

Wk 5: The essence of quantitative research: Introduction to research design and hypothesis testing

This seminar introduces students to the nature of positivist quantitative investigation (hypothesis testing) and also examines a range of research design strategies (with a focus on strengths and limitations of each). Special attention will be given how research design has an effect bias.

Learning Outcomes

1. Generate working definitions of the technical vocabulary used in quantitative research;
2. Critically review the theoretical assumptions and principles underpinning quantitative research;
3. Identify the purpose, strengths and limitations of quantitative approaches to health research;
4. Describe some of the most common quantitative data collection and analysis methods using surveys, questionnaires, and observational studies, and descriptive and inferential statistics;
5. Communicate, verbally and in writing, a cogent, scholarly, and critical assessment of the research design presented in published health literature; and
6. Demonstrate a working knowledge of research design by developing a basic research proposal for a health issue of interest to you.

Required Readings

1. Bahn, S and Mausner, J. (1985) Epidemiology: An Introductory Text, 2nd ed., W.B. Saunders Company. Analytic Studies Chap 7, 154-194.

Additional Readings

2. Etches, Frank, xx and Manuel. (2008). Review of indicators. xx

Exemplar

3. Ogborne, A.C. & Smart, R.G. 2001. Public opinion on the health benefits of moderate drinking: Results from a Canadian national population health survey. Addictions, 96, 641-649.

Learning Activities

1. Discuss your critical reflections on the weekly readings.
   a. What is effect bias?
2. Be prepared to discuss the ways that you will ensure trustworthiness in the development of your research project.
3. Critique the design of the quantitative research described in the exemplar.
4. Be prepared to discuss a design issue that you are facing in establishing a sound research design.

Wk 6: Measurement in health: Characteristics of credible and trustworthy quantitative research

Learning Outcomes

1. Generate working definitions of the technical vocabulary used in quantitative research;
2. Critically review the theoretical assumptions and principles underpinning quantitative research;
3. Identify the purpose, strengths and limitations of quantitative approaches to health research;
4. Describe some of the most common quantitative data collection and analysis methods using surveys, questionnaires, and observational studies, and descriptive and inferential statistics;
5. Discuss critically some of the contemporary debates in community health research design;
6. Communicate, verbally and in writing, a cogent, scholarly, and critical assessment of the research design presented in published health literature; and
7. Demonstrate a working knowledge of research design by developing a basic research proposal for a health issue of interest to you.

Required Readings

1. McDowell, I. (yr). Theoretical and Technical Foundations of Health Management. Measuring Health (Chap 2, pp. 10-54).

Exemplars

2. Hopman, W., et al. (2009). Health-related quality of life in Canadian adolescents and young adults: Normative data using the SF-36. Canadian Journal of Public Health, 100(6): 449-452.

3. Maximova, K. & Krahn, H. (2010). Health status of refugees settled in Alberta: Changes since arrival. Canadian Journal of Public Health, 101(4): 322-325.

4. Üstün, B., et al. (2010). Developing the World Health Organization Disability Assessment Schedule 2.0. Bulletin of the World Health Organization, 88: 815–823.

Learning Activities

1. Define concepts of internal validity, external validity and bias.
2. Examine how health status is measured.
3. Explore and discuss objective and subjective measures of health.
4. Critique the design of the quantitative research described in the exemplar.

Wk 7: Empirical quantitative approaches in health I: Data sources

Learning Outcomes

1. Describe some of the most common quantitative data collection and analysis methods using surveys, questionnaires, and observational studies, and descriptive and inferential statistics;
2. Discuss critically some of the contemporary debates in community health research design;
3. Communicate, verbally and in writing, a cogent, scholarly, and critical assessment of the research design presented in published health literature; and
4. Demonstrate a working knowledge of research design by developing a basic research proposal for a health issue of interest to you.

Required Readings

1. Bowling, A. (2002) Research Methods in Health Second Edition. Open University Press
    a. Chapter 8, Surveys p.194-201.
    b. Chapter 11, Data Collection Methods, p 257-272.

Exemplars

2. Edwards, N and Audas R (2010). Trends of abnormal birthweight among full-term infants in Newfoundland and Labrador. Canadian Journal of Public Health, 101(2): 138-142.

3. Kemp et al., (2010). Determinants of self-reported medical underuse due to cost. Journal of Health Services Research Policy, 15(2): 106-114.

Learning Activities

1. Identify and discuss the various sources of health information and explore how they can be used by community health researchers.
2. Describe the difference between primary and secondary data sources and their relative strengths and weaknesses of each.
3. To discuss the various ways in which primary data can be collected.

Wk 8: Empirical quantitative approaches in health II: Intro to statistical analysis

Learning Outcomes

1. Describe some of the most common quantitative data analysis methods using descriptive and inferential statistics;
2. Discuss critically some of the contemporary debates in community health research design;
3. Communicate, verbally and in writing, a cogent, scholarly, and critical assessment of the research design presented in published health literature; and
4. Demonstrate a working knowledge of research design by developing a basic research proposal for a health issue of interest to you.

Required Readings

1. Audas, R (2011) Course Notes (to be provided).

Exemplars

2. Pouliou, T. & Elliott, S. (2010). Individual and socio-environmental determinants of overweight and obesity in urban Canada. Health & Place, 16: 389–398

3. Rutherford, M., et al. (2009). Access to health care and mortality of children under 5 years of age in the Gambia: a case–control study. Bulletin of the World Health Organization, 87:216–224

Learning Activities

1. Examine how statistical analysis can be used to answer quantitative research hypotheses.
2. Use exemplars to discuss features of statistical analysis.

Wk 9: Generating qualitative data I: Data sources and methods Observation & documentary sources

Learning Outcomes

1. Generate working definitions of the technical vocabulary used in qualitative research;
2. Describe some of the most common qualitative data collection methods such as observation and documentary sources;
3. Communicate, verbally and in writing, a cogent, scholarly, and critical assessment of the research design presented in published health literature; and
4. Demonstrate a working knowledge of research design by developing a basic research proposal for a health issue of interest to you.

Required Readings

1. Green J and N Thorogood Chapters 6 & 7

Exemplar

2. King, M., Munt, R. & Eastwood, A. 2007. The impact of a postgraduate diabetes course on the perceptions Aboriginal health workers and supervisors in South Australia. Contemporary Nurse, 25(1/2), 82-93.

Wk 10: Generating qualitative data II: Data sources and method Interviews and focus groups

Learning Outcomes

1. Generate working definitions of the technical vocabulary used in qualitative research;
2. Describe some of the most common qualitative data collection methods such as interviews and focus groups;
3. Communicate, verbally and in writing, a cogent, scholarly, and critical assessment of the research design presented in published health literature; and
4. Demonstrate a working knowledge of research design by developing a basic research proposal for a health issue of interest to you.

Required Readings

1. Green J and N Thorogood Chapters 4 & 5

Exemplars

2. Cleary, J., Barhman, R., MacCormack, T. & Herold, E. (2002). Discussing sexual health with a partner: a qualitative study with young women. The Canadian Journal of Human Sexuality, 11(3-4), 117-132.
3. Hermanowicz, J. (2002). The great interview: 25 strategies for studying people in bed. Qualitative Sociology, 25(4): 479-499.
4. Wang, W., Thompson, D. R., Chair, S. Y. & Twinn, S. F. 2008. Chinese couples' experiences during convalescence from a first heart attack: a focus group study. Journal of Advanced Nursing, 61(3), 307-315.

Wk 11: Analyzing qualitative data (thematic analysis)

Learning Outcomes

1. Describe some of the most common qualitative data analysis methods;
2. Discuss critically some of the contemporary debates in community health research design;
3. Communicate, verbally and in writing, a cogent, scholarly, and critical assessment of the research design presented in published health literature; and
4. Demonstrate a working knowledge of research design by developing a basic research proposal for a health issue of interest to you.

Required Readings

1. Green J and N Thorogood Chapter 8
2. Ziebland, S. & McPherson, A. 2006. Making sense of qualitative data analysis: an introduction with illustrations from DIPEx (personal experiences of health and illness). Medical Education, 40(5), 405-414.

Exemplar

3. Buckley, C. & Waring, M. (2009). The evolving nature of grounded theory: experiential reflections on the potential method for analyzing children's attitudes towards physical activity. International Journal of Social Research Methodology, 12(4), 317-334.

4. Gould J, C Sinding, T Mitchell, DL Gustafson, I Peng, P McGilllicuddy, MI Fitch, J Aronson, & L Burhanstippanov. (2009). "Below their notice": Exploring women's subjective experiences of cancer system exclusion. *Journal of Cancer Education*, 24: 308-314.

Additional Readings

5. Baxter, S., Killoran, A., Kelly, M. P. & Goyder, E. (2010). Synthesizing diverse evidence: the use of primary data analysis methods and logic models in public health reviews. Public Health, 124(2), 99-106.

Wks 12& 13: Consolidation and Oral defense of proposal

NB: Written proposals are due 1 wk after oral defense.

MED6730 (Professional Practice)

Updated Course Outline (2012)

Goal

The general goal of this course is to help prepare the graduate student for a professional practice in a health care setting. The Canadian Association for Graduate Studies (CAGS) recently identified a number of skills required for professional practice but normally not well addressed by graduate programs offered by Canadian universities. Specific topics addressed by this course were chosen primarily from suggestions made by CAGS but with consideration of the instructor's own experience and knowledge of the health care setting in Canada and especially NL.

Course Objectives

- To develop an appreciation of the concept of *professionalism* in students. To have students understand the significance of professional standards of practice and the importance of ethical issues and considerations.
- To expose the student to the concepts of preceptorship and mentorship. To develop in the student an appreciation for the importance of current knowledge, continued professional development and mentorship to support the successful professional.
- To make the student aware of some issues pertinent to primary health care. To expose students to a multidisciplinary approach to health in an attempt to foster a true appreciation for the role of multiple health care providers. To expose the student to the contribution of those representing a variety of professions/disciplines to the larger field of health care.
- To introduce students to the development of research ideas and the process of research funding.
- To give the student instruction in and the opportunity to practice and improve his/her communication skills through a variety of formats including group discussion, group presentation, individual presentation and the development of written documents.
- To help the student build upon his/her own professional network.

MED6730 – *Professional Practice*

WEEK 1 (1.Introduction)

1.Introduction to Overall Course and Term Assignment

Barbara Roebothan RD, PhD – Course co-ordinator

Topics

- Course introduction
    - Course Content and Schedule HANDOUT (Appendix A)
    - Course Outline with Goals and Objectives HANDOUT (Appendix B)
        - Executive Summary of *Professional Skills for Graduate Students* (CAGS, 2007).
- Self-awareness
    - Importance
    - In-class self assessments
    - Term assignment (Appendix C)

Teaching Methods used –

Lecture with Power Point slides .

Handouts.

Group discussion.

In class worksheets (personal self-evaluation).

Assigned Readings-

Canadian Association for Graduate Studies (2007). *Professional Skills Development for Graduate Students.* Available at www.cags.ca/documents/publications/Prof%20Skills%20Dev%20for%20Grad%20Stud%20%20Final%2008%2011%2005.pdf

D.A. Whetten and K.S.Cameron (2011). *Developing Management Skills (ed.8).* Chapter #1, “Developing Self-Awareness”. NOTE book is On Reserve at the HSC Library.

WEEK 2 (2.Interprofessional Practice)

An Introduction to Interprofessional Practice in Health/ Health Care

2a.Olga Heath PhD (clinical psychologist)

Co-Director, Centre for Collaborative Health Professional Education, Memorial University

Topics –

- Teams
- Interprofessional Practice
    - Specifically in the health care setting.

Teaching methods used-

Power Point Presentation

Class Discussion

Preassigned readings-

World Health Organization (2010) "Framework for Action on Interprofessional Education and Collaborative Practice." Geneva: Switzerland. Available at http://www.chic.ca/files/Framework%20for%20Action%20on%20Interprofessional%20Education%20and%20Collaborative%20Practice.pdf

Oandasan, I. et al. Canadian Health Services Research Foundation (2006) "Teamwork in Health Care: promoting effective teamwork in healthcare in Canada." Available at http://www.chsrf.ca/SearchResultsNews/06-06-01/7fa9331f-0018-4894-8352-ca787daa71ec.aspx

2b.Panel of Health Care Professionals (S. Baird, physiotherapist; S. Chapman, dietitian; R. Rice, speech language pathologist; R. Robbins, physician; S. Ryan, social worker; J. Wall, occupational therapist; and P. Ward, nurse. Host – B. Roebothan)

Panelists briefly introduced the role of their profession in the larger area of health. Students asked questions of the panelists, guided by a predistributed case study.

Teaching methods used-

Group discussion

Case study (Appendix C)

WEEK 3 (3.Practical Components of Health Research)

3a.Library Research Skills: Asking the Research Question- Finding the Evidence

Shannon Gordon

Librarian, Health Sciences Centre Library, Memorial University of Newfoundland

Class held in computer laboratory.

Topics -

- Relevance of evidence-based practice
- Evidence-based searching skills
- PubMed tips and tricks
- PEN, Dynamed, and UpToDate
- Keeping track of the citations found. RefWorks.

Teaching Methods -

Power point presentation and lecture.

On computer in-class exercises.

Handout.

Class discussion.

Take Home assignment. (Appendix C)

WEEK 4 (3.Practical Components of Health Research [cont.]

and 4.Communication)

<u>3b. Identifying Funding Sources for Health Research</u>

A. Pope. (Office of Research and Graduate Studies, Faculty of Medicine, Memorial University of Newfoundland.)

Topics –

- Sources of Research Monies
  - National
  - Provincial
  - MUN and Faculty of Medicine

Teaching Methods -

Power Point presentation

Question and Answer session

<u>4a.Communication - Writing Skills</u>

Virginia Ryan MA, BA (Director of Writing Centre, Memorial University)

Topics –

- Paraphrasing and using quotations
- Use of the first person in writing

Teaching methods -

In class writing activities

Class discussions

Handouts

WEEK 5 (4.Communication [cont.])

<u>4a.Writing Skills [cont.]</u>

Virginia Ryan MA, BA

Topics –

- Clear technical writing
- A process for reviewing and analyzing the literature

Teaching methods –

In class writing activities

Class discussion

Take home assignment Compare and contrast *Food Prices and Obesity: Evidence and Policy Implications for Taxes and Subsidies* by L.M.Powell and F.J.Chaloupka with*Taxing Food: Implications for Public Health Nutrition* by M. Caraher and G. Cowburn. (Appendix C)

WEEK 6 (4.Communication [cont.])

<u>4b.Principles of Instructional Design and 4c.Interactive Presentations</u>

Vernon Curran PhD

Director of Academic Research and Development, Faculty of Medicine, Memorial University

Topics addressed included-

- Considerations in designing instruction
- Instructional Design Model
- Key Instructional Design Steps
  - Identifying the need – needs assessment.
  - Establishing the learner outcomes – setting objectives.
  - Defining and organizing the content.
  - Deciding on teaching methods – matching methods to desired outcomes.
  - Learner assessment.
  - Program evaluation.
- Effective Presentation Principles

Teaching methods used –

Power point presentation.

In-class exercises.

In-class discussions.

Handout on 'Power point presentation guidelines'.

Pre-assigned readings.

"Instructional Design Strategies for Health Behavior Change" by M.B.Kinzie. *Patient Education and Counseling* 56 (2005) 3-15.

""Education Techniques for Lifelong Learning: designing learning experiences" by J.Collins. *RadioGraphics* 27 (2007) 1511-1517.

WEEK 7 (4.Communication [cont.])

4d.Communicating with the Media

David Sorenson (Marketing and Communications, Memorial University)

Topics-

- Components of the story.
- Genres of media stories.
- Know the media habitat.
- Never be surprised. Prepare for the interview.
- Types of questions posed by interviewer.
- Tips for the interview.

Teaching methods –

Power Point presentation and lecture.

Class discussion.

WEEK 8 (5.Other Professional Skills/ Issues)

5a. Ethics in Health Care

Christopher Kaposy Ph.D. (Ethicist, Division of Community Health and Humanities, Faculty of Medicine, Memorial University)

Topics-

- What is bioethics?
- The Bystander Effect

Teaching methods-

Power point presentation and lecture.

Case studies.

Class discussion.

5b.Self-regulation of Health Professions and Protection of the Public

Marjorie Scott R.D.

Chair, Newfoundland and Labrador College of Dietitians

Topics-

- Foundation of public protection.
- Accountability.
- Roles of NLCD, DNL and DC.
- The Alliance.

Teaching methods-

Power point presentation and lecture.

Class discussion.

WEEK 9 (5.Other Professional Skills [cont.])

5c.Conflict Management/Resolution

M. Nichols (Director of Human Resources, Eastern Regional Health Authority)
B. Roebothan (Introduction of topic and assignment.)

Topics –

- Introduction .
- Conflict management in the healthcare setting.
- Sources of conflict.
- Conflict resolution.

Teaching methods –

Power point presentation and lecture.

Class discussion.

Take home assignment. (Appendix C)

Pre-assigned Reading –

D.A.Whetten and K.S.Cameron (2011). *Developing Management Skills (ed.8)* Chapter 7. Managing Conflict. NOTE book is on reserve in the HSC Library.

WEEK 10 (5.Other Professional Skills [cont.])

5d.Mentorship/ Preceptorship

B. Roebothan RD, PhD.

Eastern Health dietetic interns were invited to join the class for this week. The workshop entitled "Are You an Excellent Preceptor? Focus on feedback" was presented. Barbara Roebothan successfully completed a Train the Trainer session for this workshop hosted by Dietitians of Canada and developed and presented by Lynn Kirkland in Halifax in the fall of 2010.

Topics-

- Mentor versus preceptor.
- Value of mentorship and preceptorship.
- Worshop on 'feedback'.

Methods of Instruction-

Power Point presentation and lecture

Class discussion

Small group work – case study discussion

Preassigned Reading-

"Student-to-Professional Mentoring as a Supplement to Public Relations Education." By P.Larsen (2007). Available at www.allacademic.com/meta/p203194_index.html .

WEEK 11 (5.Other Professional Skills [cont.])

5e.Navigating the Health Care System

This specific topic was addressed from three different perspectives – that of the regional health authority (local); the Department of Health and Community Services, province of Newfoundland and Labrador(provincial); and Health Canada (national).

Presentors-

Wayne Millar, Vice President, Eastern Health

Janine Woodrow R.D., Ph.D., Department of Health and Community Services, Government of Newfoundland and Labrador

Teaching methods –

Power point presentations and lectures.

Class discussions.

WEEK 12 (5.Other Professional Skills [cont.] and 6.Course Conclusion)

<u>5e.Navigating the Health Care System</u>

Gerard Alexander, NL representative of Health Canada.

Teaching Methods –

Power point slides and lecture.

Class discussion.

<u>6.Student Presentations/ Debriefing</u>

Barbara Roebothan

Topics –

- Self-awareness
    - Student presentations
- Critique of course

Teaching methods used –

Class Discussion

Student presentations made by individual students using methods presented by V. Curran

Evaluation of student presentations by classmates using methods presented in workshop '*Focus on Feedback'.*

Appendix A

Professional Practice (in Health)

MED6730

Course Content and Schedule for winter 2012

Time Slot – Thursday mornings 9:00-12:00

Introduction (Jan.5)

9:30-12:00 B. Roebothan (Community Health and Humanities, Med., MUN) Course overview and setting of term assignment. **CLASSROOM – H2868**

Interprofessional Practice in Health (Jan.12)

9:00-10:15 O. Heath (Interprofessional Education, MUN) Introduction to interprofessional practice in the healthcare setting. **CLASSROOM – H2862**

10:30-11:45 Interprofessional panel. (PT, S. Baird; OT, J. Wall; SLP, R. Rice; nurse, P.Ward; social worker, S. Ryan ; physician, ; dietitian, S. Chapman. **CLASSROOM – H2862**

Practical Components of Health Research (Jan.19-26)

January 19

9:00-10:30 S. Gordon (HSC library, MUN) Designing the research question. Library tools to assist in research. **HSC LIBRARY, Computer Lab.**

10:40-12:00 V. Ryan (Writing Centre, MUN) Development/support of specific writing skills. **CLASSROOM – H2767**

January 26

9:00-10:30 S. Gordon (HSC library, MUN). Skills/ software to assist with literature search. **HSC LIBRARY, Computer Lab.**

10:45-11:45 A. Pope (Office of Research and Graduate Studies, Medicine, MUN). Sources of research funding. **CLASSROOM – H2767**

Communication (Feb.2-16)

February 2

9:00-12:00 V. Ryan (Writing Centre, MUN). Writing skills [continued]. **CLASSROOM - H2868.**

February 9

9:00-12:00 V. Curran (Faculties of Education and Medicine, MUN) **CLASSROOM – H2868.**

- Basic instruction design techniques.
- Optimizing oral presentations.

February 16

9:00-12:00 D. Sorenson (Marketing and Communications, MUN) Communicating with the media. **CLASSROOM – H2868.**

Special Professional Skills (Feb.23-March22)

February 23

9:00-10:00 C. Kaposy (Community Health and Humanities, Med., MUN). Health ethics. **CLASSROOM – H2868.**

10:15-12:00 M. Scott (College of Dietitians of NL). Professional accreditation and protection of the public. **CLASSROOM – H2868**

March 1

9:00-10:00 B. Roebothan (Community Health and Humanities, Med., MUN). A brief introduction to conflict management/ resolution. **CLASSROOM – 2J618**

10:15-12:00 M. Nichols (Human Resources, Eastern Health). Conflict management/ resolution in the health care setting. **CLASSROOM – 2J618**

March 8

9:00-12:00 B. Roebothan (Community Health and Humanities, Med., MUN). Preceptorship/ mentorship with a special focus on providing feedback. **CLASSROOM – H2862**

March 15

9:00-10:00 W. Millar (V.P., Eastern Health). Navigating the system from an Eastern Health perspective. **CLASSROOM – H2868.**

10:15-11:30 J. Woodrow (Dept. of Health and Community Services, NL). Navigating the system from the perspective of the provincial Dept. of Health and Community Services. **CLASSROOM – H2868.**

March 22

9:00-11:00 Student presentations. **CLASSROOM – H2868**

11:10-12:00 G. Alexander (Health Canada). Navigating the system from a federal perspective. **CLASSROOM – H2868.**

Appendix B

MEDICINE 6730 – Professional Practice

Winter 2012

Instructor – Barbara Roebothan assisted by numerous guest lecturers (see Course Outline)

e-mail – broeboth@mun.ca

Office – HSC 2839 (inside HSC 2836A)

Office hours – normally Wednesdays 9:30-11:30AM

Class times – Thursdays 9:00-12:00AM (Jan.5-March 22, inclusive)

Class rooms – H2868, H2862, H2767, and 2J618. The location of all classes unfortunately is not the same. See the attached page with rooms assigned for each week.

Textbook – There is no textbook assigned for this course. Readings will be assigned occasionally. When readings are assigned from a book, I will make every possible attempt to have a copy of that book reserved at the HSC library.

Course content – The Course Outline attached states which topics will be addressed by this course and the corresponding dates and presentors.

Some concepts presented by Power Point Slides as part of this course can be accessed through 'd2l'. Due to copyright issues not all course content will be accessible electronically.

Overall Goal of Course

To expose graduate students to skills intended to complement the knowledge and techniques which they will accumulate as graduate students and/or will need for optimal practice in a health/health-related discipline. It is intended that the student of this course -

- will identify a number of such skills, both of personal and professional value;
- will appreciate the absolute and relative value of such skills;
- will participate in activities providing preliminary practice of some skills;
- will appreciate the need for associated ongoing practice and/or coaching and/or sharing of skills;
- and will have the opportunity to reflect on and discuss the value of this course in acting as a 'springboard' to developing one's own set of required professional skills.

More specific course objectives are –

- to develop an appreciation of the concept of *professionalism* in students. To have students understand the significance of professional standards of practice and the importance of related ethical issues and considerations.
- to expose the student to the concepts of preceptorship and mentorship. To develop in the student an appreciation for the importance of current knowledge, continued professional development and mentorship to support the successful professional.
- to make the student aware of some issues pertinent to primary health care. To expose students to a multidisciplinary approach to health in an attempt to foster a true appreciation for the role of multiple health care providers. To expose the student to the contribution of those representing a variety of professions/disciplines to the larger field of health care.
- to introduce students to the development of research ideas and the processes associated with research funding.
- to give the student instruction in and the opportunity to practice and improve his/her communication skills through a variety of formats including group discussion, group presentation, individual presentation and the development of written documents.
- to help the student build upon his/her own professional network.

Tentative Course Evaluation

Class attendance ** and participation	25%
Assignment on Interprofessional Practice Case Study (due Jan.19)	10%
Writing assignment (due date to be set by V.Ryan)	20%
Library research assignment (due date to be set by S.Gordon)	10%
Assignment on conflict management/ resolution (due March 8)	10%
Term assignment	25%
Written submission (15%, due March 22)	
Presentation (10%, on March 22)	___
TOTAL	100%

Course Content

Attached. If any class is cancelled by the university due to poor weather, we will try to reschedule but this may not always be possible.

** Students are expected to attend all scheduled classes; to pass in assignments on time; to come to class prepared, especially when out-of-class assignments/readings have been pre-set for this purpose; and to participate in class as much as possible. This is especially important as the number of registered students is small and the number of guest presentors is large.

Appendix C – Course Assignments

Term Assignment

1. Grade your 7 tests of self-awareness by comparing your answers to the scoring key provided on pages 97-103 of *Developing Management Skills. Ed.8, 2011,* by D.A.Whetten and K.S.Cameron. (on reserve in the HSC library)

2. Read Chapter 1 of this book, *Developing Self-Awareness.*

3. Complete suggested assignment 2 on page 95 of that same book.

4. Based upon your scores from 1 above, chose one of the areas of self-awareness where your score was different from what you had expected. Consider the second score that you achieved on that same test from another person (3 above). Reflect upon what they mean.

5. Prepare a 4-6 page document, utilizing concepts presented in the assigned reading, -
    1. To address how self-aware that you found yourself to be according to the scores obtained on test #1. Were you surprised or not? Please append your scores to test #1.
    2. Discussing your findings from 4 above. Suggest things that you can do to improve yourself in this respect. Please append both sets of scores obtained – one from grading the test performed during the first class and one from grading the test performed about you by a second person.

6. Submit your written document on March 22. Make an oral presentation of 10-12 minutes on the value of self-awareness with a specific focus on the component of self-awareness which you chose to address in your written assignment (on March 22). You do not have to refer to any personal scores/ realizations in your presentation.

MED. 6730 (Professional Practice)

Instructor – Barbara Roebothan

Case study on Interprofessional Care

Mary is a 32 year old single parent of three children – one daughter aged 30 months, Sally, and twin boys aged 48 months (or 4 years), Pete and Paul. Mary moved to St. John's, NL with the father of her children approximately three years ago while she was pregnant with her daughter, although she was not aware of the pregnancy when the move was planned. She relocated from North Bay, Ontario despite her parents' strong objections. She has settled into the St. John's community well. She has obtained full time employment as a clerical worker with a large industrial firm, has made some friends, is renting an older but acceptable apartment and plans to raise her children in St. John's. She is no longer with the children's father. He now works in northern Alberta but does periodically, although irregularly, send her money to help support the children.

Mary – Her standing height is 5'4" and her total body weight is 159 lbs. She feels anxious about her body weight and feels that if she loses a few pounds that she would look better and fit into the many outfits that she has saved from before her first pregnancy. She has a plan to request that her office be converted to a 'standing office' as a colleague at work has told her that somebody in their Halifax branch did have their office converted to a 'standing office' to substitute office sitting time by office standing time. In six months the individual at the Halifax branch had lost five pounds.

Both Mary's mother and grandmother have limited movement and considerable discomfort in some joints due to arthritis. She made an appointment to see her physician (general practitioner) with the intent of getting a prescription for medication to deal with a current sore throat and to discuss her idea of the 'standing office' and its possible aggravation of future potential arthritis. Mary has some worries about Pete too and wanted to ask her physician also about obtaining a referral to a speech language pathologist (SLP) for him.

It is difficult to get a new doctor in St. John's. After she does finally get in to see Dr. Jones he is pleasant and discusses her sore throat and provides her with a prescription to ease the discomfort in her throat. Once Mary raises the issue of her plans for a 'standing office' Dr. Jones advises her that he has a one problem/ one visit rule and that she will have to make another appointment to discuss that.

Paul – Paul is four years old and although he appears to be physically active and pleasant, he recently started stuttering. He has been stuttering now for about 3-4 months and it has become more frequent over the past month. This has become a concern for Mary recently as he just began preschool and is scheduled to begin kindergarten with his brother Peter next year. Attention to his speech problems will have to be delayed now as she will have to wait for at least one more appointment to see Dr. Jones and obtain a referral for the SLP.

Recent feedback from Paul's preschool suggests that he does not like to participate in crafts, largely associated with difficulties using scissors. He also has difficulty getting his words out without stuttering. These challenges appear to frustrate him. His behaviour is becoming more disruptive and he is not making new friends.

Pete – Pete was very delayed in his speech production and his mother and father had identified the problem approximately two years ago. At that time, when he was 2 yrs., the boys began talking more in sentences and it was obvious that Pete's speech was harder to understand than Paul's. Pete has been receiving therapy from an SLP since then. His time with the SLP, Ms. White, seems to be having a very positive effect on his speech however Mary is not satisfied with that particular SLP. This is why she wants Paul referred to a different SLP. Peter does not look forward to attending sessions with the SLP and Mary thinks that he should. A friend at work has a son Jack about the same age as Pete and Paul. Jack loves to see his SLP. Jack and his SLP, Ms. Green, spend much of their time together making cookies and Ms. Green rewards him with the cookies they make when he has a good session.

Sally – Sally is a bright, healthy and active little girl. She loves her mother and brothers. Mary is concerned that Sally does not get to spend enough quality time with her family though. On the few occasions when they are together she seeks out their attention often by 'misbehaving'. She finds it difficult to 'wait her turn' and she yells and shouts often even when she is told that she should not. One day last week Mary was called to the telephone while making supper. Sally and her brothers were told to stay away from the stove. Sally was making a lot of noise and so her mother stepped out of the kitchen to hear what was being said over the phone. Sally reached up for an untended saucepan. She tipped the pan of boiling water and burned her hand and arm. Sally required subsequent medical attention.

Sally actually walks on her toes often these days, not just when she is reaching. Mary has noticed this for some time but thought that Sally would 'grow out of it' and begin walking normally. However, the practice has persisted and now that Sally is three Mary would like to have this addressed.

NOTE – This case study and related questions were developed and written by Barbara Roebothan RD, PhD specifically for use in MED6730 (Professional Practice).

Specific Questions – pertaining to Mary

1. Body Size.
   a.)What is Mary's BMI? Does this suggest that she is at an increased risk of ill health associated with her total body weight? Do you think that this should be a priority for Mary in her specific situation?

   b.) What health professionals/paraprofessionals could be consulted for credible support with this specific issue?

2. Standing Office.
   a.) What is a 'standing office'?

   b.) How practical/costly do you think that its installation would be?

   c.)What health professionals/paraprofessionals could be consulted for credible information pertaining to the value of this type of work station to Mary's personal health situation?

3. Physician Appointment.
   a.)When Mary has a sore throat she appears to know how to find support for this problem. What does she do? Is this an appropriate measure?

   b.)Have you ever heard of the one problem/one visit rule? Why do you think that the physician chose to follow this rule? Do you agree or disagree?

   c.) By adhering to the one problem/one visit rule, Mary thinks that she now has to wait for another appointment with her doctor to receive a referral to a speech language pathologist. Is she correct?

   d.) What is an Allied Health profession? In NL, do you need a physician referral to visit an Allied Health Professional? Is this the same for all provinces? Do you agree or disagree and why?

Specific Questions – pertaining to Paul

1. Stuttering.
   a.)Paul has recently begun to stutter. His mother plans to consult a Speech Language Pathologist (SLP)? Is that an appropriate measure?

   b.)Do you think that it is important for Paul to see a Speech Language Pathologist at this time? Why? What could be the short term and long term consequences for Paul if he does not visit an SLP for the next two years?

c.)Who would his mother call to get an appointment with an SLP in St. John's? How long a wait is there at present to see an SLP in St. John's? How would this wait compare to the wait expected for an appointment to an SLP if Paul lived in Joe Batt's Arm, Notre Dame Bay, NL?

2. Fine Motor Movements.
   a.)Paul appears to have 'behaviour problems' at preschool. Who do you think his mother should contact to address this issue? Why?

   b.)It is likely that his misbehaviour stems, at least in part, from his speech difficulties and frustrations arising from his inability to participate fully in making crafts, for example with the use of scissors. How would you know if this was a real issue of concern? What health professional(s)/paraprofessional(s) could answer this question and/or address the possible problem?

   c.)Is it important that Paul's fine motor skills be addressed at this time? Why or why not?

<u>Specific Questions – pertaining to Pete</u>

1. Speech Therapy.
   a.)Pete's therapy appears to be having positive results yet his mother would like him to see a different SLP. Do you agree or disagree? Why or why not?

   b.)A dietitian who visits Pete's preschool spoke with Mary last week and after hearing Mary's concerns about the methods employed by the current Speech Language Pathologist versus those of Ms. Green, the dietitian stated decisively that her opinion was that Pete should continue to see his current SLP, Ms. White. The dietitian was in a hurry and could not explain her reasoning at the time. Do you agree with the dietitian? Why or why not?

<u>Specific Questions – pertaining to Sally</u>

1. Inappropriate Behaviour.
   a.) Sally and her brother both have some behaviour difficulties. Do you think that the source of her problem is different from that of Paul?

   b.) How and when should her behaviour problems be addressed in comparison to Paul's behaviour problems? Explain any possible differences.

   c.) What health professional do you feel would be the best to approach for consultation on this issue?

2. Burn.
   a.)Sally walks on her toes a lot these days and her mother thinks that it was partly to blame for her being able to reach up to the pot of boiling water. Mary asks all of her friends," Is this 'normal'?" If Mary cannot obtain an adequate answer to the question from her friends what will she likely do? What should she do? Who would be the most appropriate health care professional to address this question?

   b.)At the time the boiling water spilled on Sally, Mary instantaneously knew where she wanted Sally to go for medical attention and she was able to access that care very quickly. Where do you think that she brought Sally for care?

   c.)By comparing your answers to a.) and b.) of this question, what do you think can be said that is true for the ability of most members of the general public to 'navigate' their health care system?

General Questions

1. Does this situation seem realistic? Are there other families in our community facing issues/problems of a similar number and magnitude?

2. As the head of this household, does Mary face any unique issues/problems? Try to prioritize these issues if you feel that there are any? (Specific issues are dealt with in more detail below.)

3. If Mary does procure the support of a healthcare provider(s) to deal with some of the issues raised, how much should the health care provider(s) know about Mary's personal life? Why or why not?

4. Recent investigations into the Canadian healthcare system suggest that the system is very important to Canadians and that they want to retain a quality healthcare system. However, a system such as ours is very difficult to sustain as it is so expensive and costs seem to be rising. How could some specific issues raised by these questions, and the general principles of interprofessional practice in health, be used to help control the rising costs of our healthcare system?

5. There are a number of issues/problems which have been identified with this family at this time. In general, how do you think that the overall costs associated with dealing with the identified problems now at a very early stage would compare to the associated costs of dealing with the long term consequences (assuming that the problems are not dealt with in the short term)? Provide some specific examples.

6. What other professionals/paraprofessionals (apart from those traditionally associated with the health issues identified in this case) would have important services/supports to help this family in their present situation? Explain.

NOTE – This case study and related questions were developed and written by Barbara Roebothan RD, PhD specifically for use in MED6730 (Professional Practice).

Med6730 Assignment: Finding the Evidence
January 2012 Worth 10%

Your assignment is due by **9am on Thursday, February 2, 2012**. Submit it to the Circulation Desk in the Health Sciences Library to the attention of Shannon Gordon.

1. **Create your own Dietetics scenario:** Create a Dietetics scenario for which you will find appropriate evidence. Write your scenario as it would exist in a professional/ clinical environment.

2. **Reflect on your scenario by answering these questions:**

   a. What is your answerable research question?
   b. What are the key concepts of your research question?
   c. Does your research question have any sub-questions? If so, what are they?

3. **Search PubMed:** Perform a search in PubMed based on the components you identified in step 2. You are required to submit your search strategies and the first page of results.

4. **Search 2 evidence-based resources:** Perform a search in 2 evidence-based resources available through the Health Sciences Library. You are expected to submit the first page of results from each.

5. **Reflection:** Write a brief comparison of the 3 resources (PubMed and the 2 evidence-based resources). Identify their advantages and disadvantages in terms of content, ease of searching, comprehensiveness of results, relevance of results to your scenario, and utility in various settings and situations. Paragraph, or point-form, is acceptable.

   You will be evaluated on the appropriateness/effectiveness of your search strategies, the identified components of your scenario, and on your demonstrated understanding of the differences between selected resources.

Medicine 6730

Take Home Writing Assignment (Value 20%)

You are required to write and submit a miniature literature review addressing a minimum of three papers. Please use any two of the three articles distributed in class and a third of your own choice. You are free to use more articles if you would like. As discussed in class, be sure to provide your own opinion in the introductory paragraph and/or the closing paragraph and/or throughout. For example, one possible structure could be –

Issue X/Paper X – authors say…

Issue Y/ Paper Y – authors say…

Issue Z/ Paper Z- authors say…

Your opinion

You can use 'I'.

Aim for a length of at least six double-spaced pages. The good copy is due to be submitted on March 5. Then we will meet one-on-one to work on this good copy. I will wait for you to set appointments with me for this purpose. You can make one or multiple appointments but a minimum of one is required.

Assignment on Conflict Management

Professional Practice (MED 6730)

1. Conduct the two pre-assessment diagnostic surveys for managing conflict beginning on page 374 of Whetten and Cameron, preferably prior to reading Chapter #7. After you have read the chapter do a post-assessment of the same tests. Compare your scores. This is for your own interest only and these scores do not have to be submitted.

2. a.)According to your findings in question 1, what is your primary conflict management strategy? What is your secondary conflict management strategy? Briefly explain these strategies.

   b.)Which approach to conflict management does Whetten and Cameron refer to as the 'win-win' approach? Briefly explain why.

3. a.)Whetten and Cameron offer a method for distinguishing types of interpersonal conflict. What do they see as the main focuses of interpersonal conflict? Briefly describe these.

   b.)Although you may not chose to be involved in any type of interpersonal conflict, this is inevitable at some time. If you must be involved in an interpersonal conflict and could chose its focus which would you chose and why?

   c.)Whetten and Cameron identify a number of sources of interpersonal conflict. What are these? Which source(s) of conflict is likely to come into play in a large hospital kitchen in downtown Toronto where the employees represent a large variety of ethnic and cultural backgrounds?

   d.) Molly's is a restaurant which belongs to a large national chain. The restaurant chain is in the process of changing its practice of preparing/baking dessert items in-house to one of purchasing these items premade from an outside bakery. There is currently a bakery team of four employed at Molly's. When they were first told about this upcoming change in practice the 'bakery team' began to argue amongst each other. What is the most apparent source of the conflict, knowing that these four employees worked together well and amicably in the past? What would you suggest that could be done to address this conflict?

4. The likelihood that one particular approach/strategy to conflict management will be successful depends very much upon situational factors. Whetten and Cameron provide three situations/scenarios for you to use for practice in choosing an appropriate conflict management strategy. These begin on page #418. Briefly discuss the answers to the two questions posed for each situation (Bradley's Barn, Avacado Computers and Phelps, Inc.).

5. a.)Does conflict, and thus conflict management, differ in the healthcare setting as compared to other employment/business settings? Explain briefly.

   b.)Has the source and/or type of conflict experienced in the healthcare setting changed significantly with time? Explain briefly.

6. Many disputes in the organizational setting are resolved with the help of a third supposedly neutral party. Briefly describe three methods of third party conflict resolution.

Updated Course Outline for MED6731

Community Nutrition

<u>Course Instructor</u> – Barbara Roebothan RD, PhD

General Goals of the Course

Students with a variety of nutritional experiences will likely register for this course, including those with varying levels of credible knowledge in foods/nutrition/dietetics and those with a possible acceptance of nutrition misinformation to varying degrees. The general intent of this course is to provide all students with an appreciation of nutrition as a new science and the implications that this has upon the prevalence of nutrition misinformation in our society. Students will be introduced to new concepts in the field of nutrition and/or elaborations on concepts of which they have some pre-existing knowledge. These concepts should illustrate the role played by food/nutrition/dietetics in the context of population health and the importance of its role relative to other factors, especially as it pertains to the promotion of health and wellness and the prevention/delay of disease onset.

Specific Objectives

As a result of completing this course it is intended that-

- The student will improve his/her analytical skills as they pertain specifically to nutrition research.
- The student will learn to be wary of nutrition claims.
- The student will learn to appreciate the relative importance of nutrition as a factor associated with health promotion and the delay of disease onset.
- The student will understand the definition of food security/insecurity and how it is experienced to different degrees by subgroups of Canadians.
- The student will become aware that malnutrition encompasses both undernutrition and overnutrition, of both micronutrients and macronutrients/energy.
- The student will be introduced to a variety of methods used to assess nutritional status, including, but not limited to, the use of anthropometric and dietary intake data.
- The student will understand why the Dietary Reference Intake has a number of components and how they can be used to assess dietary intake data and nutritional status.
- The student will become (more) aware of specific nutritional problems experienced today by many in our communities including excessive micronutrient intakes (including sodium) and inadequate nutrient intakes (including dietary fibre).

- The student will be able to appreciate the relative value of nutrients contributed to the diet through supplements versus foods.
- The student will be able to distinguish between eating disorders and disordered eating and appreciate their prevalence in today's society.
- The student will be reminded of the prevalence of overweight/obesity in today's society and understand that it has negative effects on both physical and mental health.
- The student will understand the concept of energy balance. The student will appreciate the complexity of factors associated with human energy requirements and utilization.
- The student will be exposed to a multidisciplinary approach of addressing overweight/obesity.
- The student will see how education and fortification can both be used to address nutrition problems at the community level. The student will understand the potential values and disadvantages of utilizing each.
- The student will be exposed to many of the factors which influence food choice.
- The student will learn how a number of nutrition problems are addressed at a community level in the province of Newfoundland and Labrador.

WEEK 1

CLASS OVERVIEW, JAN.10

- Personal Introductions
- Course Content and Evaluation (Handout) (Appendix A)
- Health
    - Very complex.
    - Its importance to Canadians.
- How does nutrition fit into health?
    - The determinants of health.
    - Food security/insecurity.
- How important is nutrition to health, relative to the many other associated factors?
    - Major causes of death.
    - Relative importance of nutrition and other factors associated with the major causes of death.

Teaching methods –

Power Point presentation with lecture.

In class discussions.

Handouts.

Assigned Readings –

Public Health and Preventive Medicine in Canada (ed. 3) by C.P.Shah pp.18-23.

Household Food Insecurity in Canada in 2007-2008. Health Canada.

Preventability of Cancer by Food, Nutrition and Physical Activity. HANDOUT (for next week's in-class group presentation)

Principles of Nutritional Assessment (2005) by R.S.Gibson pp.1-11.

Eating Well with Canada's Food Guide – online. Health Canada

WEEK 2

CLASS OVERVIEW, JAN.17

- Review of last class.
- Student group presentation on preventability of cancer.
    - Overview of assigned article.
    - Class discussion (lead by presentors).
- A broad definition of malnutrition
    - Undernutrition (of micro and macronutrients/energy)
    - Overnutrition (of micro and macronutrients/ energy)
- Undernutrition of a micronutrient . Malnutrition, example #1
    - General stages of development
    - Implications for assessment
        - Dietary intake data
            - Using the Dietary Recommended Intake (DRI) as a standard to assess
            - Set term assignment (Appendix A)
        - Biochemical and laboratory tests, clinical evaluation

Teaching methods-

Student group presentation.

Power Point presentation and lecture.

Class discussion.

Assigned readings –

Under-Reporting of Energy Intake in the CCHS (2008) by D.Garriguet.

"*Understanding Normal and Clinical Nutrition" ed.8* (2009) by S.R.Rolfes, K.Pinna and E.Whitney. Tables in appendices for DRI worksheet and pp.596-606. ON RESERVE IN HSL LIBRARY

<http://www.hc-sc.gc.ca/fn-an/nutrition/reference/index-eng.php>

Dietary Reference Intakes for Vitamin C, Vitamin E, Selenium, and Carotenoids by the Institute of Medicine. Pp.1-14 and 21-33.

The 2011 Dietary Reference Intakes for calcium and Vitamin D: What dietetics practitioners need to know by A.C.Ross, J.E.Manson, S.A.Abrams et. al. (2011) J. Am. Diet. Assoc. 111:524-7.

WEEK 3

CLASS OVERVIEW, JAN.24

- Review of last class
- The Dietary Recommended Intake (DRI)
    - Components
    - Vitamin D. New recommendations for dietary intake.
        - Physiologic function and synthesis with sunlight exposure.
    - Assign and begin DRI worksheet (Appendix A)
- The Estimated Energy Requirement (EER)
- Using anthropometry to assess undernutrition and overnutrition of macronutrients/ energy
    - Introduction to anthropometry
    - Standards
        - For children (new WHO growth charts)
        - For adults

Teaching methods-

Power Point presentation and lecture.

In class activity.

Class discussion.

Handouts.

Assigned readings -

Vitamin E and the Risk of Prostate Cancer: The selenium and vitamin E cancer prevention trial (SELECT) by E.A.Klein, I.M.Thompson, C.M.Tangen, et. Al. JAMA 2011, 306(14), 1549-1556. (for in-class student group presentation)

Mortality in Randomized Trials of Antioxidant Supplements for Primary and Secondary Prevention: Systematic review and meta-analysis. By G.Bjelakovic, D.Nikolova, L.L.Gluud, et. al. JAMA 2007, 297(8), 842-857.

WEEK 4

CLASS OVERVIEW, JAN. 31

- Undernutrition of macronutrients/ energy. Malnutrition, example #2
    - Guest presentor, Dr. Olga Health on *Eating Disorders and Disordered Eating.*

- Discuss DRI worksheet
- Overnutrition of a Micronutrient. Malnutrition , example #3.
    - Student group presentation on excessive vitamin E intakes.
        - Overview of assigned paper.
        - Class discussion guided by students.

Teaching Methods-

Guest presentation.

Video presentation.

Power Point presentation and lecture.

Class discussions.

Assigned Readings-

*Less Frequent Eating Predicts Greater BMI and Waist Circumference in Female Adolescents b*y L.D.Ritchie. Am. J. Clin. Nutr. 2012, 95(2), 290-296. (for student group presentation)

Modern Nutrition in Health and Disease (ed.10) 2006. Edited by M.Shils …pp.1013-1019 and 1023-1027. NOTE book is ON RESERVE in the HSCLibrary.

Nonexercise Activity Thermogenesis (NEAT): environment and biology by J.A.Levine. Am. J. Physiol. Endocrinol. Metab. 2004, 286:E675-E685.

Projected Effect of Dietary Salt Reductions on Future Cardiovascular Disease. By K.Bibbins-Domingo, G.M.Chertow, P.G.Coxson et. al. N. Eng. J. Med. 2010, 362, 590-599.

WEEK 5

CLASS OVERVIEW, FEB.7

- Nutritional Supplements
  - Supplements recommended in Canada.
  - Supplement users
  - Advantages and disadvantages of consuming supplements
- Sodium
  - Recommended intakes
  - Negative effects of high intakes on physical health
  - The Sodium Reduction Strategy for Canada
- Overnutrition of Macronutrient/ Energy. Malnutrition, example #4.
  - Student group presentation on time of energy consumption.
    - Overview of assigned article.
    - Discussion guided by students.
  - High rates of overweight/ obesity and multiple factors associated with cause.
  - Relative contributions of genetic and environmental factors.

Teaching methods –

Power Point presentation and lecture.

Class discussion.

In class activity (small groups).

Assigned readings –

The Sodium Reduction Strategy for Canada www.healthcanada.gc.ca/sodium

WEEK 6

CLASS OVERVIEW, Feb.14

- Midterm quiz

- Overweight/ obesity (cont.)
    - Energy balance.
        - Physical inactivity.
        - Dietary factors.
        - Other environmental influences.
        - Relative contribution of associated factors with cause and management.
    - Increased risk of physical illness.
    - Increased risk of mental illness.
        - Weight bias against overweight/obese adults.
        - Enhanced preoccupation with body size.

Teaching Methods –

Power Point presentation and lecture.

Class discussions.

In-class assessment.

Assigned readings –

Weight Loss with a Low-Carbohydrate, Mediterranean, or Low Fat Diet by I.Shai, D.Schwarzfuchs, Y.Henkin, et. al. (2008) N. Eng. J. Med. 359(3):229-241. (for student in-class group presentation)

Prospective Study of Dietary Energy Density and Weight gain in Women by M.Bes-Rastrollo, R.M.vanDam, M.A.Martinez-Gonzalez, et. al. (2008) Am. J. Clin. Nutr. 88:769-77.

Obesity, Diets, and Social Inequalities by A.Drewnowski (2009) Nutr. Rev. 67(Suppl.1):S36-9.

WEEK 7

CLASS OVERVIEW, FEB.28

- Continue discussion of overweight/obesity.
    - Associated social inequalities.
    - Multidisciplinary approach.
    - *2006 Canadian Clinical Practice Guidelines on the Management and Prevention of Obesity in Adults and Children*
- Student group presentation.
    - Overview of assigned article.
    - Discussion guided by students.
- Discuss midterm.
- Discuss term assignment.

Teaching methods –

Power Point presentation and lecture.

In class discussions.

Take home assignment on Nutrition Misinformation.

Student group presentation.

Assigned readings –

Community Nutrition in Action, ed. 5 (2010) by M.A.Boyle and D.H.Holben. pp.135-157. (ON RESERVE in the HSC library)

WEEK 8

CLASS OVERVIEW, MARCH 6-

- Research
  - Qualitative versus quantitative.
  - Observation versus intervention.
  - Nutritional epidemiology.
- Sources of food/ nutrition data.
- Guest presentation by Dr. Wendy Young on *Entertainment Research in Public Health*

Teaching methods –

Guest presentation.

Video clips.

Power Point presentation and lecture.

Class discussions.

Assigned readings –

Cluster Analysis and Food Group Consumption in a National Sample of Australian Girls (2012) by J.A. Greiger, J.Scott and L.Cobiac. J. Hum. Nutr. Diet. 25, 75-86. (for in-class group presentation)

Nutrition Education. Linking research, theory and practice. by I.R.Contento pp.3-23, and 131-137. (ON RESERVE in HSC library)

Agri-Food Trade Service. Consumer Trend Report. Convenience. June 2010. Available at http://www.ats.agr.gc.ca/inter/5527-eng.htm

WEEK 9

CLASS OVERVIEW, MARCH 13-

- Student presentation.
    - Overview of assigned article.
    - Class discussion guided by students.
- How are identified community nutrition problems addressed?
    - Nutrition education versus food fortification
- Introduction to *Transtheoretical/Stages of Change* theory
- Nutrition Education
    - Definition, differing views
    - Value
    - Efficacy
    - Factors influencing dietary intake
        - Food labelling
        - Convenience trend
    - Nutrition misinformation – set assignment (Appendix A)

Teaching methods –

Power Point presentation and lecture.

Class discussions.

Student group presentation.

Assigned readings –

Eating for Health: Perspectives of older men who live alone (2011).Nutr. and Diet. 68, 221-225. (for student group in-class presentation)

Position of the American Dietetic Association: Food and nutrition misinformation (2006) J. Am. Diet. Assoc. 106(4),601-607.

An Outbreak of Hypervitaminosis D Associated with the Overfortification of Milk from a Home-Delivery Dairy.(1995) By S. Blank, K.S.Scanlon, T.H.Sinks et al. Am. J. Pub. Health 85, 656-659.

Iron and Folate in Fortified Cereals.(2001) *b*y P.Whittaker, P.R.Tufaro and J.I.Rader. J. Am. Coll. Nutr., 247-254.

WEEK 10

CLASS OVERVIEW, March 20

- Student presentation
    - Overview of assigned article
    - Student-guided discussion
- Nutrition education
    - Efficacy
    - Factors influencing dietary intake
- Sources of Nutrition Education
- Fortification
    - Basic principles
    - Monitoring the process
    - Mandatory versus discretionary
- Misinformation Assignment (discussion)

Teaching methods-

Power point presentation and lecture.

Class discussion.

Student group presentation.

WEEK 11

CLASS OVERVIEW, March 27

- Quiz
- Student presentation (individual)*
- Student presentation (individual)*
- Term Assignment (discussion)

Teaching Methods-

In-class assessment

Class discussion.

*Individual class presentations. (Any nutrition/dietetics students registered in the class have the option of researching a specific topic and presenting it to the class in lieu of classes, quizzes and/or assignments.)

WEEK 12

CLASS OVERVIEW, APRIL 4

- Guest presentation (Janine Woodrow R.D., Ph.D.; Department of Health and Community Services , Province of Newfoundland and Labrador)
    - "Addressing Nutrition-Related Health Issues and Associated Initiatives in Newfoundland and Labrador"
- Course evaluation

Teaching methods –

Power point presentation and lecture.

Class discussion.

APPENDIX A

MEDICINE 6731 – Community Nutrition
Winter 2012

Instructor – Barbara Roebothan e-mail - broeboth@mun.ca

Office – HSC 2839 (inside HSC 2836A)

Office hours – normally Wednesdays 9:30-11:30AM

Class times – Tuesdays 9:30-12:30PM (Jan.10- March27)

Class room schedule attached

Textbook – None, however out of class readings will be assigned.

Course materials – Class attendance is compulsory. Students are responsible for all materials presented in class and assigned readings. Some printed materials may be distributed in class. Most of the Power Point Slides presented in class will be available on 'd2l'.

Overall Goal of Course

Students with a variety of nutritional experiences will likely register for this course, including those with varying levels of credible knowledge in foods/nutrition/dietetics and those with a possible acceptance of nutrition misinformation to varying degrees. The general intent of this course is to provide all students with an appreciation of nutrition as a new science and the implications that this has upon the prevalence of nutrition misinformation in our society. Students will be provided an opportunity to enhance their ability to critically analyze nutrition research. Students will be introduced to new concepts in the field of nutrition and/or elaborations on concepts of which they have some pre-existing knowledge. These concepts should illustrate the true role played by food/nutrition/dietetics in the context of population health and the importance of its role relative to other factors, especially as it pertains to the promotion of health and wellness and the prevention/delay of disease onset.

Brief Course Outline

1. Health.
    a. Its complexity.
    b. Its value to Canadians.
    c. What contribution do dietary/nutrition factors make to health?
        i. From the perspective of the Determinants of Health.
            1. Example, food insecurity.
        ii. From the perspective of disease prevention.

2. ‘Undernutrition’ and ‘overnutrition’.
    a. Defined from a broad perspective.
    b. Overview of nutritional status assessment.
        i. Dietary intake data and the DRI.
        ii. Laboratory and clinical tests.
        iii. Anthropometry.
    c. Specific examples of ill health strongly associated with ‘overnutrition’ as it pertains to-
        i. Sodium
        ii. Energy (overweight/obesity)
    d. Specific examples of ill health strongly associated with ‘undernutrition’ as it pertains to-
        i. Vitamin D and calcium?
        ii. Energy (eating disorders and disordered eating) - **guest**

3. Dealing with nutrition problems at the community level.
    a. Introduction to the Nutritional Care Process.
    b. Nutrition education and the prevalence of nutrition misinformation.
        i. The importance of good research in controlling nutrition misinformation.
        ii. Being critical yet open-minded when interpreting research findings - **guest**
    c. Supplementation and fortification.
    d. Specific programs developed to address nutrition-related health problems in NL – **guest**

<u>Tentative Course Evaluation</u>

Class Attendance and In-class Contributions	10%*
Assigned Paper (with partner)	
Summary Presentation and guiding class discussion	10% (group grade)
Dietary Intake Research Assignment	30%*
Interview notes (10%)	
Data entry and analysis (10%)	
Personal write-up (10%)	
Worksheet on Dietary Reference Intakes	10%*
Nutrition Misinformation Case Study	10%*
In-class quizzes on course content (Feb14 and March 27)	2 x 15% = 30%*

NOTE – Students are expected to attend all scheduled classes; to come to class prepared, especially when out-of-class assignments/readings have been preset for that purpose; and to participate in class as much as possible.

*MPH(nutr/diet) students may be permitted to carry out individual research on a relevant nutrition related topic. That research will be presented in a written research paper plus an oral presentation to the class and graded in lieu of quizzes and assignments.

MEDICINE 6731

Dietary Intake Research Assignment (total value 10% + 10% + 10% = 30%)

Data Collection, Part 1 (10%) – **due Tuesday, Feb.7**

Winter 2012

This assignment will carry us throughout the semester. It will be graded as three separate components.

When you conduct research with humans it is very important that the subjects are fully informed as to what participation in the project involves before they decide to volunteer. To assure that you have done this, you must get your subject to sign the consent form provided. A copy of the signed consent form must be submitted to me with the notes of your interviews (the first portion of this assignment to be submitted).

Data Collection –

Each member of this class will be responsible for interviewing a consenting adult, aged 19-24 years, after having acquired a signature on the consent form. The interviews will consist of you, on two separate occasions, asking and **carefully** recording **everything** that your subject ate and drank during the day immediately prior to the interview, 12:00 midnight to 12:00 midnight (2 x 24-hour recall). It is important that you record volumes consumed and **all** other **relevant details** (how the food was prepared, the brand name, etc.). Be sure that these notes are legible for they must be used by a classmate for data entry. The interview notes that are submitted to me must contain **units as they were reported by the subject at the interview PLUS units which can be entered into the computer** by a classmate using the dietary intake software package provided in Computer Lab A of the HSC library. For example, your subject will likely report foods consumed as units of weight. Some of these may have to be converted to units of volume before entry into the computer but I need to see exactly what the subject reported to you in the interview plus any conversions which you feel were necessary before data entry.

To help you decide upon the level of detail required in your interview notes you may want to look at the software which will ultimately be used to analyze the dietary intake data collected. The Food Processor software will be installed on computers in the HSC library. They will be clearly labelled.

As well as the dietary intake data, you must also collect some personal data on your subject. You will need a first and last name (although this/these can be fictitious) but also the gender, age, weight,

height, and approximate physical activity level. For this project, self-reported heights and weights of subjects are acceptable. You must categorize your subject as sedentary, lightly active, moderately active, very active or extremely active based upon his/her self reported **regular/ 'normal'** daily activities. The following information should help –

- Sedentary/Rarely Active.
- Lightly Active. Most office workers, doctors, lawyers, students, teachers, housewives, musicians…This level is based upon eight hours of sleep, 13 hours of sitting and standing, three hours of light activity (walking, laundry…), and one hour of moderate activity (walking, tennis…).
- Moderately active. Farmworkers, childcare providers, tradesmen, active students, commercial fishermen…).
- Very Active. Full-time athletes, unskilled labourers, forestry workers, miners…
- Extremely Active. Lumberjacks, construction workers, heavy manual digging…

When you chose one of these activity levels to describe your subject make sure that your submission to me explains why you have made that choice. A brief explanation is adequate.

Copies of all notes which have been taken at the interview plus the signed consent form must be submitted to me by Tuesday, February 7.

Data Entry and Nutrient Analysis –

You are responsible to enter the dietary intake data which I will provide to you on Wednesday, January 28. It will have been collected by one of your classmates. Appropriate software is available in SN 3000, the Biochemistry computer lab, to analyze these dietary intake data. A demonstration on the use of this software will occur **Friday, January 16** during scheduled class time. There will also be somebody present in the computer lab during all of the hours when it is open but those available to help you at those times in the lab may not be totally familiar with the software required for this assignment. Therefore try to attend class on January 16.

After you enter your assigned data you are expected to perform an analysis for average nutrient content **per day**. You will need to analyze the food consumed for the following- water, protein, total carbohydrates, dietary fibre, total fat, saturated fat, monounsaturated fat, polyunsaturated fat, cholesterol, calcium, iron, zinc, vit. A, vit. B6, vit. B12, vit. C, vit. D, vit. E, thiamin, riboflavin, niacin, potassium, sodium, and caffeine. Please work in units of weight (ie. micrograms, milligrams, or grams) with the exception of energy which must be given in kilocalories. Units of RE can be used for vitamin A.

A printout of

1.) all foods and beverages consumed on both days(including units), PLUS

2.) the average nutrient content per day of all foods/beverages consumed (including data on the nutrients specified above) are to be submitted to me by **Friday, February 6**. These data will be collated and returned to you for further work. The completion of this assignment will be group work.

MEDICINE 6731 – Community Nutrition

Dietary Intake Data Research Assignment

Part 2, Data Entry and Results

Value – 10%

Due Date – March 13 (submit with part 3 of assignment)

Data Entry, Nutrient Analysis, and Submission –

You are responsible to enter the dietary intake data which were collected on one subject over two separate days. It has been collected by one of your classmates. Appropriate software is available on two computers in Laboratory A of the Health Sciences Centre Library, as we have discussed in class.

After you enter your assigned data you are expected to perform an analysis for average nutrient content **per day** for **each** of the two days in question. Please use the Canadian Nutrient File for analysis. The software allows you to choose this database. When data have been entered for one day, refer to the Reports Menu and select Bar Graph (showing value, recommendation and % recommendation). Print. Then select Calories and Fats Bar Graph. Print. Repeat this for Day 2. NOTE that the two days are **analyzed separately** and **findings for the two days are presented and printed separately**. These printouts must be submitted to me with your Results.

In any research project there will be a Results section. Results/findings are usually presented with a few sentences of introductory text to guide the reader through the data presented. Usually Results in a project like this include tables and/or figures with a compilation of findings from numerous subjects. In this case you will be presenting findings of one subject only on two separate days. Nevertheless as in a more formal presentation of Results, I would like you to briefly state what findings are included in this submission without repeating yourself. There is no need to repeat everything which is being submitted on the printouts. Also you should assume that I already know what Methods were followed to collect these data.

If you are unfamiliar with the software please chose the HELP option at the top of the screen. This will provide you with access to a ' Welcome and Introduction' and a 'Tutorial' both which may be helpful. If you still have difficulty using the software please contact HSIMS staff or myself.

Part 3 guides your discussion of these findings. Part 3 should be submitted with part 2.

MEDICINE 6731 – Community Nutrition

Dietary Intake Data Research Assignment

Part 3, Discussion

Value – 10%

Due Date – March 13

Discussion –

This should be written and/or typed legibly and submitted to me with the printout of your results.

A Discussion of Results generally encompasses a summary of any highlights found (in brief, as they are already included on the accompanying printout) and a statement as to whether your findings are what you expected to find or not and why this is so. Reference to other published works which support or reject your findings can be very beneficial in strengthening your argument.

A Discussion of Results also generally addresses advantages and limitations of the work done. A consideration of some of the following issues might help to guide you in addressing strengths and weaknesses of this type of research.

- Does the data collected represent the subject's 'normal' intake? Why or why not?
- How representative is this individual's intake of those of residents of this province belonging to the same age-sex group?
- How valuable is the methodology used for assessing dietary intake data?
- How well does dietary intake data represent nutritional status and overall health? Explain.

Other issues which you may or may not consider addressing.

- Do you have any ethical issues with the project or how it was conducted?
- Was this a good learning experience? Why or why not?
- How could the project be improved?

In Summary – I will expect you to submit Results (very limited text to accompany printouts) and a Discussion (of your own findings/results as described above). Also return the interview notes which you were provided for this assignment.

MED. 6731 (Community Nutrition)

Worksheet on DRI – 10%

(due Tuesday, Jan. 24)

1. Folate

a) It is 1996. I am a young adult female, 23 years old, and my mean consumption of folate has recently been estimated to be ~150 DFE per day, and it is contributed by a variety of sources.

i. What is a DFE?

ii. Is this consumption of folate enough to meet my needs? Briefly, why or why not?

b) It is now the year 2000, and my daily consumption of folate is ~390 DFE per day. Is it likely that this is too little, enough, or too much folate to meet my needs?

c) It is still the year 2000, but it is six months later, and I am now pregnant. I have decided against taking any supplements, so my intake of folate is about the same as it was six months ago. How adequate is this intake to meet my needs now? Briefly explain.

d) A friend has suggested that folate consumption is especially important during pregnancy and so after the first trimester I decide to increase my intake of folate by drinking two cups (2 x 250 mL = 500 mL) fresh orange juice every day on top of my regular diet. Is my consumption of folate now adequate to meet my needs? Briefly explain. (State your source for the folate content of orange juice)

2. Calcium

a) I am a 26 year old male, and I consider myself to be quite healthy. I drink 2% fluid milk on a regular basis. Actually, my favorite tumbler holds about 300ml, and I drink milk from it three times every day. Although I now drink a lot of fluid milk, it is probably the only source of calcium in my diet. If 250ml of milk contains 320mg of calcium, am I consuming enough calcium to meet my needs? Why or why not? Briefly explain.

b) If I supplement my diet with four 500mg of "Ca tablets" per day, will my intake be adequate at that time? Briefly explain.

c) Dietary recommendations set for the daily intake of calcium are the same for females of childbearing age whether they are pregnant or not yet the body's needs for calcium increase with pregnancy. Why do you think that the recommendations are the same?

3. Iron

a) I am a vegan, and I try very hard to ensure that my food supplies my body with the nutrients that I need in adequate amounts. I am very careful of what I eat. I am female and 21 years of age. I try to eat as varied a diet as possible, and it usually provides me with ~18mg of iron per day. Is this adequate? Why or why not? Briefly explain.

b) If I was male, would this dietary intake be adequate to meet my needs for iron? Why or why not?

c) Why is it that an AI is set as part of the iron DRI for infants (0-6 mos.), but an EAR and a RDA are component parts of the iron DRI for older children and adults?

4. Total Fibre

a) I am 73 years old, male, and proud of my personal health status. I am consuming the average daily total fibre intake of male members of my age group in my health club which is a national club – 20 grams per day. According to the DRI values set for fibre, would you expect this to be adequate to meet my personal needs?

b) Is there any reason why you may have less confidence in assessing my intakes of fibre using the DRI values as compared to assessing my intakes of magnesium and/or iron using the same process?

5. Total Protein

a) I am a young adult male, 5'9", 24 years old, and very active. Indeed my Estimated Energy Requirement has recently been calculated at 2400 kcal. Below is a record of the foods and beverages which I consumed yesterday.

Breakfast – 1/2 cup orange juice, 1 large (12 oz.) black decaffeinated coffee, 1.5 cups skim milk, 2 poached eggs, 1/2 slice whole grain bread toasted (dry).

Lunch – 1.5 cups skim milk, 1 cup tossed green salad with 2 T. low fat Italian dressing, 1 tuna sandwich (2 slices whole wheat bread, 3 oz. light tuna canned in water, and 1 T. light mayonnaise)

Snack – 1 large banana, 1 medium apple, 2 cups water

Dinner – 1/3 cup sauteed onions, 1 medium baked potato (including skins), 1 T. low fat sour cream, 1/3 cup tinned green peas, 12 oz. broiled T-bone steak (short loin), one regular white dinner roll with 1/2 T. soft margarine, 1.5 cups water, 1 large black decaffeinated coffee.

Snack – 1 12oz. can beer

Yesterday, was Will's energy consumption adequate to meet his usual needs? (show calculations and provide reference to food composition data used).

b.) Assume that every gram of protein does contribute 4.0 kilocalories of energy. What percentage of yesterday's total energy intake was contributed by protein? Does this fall within the appropriate AMDR for total protein?

c) Many of my friends are also very athletic and consume high protein supplements to ensure that they are receiving adequate protein to meet their needs. If yesterday was an example of my 'normal' daily intake, would you advise me to take such a supplement? Briefly, why or why not?

6. General Questions

a) Does Health Canada recommend the intake of any supplemental nutrients to any healthy Canadians to maintain their health? Briefly explain.

b) DRI values refer to recommended daily intakes of specific nutrients to maintain health in healthy Canadians. What Health Canada guide recommends the intakes of foods rather than nutrients?

c) What is the Food Pyramid? What is MyPlate? Briefly describe the latter.

MED6731 – Community Nutrition

Worksheet on Nutrition Education/Misinformation

A. Nutrition Education

Are You Familiar with Nutrition Labels?

Questions:

Reading: "Learning to Read Labels" by Tara Bradbury. *The Telegram,* Sat. March 12, 2012. D1.

1. a.)The reading refers to findings of a recent survey of Canadians administered by Loblaw Companies Ltd. Findings from the survey suggest that many Canadians refer to nutrition labels. Do they appear to be a good source of nutrition information? Briefly explain.
   b.)What do survey findings suggest is the biggest barrier to healthy eating by respondents?

   c.)A.M. Armstrong provides, what she thinks, is the best way to reduce costs associated with grocery shopping. What is it and do you agree? How practical is this strategy for most Canadians today?

   d.)<u>Briefly</u> critique this article regarding the value which it contributes to the potential reader.

2. What are the four types of nutrition information provided on food labels?

3. a.)Nutrition Facts are presented per unit of food (suggested serving size) and provide a benchmark to evaluate the nutrient content of the food in question. Bradbury's article suggests that presenting the information per suggested serving size can be misleading. Why?
   b.)Nutrition Facts are normally presented as %DV. What does this mean and how is it calculated?

   c.)The DV is based upon recommended intakes of nutrients as suggested by the DRI, with the exception of one nutrient. What one is that? In that particular case, what is the %DV based upon?

B. Nutrition Misinformation

Case Study: Salt Meat Causes Cancer

Scenario:

On Friday, June 30, 2011 at 10:00AM the University of Notre Dame made a press release to address some recent findings of a group of researchers housed in its School of Medicine. The findings of this epidemiological assessment, recently published in a reputable international scientific journal, showed an association between salt meat intake and risk of colorectal cancer. High levels of dietary salt meat were found to have a significant and positive association with risk of colorectal cancer in adults residing in the province. The principal investigator, Dr. Jane Rose, said that the five researchers on her team worked with 1102 randomly selected male and female residents of the province, aged 35 years and over. Findings were based on data collected over the past 24 months.

The study raised a lot of media attention. Dr. Rose was not available on the day of the media release but the release did have one of her colleagues, Dr. Burt Johnson, named as the contact person. Due to a miscommunication between the researchers Dr. Johnson was also unavailable on the day of the press release but would be available in 48 hours. The local television station was anxious to cover the story anticipating strong public interest. At 6:00PM on the day of the press release the local news aired and one of the news clips which ran for 180 seconds was a local reporter asking ‘people on the street’ what they thought of the findings of a new study which “showed that eating salt meat causes cancer.”

Questions

1. What proportion of cancer deaths in Canada are due to colorectal cancer as compared to cancers at other sites?
2. How do colorectal cancer mortality rates in NL compare to those in other provinces of Canada?
3. Do you agree with how the TV station covered the story? Do you think that its coverage could be misleading the public? Why or why not?

Scenario – continued:

A local newspaper was also anxious to cover the story and instead of waiting until Monday when Dr. Johnson would be available, the editorial staff decided to interview a nutritionist who worked in a local gym. His name was Al Einstein and he was always freely available to the media to answer questions. A reporter from the NL Times interviewed Mr. Einstein Friday afternoon. The interview formed the basis of an article entitled “Nutritionist Agrees that Eating Salt Meat causes Colon Cancer” which appeared in the weekend edition of the NLTimes released Saturday, July 1.

Questions

4. Do you have any problems with how the newspaper covered the story? Do you think that it could be misleading to the public? Why or why not?
5. What is your opinion pertaining to the ‘professional source’ who was interviewed?
6. What is the difference between a nutritionist and a dietitian in NL?
7. What is the value of a professional accreditation to the public?

MED6733/ 6734/ 6735/ 6736
Dietetic Internship I, II, III, and IV

MED6733/6734 are compulsory courses for students registered in the first two academic terms of the Nutrition/Dietetics stream of the Masters of Public Health. The hours are flexible. However, to ensure that students have time available for experiences/meetings which may arise outside of scheduled class times, one day per week (Friday) will be designated as MED6733 (Dietetic Internship I) in the fall and MED6734 (Dietetic Internship II) in the winter. Both courses are overseen by the MUN dietetic internship co-ordinator and allow for students to be exposed to a variety of professional, research and/or networking experiences before they begin their personal research projects (MED671A /B) and their dietetic internship (MED6735/6736). The student is expected to keep a professional journal. Students achieve a Pass/Fail grade by the internship co-ordinator based upon attendance, participation and the compulsory professional journal.

Course objectives –

- To introduce students to the profession of dietetics.
- To begin planning for a personal research project.
- To expose students to the practice of maintaining a personal professional journal.

Examples of activities experienced by students in MED6733/6734 in the 2010/2011 academic year include-

- Full attendance at the annual conference of Dietitians of Newfoundland and Labrador (DNL) in the fall of 2010.
- Participation in DNL teleconferences.
- Assisting with upkeep of DNL component of DC website.
- Attending two separate ‘Fireside Chats’ on “Childhood Obesity” hosted by the Dept. of Health and Community Services, province of Newfoundland and Labrador.
- Attending planning meetings of research group.
- Attending research training sessions.
- Completing and submitting application for research to appropriate ethics board.
- Participating in research – collecting dietary intake data via telephone interviews.

The follow-up of MED6733 and MED6734 is MED6735 and MED6736 (Dietetic Internship III and IV). Together these compose the Dietitians of Canada accredited general dietetic internship experience administered and overseen by the Eastern Regional Health Authority.

MED6094: Women and Health

Seminar: Wednesdays 2-5pm commencing Jan 11, 2012
Office Hours: Wednesdays 12:30-1:30pm
Professor: Diana L. Gustafson PhD
E-mail: diana.gustafson@med.mun.ca

Course Description

This graduate course introduces students to key themes and current theoretical debates in the study of women and health with a focus on a particular population or a particular topic. This year, the focus will be on mothers as a burgeoning field of interdisciplinary scholarship. After revisiting epidemiological, sociological and feminist approaches to the study of women and health, you will be introduced to essential theoretical texts on mothering and motherhood. Content will be divided into four broad sections: mothering as identity/ subjectivity; mothering as role/ work/ practice/ experience; mothering as institution/ ideology; mothering as advocacy/activism. You will be challenged to confront myths, ideals, stereotypes and silences about mothers and mothering with particular attention to the social inequalities that structure mothers' experiences of health, illness and access to health care across the life span. You will also explore the impact of public policy as well as the possibilities for positively affecting maternal health at all levels of governance. Readings, seminar discussions and reflective activities may draw on film, fiction, popular music, art, institutional and government policy, news and media events to illuminate the historical, socio-cultural, and political contexts that organize women's lives, work and identities as mothers.

Course Prerequisites

There are no course prerequisites. Familiarity with critical sociological theory, feminist theory, and community health is assumed. **Students are strongly encouraged to review the readings for Week One to prepare for the first class.**

Course Competencies

At the successful completion of this course, you will be able to:

1. Apply epidemiological, critical sociological and/or feminist approaches to the study of women and health;
2. Deconstruct some of the taken-for-granted myths, ideals and stereotypes about mothers, motherwork and maternal identity that impact maternal health and well-being;
3. Explore the social inequalities that structure mothers' experiences of health, illness and access to health care across the life span;
4. Demonstrate a critical appreciation of the impact on maternal health of public policy at all levels of governance including institutional policy;
5. Facilitate a seminar discussion of the readings in an area of interest to you; and
6. Write a critical literature review on one pre-approved aspect of maternal health.

The lectures and displays (and all material) delivered or provided in MED6094 by Professor Gustafson, including any visual or audio recording thereof, are subject to copyright owned by Diana L. Gustafson. It is prohibited to record or copy by any means, in any format, openly or surreptitiously, in whole or in part, in the absence of express written permission from Professor Gustafson any of the lectures or materials provided or published in any form during or from the course.

Course Materials

The required text is: A O'Reilly (2007). *Maternal Theory: Essential Readings*. Toronto: Demeter.

Each session there is a list of required and additional readings:

1. Some required readings are from the textbook.
2. Other required and additional readings are available on-line or are on reserve in HSL.
3. Some materials are case studies, media or news events, film or book titles uploaded on D2L by faculty and peers.

Other Recommended Resources for Students

For help with using D2L or Elluminate Live, contact elive@med.mun.ca. Introductory information for Elluminate Live is also available on-line in the course contents section.

For help with writing skills, contact the Writing Centre in SN 2053 or call 737-3168 early in the semester. There are a variety of workshops and a free drop-in service to assist graduate students with a variety of learning needs such as writing a scholarly critique of a journal article or video.

For help with specific personal concerns or other difficulties that are preventing you from doing your academic best, get confidential help by contacting the University Counselling Centre at 737-8874 or by going to the Smallwood Centre, 5th floor, Rm. 5000.

Students with Special Needs

If you have a documented disability or require accommodation to obtain equal access to this course, please meet with me at the beginning of the semester or check out the services available through the Glenn Roy Blundon Centre.

Academic Misconduct

The University and the School of Graduate Studies have a policy on academic offenses that I support and will enforce. It is every student's responsibility to be aware of this policy. Academic misconduct takes many forms and includes, but is not limited to plagiarism, submitting a product prepared in whole or in part by another person, buying or selling term papers and submitting the same piece of work for academic credit. For more details, consult the University calendar. If you need further clarification, make an appointment with a librarian or someone in the Writing Centre.

Attendance

Faculty in this division are committed to creating a vibrant intellectual community. Because some of the ideas presented in this course are new and challenging we will want to support each other as we think through these concepts about maternal health. We will all learn from a shared critical review and discussion of the readings and course content. Therefore, for optimum learning, you are strongly encouraged to attend all seminars and take seriously the privilege of learning together.

Evaluation of Student Performance

Grades will be assigned in accordance with MUN School of Graduate Studies guidelines. Typically, students must achieve a minimum of 65% in each course element to successfully complete the course and remain in the program. Evaluation of all elements will be based on the following guidelines:

92-100 Reserved for outstanding work that provided clear evidence of a rare talent for the subject and of an original and/ or incisive mind. Assignments are of the highest quality and demonstrate outstanding comprehension and synthesis of material as well as highly sophisticated and analytical and critical thinking; Points are always clearly articulated and easy to follow. Always prepared to actively participate in seminar discussion and activities. Offers original, precise, accurate, thoughtful responses to questions and promotes an outstanding level of critical discussion.

85-91 Awarded for superior work that provides clear evidence of certain flair for and comprehension of the subject. Assignments demonstrate excellent understanding of material as well as sophisticated analytical and critical thinking; Points are always clearly articulated and easy to follow. Almost always prepared to actively participate in seminar discussion and activities. Offers accurate, thoughtful responses to questions and promotes a superior level of critical discussion.

75-84 Recognizes competent work that is accurate, organized and thoughtful without being distinguished. Assignments demonstrate a sound grasp of the material and some evidence of critical thinking; Points are generally well articulated. Usually prepared to participate in seminar discussion and activities; Responds well to most questions and contributes to a good quality discussion. This is the level of performance expected of and achieved by most graduate students.

65-74 Represents work of that meets minimum requirements. Quality of work suffers from occasional incompleteness or inaccuracy. Assignments demonstrate basic or minimal grasp of the material; Points that are raised may be underdeveloped, inaccurate, incomplete, unsupported or poorly articulated. Often unprepared or inadequately prepared to participate in seminar discussion and activities. Demonstrates some difficulty responding to questions.

0-64 Represents work that does not meet the minimum requirements. Assignments are incomplete, inaccurate, poorly organized. Lacking basic familiarity with course materials or ability to engage critically. Little or no evidence of preparation. Demonstrates significant difficulty responding to questions. Impedes, disrupts or detracts from critical discussion. Students who consistently perform at this level will not be awarded credit for satisfactory completion of this course.

Evaluation of Student Performance

Written activities and oral activities give you the opportunity to demonstrate your understanding and ability to integrate, evaluate and apply the concepts covered in the readings and discussed in class. You will be evaluated on your understanding, application and critical reflection on the theory and concepts of women's health with a focus on maternal health. Please allow a minimum of one week for grading of written assignments.

Seminar Discussion Document and Facilitation	(20%)	Assigned
Seminar Participation	(10%)	Ongoing
Term Paper		
Proposal for Term Paper	(10%)	Jan 25
Peer Evaluation of Initial Draft of Term Paper	(10%)	Mar 7 & Mar 14
Final Term Paper	(50%)	April 6

NB: Assignments submitted after the due date will be considered late and may be subject to a 5% per day penalty. If you cannot attend class you are expected to submit an e-copy on or before the due date. To avoid the late penalty, you will be required to provide acceptable documentation of illness, bereavement or other extraordinary circumstance to explain a late submission.

Seminar Facilitation and Discussion Document (20%)

This two-part assignment involves an oral and a written component. During the first week of the course each member of the class will choose a topic area of interest that may be related to but is not identical to the topic chosen for the term paper. Students are not guaranteed their first choice. Lack of preparation or a "no-show" in your assigned week may result in a loss of marks.

For the oral component of this assignment you will facilitate discussion of the required readings for the chosen week and apply the related concepts to a media or news event, film or novel or case study of your choosing. Draw on the tools drawn from different theoretical perspectives (i.e. epidemiological, critical sociological, feminist, maternal theory) to explore some of the issues evident in the case study. This facilitation should NOT be a lecture but an opportunity to engage your peers in a critical comparison of the readings that highlights key points, exposes assumptions, and enriches critical understanding of the week's topic and a broader appreciation of women's/mothers' health. **Upload onto D2L information about your chosen media or news event, film or novel or case study ONE WEEK PRIOR to your facilitation week so that your peers have time to review the content.**

To prepare for the oral component of this assignment, you will write a 5-page discussion document that is due on the same day you facilitate the seminar discussion and includes:

- a brief summary of each of the required readings;
- a synthesis of key points (common and contradictory) across the required readings;
- a critique of the issues raised in the readings using an explicitly stated theoretical perspective;
- a critical reflection on how these readings challenge and/or support your lived experiences and a case study, news or media event, film or novel of your choosing;
- relevance to other course readings (additional readings or readings from previous weeks);
- a summary of the media or news event, novel or film or other case study you will use to facilitate discussion;
- a brief exploration of the elements of the case study that are not well suited to analysis from your chosen theoretical perspective; and
- a full bibliography including the required readings and case study content.

Seminar Participation (10% of final mark)

One of the goals of this course is to create an intellectual community in which we all learn from a critical review and discussion of the required readings. To take advantage of the privilege of reading and learning together, you must take seriously your responsibility to keep up with the required readings, share your insights and questions, and listen respectfully and critically to other points of view. Active participation contributes to the quality of discussion and an optimal learning environment. Active participation includes offering thoughtful, well-supported ideas that advance and enrich critical and reflexive discussion. Active participation also means listening with sensitivity and a critical ear to the contributions of others.

NB: For optimum learning, you are expected to attend all seminars, complete the readings and review additional case study materials prior to each class. While no marks are given for attendance, your attendance is a factor in your ability to participate. If you don't attend, you can't participate.

Term Paper

This three-part assignment involves a brief proposal, a critical review of an initial draft of a peer's paper, and a final theoretical paper on a topic related to the course objectives, that is of interest to you. You are encouraged to choose a topic that will form the basis of a literature review for your research proposal or your thesis.

NB: You cannot receive credit in this course for work that you have done for another course or developed and had reviewed and/or accepted by your supervisor or supervisory committee. You will be expected to develop a paper on a distinct (but potentially related) topic. You are expected to be transparent about overlaps between previous work and work done for credit in this course.

Part 1 – Proposal for term paper (10%)

The statement of a problem, issue or question is arguably the most important component of writing a scholarly paper. It is a reflection of your theoretical perspective and shapes the direction of your literature review. The first component of this assignment requires that you identify an issue of interest to you that is related to the course objectives. The proposed topic may be related but not identical to the topic you chose for the facilitation assignment. The proposal will be a maximum of 2-3 pages (excluding reference list) and include:

- a statement of a problem, issue or question that will be the focus of your literature review which must be clearly stated, worthy of investigation and sufficiently narrow so that it is do-able;
- your epistemological stance;
- your underlying assumptions about this topic;
- your relationship to the topic;
- the theoretical perspective from which you intend to approach this topic;
- transparency in the overlaps between this work and previous work; and
- the databases you intend to use in generating a focused body of literature for review.

Part 2 – Peer review of initial draft of term paper (10%)

Collaboration and peer review are vital aspects of research and knowledge dissemination. This assignment allows you to critique a paper written by one of your classmates and concurrently benefit from the review provided by another student. The peer review process will be determined by lottery to more closely approximate the anonymous academic review process.

Papers will be exchanged on Mar 7. This means that you must prepare and submit for review on that date an initial draft of your term paper that covers some of the essential elements detailed in Part 3. You will be expected to review and write a critique of a peer's paper for return the following week (Mar 14).

It is your critique that will be evaluated for this element of course grading. Your 2-3 page critique must include a brief summary of initial draft of the term paper, at least three specific and positive comments that addresses the clarity and quality of the synthesis, logical organization of the content, evidence of critical thinking and at least two specific recommendations for improving or enriching the final draft of the paper. Be sure to submit **two copies** of your completed evaluation: one for instructor evaluation and one to be returned to your peer.

Part 3 – Final term paper (50%)

The term paper will be a critical synthesis of a selected set of journal articles generated by a focused search of the literature on the approved topic proposed in Part 1. At least three of the readings will be from the course materials. Refer to the Writing Centre for resources on critiquing a journal article and composing a literature review. This 3500-5000 word paper will include:

- an introduction that clearly and succinctly indicates the problem, issue or question that is the focus of your literature review and worthiness of investigating this topic;
- a critical summary of each of the selected readings you generated from your database search;
- a critical synthesis of the key points raised in the readings using an explicitly stated theoretical perspective;
- a critical reflection on how these readings challenge and/or clarify the problem, issue, or question under investigation;
- a brief exploration of gaps revealed or areas for future investigation;
- a critical reflection on how these readings have challenged or clarified your understandings of mothering as identity/ subjectivity; mothering as role/ work/ practice/ experience; mothering as institution/ ideology; or mothering as advocacy/activism;
- evidence that you have addressed feedback received from the peer review; and
- a full bibliography that must include **at least 3 of the course readings**.

You will be evaluated on the clarity, organization and logic of your synthesis, evidence of critical thinking and the ability to effectively and critically apply epidemiological, sociological and/or feminist approaches to the study of a focused body of recent and relevant literature on an important issue relating to mothering as identity/ subjectivity; mothering as role/ work/ practice/ experience; mothering as institution/ ideology; or mothering as advocacy/activism.

Wk 1:	Theoretical Approaches to Women and Health
Wk 2:	Basic Concepts in Women and Health
Wk 3:	Mothering as Institution/Ideology I
Wk 4:	Mothering as Institution/Ideology II Mothers and Professional Caregivers (Nurses, Teachers, Midwives)
Wk 5:	Mothering as Role/Practice I Pregnancy, Birthing and Parenting Practices
Wk 6:	Mothering as Role/Practice II Mothering Children with Special Needs
Wk 7:	Mid-winter break NO CLASS
Wk 8:	Mothering as Advocacy/Activism I Mothering, politics and nationhood
Wk 9:	Mothering as Advocacy/Activism II Mothering, Grandmothering and the Politics of HIV/AIDS
Wk 10:	Mothering as Identity/Subjectivity I Other mothers
Wk 11:	Mothering as Identity/Subjectivity II Mothering, Mental Health, Mother Blame and Mother Guilt
Wk 12:	Embodiment and Illness Narratives
Wk 13:	Consolidation and Evaluation

Week 1: - Theoretical Approaches to Women and Health

Required Readings

1. *Staying alive*: Chap 1 – epidemiological approaches
2. *Staying alive:* Chap 2 – sociological approaches

Additional Readings

3. Labonté, R., M. Polanyi, N. Muhajarine, T. McIntosh & A. Williams. (2005). Beyond the divides: Towards critical population health research. Critical Public Health, 15(1): 5-17.
4. Women's Health in Canada: Chapter 7 (politics of poverty and exclusion)
5. Women's Health in Canada: Chapter 18: (violence against women)

Additional Resources

See D2L for links to websites and videos.

Week 2: - Basic Concepts in Women and Health

Required Readings

1. Staying alive: Chapter 13 (gender, health and health care)
2. Women's health in Canada: Introduction (beyond gender matters)
3. Women's health in Canada: Chapter 2 (lifespan approaches)

Additional Readings

4. Staying alive: Chapter 6 (determinants of health)
5. Staying alive: Chapter 8 (gender, race and health inequalities)
6. Women's health in Canada: Chapter 4 (postcolonial feminist perspectives)

Additional Resources (see D2L for more)

7. Crac! (video) http://www.youtube.com/watch?v=21dx2-ZAsOs

Week 3: Mothering as Institution/Ideology I

Required Readings

1. Anderson in O'Reilly: Chapter 46 (giving life to a people)
2. Rich in O'Reilly: Chapter 1 (of woman born)
3. Walkerdine and Lucey in O'Reilly. Chapter 14 (it's only natural)
4. Women's health in Canada: Chapter 11 (mothering and health)

Additional Readings

1. O'Reilly in O'Reilly: Chapter 48 (feminist mothering)
2. Snitow in O'Reilly: Chapter 19 (feminism and motherhood)

Additional Resources
See D2L for links to websites and videos.

Week 4: Mothering as Institution/Ideology II
Professional Caregivers as Mothers; Mothers as Professional Caregivers

Required Readings

1. D'Antonio, Patricia. Nurses—and Wives and Mothers: Women and the Latter-day Saints Training School's Class of 1919. Journal of Women's History, Fall2007, Vol. 19 Issue 3, p112-136, 25p

2. Hooks in O'Reilly: Chapter 8 (revolutionary parenting)

3. Redwood, Tracey. Exploring changes in practice: when midwives and nurses become mothers. British Journal of Midwifery, Jan2008, Vol. 16 Issue 1, p34-38.

4. Ruddick in O'Reilly: Chapter 6 (maternal thinking)

Additional Readings

1. Sanders, K., Willemsen, T., & Millar, C. (2009). Views from above the glass ceiling: Does the academic environment influence women professors' careers and experiences? Sex Roles, 60(5), 301-312.

2. Staying Alive: Chapter 12 (professions, politics and profit)

3. Women's health in Canada: Chapter 19 (women's access to maternity services)

Additional Resources
See D2L for links to websites and videos.

Week 5: Mothering as Role/Practice I
Pregnancy, Birthing and Parenting Practices

Required Readings

1. Bobel in O'Reilly: Chapter 47 (paradox of natural mothering)

2. Drapkin Lyerly, Anne. (2006). Shame, Gender, Birth. *Hypatia.* 21(1): 101-118.

3. Gore in O'Reilly: Chapter 45 (high risk)

4. O'Brien in O'Reilly: Chapter 4 (dialectics of reproduction)

5. Parry, D. (2008). "We wanted a birth experience, not a medical experience" -Exploring Canadian women's use of midwifery. *Health Care for Women International.* 29(8-9).

Additional Readings

1. Rothman in O'Reilly: Chapter 24 (ideology in patriarchal society)

2. Walks, M. (2009). Having our baby? A question of choice and availability of options in maternity care and birthplace, in the experiences of queer couples in British Columbia. *Journal for the Association of Research on Mothering.* 11(1).

Additional Resources
See D2L for links to websites and videos.

Week 6: Mothering as Role/Practice II
Mothering Children with Special Needs

Required Readings

1. Jennrich, J (2010). Stigma, belonging and mothering: an outsider's understanding of disability. Journal of the Motherhood Intiative for Research and Community Involvement, 1(2): 64-71.

2. Kediye, F., Valeo, A. & Berman, R. (2009). Somali-Canadian mothers' experiences in parenting a child with autism spectrum disorder. *Journal for the Association of Research on Mothering.* 11(1).

3. Weeks, L., Bryanton, O., Kozma, A. & Nilsson, T. (2011). Well-being of mid-and later-life mothers of children with developmental disabilities. *Journal of Women & Aging.* 20(1/2).

Additional Readings

4. TBA

Additional Resources

See D2L for links to websites and videos.

Week 8: Mothering as Advocacy/Activism I
Mothering, politics and nationhood

Required Readings

1. Albanese in O'Reilly: Chapter 50 (territorializing motherhood).

2. Allison, J (2010). Contested Change and Choice: Infertility in Ireland. Journal of the Society of Anthropology in Europe, 10(2) 4-17.

3. Rosenberg-Friedman, Lilach (2008).The Nationalization of Motherhood and the Stretching of its Boundaries: Shelihot Aliyah and evacuees in Eretz Israel (Palestine) in the 1940s. Women's History Review, (17)5: 767-785.

Additional Readings

4. Allison J. 2010. Grieving Conceptions: Making Motherhood in the Wake of Infertility in Ireland. Journal of the Motherhood Initiative for Research and Community Involvement, 1(2): 219-3.

5. Anagnost, A. 1995. A Surfeit of Bodies: Population and the Rationality of the State in Post-Mao China. In Ginsburg and Rapp (Eds.) Conceiving the New World Order. pp 22-41.

6. Cheng in O'Reilly: Chapter 38 (motherhood as transborder concern)

7. Gustafson, DL "Mothers of heroes; Mothers of martyrs: WWI and the politics of grief" by S Evans. [Book review]. *Journal of the Motherhood Initiative for Research and Community Involvement*, 1(1): 235-236.

8. Hansen in O'Reilly: Chapter 26 (the mother without child)

9. Noonan in O'Reilly: Chapter 39 (transnational adoption)

Additional Resources

See D2L for links to websites and videos.

Week 9: Mothering as Advocacy/Activism II
Mothering, Grandmothering and the Politics of HIV/AIDS

Required Readings

1. Bock and Johnson (2008). Grandmothers' Productivity and the HIV/AIDS Pandemic in sub-Saharan Africa. Journal of Cross-Cultural Gerontology, 23(2): 131-145.

2. Chazan, M. (2008). Seven 'deadly' assumptions: unravelling the implications of HIV/AIDS among grandmothers in South Africa and beyond. Ageing & Society, 28(7): 935-958.

3. Women's health in Canada: Chapter 14 (Women and HIV/AIDS)

Additional Readings

4. Pedersen, J. (2010). The raging grannies: activist grandmothering for peace. Journal of the Motherhood Initiative for Research and Community Involvement, 1(1): 64-74.

5. Women's health in Canada: Chapter 9 (women, drug regulation and maternal/state conflicts)

Additional Resources

See D2L for links to websites and videos.

Week 10: Mothering as Identity/Subjectivity I
Other mothers

Required Readings

1. Cornell in O'Reilly: chapter 33 (adoption and family law)

2. Diquinzio *in O'Reilly:* Chapter 32 (essential mothering and the dilemma of difference)

3. Poole & Greaves. (2009) Mother and child reunion: Achieving balance in policies affecting substance-using mothers and their children. Women's Health and Urban Life, 8(1): 54-66.

4. Thurer in O'Reilly: Chapter 21 (myths of motherhood)

Additional Readings

5. Carolan, M., Burns-Jager, K., Bozek, K. & Escobar Chew, R. (2010). Women who have their parental rights removed by the state -The interplay of trauma and oppression. *Journal of Feminist Family Therapy.* 22(3).

6. Gustafson, D. & Elliott, A. (2011). Lives lived together and apart -A mother and daughter talk fifteen years later. *Women's Studies International Forum.* 34(3).

7. Hansen in O'Reilly: Chapter 26 (the mother without child)

8. Hill Collins in O'Reilly. Chapter 18 (motherhood in black culture)

9. McClellan, ML (2003). Marty Mann's Crusade and the Gendering of Alcohol Addiction. In Feldberg, Ladd-Taylor, Li and McPherson. Women, health and nation: Canada and the United States since 1945.

10. Noonan in O'Reilly: Chapter 39 (transnational adoption)

Additional Resources (See D2L for links to websites and videos)

11. Haiti's orphans [Doc Zones video]

12. Precious [film]

Week 11: Mothering as Identity/Subjectivity II
Mothering, Mental Health, Mother Blame and Mother Guilt

Required Readings

1. Caplan in O'Reilly: Chapter 35 (don't blame mother)

2. Johnson in O'Reilly. Chapter13. (women's mothering and male misogyny)

3. Ladd-Taylor in O'Reilly: Chapter 40 (mother-worship/mother-blame)

4. Maushart in O'Reilly: Chapter 27 (faking motherhood)

5. Women's health in Canada: Chapter 13 (women-centred mental health policy)

Additional Readings

6. Chandler in O'Reilly: Chapter 31: (emancipated subjectivities)

7. Collins, L. (2009). The impact of food insecurity on women's mental health. *Journal for the Association of Research on Mothering.* 11(1).

8. Knaak, S. (2009). Having a tough time –Towards an understanding of psycho-social causes of postpartum emotional distress. *Journal for the Association of Research on Mothering.* 11(1).

9. Starr, A. (2003). Scenes from the Psychiatric Hospital. In Feldberg, Ladd-Taylor, Li and McPherson. Women, health and nation: Canada and the United States since 1945.

Additional Resources

See D2L for links to websites and videos.

Week 12: - Embodiment and Institutional Practices

Based on your expressed interests in the multiple, complex and sometimes interconnected ways that institutional discourses and practices influence, organize, define and construct embodiment and mothering (as identity/subjectivity; role/practice/performance, and activism/agency/advocacy), I've assigned each student with two of following readings.

First, please be prepared to summarize and critique both your assigned readings attending to theoretical underpinnings and the main arguments about the intersections between mothering, embodiment and institutions (as above). **Second**, please read (at a minimum) the abstract of each of the other readings. **Third**, read at least one article that (based on the abstract) seems to overlap with your assigned readings or otherwise interests you.

Assigned Readings

1. Battersby, Christine. 2006. Flesh Questions: Representational Strategies and the Cultures of Birth. Women: A Cultural Review, 17(3): 290-309. **(Christine)**

2. Burkitt, Ian and Paul Sullivan. 2009. Embodied ideas and divided selves: Revisiting Laing via Bakhtin. British Journal of Social Psychology, 48: 563-577. **(Melody)**

3. Dion, Delphine; Sitz, Lionel; Remy, Eric. 2011. Embodied ethnicity: The ethnic affiliation grounded in the body. Consumption, Markets & Culture, 14(3): 311-331. **(Laura Chubb)**

4. Doucet, Andrea. 2009. Gender Equality and Gender Differences: Parenting, Habitus and Embodiment. Canadian Review of Sociology, 46(2): 103-121. **(Karen)**\

5. Ettorre, Elizabeth. (2004). Revisioning women and drug use: gender sensitivity, embodiment and reducing harm International. Journal of Drug Policy 15: 327–335. **(Melody)**

6. Hausman, Bernice L. 2006. Contamination and Contagion: Environmental Toxins, HIV/AIDS, and the Problem of the Maternal Body. Hypatia, 21(1):137-156. **(Laura Chubb)**

7. Kushner, Kaysi Eastlick. 2007. Meaning and Action in Employed Mothers' Health Work Journal of Family Nursing, 13: 33-55. **(Karen)**

8. Messias, DeAnne K. Hilfinger and Jeanne F. DeJoseph. (2007). The Personal Work of a First Pregnancy: Transforming Identities, Relationships, and Women's Work. Women & Health, 45(4): 41-64. **(Christine)**

9. Tapias, Maria. (2006). 'Always Ready and Always Clean'?: Competing Discourses of Breast-feeding, Infant Illness and the Politics of Mother-blame in Bolivia. Body and Society, 12(2); 83-108. **(Laura Fullerton)**

10. Thomas, Trudelle. 2001. Becoming a Mother: Matrescence as Spiritual Formation. Religious Education, 96(1): 88-105. **(Laura Fullerton)**

Week 13: Consolidation and Evaluation

1. No new readings but an expectation that you will be able to speak about an article that was important to you in advancing your understanding of maternal theory or issues relating to mothers, mothering, motherwork, maternal identity etc.
2. Bring in a journal article or circulate a link to a media article that we can unpack using some of the content/ideas/theories/thinking that we've been doing in class.
3. And a new idea: if any of you want to bring in a nibble or a treat to share on our last day together, please do so.

See D2L for links to websites and videos.

Resources Modified to Meet Learning Needs of Students enrolled in MED6094 Winter 2012

MED-6094-001 (Women and Health - 78169)

Module 1. Course Syllabus

- i. Course Syllabus
- ii. Preliminary Draft - Weekly Outline
- iii. Weekly Outline - Jan 16

Module 2. Week 1 - Theoretical Approaches to Women and Health

- i. Sahar Gul's story
- ii. NL Violence Prevention Initiative
- iii. Five stereotypes about Aboriginal Canadians by Wab Kinew
- iv. Make Death Wait
- v. The Joy of Stats
- vi. Interview with Michael Marmot
- vii. Origins of Social Justice Framework
- viii. Community Accounts
- ix. Theoretical perspectives

Module 3. Wk 2 - Basic Concepts in Women and Health

- i. Walters (1993) Stress Anxiety and Depression
- ii. Margaret's 106th Birthday
- iii. MRI moved up for cancer patient
- iv. Crac!

- v. CIHR Webinar: What a Difference Sex and Gender Make

Module 4. Wk 3: Mother as Institution/Ideology

- i. Facebook's Response to Breastfeeding
- ii. Reaction to Facebook Response to Breastfeeding
- iii. Naturalizing scientific discourses about maternal instinct

Module 5. Wk 4: Mothering as Institution/Ideology II

- i. Working for love
- ii. Unpaid work by Heather Dryburgh

Module 6. Wk 5: Mothering as Role/Practice I

- i. Virgin Mary's surprise pregnancy test
- ii. Test of the medicalization hypothesis
- iii. The Business of Being Born
- iv. Post-film response

Module 7. Wk 6: Mothering as Role/Practice II

- i. Whose Rights? Mother? Fetus/Unborn Child
- ii. Obama's Position on Contraception and the Catholic Church
- iii. Karen's recommended reading list
- iv. CBC reports on StatsCan findings about employment and moms of children with disabilities
- v. Erma Bombeck writes, "God chooses a mom for a disable child"
- vi. Work and Moms of Disabled Children

- vii. Open letter to educators from Special Needs Parent Advocate

Module 8. Wk 8: Mothering as Advocacy/Activism

Module 9. Wk 9: Mothering as Advocacy/Activism II

- i. Canada's Stolen Babies
- ii. Maria Mhlonga's Story
- iii. Busia's Grannies and the HIV/AIDS Pandemic
- iv. Grandmothers to Grandmothers

Module 10. Wk 10: Mothering as Identity/Subjectivity I

- i. Haiti's orphans: One year after the earthquake. Jan 13, 2011. CBC doc zones. [video]
- ii. FAS PAS Project
- iii. Summary of Winnipeg Case

Module 11. Wk 11: Mothering as Identity/Subjectivity II

- i. The House of Shafia - CBC Fifth Estate

Module 12. Wk 12: Illness narratives and embodiment

- i. Women's health in BC
- ii. Questionning the pink campaign
- iii. Immigrants' health woes
- iv. Revised list of readings

Module 13. Wk 13: Consolidation and Evaluation

- i. Nude Pregnancy Cover

Resources Modified to Meet Learning Needs of Students enrolled in MED6094 Winter 2012

- ☐ ii. Antidepressants may affect pregnancy
- ☐ iii. Extreme home birth
- ☐ iv. Radical Doula
- ☐ v. Multi-tasking breasts
- ☐ vi. Men's magazines and violence against women
- ☐ vii. Cure a feminist
- ☐ viii. Mainstreaming Dangerous Sexism
- ☐ ix. Mothering a child with life-threatening food allergies
- ☐ x. Mother/Allergist Blog
- ☐ xi. B4UR pregnant

Memorial University of Newfoundland – Faculty of Medicine
Special Topics in Health Technology Assessment

Winter Semester 2012 - MEDICINE 6095

Course Outline

Instructors:

Dr. Richard Audas (raudas@mun.ca) HSC 2840
Dr. Michael Doyle (mike.doyle@easternhealth.ca) 5th Floor Janeway Hostel

Time: Tuesday 4-7 PM January 10, 2012 – March 27, 2012

Location: HSC 2767

Course objectives:

The objective of this course is to provide students with knowledge of Health Technology Assessment ("HTA") concepts and the skills to apply them to health policy and decisions which are made in resource allocation. A special emphasis will be placed on contextualizing HTA evidence to local policy issues.

At the conclusion of the course students will be able to find, assess, and apply HTA as well as clinical epidemiology and health economics concepts to critically analyse and inform health care policy issues.

Course prerequisites:

There are no formal pre-requisites, although the course will be taught at the graduate level and as such students will be expected to hold an undergraduate degree. (An undergraduate course in epidemiology and health economics would be a definite benefit). Senior undergraduate students wishing to take the course may be enrolled with the permission of the instructor.

Course Materials:

There will be required readings for each lecture.

Evaluation:

The main assignment for this course is to produce a HTA for a local application. This will involve identifying an appropriate HTA research question, searching the appropriate literature, identifying and selecting the relevant evidence, critically appraising and synthesizing the evidence, expositing the findings and - for making appropriate policy recommendation(s) use a policy development, dissemination and implementation framework.

The main course project will consist of four main sections, each of which will be submitted for grading. There will also be a group project and presentation.

1. Technology and Policy Overview – description of the technology and implications for uptake (10%) – **Due Friday, Feb 3, 2012** (3 to 5 pages - description of the problem, overview of the technology, identification of stakeholders, preliminary sketch of potential policy options). Word limit 1000 words.

2. Review, selection and critical appraisal of the evidence (15%) – **Due Fri, Feb 17, 2012.** Word limit 1500 words.

3. Economic analysis (15%) – **Due Fri, March 9, 2012** Word limit 1500 words

4. Synthesizing steps 2 & 3 in preparation for decision making – by assessing the clinical, social, political and ethical considerations of the decision (15%) - **Due Monday April 2, 2012.** Word limit 2000 words.

Please submit all course assignments by email to both instructors.

Students will be expected to periodically provide brief updates on the status of their project in class. Students will also be required to make a final presentation (10%).

Group Project: 25% - To be completed March 20, 2012.

The final 10% of the grade will be based on class attendance and participation.

Course Schedule

Week 1: Tues, Jan 10, 2012 - Introduction and Overview - RA/MD

Week 2: Tues, Jan 17, 2012 - Principles of clinical epidemiology – review of study designs, systematic reviews, assessing the level of evidence and the identification of bias to determine the efficacy and effectiveness of an intervention. - MD/RA

Readings:

Sackett DL, Haynes RB, Guyatt GH, Tugwell P. *Clinical epidemiology: A basic science for clinical medicine.* Second edition. Little, Brown and Company. Toronto, 1991. Chapters 12 and 13.

Mausner JS, Kramer S. *Epidemiology: An introductory text.* Second Edition. W.B. Saunders Company. Philadelphia, 1985. Chapter 7.

Greenhalgh, T. (1997) 'How to read a paper: assessing the methodological quality of published papers' BMJ 1997 315: p 305-308 (copy in AETMIS Unit 4)

Week 3: Tuesday January 24, 2012 (HTA – Principles and practice - key concepts, analytical tools, HTA vocabulary; Searching for Evidence

Guest Speakers: Sheila Tucker – Liaison officer, Canadian Association for Drugs and Technology in Health (CADTH).

Students will also be given an on-line tutorial to complete this week on conducting literature searches. Material to be provided.

Readings:

Battista RN and Hodge MJ 'The evolving paradigm of health technology assessment: reflections for the millennium' CMAJ 160 (10)
http://www.cmaj.ca/cgi/reprint/160/10/1464

Week 4: Tuesday January 31, 2012 - Elements of a HTA – developing an appropriate research question. Students should have ideas for a proposed question in mind to discuss in class.

Guest Speaker: Dr. Brendan Barrett

Assignment #1 due on February 3, 2012: Technology and Policy Overview

Readings:

McKee, M, et al 'Interpreting the evidence: choosing between randomized and non-randomized studies' BMJ, 1999, 319, 31 July 1999 (copy in AETMIS Unit 6)

Redelmeier DA and A. Tversky 'Discrepancy Between Medical Decisions for Individual Patients and for Groups' New England Journal of Medicine, 1990, 322: 1162-1164

Week 5: Tuesday Feb 7, 2012 – Health Economics I - Economic principles applied to health care - opportunity cost, efficiency, equity, cost minimization analysis, cost-effectiveness analysis, cost-benefit analysis, cost-utility analysis, cost impact analysis - MD/RA

Week 6: Tuesday, February 14, 2012 - HTA and Policy Making – The role of evidence in policy making. Examples – Developing clinical practice guidelines for the PSA test, appropriate provision of caesarean sections

RA/MD/Guest Speaker – Mr. Wayne Miller, Vice President, Eastern Health.

Readings:

Lomas. J. 'Making Clinical Policy Explicit' International Journal of Technology Assessment in Health Care' 9, 1 (1993) 11-25

Black, Nick 'Evidence Based Policy: Proceed with Care" BMJ 323 4 August 2001, 275-279.

Lomas, J. Improving Research Dissemination and Uptake in the Health Sector: 'Beyond the Sound of One Hand Clapping' Mimeo

Tugwell, P. et al 'The Measurement Iterative Loop: A Framework for the Critical Appraisal of Need, Benefits and Costs of Health Interventions. J. Chron Dis. Vol 38 No 4, pp 339-351 (1985)

February 17, 2012 - Assignment #2 due: Critical Appraisal of Evidence

February 21, 2012 – Midterm Break – no class this week.

Week 7: Tues, February 28, 2012 – Health economics II – QALYs and Measurement (RA/MD)

Readings TBA and distributed.

Week 8: Tuesday, March 6, 2012 - Applying evidence into policy and practice – understanding the policy process and the use of policy templates. Example-Development, Implementation and Outcome of a Pilot Prescription Monitoring Program - MD/RA

Fri, March 9, 2012 - Assignment #3 due: Economic Analysis

Week 9: Wednesday, March 14, 2012 – Social, political, legal and ethical considerations in HTA and decision making

Guest Speaker: Dr. Rick Singleton, Regional Director of Pastoral Care and Ethics, Eastern Health (HSC 2767).

Readings:

Don Juzwishin, Jon D. Brehaut 'Bridging the Gap: The Use of Research Evidence in Policy Development', AHFMR Paper 2005-09-01: #18. Paper can be retrieved at: http://www.ihe.ca/documents/hta/HTA-FR18.pdf

Week 10: Tues, March 20, 2012 – Group presentations

Week 11/12: Tues, March 27, 2012 (2:00pm to 6:30pm) – Individual Project Presentations.

Final Paper due Monday, April 2, 2012.

Background Readings

WHO glossary of terms related to health systems performance, available at
http://www.who.int/health-system/performance/docs/glossary.htm#health_system_goal

Murray, CJ and J. Frenk 'A framework for assessing the performance of health systems' Bull World Health Organization
http://whqlibdoc.who.int/bulletin/2000/Number%206/78(6)717-731.pdf

Battista RN and Hodge MJ 'The evolving paradigm of health technology assessment: reflections for the millennium' CMAJ 160 (10)
http://www.cmaj.ca/cgi/reprint/160/10/1464

Evans, R. (2003) 'Political wolves and economic sheep: the sustainability of public health insurance in Canada' http://www.chspr.ubc.ca/chspr/pdf/chspr03-16W.pdf

What counts? Interpreting evidence-based decision making for management and policy. Canadian Health Services Research Foundation (2005)
http://www.fcrss.ca/knowledge_transfer/pdf/2004_workshop_report_e.pdf (Copy in AETMIS Unit 3)

Laupacis, A 'Including of drugs in provincial drug benefit programs: Who is making these decisions and are they the right ones? JAMC 2002; 166(1) 44-47.

Jonsson, E. and D. Banta: 'How do new technologies get into practice? Management of Health Technologies: an international view BMJ, 1999, 319: 1293.

Rosen, R. and J. Gabbay 'Linking Health technology assessment to practice' BMJ, 1999 319(7220): 1292 http://bmj.bmjjournals.com/cgi/content/full/319/7220/1292

Relman, AS 'Assessment and accountability: the third revolution in health care' New England Journal of Medicine, 1988, 319, 1220-1222. (copy in AETMIS Unit 2)

Henshall, C, et al 'Priority Setting for Health Technology Assessment' Theoretical Considerations and Practical Approaches' International Journal of Technology Assessment in Health Care 13:2 1997 144-185 (copy in AETMIS Unit 4) . Note further that on page 168 (Appendix 1) three is a full definition of HTA

Lomas, et al 'On being a good listener: Setting priorities for applied health services research' The Milbank Quarterly – A Journal of Public Health and Health Care Policy, vol 81, number 3, 2003 (In AETMIS Unit 3)

Battista, RN 'Towards a paradigm for technology assessment' Chapter from the book 'The Scientific Basis of Health Services. (copy in AETMIS Unit 3)

McKee, M, et al 'Interpreting the evidence: choosing between randomized and non-randomized studies' BMJ, 1999, 319, 31 July 1999 (copy in AETMIS Unit 6)

Singer, P.A. et al (2000) 'Priority Setting for New Technologies in Medicine: Qualitative Case Study' BMJ 2000 321; 1316-1318 (25 November)

Redelmeier DA and A. Tversky 'Discrepancy Between Medical Decisions for Individual Patients and for Groups' New England Journal of Medicine, 1990, 322: 1162-1164

MED6099: Representations of health, illness and the body

Professor: Diana L. Gustafson
Seminar: Tuesdays 5-8pm
Location: HSC 2831
Office Hrs: Tuesdays 1-2pm; Wednesdays 11-12noon
Contact: 777-6720 or diana.gustafson@med.mun.ca

Course Description

Professional texts, popular media, cinema, visual arts and literature are important vehicles for the production and circulation of knowledge about health, illness and the body. This graduate course will explore historical and contemporary representations of health, illness and the body in the local, national and international contexts.

Weekly readings and discussion and an approved project will provide opportunities for students to examine the connections between representations and experiences of health, illness and the body. In particular, the course will explore the dynamic interplay between historical, political and economic factors and the role of social narratives and medical texts in reflecting and shaping public and private understandings of the "normal" body, disease, illness and suffering. Students will participate in the selection of topics that meets individual and collective learning objectives.

Prerequisites

Students must have completed MED 6102 (Critical Theory in Society and Health), or demonstrate that they have the equivalent skill in critical thinking and writing, and knowledge in post-structuralist, post-modernist and/or feminist theories.

Course Objectives

Upon completion of the course, you will:

1. Use a critical reflective approach to examining representations of health, illness, suffering and the body;
2. Compare representations of health, illness and the body drawn from a variety of historical and contemporary sources;
3. Apply one or more theories to analyzing social artefacts representing health, illness, suffering and the body.

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Course Readings

There is a set of one to four required readings for each class. Most are available on-line to download for personal use. The remainder are on reserve in a binder outside HSC2834. Students are expected to read the required course materials and come to seminar prepared to critically discuss the readings.

The range of topics and associated readings will be negotiated with students attending the first class so that course content responds to individual and collective learning objectives. A list of additional resources is also available for students with a particular interest in any given topic area.

Recommended Resources for Students

For help with writing skills, contact the Writing Centre in SN 2053 or call 737-3168 early in the semester. There are a variety of workshops and a free drop-in service to assist you, as a graduate student, with a variety of learning needs such as writing a scholarly paper. Check out http://www.mun.ca/ writingcentre/grads.html

For help with specific personal concerns or other difficulties that are preventing you from doing your academic best, get confidential help by contacting the University Counselling Centre through http://www.mun.ca/student/support/ucc or go to the Smallwood Centre, 5th floor, Rm. 5000 or call 737-8874.

Students with Special Needs

If you have a documented disability and require accommodations to obtain equal access to this course, please meet with me at the beginning of the semester. You may also contact Student Services directly.

Academic Misconduct

The University has a policy on academic misconduct that I support and will enforce. Academic misconduct takes many forms and includes, but is not limited to plagiarism, submitting a product prepared in whole or in part by another person, buying or selling term papers, and submitting the same piece of work twice for academic credit. For more details, consult the MUN university calendar. If you need further clarification, make an appointment with a librarian or someone in the Writing Centre.

Evaluation of Student Performance:

Written and oral activities provide you the opportunity to demonstrate an understanding of key concepts and current debates relating to representations of health, illness and the body. Letter grades will be assigned in accordance with the MUN School of Graduate Studies guidelines. Students must achieve a passing mark (65%) in EACH component of the course to successfully complete the course.

1.	Critical annotated bibliography of weekly readings	40%	Feb 13, Mar 27
2.	Proposal for final project	10%	Feb 2
3.	Presentation of final project	30%	Apr 10
4.	Participation	20%	

All written assignments are due at the beginning of class. Late submissions will be subject to penalty. All graded assignments will be returned at the end of class. Students who are unable to attend a class are expected to submit assignments by e-mail on or before the due date.

Evaluation of all written and oral activities will be based on the following guidelines:

92-100 Demonstrates outstanding comprehension and synthesis of material as well as highly sophisticated analytical and critical thinking; Points are always clearly articulated and easy to follow. Always prepared to actively participate in class activities. Offers precise, accurate, thoughtful responses to questions and promotes a superior level of discussion.

85-91 Demonstrates superior understanding of material as well as sophisticated analytical and critical thinking; Points are clearly articulated and easy to follow. Prepared to actively participate in class activities. Offers accurate and thoughtful responses to questions and promotes a high quality level of discussion.

75-84 Demonstrates familiarity with the material as well as some evidence of critical thinking; Points are generally well articulated. Usually prepared to participate in class activities; Responds well to most questions and promotes a good quality discussion.

65-74 Demonstrates basic familiarity with the material; points are raised but not developed or supported; or provides a summary of material with little analysis or reflection. Seldom prepared to participate in class activities. Demonstrates some difficulty responding to questions. Impedes critical discussion.

0-64 Demonstrates minimal or poor familiarity with material; analysis is absent, simplistic or unsupported; Points are poorly articulated; Provides only crude summary of material; Little evidence of preparation. Demonstrates significant difficulty responding to questions. Impedes, disrupts or detracts from critical discussion.

Critical Annotated Bibliography (40% of your final grade)

The purpose of this assignment is three fold: First, it encourages you to maintain a regular reading schedule and come prepared for class. Second, it encourages you to reflect on and document your responses to the weekly required readings. Third, it enhances your ability to write a clear, succinct and critical overview of a scholarly work. If you've not had any prior experience with this type of assignment, consider contacting the Writing Centre for more assistance with writing a clear, concise annotation.

You are encouraged to submit your work on a weekly basis. If you choose not to do this, a set of **five** readings is due **twice** during the semester. Your grade will reflect the best 4 out of 5 submissions in each set:

Wks 2-5	due	Feb 16
Wks 8-12	due	Mar 30

Each annotation will be a maximum of one page long and include:

a) complete bibliographic data;
b) a paragraph identifying the main argument and key conclusions; and
c) one to two paragraphs indicating a critical evaluation of the relevance or value of the argument (strengths, limitations) to your understanding of the week's topic.

Project proposal (10% of your final grade)

The statement of a problem or issue is arguably the most important component of a scholarly project. This assignment requires that you identify an issue, problem or question relating to health, illness, suffering or the body of interest to you that is related to the course objectives.

a) State a problem or issue with 2-3 specific questions that you will address in your final assignment. The problem statement must be clearly stated, worthy of investigation and narrowly defined so that it is do-able given the available time and resources.
b) Indicate clearly how the problem statement relates to the course objectives.
c) Provide some background to the issue that indicates why this is an important issue to investigate. This rationale must be clearly stated, meaningful, ethical and convincing.
d) Indicate your relationship to the issue or problem.
e) State how you will explore the issue: i.e. What are your data? Where will you find it? cover art on medical journals, magazine ads in the Dove Beauty campaign; newspaper coverage of SARS; episodes of TV medical dramas; historical nursing textbooks.
f) Indicate the type of product you will prepare. e.g. an annotated journal, poster, film, slide show, or other type of creative product.
g) List the main points from the required readings and other sources that you will draw upon to analyze your data.
h) Provide a tentative reference list with a minimum of 8 relevant, recent scholarly sources that you plan to use in bringing your question into clearer focus. A minimum of 3 sources must be course materials. A minimum of 3 references must be from other sources. These readings should help you to support, challenge, or complicate your understanding of your proposed research problem.
i) Use **APA citation style** in the proposal and reference list.
j) Limit length of the proposal to <u>**maximum**</u> 4 pages double spaced excluding the reference list).

Project Presentation (30% of your final grade)

Each student will prepare and present a creative product they developed while investigating the problem or issue identified in their proposal. While the form of the final product is creative, this is not a fine arts or creative writing class. Concentrate on using this creative process to demonstrate your learning about representations of health, illness, suffering and the body as you proposed. Your presentation will be driven and shaped by theories of representation and associated social and health implications. Examples of creative projects are a journal, a film, a slide show, a poster, a collage about representations of health, illness or the body. Your project should demonstrate an understanding of:

a) Key concepts and theories of representation;
b) Interplay between socio-politico-historical context and public and private understandings of health, illness and the body;
c) Personal reflections on connections between representations and experiences of health, illness and the body; and
d) Broader health and social implications of representations of health, illness and the body.

Seminar Participation (20% of your final grade)

Seminar attendance is not mandatory, however regular attendance is essential for the success of the seminar. Students who do not attend seminar are less able to contribute to and learn from the experience. If you are present 80% of the time, you will be eligible for a maximum of 8/10 for seminar participation.

Each seminar, we will engage in a discussion of the key themes raised by readings or current media events. You are expected to actively participate and demonstrate that you have completed the assigned readings. Active participation includes offering thoughtful, well-supported ideas that advance and enrich discussion. Active participation also includes bringing to class visual representations that stimulate discussion related to the weekly content. Active participation also means listening with sensitivity and a critical ear to the contributions of others.

You are also expected to lead discussion twice during the semester on topics you identified in Week 1. You will be given a grade out of 5 for each of the two assigned weeks. Lack of preparation or a "no-show" in your assigned week **will** result in loss of marks.

This is not a formal presentation of the readings but rather an opportunity for you to engage the class in a discussion of the topic. Suggested discussion questions are listed for each week. You may use these or introduce other ideas or resources.

Weekly Outline

Date	Place	Topic[1]	Assignments
Wk 1 Jan 12	Lecture Theatre B	Introduction to course; Truth, objectivity & knowledge	
Wk 2 Jan 19	**HSC 2831**	**Theories of representation Analyzing social artefacts**	
Wk 3 Jan 26	HSC 2831	Baby's first picture: the construction of fetus, maternity and paternity through ultrasound technology	Diana to lead discussion
Wk 4 Feb 2	**HSC 2831**	**Jon & Kate plus 8 and Octomom: Celebration and blame in media coverage of multiple births**	**Lara to lead discussion**
Wk 5 Feb 9	HSC 2831	In search of the perfect baby: Maternal screening, disability & selective abortion *Guest speaker*: Dr. Christopher Kaposy	Shelley to lead discussion *Project Proposal due*
Wk 6 Feb 16	**HSC2831**	**You have a big heart: Making the invisible visible through medical imaging technologies & visual arts**	**Helen to lead discussion *Critical Annotated Bibs due* (Wks 2-6)**
Wk 7 Feb 23	**No Class**	**Mid-semester break**	
Wk 8 Mar 2	**HSC2831**	**Crazy for you: Representations of mental illness**	**Diana to lead discussion**
Wk 9 Mar 9	HSC 2831	The immigrant body as health threat in newspaper coverage of TB, SARS, Ebola, HIV *Guest Speaker*: Sylvia Reitmanova	Lara to lead discussion
Wk 10 Mar 16	**HSC 2831**	**Bodily fluids: Semen, spit, snot and other yukky stuff**	**Shelley to lead discussion**
Wk 11 Mar 23	HSC 2831	The dead body and the Body World Exhibit: medical gaze, public education and voyeurism.	Helen to lead discussion
Wk 12 Mar 30	**HSC 2831**	**Under and after the knife: Mastectomy, colostomy and other surgical scars**	**Diana to lead discussion *Critical Annotated Bibs due* (Wks 8-12)**
Wk 13 Apr 6	HSC 2831	Consolidation Course Evaluation	Student Project Presentations

[1] Topics subject to change based on student learning objectives established in Wk 1.

Weekly Readings[2]

Wk I: Introduction to course; Objectivity, truth, and knowledge

Course Prerequisite Readings

1. Foucault, M (1994) The birth of the clinic: archaeology of medical perception. Trans. A.M. Sheridan Smith. New York: Vintage.

Readings

1. Daston L & P Galison, (2007). Objectivity. New York: Zone Books. Chapter 1.

Discussion Questions

1. "Objectivity is blind sight, seeing without interference, interpretation or intelligence" (Daston & Galiston, 2007: 17). Discuss.
2. What does Foucault mean when he uses the term "medical gaze"?

Wk 2: Theories of representation; Analyzing social artefacts

Readings

1. Joffe H. (2003). Risk: From perception to social representation. British Journal of Social Psychology, 42(1): 55-73.
2. Seale C. (2003). Health and the media. Sociology of Health and Illness, 25(6): 513-531.

Additional Resources

3. Brown JS & P Duguid. (1995). The social life of documents. 95(10): 1-18. www.firstmonday.org/issues/issue1/documents/#5
4. Murray M. (2002). Connecting narrative and social representation theory in health research. Social Science Information, 4: 653-673.
5. Quenza DJP (2005). On the structural approach to social representations. Theory & Psychology, 15(1): 77-100.

Discussion Questions

1. What is a meta-narrative? According to Seale, where does a meta-narrative get its power?
2. How does Joffe's work contribute to our understanding of knowledge production?

[2] Weekly reading lists are subject to change. Students are encouraged to suggest additional readings for the weeks which they lead. Students and faculty (including guest speakers) are expected to provide notice of additional readings at least one week in advance of the date of presentation.

Wk 3: Baby's first picture: The construction of fetus, maternity and paternity through ultrasound technology

Readings

1. Draper J. (2002). 'It was a real good show': The ultrasound scan, fathers and the power of visual knowledge. Sociology of Health & Illness, 24(6): 771 -795.
2. Larkin L (2006). Authentic mothers, authentic daughters and sons: Ultrasound imaging and the construction of fetal sex and gender. Canadian Review of American Studies, 36(3): 273-291.
3. Rothman BK. (2002). Baby's first picture: Ultrasound and the politics of fetal subjects. [book review] Contemporary Sociology, 31(6) 786-788.

Additional Resources

1. Mitchell LM. (2001). Baby's first picture: Ultrasound and the politics of fetal subjects. Toronto: University of Toronto. RG 527.5 U48 M57
2. Story L. (2003). A head start in life?: Prenatal parenting and the discourse of fetal stimulation. Atlantis, 27(2): 41-48.

Discussion Questions

1. Draper argues that using ultrasound to visualize the fetus is contributing to an alternative representation of paternity. How do you respond?
2. What are some of the implications of the creation of fetal personhood through ultrasound?

Wk 4: Jon & Kate plus 8 and Octomom: Celebration and blame in media coverage of multiple births.

Readings

1. Charles S & T Shivas. (2002). Mothers in the media: Blamed and celebrated – An examination of drug abuse and multiple births. Pediatric Nursing, 28(2): 142-145.
2. Johnston J (2009). Judging Octomom. Hastings Center Report, 39(3): 23-25.
3. Otto S & WJE Pinch. (2009). Ethical dimensions in the case of the Octomom: Two perspectives. Pediatric Nursing, 35(6): 389-92.

Additional Resources

1. Chavez L. (2004). A glass half empty: Latina reproduction and public discourse. Human Organization, 63(2): 173-188.

Discussion Question

1. Who is constructed as the good, deserving and able mother? As the bad, aberrant, unfit mother? What accounts for these differences?

Wk 5: *In search of the perfect baby: Maternal screening, disability & selective abortion*

Readings

1. Kittay E & L Kittay (2000) "On the expressivity and ethics of selective abortion for disability: Conversations with my son," in E. Parens, (Ed). Prenatal Testing and Disability Rights, Washington, DC: Georgetown University Press.

2. Marcial G (2008) "Marcial: Sequenom's Down Syndrome test," Business Week (August 18, 2008). Available at: http://www.businessweek.com/investor/content/aug2008/pi20080815_607392.htm

Additional Resources

3. Goggin G. (2004). Uniting the nation? Disability, stem cells, and the Australian media. Disability and Society, 19(1): 47-60.

Discussion Question

1. Selective abortion in multiple births is a medical option. How does this option construct disability?

Wk 6: You have a big heart: Making the invisible visible through biomedical technologies and visual arts

Readings

1. Joyce K. (2005). Appealing images: Magnetic resonance imaging and the production of authoritative knowledge Social Studies of Science, 35(3): 437-462.
2. Reventlow SD et al. (2006). Making the invisible body visible. Bone scans, osteoporosis and women's bodily experiences. Social Science & Medicine 62: 2720–2731.
3. Ocak E & S Uysal. (2008). Obliterated bodies: An installation. Leonardo, 41(1): 96-7.

Additional Resources

4. Adams A & K Schwartzman. (2005). Pneumothorax then and now. Space and Culture, 8(4): 435-448.

Discussion Question

1. How are bodies subjugated to the governing voices and acts of those using biotechnologies?

Wk 7: NO CLASS – Mid Semester Break

Wk 8: Crazy for you: Representations of mental illness

Readings

1. Corrigan PW et al. (2005). Newspaper stories as measures of structural stigma. Psychiatric Services, 56(5):551-6.
2. Gattuso S, S Fullagar & I Young. (2005). Speaking of women's 'nameless misery': The everyday construction of depression in Australian women's magazines. Social Science and Medicine, 61(8): 1640-1648.
3. Raty H et al. (2006). Common-sense descriptions of depression as social representations. The International Journal of Social Psychiatry, 52(3): 243-55.

Additional Resources

4. Stuart M (2006). Media portrayal of mental illness and its treatments: What effect does it have on people with mental illness? CNS Drugs, 20(2): 99-106.

Discussion Question

1. How do dominant images of mental illness contribute to victim blaming in the diagnosis and treatment of women's depression?

Wk 9: The immigrant body as health threat: TB, SARS, Ebola HIV

Readings

1. Murdocca C. (2003). When Ebola came to Canada: Race and the making of the respectable body. Atlantis, 27(2): 24-31.
2. Reitmanova S. (2008). Saving the Empire: The politics of immigrant tuberculosis in Canada. McGill Journal of Medicine, 11(2): 199-203.
3. Washer P. (2004). Representations of SARS in the British newspapers. Social Sciences and Medicine, 59(12): 2561-2571.

Additional Resources

4. Lupton D. (1993). AIDS Risk and heterosexuality in the Australian press. Discourse and Society, 4(3): 307-328

Discussion Question

1. How do representations of infectious diseases shift over time and space? To what do you attribute some of these differences?

Wk 10: Bodily fluids and body parts: Blood, semen, organs and other yukky stuff

Readings

1. Bramwell R. (2001). Blood and milk: constructions of female bodily fluids in Western society. Women and Health, 34(4): 85-96.
2. Lauri, MA. (2009). Metaphors of organ donation, social representations of the body and the opt-out system. British Journal of Health Psychology, 14: 647–666.
3. Schilder AJ et al. (2008). "It's like the treasure': Beliefs associated with semen among young HIV-positive and HIV-negative gay men. Culture, Health & Sexuality, 10(7): 667-679.
4. Dawson L. (2005). Menstruation, misogyny, and the cure for love. Women's Studies, 34: 461–484.

Discussion Questions

1. What accounts for the collective disgust associated with some bodily fluids?

Wk 11: The dead body and the Body Worlds Exhibit: Medical gaze public education and voyeurism

Readings

1. Burns L. (2007). Gunther von Hagens' *Body Worlds*: Selling beautiful education. The American Journal of Bioethics, 7(4): 12–23.
2. Burns L. (2007). Response to Open Peer Commentaries on "Gunther von Hagens' BODY WORLDS: Selling Beautiful Education'': Signed, Sealed, Delivered. The American Journal of Bioethics, 7(4): W1-3.
3. Connor JTH. (2007). Exhibit Essay Review: "Faux Reality" Show? The *Body Worlds* Phenomenon and Its Reinvention of Anatomical Spectacle. *Bulletin of History in Medicine,* 81: 848-865.

Additional Resources

4. Open Peer Commentaries on "Gunther von Hagens' BODY WORLDS: The American Journal of Bioethics, 7(4).

Discussion Questions

1. How, if at all, is biotechnology different from dissection of the body in the ways that it generates knowledge of the body?
2. Connor asserts, "The human body and its history have become 'fashionable to the point of ubiquity'." What have you learned this semester that supports his assertion?

Wk 12: So what?: Exploring the impact of social representations of health, illness, suffering and the body

Readings

1. Foster JLH. (2003). Representational projects and interacting forms of knowledge. Journal for the Theory of Social Behaviour, 33(3): 231-244.
2. Hwang Y & BG Southwell. (2009). Science TV news exposure predicts science beliefs: Real world effects among a national sample. Communication Research, 36 (5): 724-742.

Additional Resources

3. Brown JD & SN Keller. (2000) Can the mass media be healthy sex educators? Family Planning Perspectives, 32(5): 255-256.
4. Seale C. (2005). New directions for critical internet health studies: representing cancer experience on the web. Sociology of Health & Illness, 27(4): 515–540.

Discussion Questions

1. Some have argued that the internet has capacity allow individuals to develop a virtual or disembodied identity. Do you agree? How might this impact on those living with non-normative bodies?
2. What are some of the real life implications of how health, illness, suffering and the body are represented?

Wk 13: Course Consolidation and Evaluation

Student Project Presentations

Memorial University of Newfoundland

Faculty of Medicine, Division of Community Health and Humanities

Population Aging, Aging Workforce, and Healthy Public Policy

MED 6101

Faculty: Diana L. Gustafson
Contact Hours: 36hrs
Contact: diana.gustafson@med.mun.ca
777-6720

Course Description

Aging is a physical, social and cultural experience that is influenced by biology, social institutions (family, the workplace, health care) and public policy (pensions, retirement). Factors such as gender, culture, social status and income, and employment and working conditions also determine the process and diverse experiences of aging. This graduate-level independent reading course will provide the student with the opportunity to critically appraise the demography, theory, and social, economic and political issues of population aging in the contemporary Canadian context. The student will also examine the historical roots, goals and impact of public and institutional policy about aging and the workplace.

The goals of this course are to critically explore:

1. the concepts, theories and demography of population aging, the aging workforce, and occupational health with a particular focus on the Canadian context;
2. the determinants of healthy aging and the diversity of aging across groups;
3. the cultural context of aging and attitudes toward aging especially in the workplace;
4. the institutionalization of retirement; and
5. the links between aging, gender, work, income, health and wellbeing, and the development of healthy public and institutional/employer policy.

Evaluation of Student Performance:

Written and 1:1 meetings will provide the student with the opportunity to demonstrate an understanding of key concepts and current debates relating to aging and public and institutional policy related to aging. Letter grades will be assigned in accordance with the MUN School of Graduate Studies guidelines. Students must achieve a passing mark (65%) in EACH component of the course to successfully complete the course.

Critical annotated bibliography of readings	50%
Meetings (3) to discuss readings	15%
Final paper	35%

1. Critical Annotated Bibliography (50% of your final grade)

Due: May 18, Jun 6, Jun 25, Jul 11, Jul 30.

Consider contacting the Writing Centre or referring to the following resources for examples on how to write a critical annotation.

www.library.mun.ca/guides/howto/annotated_bibl.php
www.utoronto.ca/writing/annotatebib.html

The student will read each document in a section and prepare a critical annotation for each of approximately 150-250 words (half a page) that includes:

a) complete bibliographic data;
b) a statement describing the type of document and theoretical framework or methodological assumptions (narrative, theory or polemic, empirical research)
c) two or three statements identifying the main argument and key conclusions; and
d) two or three statements indicating a critical evaluation of the relevance or value of the argument (strengths, limitations) to a richer understanding of the issue.

2. Meetings (15% of your final grade)

Dates: Jun 4, Jul 9, Aug 3

Three meetings will be arranged to discuss major themes and issues relating to aging and the workplace and discuss how the readings ground or inform the student's broader research interests. These meetings will also be an opportunity to provide feedback on annotated bibliographies and address issues that guide the development of the major paper.

These meetings will be negotiated at times that are mutually agreeable to both student and professor.

3. Major Paper (35% of your final grade)

Due: Aug 17

The student will prepare a final paper about aging and work that draws predominantly from the course readings. The student may decide the specific focus of the paper however the student is encouraged to seek approval first. This paper will be prepared according to the manuscript guidelines of a relevant scholarly journal. A copy of the journal guidelines must be included as an appendix.

The paper must demonstrate an understanding of:

a) key concepts, demography and one theory of aging;
b) the interplay among three or more determinants of healthy aging;
c) the broader health, social, institutional or policy implications of an aging workforce; and
d) consistent document preparation in accordance with stipulated journal guidelines.

The paper will be grading using the following criteria:

32-35 Demonstrates superior understanding of material as well as sophisticated analytical and critical thinking; points are clearly articulated, easy to follow and well supported. Precise, accurate, thoughtful and innovative presentation of ideas.

28-31 Demonstrates sound understanding of the material as well as good analytical and critical thinking; points are clearly articulated and easy to follow.

21-27 Demonstrates familiarity with the material; points are raised but not well developed or supported; OR provides a solid summary of material but little analysis or reflection.

18-20 Demonstrates minimal familiarity with material; analysis is absent, simplistic or unsupported; points are poorly articulated; Provides crude summary of material.

0-17 Demonstrates little or no significant familiarity with material or analysis of material. Little evidence of preparation; ineffective presentation of ideas;

Course Readings

The student is expected to read the course materials and generate a critical annotated bibliography for each document in the section.

1. Basic concepts, theories and demography of population aging, the aging workforce and occupational health

Auger, J.A. & Tedford-Litle, D. (2002). From the inside looking out: competing ideas about growing old. Halifax: Fernwood. Chapters 2, 3.

Chappell, N.L., MacDonald, L. & Stones, M. (2006). *Aging in contemporary Canada* (2nd ed.). Toronto: Pearson Educational. Chapters 1 & 2.

Duchesne, D. (2004). More seniors at work. *Perspectives, 75,* 5-17.

Gee, E.M. (2000). Population and politics. In Gee & Gutman (Ed.) *The overselling of population aging: apocalyptic demography, intergenerational challenges, and social policy* (pp. 5-25). Toronto: Oxford University Press.

Naumanen, P. (2005). The health promotion model as assessed by ageing workers. *Journal of Clinical Nursing, 15,* 219-226.

Polanyi, MF, Frank, JW, Shannon, HS, Sullivan, TJ & Lavis, JN. (2000). " Promoting the determinants of good health in the workplace". In Poland, B., Green, L.W., & Rootman, I. Settings *for health promotion: linking theory and practice*. Newbury Park: Sage, pp. 138-160.

2. Determinants of healthy aging and the diversity of aging across groups

Chappell, N. L., MacDonald, L. & Stones, M. (2006). *Aging in contemporary Canada* (2nd ed.). Toronto: Pearson Educational. Chapter 4.

Cotter, D.A., Hermsen, J.M., & Vanneman, R. (2002). Gendered opportunities for work: effects on employment in later life. *Research on Aging, 24*(6), 600-629.

Gunnarsson, E. (2002). The vulnerable life course: poverty and social assistance among middle-aged older women. *Ageing & Society, 22,* 709-728.

Harrison, J. & Maltchev, K. (2006). Work and the older adult: obstacles and opportunities. *Occupational Therapy Practice, 11*(7), 1-7.

Heckhausen, J., & Brim, O.G. (1997). Perceived problems for self and others: self-protection by social downgrading throughout adulthood. *Psychology and Aging, 12*(4), 610-619.

Hussey, J. (2003). The changing role of women in Newfoundland and Labrador. *Royal Commission on Renewing and Strengthening our Place in Canada.* http://www.gov.nf.ca/publicat/royalcomm/research/hussey.pdf

Levy, B.R., Slade, M.D., Kunkel, S.R., & Kasl, S.V. (2002). Longevity increased by positive self perceptions of aging. *Journal of Personality and Social Psychology, 83*(2), 261-270.

Ranzijn, R., Patrickson, M., Carson, E., & Le Sueur, E. (2004). Independence and self-provision in old age: how realistic are these goals? *Australasian Journal on Ageing, 23*(3), 120-124.

Warr, P., Butcher, V., Robertson, I., & Callinan, M. (2004). Older people's well-being as a function of employment, retirement, environmental characteristics and role performance. *British Journal of Psychology, 95,* 297-324.

3. Cultural context of aging and attitudes toward aging in the workplace

Calasanti, T. (2005). Ageism, gravity and gender: experiences of aging bodies. *Generations,* 8-12.

Chappell, N. L., MacDonald, L. & Stones, M. (2006). *Aging in contemporary Canada* (2nd ed.). Toronto: Pearson Educational, Chapters 5, 6.

Cohen, E.S. (2001). The complex nature of ageism: What is it? Who does it? Who perceives it? *The Gerontologist, 41*(5), 576-577.

Hendricks, J. (2005). Ageism: looking across the margin in the new millennium. *Generations,* 5-7.

Kelchner, E.S. (1999). Ageism's impact and effect on society: not just a concern for the old. *Journal of Gerontological Social Work, 32*(4), 85-100.

Levy, B.R. (2001). Eradication of ageism requires addressing the enemy within. *The Gerontologist, 41*(5), 578-579.

McVittie, C., McKinlay, A., & Widdicombe, S. (2003). Committed to (un)equal opportunities? 'New ageism' and the older worker. *British Journal of Social Psychology, 42,* 595-612.

Nemmers, T.M. (2004). The influence of ageism and ageist stereotypes on the elderly. *Physical & Occupational Therapy in Geriatrics, 22*(4) 11-19.

Palmore, E. (2001). The ageism survey: first findings. *The Gerontologist, 41*(5), 572-575.

Ragan, A.M. (2001). Improving attitudes regarding the elderly population: the effects of information and reinforcement for change. *The Gerontologist, 41*(4), 511-515.

4. Work and the institutionalization of retirement

Bellaby, P. (2006). Can they carry on working? Later retirement, health, and social inequality in an aging population. *Work and Health Inequalities, 36*(1), 1-23.

Butters, J. (2004). Managing finances for a fulfilled Canadian retirement. *Leadership in health services, 17* (1), xii-xvii.

Ginn, J., & Arber, S. (2005). Longer working: imposition or opportunity? *Quality in Ageing – Policy, Practice and Research, 6*(2), 26-35.

Gunderson, M. (2004). Banning mandatory retirement: throwing out the baby with the bathwater. *C.D. Howe Institute Backgrounder, 79,* 1-8.

Mor-Barak, M.E., & Tynan, M. (1993). Older workers and the workplace: a new challenge for occupational social work. *Social Work, 38*(1), 45-55.

Prenda, K. & Stahl, S. (2001). The truth about older workers. *Business and Health, 19* (5), 30-37.

5. Aging in the workplace and healthy public and institutional policy

Chappell, N.L., MacDonald, L. & Stones, M. (2006). *Aging in contemporary Canada* (2nd ed.). Toronto: Pearson Educational Chapters 12, 14.

MacDonald, L. (2000). Alarmist economics and women's pensions. In Gee & Gutman (Ed.) *The overselling of population aging: apocalyptic demography, intergenerational challenges, and social policy* (pp. 115-128). Toronto: Oxford University Press.

Marshall, V.W. (1994). A critique of Canadian aging and health policy. In Marshall & McPherson (Eds.). *Aging: Canadian perspectives* (pp. 232-244). Toronto: Broadview.

Moyers, P.A. & Coleman, S.D. (2004). Adaptation of the older worker to occupational challenges. *Work, 22,* 71-78.

Naumanen, P. (2006). The health promotion of aging workers from the perspective of occupational health professionals. *Public Health Nursing, 23*(1), 37-45.

Prince, M.J. Apocalyptic, opportunistic and realistic demographic discourse: retirement income and social policy or chicken littles, nest-eggies and humpty-dumpties. In Gee & Gutman (Ed.) *The overselling of population aging: apocalyptic demography, intergenerational challenges, and social policy* (pp.100-113). Toronto: Oxford University Press.

MED 6102
Critical Theory in Health and Society
Winter 2012

Instructor Chris Kaposy christopher.kaposy@med.mun.ca tel 777-2338

Time Winter Session, Term II: Tuesdays, 9 - 12

Location Mostly 2J618 (see Schedule)

Overview

This course provides an in-depth examination of critical theory in relation to society and health. We focus especially on theoretical questions of how one frames 'illness', 'health', 'healing' or 'medicine' as an object of study. We explore questions raised by technologies upon which the practice of contemporary medicine depends, with attention to questions concerning the status of the body. This course focuses in particular on critical perspectives and the connections among power, knowledge, and practice in health and medicine.

Objectives

1) To gain a working knowledge of contemporary theory in social science and health; 2) to examine the roots of contemporary theory in the European philosophical tradition of the 20th century; and 3) to practice applying social science theory to specific topics in relation to health, health care, or community health.

Prerequisites

Students must have completed MED 6220 (Introduction to Community Health), or demonstrate that they have the equivalent experience in critical thinking and writing as outlined in *MED 6220 Evaluation Sheet For Term Paper* .

Requirements

This class will be conducted as a seminar with some short lectures. All participants are expected to have read the required readings prior to class and to be prepared to engage actively in discussion based on the readings. At each class, one student will have been assigned as primary reviewer and one as secondary reviewer for all or a portion of the required reading. The primary reviewer will be responsible for an oral presentation of the material assigned. The secondary reviewer *will also be prepared as if they are to lead the discussion,* and will be expected to supplement or present alternative perspectives to the primary review of the reading. Reviewer assignments will be done on a rotating basis such that each student will be both primary and secondary reviewer at least once during the term.

Two written assignments (one paper worth 35% and one group assignment worth 35%) are required for this course.

Required Texts

Simone de Beauvoir (1949) *The Second Sex*. Translated by C. Borde, S. Malovany-Chevallier. New York: Vintage Books (complete and unabridged English edition published 2011).

Michel Foucault (1961) *History of Madness*. Translated by J. Murphy, J. Khalfa. New York: Routledge (comprehensive English translation published in 2006).

Dorothy E. Smith (1999) *Writing the Social: Critique, Theory, and Investigations*. Toronto: University of Toronto Press.

Evaluation

Primary oral reviews:	20%
Secondary oral reviews:	10%
Group assignment:	35%
Final Paper:	35%

Primary oral reviews --expectation and evaluation:

1. Each primary oral review should take 15 – 20 minutes. An extensive discussion of indeterminate length (subject to time constraints) may arise from the review.
2. Powerpoint or handouts may be used, but are not required.
3. Reviewers will be expected to outline and summarize the key points raised in the readings.
4. Reviewers can refer to their own research, or to aspects of health technology or medicine in general, to explain how and why the theoretical frameworks are useful.
5. Evaluation is based on the extent to which the reviewer has provided an in-depth analysis, and is willing to take 'risks' with their critical analytic perspective.

Secondary oral reviews --expectation and evaluation:

1. Each secondary review should take approximately 5 minutes (though may be longer if time permits).
2. Secondary reviewers will be expected to provide supplemental information to either support or provide alternatives to the perspectives raised in the primary review.
3. Evaluation is based on the extent to which the reviewer has provided an in-depth analysis, and is willing to take 'risks' with their critical analytic perspective.

Group assignment – expectation and evaluation:

Group assignment (approximately 15 pages). Stanley Fish, in his "Dennis Martinez" article (week 2) describes a problem faced by critical theory. He argues that "No activity is theoretical in the strong sense of unfolding according to the dictates of a theory" (Fish, 1987: 1778). If Fish is right, there is no way in which health research or critical social science research can be guided by theory. In Fish's view, theoretical activity and research activity are separate, and it is a mistake to think that researchers can look to theories for rules or norms about how research should be conducted.

It is noteworthy, however, that health researchers use and apply critical theory in their work. We will read a number of examples. This group assignment proposes that we, as a group, come to grips with Fish's critique, and the reality that theory is used in health research. We shall enumerate the various uses of critical theory in health research that we come across in our study of the texts inside and outside of this class. Our goal will be (1) a taxonomy of how critical theories are used in health research, and (2) an argument to answer Fish's depiction of theory.

Each student will be responsible for researching and writing one component of the research paper. Each component will be individually graded. Students must demonstrate that they have understood and applied the concepts taught in the course. The targeted deadline for our first draft of the group assignment is one week after the end of class. We will plan to submit a polished draft of the group assignment to a peer-reviewed scholarly journal.

Final paper – expectation and evaluation:

Final paper (approximately 15 pages). The paper will examine the theoretical work of one contemporary social scientist who has written critically about health, health care, or health systems. The paper should explore, in clear terms, how (critical) theories are used in the social scientist's research. The paper should also relate how the student's chosen social scientist and/or the social scientist's theoretical perspectives could be used in the student's own research. The findings from each student's individual final paper can be compiled together to support the argument in the group assignment.

To summarize, the final paper should contain (at least) 3 elements:

(a) An account of a contemporary social scientist's work, and the theories she/he uses in that work
(b) A clear and analytical description of how theories are used in the social scientist's work
(c) A discussion of how the social scientist's ideas or theoretical perspectives might be useful for the student's own research.

Topics must be discussed in advanced with the instructors. A proposal for the paper will be submitted in week 3 of the course. The paper proposal is to be 2-3 pages

(double spaced). It should provide an outline of the topic, sources of information with citations, and argument to be made. A preliminary draft of the paper will be submitted in week 8 of the course. The intent of the draft is to provide enough information to the instructor to receive concrete feedback for revision. The final paper will be submitted one week following the last class of the course.

Both the individual paper and the group assignment should be written in a format as if for submission as a theoretical piece for publication in a refereed journal. It should be 15 - 20 pages, double spaced, in 12 point font; it should include a title page, abstract, and key words; and it should contain no grammatical or typographic errors. Assignments will be evaluated as follows:

1. Follows appropriate style and format as outlined above
2. Contains clear argumentation and clarity of communication
3. Demonstrates critical thinking
4. Demonstrates ability to understand and synthesise theoretical perspectives from course content

Course outline

Week	**Required Reading**
I: FOUNDATIONS, WHY CRITICAL THEORY OF HEALTH?	
Week 1, Jan 10 Room 2J618	**1.1 Introduction to course** Overview of course Assignment of reviews Group discussion of ground rules for trust and support in learning **1.2 Discussion**, *What can theory do?* **1.3 Lecture**, *Backgrounder: contemporary critical theory (Part 1)*
Week 2, Jan 17 Room 2J618	**2.1 Discussion of readings:** (copies available in rm. 2830) Stanley Fish (1987) "Dennis Martinez and the Uses of Theory," *Yale Law Journal* 96: 1773-1800. Emily Martin (1991) "The Egg and the Sperm: How Science has Constructed a Romance Based on Stereotypical Male-Female

Roles," *Signs: Journal of Women in Culture and Society* 16(3): 485-501.

Joshua P. Garoon and Patrick S. Duggan (2008) "Discourses of Disease, Discourses of Disadvantage: A Critical Analysis of National Pandemic Influenza Preparedness Plans," *Social Science and Medicine* 67: 1133-1142.

2.2 Lecture, *Backgrounder: contemporary critical theory (Part 2)*

II: CRITICAL THEORY "SAMPLER"

Week 3, Jan 24
Room 2J618

3.1 Discussion of readings:
S. de Beauvoir (1949) *The Second Sex*. Volume I: Introduction, Part One ("Destiny"), Part Two ("History")

3.2 Lecture, background on de Beauvoir
**** proposal due**

Week 4, Jan 31
Room 2J618

****Chris Kaposy will be away****

Instructor-less discussion, peer evaluation of oral reviews

4.1 Discussion of readings:
S. de Beauvoir (1949) *The Second Sex*. Volume II: Introduction, Part One ("Formative Years")

Week 5, Feb 7
Room 2J618

5.1 Discussion of readings:
S. de Beauvoir (1949) *The Second Sex*. Volume II: Part Four ("Toward Liberation")

D. E. Smith (1999) *Writing the Social: Critique, Theory, and Investigations*. Part I ("Critique"): Chapters 2,3,4.

5.2 Lecture, feminisms, feminist theory, feminist epistemology

Week 6, Feb 14
Room 2J618

6.1 Discussion of readings:
M. Foucault (1961) *History of Madness*. Part One.

6.2, Lecture, introduction to Foucault

Week 7, Feb 21	**No class, winter break**
Week 8, Feb 28 Room 2J618	**8.1 Discussion of readings:** M. Foucault (1961) *History of Madness*. Part Two. **8.2, Lecture**, Foucault **<u>**Draft of paper due.</u>**
Week 9, March 6 Room H2831 (CHH conf room)	**9.1 Discussion of readings:** M. Foucault (1961) *History of Madness*. Part Three (as much as you can read) **9.2, Lecture**, Foucault and critical theory
Week 10, March 13 Room 2J618	**10.1 Discussion of readings:** D. E. Smith (1999) *Writing the Social: Critique, Theory, and Investigations*. Chapters 5,6,7. **10.2 Lecture**, what are the ruling relations?

III: THE USES OF THEORY

Week 11, March 20 Room 2J618	**11.1** Collaborative Project Work
Week 12, March 27 Room 2J618	**12.1** Collaborative Project Work
Week 13, Apr 3 Room 2J618	**13.1** Round-table, Discussion of final papers **13.2** Relating final papers to collaborative project

<u>Written assignments due: April 10th</u>

MED 6102
Critical Theory in Society and Health
Winter 2012

Examples of works in critical social theory that could be used as basis for final paper.

P. Bourdieu (1972) *Outline of a Theory of Practice*. Cambridge U Press.

D. Haraway (1997) *Modest_Witness@Second_Mellennium. FemaleMan©_Meets_OncoMouseTM*. Routledge.

D. Healy (2004) *Let Them Eat Prozac: The Unhealthy Relationship Between the Pharmaceutical Industry and Depression*. NYU press.

M. Lock (1993) *Encounters with Aging: Mythologies of Menopause in Japan and North America*. U Cal Press.

D. Lupton (1995) *The Imperative of Health: Public Health and the Regulated Body*. Sage Press.

E. Martin (1987) *The Woman in the Body: A Cultural Analysis of Reproduction*. Beacon Press.

P. Rabinow (1999) *French DNA*. U Chicago Press.

N. Rose (2007) *The Politics of Life Itself: Biomedicine, Subjectivity and Power in the Twenty-first Century*. Princeton U Press.

M. Taussig (1993) *Mimesis and Alterity: A Particular History of the Senses*. Routledge.

M. Taussig (1992) *The Nervous System*. Routledge.

MED 6104
CRITICAL STUDIES OF THE BODY, WEIGHT AND HEALTH IN CONTEMPORARY WESTERN SOCIETY

Natalie Beausoleil, PhD
Division of Community Health and Humanities, Faculty of Medicine
Winter 2012 Tuesdays 4 to 7PM

Course objectives
This course will examine the production of the body, weight and health in contemporary Western society, using critical perspectives. This course will acquaint students to key feminist, postmodernist and cultural studies of the body. The first weeks of the seminar will introduce the students to the sociological analyses of the body as a social construction and an embodied production. During the following weeks we will investigate both bodily practices and discourses of the body as they relate to beauty and health. The students are expected to a) grasp the crucial concepts and debates in the fields of body, body image, health and beauty from various critical perspectives; b) demonstrate an understanding of how bodies, health and beauty are gendered and racialized matters in popular culture and medicine; c) gain insights into how bodies, health and beauty are experienced in everyday life; d) develop critical skills in assessing current media and policy discussions of health as they relate to body size and dominant beauty ideals.

Evaluation
Every week the students will be expected to discuss the key readings and provide a written summary/reflection of one page or two **every week**. 60% of the grade will go toward these discussions. A final paper based on the overall course will be worth 40% of the total grade. This paper can take the form of a research proposal if so desired. Suggested readings are provided for the benefits of the students.

Consultant and guest presentations
Dr. Deborah McPhail will be a consultant for this course and will be presenting and attending some of the course meetings.

Readings
The reading list may change as we go, based on consultations with Dr. McPhail and also based on students progress and areas of research.

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Sessions 2. January 17. INTRODUCTION TO THE FIELD: THE SOCIAL CONSTRUCTION/PRODUCTION OF THE BODY
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Session 5. February 7. CONFLATION OF WEIGHT, HEALTH, BEAUTY AND PHYSICAL ACTIVITY
Session 6. February 14 CRITICAL STUDIES OF THE "OBESITY EPIDEMIC"

Feb 21 Break

Session 7. February 28 CRITICAL STUDIES OF THE "OBESITY EPIDEMIC"
Session 8. March 6 CRITICAL STUDIES OF THE "OBESITY EPIDEMIC"
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Session 10 March 20 CONSIDERING OBESITY in relation to EATING DISORDERS
Session 11. March 27 HEALTH PROMOTION AND THE PREVENTION OF BODY IMAGE PROBLEMS AND DISORDERED EATING
Session 12 April 3 FAT IDENTITY AND FAT STUDIES

Session 1. January 10. INTRODUCTION TO THE COURSE

Session 2. January 17. INTRODUCTION TO THE FIELD: THE SOCIAL CONSTRUCTION/PRODUCTION OF THE BODY

"Introduction" in Cregan, K. (2006) *The sociology of the body*. London: Sage.

Ch 2 The body in medicine in Lupton, Deborah (2003) Medicine as culture. 2nd edition. Sage.

Introduction: refiguring bodies. In Grosz, E. (1994). *Volatile Bodies. Towards a Corporeal Feminism*. Bloomington: Indiana University Press.

Session 3. January 24 LIVED BODIES

Chapter 4. Lived bodies: phenomenology and the flesh in Grosz, E. (1994). *Volatile Bodies. Towards a Corporeal Feminism*. Bloomington: Indiana University Press.

Chapter 2. "Throwing like a girl…" in Young, I. M. (2005) *On female body experience" "throwing like a girl" and other essays*. New York, Toronto: Oxford University Press.

Poudrier, J. and J. Kennedy (2007), Embodiment and the Meaning of the 'Healthy Body': An Exploration of Aboriginal Women's Perspectives of Healthy Body Weight and Body Image, Journal of Aboriginal Health, 4(1):15-24

Session 4. January 31 DOMINANT DISCOURSES OF BODY AND HEALTH
In Lupton, Deborah (2003) Medicine as culture. 2nd edition. Sage.
Ch 1 Theoretical perspectives on medicine and society.

Chapter 6. The body as inscriptive surface. In Grosz, E. (1994). *Volatile Bodies. Towards a Corporeal Feminism*. Bloomington: Indiana University Press.

Rail. G. and N. Beausoleil (2003). «Introduction: Health panic discourses and the commodification of women's health in Canada». In Beausoleil, N. and G. Rail (Eds) Special issue: health panic and women's health. *Atlantis: A Women's Studies Journal.* Vol.27.2. Winter:1-5.

Session 5. February 7. CONFLATION OF WEIGHT, HEALTH, BEAUTY AND PHYSICAL ACTIVITY
Wright, J., G. O'Flynn, D. Macdonald (2006) Being fit and looking healthy: young women and men's constructions of health and fitness. *Sex Roles* Vol 54, nos 9-10 May 2006, 707-716.

George, T. & G. Rail, (2005). Barbie Meets the Bindi: Discursive Constructions of Health among Young South-Asian Canadian Women. *Women's Health & Urban Life, 4(2),* 45-67.

Monaghan, L.F. (2007) Body mass index, masculinities and moral worth: men's critical understandings of 'appropriate' weight-for-height. *Sociology of Health and Illness*, 29 (4) 584-609

Session 6. February 14 CRITICAL STUDIES OF THE "OBESITY EPIDEMIC"

Gard, M., & Wright, J. (2005). *The obesity epidemic: Science, morality, and ideology.* New York/London: Routledge.

February 21 Break

Session 7. February 28 CRITICAL STUDIES OF THE "OBESITY EPIDEMIC"
Wright.J, & V. Harwood (Eds.) (2009), *Biopolitics and the "obesity epidemic": Governing bodies*. New York/London: Routledge.

Session 8. March 6 CRITICAL STUDIES OF THE "OBESITY EPIDEMIC"

Rail, G., D. Holmes & S. Murray (2010) The politics of evidence on 'domestic terrorists': obesity discourse and their effects. Social Theory and Health. Vol 8, 3, 259-279.

McPhail, D. (2010). "This is the face of obesity": Gender and the production of emotional obesity in 1950s and 1960s Canada. *Radical Psychology*, http://www.radicalpsychology.org/vol8-1/McPhail.html.

Beausoleil, N**.** and P. Ward (2010) Fat panic in Canadian public health policy: Obesity as different and unhealthy. Radical Psychology: A Journal of Psychology, Politics, and Radicalism, 8(1). http://www.radicalpsychology.org/vol8-1/fatpanic.html

McPhail, D. (2009). What to do with "The Tubby Hubby"? "Obesity," the crisis of masculinity, and the reification of the nuclear family in early Cold War Canada. *Antipode 41*(5), 1021-1050.

Norman, M.E**.** (2011) Embodying the Double-Bind of Masculinity: Young Men and Discourses of Normalcy, Health, Heterosexuality, and Individualism *Men and Masculinities, June 17, 2011; 1097184X11409360, first published on June 17, 2011*

Session 9 March 13 CRITICAL STUDIES OF THE "OBESITY EPIDEMIC"

McPhail, D**.,** Chapman, G.E.,& Beagan, B., (2011) "Too much of that stuff can't be good": Canadian teens, morality, and fast food consumption, *Social Science & Medicine*. 73 (2), July 2011, Pages 301-307

Petherick, LeAnne (2011) Producing the young biocitizen: secondary school students' negotiation of learning in physical education Sport, Education and Society DOI**:**10.1080/13573322.2011.605116

Gard, M. (2011) *The end of the obesity epidemic.* New York/London: Routledge.

Burrows, L., Wright, J., & J. Jungerson-Smith (2002) Measure your belly: New Zealand children's constructions of health and fitness. Journal of Teaching Physical Education 22(1) 39-48

Cale, L. & Jo Harris (2011) 'Every child (of every size) matters' in physical education! Physical education's role in childhood obesity Sport, Education and Society DOI**:**10.1080/13573322.2011.601734

Kirk, David (2006) The obesity crisis and school physical education. *Sport Education and Society* Vol 11, no 2 p121-133.

Macdonald, Doune, Sylvia Rodger, Rebecca Abbott, Jenny Ziviani and Judy Jones (2005) “I could do with a pair of wings”: perspectives on physical activity, bodies and health from young Australian children. *Sport, Education and Society* Vol. 10 no 2 pp.195-209.

MacNeill, M & G. Rail (2010) The visions, voices and moves of young “canadians” in Wright, J & D. Macdonald (eds) (2010) Young People, Physical Activity and the Everyday. London: Routledge.

Shea, J. and N. Beausoleil (2012): Breaking down ‘healthism’: barriers to health and fitness as identified by immigrant youth in St. John's, NL, Canada, Sport, Education and Society, 17:1, 97-112
DOI http://dx.doi.org/10.1080/13573322.2011.607914

Sykes, H. & McPhail, D. (2008). Unbearable lessons: Contesting fat phobia in physical education. *Sociology of Sport Journal 25*, 66-96.

Wills, W. K. Backett-Milburn, S. Grefory and J. Lawton (2006) Young Teenagers’ perceptions of their own and other bodies: a qualitative study of obese, ov erweight and “normal” weight young people in Scotland. Social Science & Medicine 62: 396-406.

Wright, J. (2004). Post-structural methodologies: the body, schooling and health. In Evans, J., Davies, B., & Wright, J. (Eds.), Body Knowledge and Control. Studies in the Sociology of Physical Education and Health (pp. 19-31). London: Routledge

Session 10 March 20 **CONSIDERING OBESITY in relation to EATING DISORDERS**

Beausoleil, N. (2009). An impossible task?: Preventing disordered eating in the context of the current obesity panic. In J. Wright., & V. Harwood (Eds.), *Biopolitics and the “obesity epidemic”: Governing bodies*. London: Routledge.

Cliff, K., & Wright, J. (2010). Confusing and contradictory: Considering obesity discourse and eating disorders as they shape pedagogies in HPE. *Sport, Education and Society, 15*(2), 221-233.

Malson, H. & M. Burns (eds) (2009) Critical Feminist approaches to eating dis/orders. London/New York: Routledge.

Gremillion, H. (2002) In fitness and in health : crafting bodies in the treatment of anorexia nervosa. *Signs* Vol 27 no2 Winter 2002 : 381-414.

Neumark-Sztainer, D. (2005) Can we Simultaneously Work Toward the Prevention of Obesity and Eating Disorders in Children and Adolescents. *International Journal of Eating Disorders*, 38: 220-227.

Neumark-Sztainer, D. (2002) Integrating the prevention of eating disorders and obesity: feasible or futile? Preventive Medicine 34: 299-309.

Neumark-Sztainer, D. et al (2007) Shared risk and protective factors for overweight and disordered eating in adolescents. American Journal of Preventive Medicine. 33, 5: 359-369.

Rich, E. (2006) Anorexic dis(connection): managing anorexia as an illness and an identity. *Sociology of health and illness*. Vol 28, no3: 284-305.

Rich, Emma, Rachel Holroyd and John Evans (2004) “Hungry to be noticed”: young women anorexia and schooling. Pp 173-190 In *Body knowledge and control: studies in the sociology of physical education and health.* John Evans, Brian Davies and Jan Wright (eds). London and New York: Routledge.

Evans, J. E. Rich, R. Holroyd (2004) Disordered eating and disordered schooling,: what schools do to middle-class girls. *British Journal of Sociology of Education* vol 25 issue2 april 2004 p 123-142

Session 11. March 27 HEALTH PROMOTION AND THE PREVENTION OF BODY IMAGE PROBLEMS AND DISORDERED EATING

Raphael, D. (2008) Grasping at straws: a recent history of health promotion in Canada Critical Public Health, 18:4, 483-495

Campos, P., Saguy, A., Ernsberger, P., Oliver, E., & Gaesser, G. (2006). The epidemiology of overweight and obesity: Public health crisis or moral panic. *International Journal of Epidemiology, 35*(1), 55-60.

Larkin, June and Carla Rice (2005) Beyond “healthy eating” and “healthy weights”: harassment and the health curriculum in middle schools. *Body Image* 2: 219-232.

McVey, G.; Davis, R.; Tweed, S.; & Shaw, B. (2004) Evaluation of a School-Based Program Designed to Improve Body Image Satisfaction, Global Self-Esteem, and Eating Attitudes and Behaviors: A Replication Study. *International Journal of Eating Disorders*, 36: 1-11.

Wright, J & R. Dean: (2007) A balancing act - problematising prescriptions about food and weight in school health texts. *Utbildning & Demokrati*. Vol 16 no 2: 75-94.

Moulding, Nicole T. (2007) Love your body, move your body, feed your body": Discourses of self-care and social marketing in a body image health promotion program. *Critical Public Health*; Mar2007, Vol. 17 Issue 1, p57-69.

Session 12 April 3 FAT IDENTITY AND FAT STUDIES

Rice, C. (2007). Becoming the fat girl: Acquisition of an unfit identity. *Women's Studies International, 30, 158-174.*

Lebesco, K. (2004). *Revolting bodies?:The struggle to redefine fat identity*. Amherst, MA: University of Massachusetts Press.
Ellison, J (2011) "Let Me Hear Your Body Talk: Aerobics for Fat Women Only, 1981-1985." In *Gender, Health and Popular Culture: Historical Perspectives*. Ed. Cheryl Krasnick Warsh, 205-226. Waterloo: Wilfred Laurier University Press.

Ellison, J (2009) Not Jane Fonda: Aerobics for Fat Women Only. In *The Fat Studies Reader*. Eds. Sondra Solovay and Esther Rothblum, 312-19. New York: New York University Press.

Ellison, J (2007) Stop Postponing Your Life Until You Lose Weight and Start Living Now": Vancouver's Large as Life Action Group, 1979–1985. *Journal of the Canadian Historical Association* 18 (1) 241-26

SUGGESTED READINGS

INTRODUCTION TO THE FIELD: THE SOCIAL CONSTRUCTION/PRODUCTION OF THE BODY

Lock, M. and J. Farquhar (eds) (2007) *Beyond the body proper: reading the anthropology of material life*. Durham: Duke University Press.
Howson, A. (2005) *Embodying gender*. London: Sage.
Shilling, C. (2005) *The body in culture, technology & society*. London: Sage.
Shilling, C. (2003). *The Body and Social Theory*. 2nd edition. London: Sage.
Blood, S. (2005) *Body work: the social construction of women's body image*. London/New York: Routledge.
Fausto-Sterling, A. (2000) *Sexing the body: gender politics and the construction of sexuality*. New York: Basic Books.
Griffith, R.M. (2004) *Born again bodies: flesh and spirit in American Christianity*. University of California Press.
Katrak, K.H. (2006) *Politics of the female body: postcolonial writers of the Third World*. New Brunswick, N.J.: Rutgers University Press.
Castaneda, C. (2002) *Figurations: child, bodies, worlds*. Duke.
Marchessault, Janine and Kim Sawchuk (ed.) 2000.*Wild science: reading feminism, medicine and the media*. London/New York: Routledge.
McGrath, R. (2000) *Seeing her sex: medical archives and the female body*. Manchester: Manchester University Press.
Potts, L.K. (Ed.) (2000) *Ideologies of breast cancer: feminist perspectives*. London: Macmillan Press.
Price, J. and M. Shildrick (eds) (1999) *Feminist theory and the body: a reader*. New York: Routledge.
Martin, E. (1994) *Flexible bodies: tracking immunity in American Culture– from the days of polio to the age of AIDS*. Boston: Beacon Press.
Martin, E. (1987) *The woman in the body.* Beacon Press: Boston.
Kessler, S. and W.McKenna (1978) *Gender: an ethnomethodological approach*. Chicago: The University of Chicago Press.
Shildrick, M. (2002) *Embodying the monster: encounters with the vulnerable self*. London: Sage.
Kuriyama, S. (1999) *The expressiveness of the body and the divergence of greek and Chinese medicine*. New York: Zone books.
Betterton, R. (1996) *Intimate distance: women, artists and the body*. Routledge.
Mama, A. (1995) *Beyond the masks: race, gender and subjectivity*. New York: Routledge.
hooks, b. (1992). *Black looks: race and representation*. Boston: South End Press.
Bannerji, H. 1993. *Returning the gaze: essays on racism, feminism and politics*. Sous la direction de Himani Bannerji. Toronto: Sister Vision Press.
Synnott, A. (1993) *The body social : symbolism, self and society*. London: Routledge.

Shildrick, M. and J. Price (1998). *Vital signs: feminist reconfigurations of the bio/logical body*. Edinburgh: Edinburgh University Press.
Young, K. (1997). *Presence in the flesh: the body in medicine*. Cambridge, Ma: Harvard University Press.
Laqueur, T. (1990) *The making of sex: body and gender from the Greeks to Freud.* Cambridge: Harvard University Press.

LIVED BODIES

Koppelman, S. (ed) (2003) *Strange history of Suzanne Lafleshe and other stories of women and fatness.* New York: Feminist Press.
Mol, A (2002) *The body multiple: ontology in medical practice*. Durham and London: Duke University Press.
Gimlin, D. (2002) *Body work: beauty and self-image in American culture*. University of California Press.
Wykes, M. & B. Gunter (2005) *The media and body image*. London: Sage.
Gonick, M. (2003) *Between femininities: ambivalence, identity and the education of girls*. SUNY.
Moss, P. and I. Dyck (2002) *Women, body, illness: space and identity in the everyday lives of women with chronic illness*. Oxford: Rowman and Littlefield.
Ahmed, S. And J. Stacey (eds). (2001) *Thinking through the skin*. London/New York: Routledge.
Balsamo, A. 1996. *Technologies of the gendered body,* Durham and London: Duke University Press.
Butler, Judith. 1994. "Gender as performance." *Radical philosophy* 67:32-39.
Butler, Judith P. 1993. *Bodies that matter : on the discursive limits of "sex."* New York : Routledge, 1993.
Butler, Judith. 1990. *Gender trouble: feminism and the subversion of identity*. New York : Routledge.
Davis, Kathy (ed.). 1997. Embodied practices: feminist perspectives on the body. Sage.
Davis, K. (1995). *Reshaping the Female Body. The Dilemma of Cosmetic Surgery.* New York: Routledge.
Davis, K. (1993). Cultural Dopes and She-Devils. In Fisher, S & Davis, K., (Eds.), *Negotiating at the Margins* (pp. 23-47). New Brunswick: Rutgers University
Thomson, R. G. (1997) *Extraordinary bodies*. New York, Columbia University Press.
Sassatelli, R. (2003) Beyond health and beauty: a critical perspective on fitness culture. In G. Boswell and F. Poland (eds) *Women's mind, women's bodies: interdisiciplinary approaches to women's health.* New York: Palgrave MacMillan.
Nichter, M. (2000) *Fat talk: what girls and their parents say about dieting*. Cambridge, MA: Harvard University Press.
Torres, S. (ed.) (1999) *That body image thing : young women speak out*. Ottawa: CRIAW/ICREF.
Edut, O. (ed.) (2000) *Body Outlaws: young women write about body image and identity*. Seattle: Seal Press.

Jones, A. (1998) Body art: performing the subject. London: Routledge.
Weekes, D. (1997) "Shades of Blackness: young Black female constructions of beauty." In *Black British feminism: a reader*. Heidi Safia Mirza (ed.). London and New York: Routledge.
Walkerdine, V. (1997) *Daddy's girl: young girls and popular culture*. Cambridge, MA: Harvard University Press.
Sault, N. (1994) (Ed) Many mirrors: body image and social relations. New Brunswick (N.J.): Rutgers University Press.
Bolin, A. (1994) "Transcending and transgendering: male-to-female transsexuals, dichotomy and diversity" in *Third sex, third gender: beyond sexual dimorphism in culture and history*. G. Herdt (ed.) New York: Zone.
Bordo, S. (1993) *Unbearable weight: feminism, Western culture and the body.* Berkeley: University of California Press.
Terry, J. and J. Urla (eds) (1995) *Deviant bodies*. Bloomington :Indiana University Press.
Walkerdine, V. (1990) *Schoolgirl fictions*. London and new York : Verso.
Smith, D. E. (1990) *Texts, facts, and femininity: exploring the relations of ruling*. London and New York : Routledge.
Okeley, J. (1996) *Own or other culture*. London and New York : Routledge.
Duden, B. (1993) *Disembodying women : perspectives on pregnancy and the unborn*. Cambridge, Mass. and London: Harvard University Press. Translated from the German, 1991.
Gilman, S. (1999) *Making the body beautiful: a cultural history of aesthetic surgery*. Princeton
Rooksn. W. 1996. *Hair raising: beauty, culture and African American women.* New Brunswick (N.J.): Rutgers University Press.
hooks, b. (1994) "Power to the pussy: we don't wannabe dicks in drag" in *Outlaw culture: resisting representations*. New York: Routledge.
Jewell, S. K. (1993) *From mammy to Miss America and beyond*. London: Routledge.

DOMINANT DISCOURSES OF BODY AND HEALTH

Wright, J. (2004). Post-structural methodologies: the body, schooling and health. In Evans, J., Davies, B., & Wright, J. (Eds.), Body Knowledge and Control. Studies in the Sociology of Physical Education and Health (pp. 19-31). London: Routledge
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MED6107: Queering Health Research
Independent Reading Course

Seminar: Independent reading course supplemented by six seminars commencing January 14, 2009 at 1:30pm
Location: HSC 2831
Office Hours: HSC 2834 Wed 11am-1pm and by prior appointment
Contact Hrs: 36hrs

Professor

Diana L. Gustafson MEd PhD
Associate Professor
Voice Mail: 777-6720
E-mail: diana.gustafson@med.mun.ca

Course Description

This independent reading course introduces Queer Theory, tracing the origins and development of the term "queer" and Queer Theory, and placing both in theoretical and cultural contexts. Readings are selected to encourage you to reflect on how patterns of sexuality function within society in general and in health research in particular. Readings will encourage discussion of how processes of assimilation and resistance have developed over the past few decades. The purpose of the course is to queer, or to make strange heteronormative health knowledges and institutional practices and processes, and the individual and collective identities that inform and are informed by them. This exploration opens the possibility for a critique of the sexual status quo that can generate new understandings of different sexualities/genders in health research.

Resources

The required and suggested readings are organized around five themes:

1. The required text is Sullivan, Nikki (2003) *A Critical Introduction to Queer Theory.*
2. Some readings are available on-line.
3. Readings not available on-line will be held in Pod C of HSC.

Learning Outcomes

At the successful completion of this course, you will be able to:

1. Generate working definitions of key concepts;
2. Communicate verbally and in writing a cogent, scholarly and critical reflection of foundational documents in queer theory;
3. Demonstrate an understanding of the origin and development of queer theory;
4. Discuss principles underpinning the queering of health research; and
5. Apply concepts and principles of queer theory to the development of a health research question.

Course Evaluation

The course involves independent reading and preparation supplemented by regular interaction with faculty during informal and formal seminar settings. The assignments will give you the opportunity to demonstrate your understanding and ability to integrate, evaluate, and apply basic and advanced principles and concepts of Queer Theory as they relate to community health and health research. A letter grade will be assigned in accordance with the MUN School of Graduate Studies guidelines. Students must achieve a passing mark (70%) in EACH component of the course to successfully complete the course.

1. . **Seminar Dates**: Jan 14, Jan 28, Feb 18, Mar 4, Mar 18, Apr 1

Seminar participation	15
Critical annotated bibliographies 5@10 marks each	50
Research proposal	35
Total	100

Seminar Participation (15% of final mark)

One of the goals of this division is to create an intellectual community in which we all learn. In the six seminars, we will take advantage of the privilege of reading and learning together and take seriously the responsibility to keep up with the required readings, share insights and questions, and listen respectfully and critically to other points of view. Students will be expected to lead class discussion. A list of possible questions for discussion that you submit with the critical annotated bibliographies will serve as a guide for achieving your individual learning outcomes.

You will be evaluated on your contributions to discussion in six seminars that will explore critically themes and issues relating to queer theory and their applicability to health research. For optimum learning, you are expected to attend all seminars. While no marks are given for attendance, your attendance is a factor in your ability to participate. If you don't attend, you can't participate. If you attend 80% of the seminars, your participation mark will be calculated on 80% of the total possible mark for participation.

Critical Annotated Bibliographies (50% of your final grade)

This assignment will help you develop your ability to critically review and organize literature. Each set of submissions will consist of five - **one page** (double-spaced, 12 font, 1" margins) critical annotated bibliographies: one for each of the four required readings plus one on your identified reading. Each submission will also include a cover page that provides a **one-paragraph** synopsis of the key issue raised across the readings and a list of 2-3 questions worthy of further exploration during the seminar. **Due Dates**: Jan 27, Feb 17, Mar 3, Mar 17, Mar 31

Research Proposal (35% of final mark)

The primary goal of this assignment is to demonstrate your understanding of the course readings. To ensure the assignment is relevant to you and advances your programmatic goals, you will use your critical review of the readings on Queer Theory and health to ground or locate your research problem or question. The statement of a research problem or question is the first and arguably the most important step in the research process. The research problem or question is a reflection of your theoretical perspective and shapes the direction of your proposed research. You will receive feedback on the relevance, clarity, and succinctness of your proposal as well as your ability to critically apply Queer Theory to your proposed area of health research.

This proposal will be a **maximum of 20 double-spaced pages** (excluding title page and references) and will include the following:

1) A clear statement of the research problem and a series of 2-3 specific questions that your proposed research will investigate
   a) The problem statement must be clearly stated, researchable and narrowly defined so that it is do-able given the available time and resources that are potentially available to you.
2) Background to the issue or problem with a clearly stated and logically presented argument about the worthiness of the research question;
   a) Be sure to indicate how the problem statement relates to community health.
3) A statement about your relationship to the issue or why it is important to you. (This indicates that you are being explicit about the assumptions underlying your research.)
4) A **minimum of 10 scholarly sources** some of which must be drawn from the required and supplementary readings list;
   a) Indicate how the readings bring your question into clearer focus.
   b) Use the readings to support your position that proposed research is worthy of investigation – i.e. contributes a new way of thinking, fills a gap in knowledge, extends previous research, evaluates a service, policy or program.
5) Incorporate and respond to feedback received in previous assignments.
6) Indicate (in general terms) how you want to investigate the question. (This indicates some preliminary thinking about research methods).
7) Choose a citation style and use it consistently in the proposal and reference list.

Due Date: April 10

Evaluation of Student Performance

Evaluation of all activities will be based on the following guidelines:

92-100 Demonstrates outstanding comprehension and synthesis of material as well as highly sophisticated analytical and critical thinking; Points are always clearly articulated and easy to follow. Additionally, in oral activities, offers precise, accurate, thoughtful responses to questions and promotes a superior level of discussion.

85-91 Demonstrates superior understanding of material as well as sophisticated analytical and critical thinking; Points are clearly articulated and easy to follow. Additionally, in oral activities, offers accurate and thoughtful responses to questions and promotes a high quality level of discussion.

75-84 Demonstrates familiarity with the material as well as some evidence of critical thinking; Points are generally well articulated. Additionally, in oral activities, is able to respond well to most questions and promotes a good quality discussion.

65-74 Demonstrates basic familiarity with the material; points are raised but not developed or supported; or provides a solid summary of material but little analysis or reflection. Additionally, in oral activities, demonstrates some difficulty responding to questions. Impedes critical discussion.

0-64 Demonstrates minimal or poor familiarity with material; analysis is absent, simplistic or unsupported; Points are poorly articulated; Provides only crude summary of material; Little evidence of preparation; Additionally, in oral activities, demonstrates significant difficulty responding to questions. Detracts from or disrupts critical discussion.

Jan 14 - Seminar 1: Introduction to the Course

The first component of this seminar will provide an overview of this course, the format, and the expectations for scholarly student performance. Students will be evaluated on their critical understanding of Queer Theory and how it applies to health research. Oral and written activities are designed to evaluate that knowledge and to enhance your skills in presenting your ideas in scholarly venues.

The second component of this seminar will discuss your learning goals related to queering health research and how you can achieve these in this reading course.

Jan 28 - Seminar 2: What is Queer Theory?

Required Readings

1. Sullivan, Nikki. *A Critical Introduction to Queer Theory.* New York: New York University Press, 2003. Chapters 1 and 2
2. de Lauretis, Teresa. "Queer Theory: Lesbian and Gay Sexualities: An Introduction." *differences* 3.2 (1991), pp.iii-xviii.
3. Berlant, Lauren, and Michael Warner. "What Does Queer Theory Teach Us about X?" In *PMLA: Publications of the Modern Language Association of America* 110, no. 3 (May 1995): 343–349.
4. Warner, Michael: "Introduction." *Fear of a Queer Planet* - Warner, Michael. Introduction to *Fear of a Queer Planet: Queer Politics and Social Theory*, ed. Michael Warner. *Social Text*. 29, (1991): 3-17.

Student-Identified Readings

You will identify **one reading in your chosen area of research** that relates to the seminar theme. You will share that reading with other students and faculty **two weeks before** the scheduled seminar. During the seminar, **you will present** a brief but critical overview of the article's content. You will engage others in a discussion of how the required readings can be applied to health research in general and illuminate your particular area of research.

Supplementary Readings:

1. Duggan, Lisa. "Making it Perfectly Queer", in *Socialist Review*, 22:1, 1992.
2. Edelman, Lee. "Queer Theory: Unstating Desire." In *GLQ: A Journal of Lesbian and Gay Studies,* 2:4, 1995. 343-6.
3. Jagose, Annamarie. *Queer Theory.* Melbourne: Melbourne University Press, 1996.
4. Warner, Michael. *Fear of A Queer Planet: Queer Politics and Social Theory.* Minneapolis: University of Minnesota Press, 1993.

Feb 28 - Seminar 3: "Origins" of Queer Theory

Required Readings

1. Sullivan, Nikki. A Critical Introduction to Queer Theory. New York: New York University Press, 2003. Chapter 3
2. Michel Foucault: excerpts from History of Sexuality - Foucault, Michel. "We 'other Victorians'" & "Scientia Sexualis" In History of Sexuality, Volume 1. New York: Vintage Books, 1990. 1-13, 51-73.
3. Halperin David: "Is There a History of Homosexuality"
4. Butler, Judith. "Critically Queer." Bodies That Matter: On the Discursive Limits of Sex. New York: Routledge, 1993. 223-42.

Student-Identified Readings

You will identify **one reading in your chosen area of research** that relates to the seminar theme. You will share that reading with other students and faculty **two weeks before** the scheduled seminar. During the seminar, **you will present** a brief but critical overview of the article's content. You will engage others in a discussion of how the required readings can be applied to health research in general and illuminate your particular area of research.

Supplementary Readings:

1. Freud, Sigmund. "The Sexual Aberrations" (condensed version) in Donald Morton, ed. *The Material Queer: A LesBiGay Cultural Studies Reader*. Westview Press, 1905.
2. Weeks, Jeffrey. *Coming Out: Homosexual Politics in Britain from the Nineteenth Century to the Present.* London: Quartet Books, 1977.
3. Weeks, Jeffrey. *Sex, Politics, and society: The Regulation of Sexuality Since 1800.* London: Longman, 1981.
4. Wilchins, Riki. *Queer Theory, Gender Theory: An Instant Primer*. Los Angeles: Alyson Press, 2004.

Mar 4 - Seminar 4: Gender Trouble

Required Readings

1. Sullivan, Nikki. *A Critical Introduction to Queer Theory.* New York: New York University Press, 2003. Chapter 5.

2. Wilchins, Riki. "A Certain Kind of Freedom: Power and the Truth of Bodies – Four Essays on Gender by Riki Wilchins." In *GenderQueer: Voices from Beyond the Sexual Binary.* Joan Nestle, Riki Wilchins, & Clare Howell, eds. Los Angeles: Alyson Books, 2002. 23-66.

3. Stryker, Susan. "My Words to Victor Frankenstein Above the Village of Chamounix: Performing Transgender Rage." Susan Stryker & Stephen Whittle, eds. *The Transgender Studies Reader.* New York: Routledge, 2006. 244-56.

4. Butler, Judith. "Beside Oneself: On the Limits of Sexual Autonomy." In *Undoing Gender.* New York: Routledge, 2004. 17-39.

Student-Identified Readings

You will identify **one reading in your chosen area of research** that relates to the seminar theme. You will share that reading with other students and faculty **two weeks before** the scheduled seminar. During the seminar, **you will present** a brief but critical overview of the article's content. You will engage others in a discussion of how the required readings can be applied to health research in general and illuminate your particular area of research.

Supplementary Readings:

1. Butler, Judith. *Gender Trouble: Feminism and the Subversion of Identity.* New York: Routledge, 1990.

2. Butler, Judith. *Bodies That Matter: On the Discursive Limits of Sex.* New York: Routledge, 1993.

3. Namaste, Viviane. Changes of name and sex for transsexuals in Quebec: Understanding the arbitrary nature of institutions. In C Frampton, G Kinsman. AK Thompson and K. Tilleczek *Sociology for Changing the World: Social Movements/Social Research*, 2006.

Mar 18 - Seminar 5: Trans and Feminism in Conversation

Required Readings

1. Raymond, Janice G. "Sappho by Surgery: The Transsexually Constructed Lesbian-Feminist." Susan Stryker & Stephen Whittle, eds. The Transgender Studies Reader. New York: Routledge, 2006. 131-43.

2. Riddell, Carol. "Divided Sisterhood: A Critical Review of Janice Raymond's The Transsexual Empire." Susan Stryker & Stephen Whittle, eds. The Transgender Studies Reader. New York: Routledge, 2006. 144-58.

3. Namaste, Viviane. "Tragic Misreadings: Queer Theory's Erasure of Transgender Subjectivity." In Invisible Lives. Chicago: University of Chicago Press, 2000. 9-23.

4. Namaste, Viviane. "Beyond Image Content." In Sex Change, Social Change: Reflections on Identity, Institutions and Imperialism. Toronto: Women's Press, 2005. 41-59.

5. Whittle, Stephen. "Where Did We Go Wrong? Feminism and Trans Theory—Two Teams on the Same Side?" Susan Stryker & Stephen Whittle, eds. The Transgender Studies Reader. New York: Routledge, 2006. 194-202.

Student-Identified Readings

You will identify **one reading in your chosen area of research** that relates to the seminar theme. You will share that reading with other students and faculty **two weeks before** the scheduled seminar. During the seminar, **you will present** a brief but critical overview of the article's content. You will engage others in a discussion of how the required readings can be applied to health research in general and illuminate your particular area of research.

Supplementary Readings:

1. Califia, Pat. *Sex Changes: The Politics of Transgenderism.* San Francisco: Cleis Press, 1997.

2. Noble, Jean Bobby. *Sons of the Movement: FtMs Risking Incoherence on a Post-Queer Cultural Landscape.* Toronto: Women's Press, 2006.

3. Stone, Sandy. "The Empire Strikes Back: A Posttranssexual Manifesto." In J. Epstein & K. Straub, eds. *Body Guards: The Cultural Politics of Gender Ambiguity,* New York: Routledge, 1991.

4. Stryker, Susan & Stephen Whittle, eds. *The Transgender Studies Reader.* New York: Routledge, 2006.

Apr 1 - Theme 6: Consolidation: Queering Health Research

Student-Identified Readings

You will identify **two readings in your chosen area of health research**. You will share that reading with other students and faculty **two weeks before** the scheduled seminar. During the seminar, **you will present** a brief but critical overview of the articles' content. You will engage others in a discussion of how the required readings illuminate your particular area of research and contribute to the development of your research question. .

Supplementary Readings

TBA

Division of Community Health & Humanities
Faculty of Medicine, Memorial University

MED 6274 – Chronic Disease Epidemiology

Co-Chairs: Marshall Godwin and P. Peter Wang

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Course Outline

1. General Description

This course is designed for graduate students in community health and those interested in chronic disease epidemiology. The course provides a good opportunity for students to broaden their understanding on major chronic diseases in Canada in terms of the determinants, impact and disease control. The focus of this course is on the principles of epidemiology that are of particular relevance to chronic diseases. The course emphasizes the research aspects of chronic diseases epidemiology and how the basic techniques of epidemiology and biostatistics are applied in the chronic diseases. Some of the less taught but frequently used concepts in epidemiological research, such as quality of life and economic evaluation will also be introduced. The completion of Introduction to Community Health (MED 6220) and Introduction to Epidemiology (6270) are helpful, but not essential, for people taking this course.

2. Teaching format

The course will be held on Fridays from 2:30 a.m. to 5:30 p.m. each week in HSC 2866 or H2767 starting from September 15. In general, the three-hours will be split into two half sessions. In the first half session, there will be a student presentation and discussion based on an assigned paper from the previous week. After a short break, a lecturer will present new materials on a new topic, which, in turn, will be used for a student presentation and discussion in the following week.

3. Textbook and Materials:

1) Yarnell J. Epidemiology and prevention : a systems-based approach. Oxford ; New York: Oxford University Press, 2007 . This book can be purchased at MUN book store at the costs about $50.

2) This course will also heavily rely on the materials (particularly for lectures not covered in the textbook) identified by each instructor, which will be distributed before and shortly after each lecture.

4. Evaluation

Students will be assessed on the basis of: eleven paper critiques (50%), presentations (25%), and participation (25%). Each week all students will submit a 2-3 page critique of one of the two papers assigned by the instructor from the last lecture. Additionally, all students must be prepared to present, using PowerPoint, their critique. One or two students will present each week. The number of times a student presents during the course dependents on the size of the class. The format of critique may vary according to the type of assigned paper, but will normally consist of:

1. A brief background to the paper
2. the objective and hypothesis implicitly or explicitly stated in the paper
3. the study design and its appropriateness for addressing the research question
4. measurements and outcomes
5. appropriateness of the author's conclusions
6. strengths and weaknesses of the paper.

4. Course Timetable

Dates listed are days; Time is always 2:30-5:30PM

Date	Topic	Faculty	Room
Week 1 Sept 9	Introduction	Drs. Shabnam Asghari and Peter Wang	HSC 2862
Week 2 Sept 16	Discussion MSD	Drs. Shabnam Asghari Dr. Majed Khraishi	HSC 2767
Week 3 Sept 23	Discussion Health promotion	Dr. Dr. Majed Khraishi Dr. Martha Traverso-Yépez	HSC 2862
Week 4 Sept 30	Discussion Eating Disorder	Dr. Martha Traverso-Yépez Dr. Olga Heath	HSC 2862
Week 5 Oct 7	Discussion AIDS	Dr. Olga Heath Dr. Dr. Michael Grant	HSC 2862
Week 6 Oct 14	Discussion Disability	Dr. Dr. Michael Grant Dr. Peter Wang	HSC 2862
Week 7 Oct 21	Discussion Respiratory diseases	Dr. Peter Wang Dr. Sahar J. Iqbal	HSC 2862
Week 8 Oct 28	Discussion Neurological dis. and mental health	Dr. Sahar J. Iqbal Dr. Marshall Godwin	HSC 2767
Week 9 Nov 4	Discussion Cancer Screening	Dr. Marshall Godwin Dr. Shabnam Asghari	HSC 2862
	Remembrance Day No Class		
Week 10 Nov 18	Discussion Obesity and Diabetes	Dr. Shabnam Asghari Dr. Guang Sun	HSC 2862
Week 11 Nov 25	Discussion CVD	Dr. Guang Sun Dr. Marshall Godwin	HSC 2767
Week 12 Dec 2	Discussion Group Photo and Social	Dr. Marshall Godwin All students and Faculty	HSC 2862
Week 13 Dec 9			

Feedback from past students:

“Excellent course. I really enjoyed it. Thank-you”
“Over all I enjoyed this course. Small class size was a plus”
“It was enjoyable though”
“One can always try to make this course mandatory, potential epidemiologists surely be benefited with this course”
“Thought writing component (assignment every week) was very useful. Helped learn how to write formal critique.
“Enjoyed the course, it has certainly helped me understanding many things that I did not understand well before.”

“The course was excellent as it offered a variety of breadth and knowledge. We were able to learning on a weekly basis with regular evaluation and timely feedback. Regular evaluation helped me to develop and improve my critical thinking and appraisal skills. I was also able to get feedback from a variety of individuals with varying skills sets. This helped me to put my overall knowledge and skill into perspective. I like the way this course was structured as it was not weighted heavily at the end and I was able to focus my time and energy on those classes that were. The presentations helped me develop my public speaking skills which are very important. Also, in this class I did not feel intimidated to ask questions to things I may not know. I realize that there are many things that I do not know that I should know, however this class has helped me ask the types of questions that will help me catch up to the level of knowledge that other students are at without feeling silly or stupid about it. I really appreciated the openness in this class and the ability to use every opportunity as a chance to teach and a chance for me to learn.”

Bio-Sketches of Teaching Faculty:

Epidemiology and prevention

A system-based approach

EDITED BY JOHN YARNELL

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Contributors xvi

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Course Evaluation Form_ Med-6274 (2011)

While the epidemiology course Med-6274 has been offered for a number of years, we still make changes and modifications each year. Your views and comments are highly important in helping us improve the course in the future.

Questions 1 to 8:

1 = Strongly agree 2 = Agree 3 = Neither agree nor disagree 4 = Disagree 5 = Strongly disagree

1. The objectives of the course were explained clearly (5 students Strongly agree; 2 students Agree)

   1 2 3 4 5

2. The course material was sufficient to achieve the objectives (4 students Strongly agree; 3 students Agree)

   1 2 3 4 5

3. The course contents were adequate and in line with objectives (3 students Strongly agree; 4 students Agree)

   1 2 3 4 5

4. Course load / assignments helped me to achieve objectives of the course (3 students Strongly agree; 4 students Agree)

   1 2 3 4 5

5. I would recommend this course to other students (5 students Strongly agree; 2 students Agree)

   1 2 3 4 5

6. The students in this class are from different backgrounds. The level of teaching was adjusted to a common ground (4 students Strongly agree; 2 students Agree; 1 student Neither agree or disagree)

1 2 3 4 5

7. Students will be asked to submit a letter-to-editors for one of the papers they have reviewed as part of the evaluation for this course in the future (3 students Strongly agree; 1 student Agree; 2 students Neither agree or disagree; 1 student Disagree)

1 2 3 4 5

8. A literature review on one of the topics covered in this course will be required as a final assignment (4 students Strongly agree; 1 student Agree; 2 students Neither agree or disagree)

1 2 3 4 5

Following are few open ended questions. Your views/ideas and comments are highly important and this evaluation is anonymous.

9. What did you **like the most** in this course?
   Students' comments:
   - Having many different guest lectures throughout the course. Learned very useful critical appraisal skills.
   - Great variety of chronic diseases covered throughout the term. Small class size.
   - I liked the small class size and it made for good discussion.
   - The material (most of it) was very interesting. It was a fabulous idea to have experts in the field to talk about it. However, a number of them lacked presentation skills in terms of stimulating interest in the material.
   - The class discussions were very valuable to learn from others.
   - The diverse number of presenters for each topic. Weekly critiques were helpful.
   - The different topics included in this course.

10. What you **did not like** in this course?
   Students' comments:
   - Till now, no.
   - The time (2:30 - 5:30 on a Friday).
   - Friday 2:30 - 5:30 is a bad time slot.
   - 2:30 - 5:30 Friday afternoons.
   - Dr. Iqbal (very inappropriate to say that certain people (smokers) do not have rights and should be denied care).
   - Writing a paper every week was somewhat repetitive.

- Writing papers on a weekly basis became repetitive by end of course. Maybe substitute several papers with different assignment or final project. Friday afternoon is not the best class time.

11. What can we do to improve this course?

Students' comments:

- Provide quick lecture at beginning of course regarding performing a critical appraisal.
- Maybe make the first lecture about how to do critical reviews on literature to prepare students who have never done them.
- A final paper to integrate course content would be good. It relies too much on the study critiques.
- Change the time slot! Otherwise, fabulous course!
- I think implementing the two above assignments would be great for the course.
- Change the time it is offered; add a comprehensive literature review.
- Probably the assignment could not limited in critiques; other kinds of practices should be included; literature review is a good attempt.

12. What other topics would you like to be added in the course?

Students' comments:

- A workshop in introducing the knowledge in critiques can be provided in the first few weeks of this class. Some topics: mental disease; gambling; local chronic disease condition in NL.
- I felt all the topics were relevant.
- Critical appraisal lecture.
- Alcoholism since it is definitely an interesting topic for university students….once an alcoholic always an alcoholic!
- Critical appraisal of research studies in general; good versus bad studies (include "bad" studies in critiques).
- A lecture about nervous system diseases – M.S., Lou Gehrig's, and other musculoskeletal diseases; alcoholism, other drug abuse; miscellaneous diseases – chronic sleep disorder, etc.

13. Any other comments?

Students' comments:

- Really enjoyed this course. Profs were great; liked the small class size; and ability to interact with doctors and classmates.
- Very enjoyable class.
- Great course; really enjoyed the presentations each week; the self-grading of presentations; and the course conductors.
- Overall, very well done. Great course. I think you should be careful to incorporate an additional workload in this course. It will likely scare away MPH students. I think this should be a required course for MPH students as we do not get enough practice in critical appraisal. To encourage more people to do the course, keep the course load at a manageable level. The course load was actually similar to every graduate course I have ever done.

- The number of things I was able to critique an article was limited; therefore, it became repetitive. Having fewer critiques and adding in the lit review or letter to the editor is a good idea. Regarding question number 7 above: I think this is a great idea. It would be terrific experience. However, more instruction and guidance on how to write a critique and what is expected would be very useful, especially with implementation of this task. Regarding question number 8 above: Also a great idea. However, this deserves a large percentage of the course evaluation, so cuts in other assignments would have to be made.

Sample Assignment Submitted by a student:

Hepatitis C is a viral infection caused by the hepatitis C virus (HCV) (*Hepatitis C fact sheet*. 2008). As of 2002, there were approximately 250,000 people in Canada living with hepatitis C (*Hepatitis C fact sheet*. 2008), and over 200 million worldwide (*Hepatitis C: The facts - worldwide prevalence*. 2008). HCV infection can be serious, and between 70 and 80 percent of those infected develop a chronic infection (*Hepatitis C fact sheet*. 2008). There is currently no vaccine available for hepatitis C, and many people infected with HCV die from liver cancer or liver disease resulting from the infection (*Hepatitis C fact sheet*. 2008; *Hepatitis C: The facts - worldwide prevalence*. 2008).

This paper was divided into several discrete sections, each dealing with one of the objectives outlined by the authors in the introductory paragraphs. As this paper is a review article which makes suggestions for future research rather than reporting actual experimental results, the objectives are more general and involve: formulating a plan for making an estimate of the global burden of disease due to hepatitis C, providing some insight into the natural history of the disease, and making suggestions for necessary future research(The Global Burden Of Hepatitis C Working Group, 2004). The way in which this article is written, as a report rather than an experimental paper, may also account for its disjointedness and the awkward organisation of topics. The authors begin by outlining the goals of the group, and describe the reasons for its formation. They then move on to a summary of their findings.

This first part of the paper summarises research conducted on the assessment of the prevalence of hepatitis B in Gambia, Taiwan, and Switzerland. The authors explain the use of prevalence rather than incidence for modelling hepatitis C (The Global Burden Of Hepatitis C Working Group, 2004). Their reasoning for this is that incidence data is lacking and a large proportion of people infected with HBV were infected when they were younger, thus making their time of infection unknown. They also stress the importance of considering background mortality in areas of the world where mortality due to other causes, such as HIV, is high (The Global Burden Of Hepatitis C Working Group, 2004). The authors recommend more research into the area of HBV's attributable fraction in cirrhosis and hepatocellular carcinoma. The data from the Switzerland study was not available at the time this paper was published so the authors made no recommendations based on it.

The next area addressed by the authors was the estimation of the prevalence of hepatitis C worldwide. They did this by region, and further subdivided their estimates by gender and age. The authors accomplished this objective by combining the results of over 300 studies, including those that had been conducted from the late 1980's to the time the study was carried out. The estimate of global prevalence based on the results of this study was 2.2%, with Africa and the Eastern Mediterranean being the regions with the highest prevalence (The Global Burden Of Hepatitis C Working Group, 2004). Injection drug use and its effect on the prevalence of HCV infection is then discussed. The authors recommend that prevalence estimates be adjusted to take current and former injection drug use into account. This would likely be useful and improve the accuracy of prevalence estimates.

After discussing the prevalence of HCV infection the authors move on to discuss the difficulties associated with the estimation of incidence. They state that that the data is not available to produce an accurate estimate of the incidence of infection, and estimates based on prevalence would be unreliable. The authors also note that seroreversion, changing rates of infection with time period, and the mortality rates of those infected with HCV differing from uninfected persons further complicate the process of estimating incidence from prevalence.

For information regarding the natural history of HCV infection, the authors made the assumption that the disease would progress in a linear fashion, meaning that the disease progression would not quicken or slow over time. They acknowledge that this may not necessarily be the case, but state that it is the "safest" assumption (The Global Burden Of Hepatitis C Working Group, 2004). The authors then discuss the use of a computer program, DISMOD, which they used in combination with another program, the "HCV Natural History Programme" (The Global Burden Of Hepatitis C Working Group, 2004) to estimate the percentage of cirrhosis resulting from HCV infection. The estimate produced by the program was 1%, which is much lower than the actual value according to the authors (The Global Burden Of Hepatitis C Working Group, 2004), and they propose some possible alterations to the model to improve the estimate. These alterations include assuming that the disease progression would accelerate rather than progress linearly, and to include cofactors in the model. This is followed by a discussion of the natural history of HCV infection in Japan and how the rates of infection differ

from those in the rest of the world, which the authors suggest could be due to ethnicity being a cofactor (The Global Burden Of Hepatitis C Working Group, 2004).

A discussion of the proposed methods for measuring the burden of disease due to infections before and during the year 2000, and statistics relating to the natural history of hepatitis C are then presented. This is then followed by a list of factors that do and do not affect the natural history of the disease.

Four areas of HCV research were identified by the authors as requiring improvement. They make recommendations for the improvement of prevalence data, the collection of more complete morbidity data so that disability-adjusted life years can be better approximated, the generation of a more complete picture of the natural history of hepatitis C, and better information regarding injection drug users (The Global Burden Of Hepatitis C Working Group, 2004).

This paper has several strengths. The authors did a good job of summarising current hepatitis C research, produced an estimate of worldwide prevalence based on a large number of scientific papers, and made a number of recommendations that could help improve hepatitis C research. There were a couple of weaknesses, however, one of these being the poor organisation of the paper. The authors jump from one topic to the next, and fail to explain the purpose of each section of the paper. This results in some topics of discussion in the paper being confusing and seemingly pointless. Another weakness of this paper is involves the estimates of prevalence that were generated using a combination of previously published papers. The authors do not discuss or present any evidence for the validity of their results. Their use of any papers published after the late 1980's as representative of the year 2000 is not supported by references and while they do mention another method of estimating prevalence, they do not explain it. Overall, the research presented in this paper was comprehensive and will likely make important contributions to the management of HCV worldwide.

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Hepatitis C fact sheet. (2008). Retrieved November 22, 2008, from http://www.phac-aspc.gc.ca/hcai-iamss/bbp-pts/hepatitis/hep_c-eng.php

Hepatitis C: The facts - worldwide prevalence. (2008). Retrieved November 22, 2008, from http://www.epidemic.org/theFacts/theEpidemic/worldPrevalence/

The Global Burden Of Hepatitis C Working Group. (2004). Global burden of disease (GBD) for hepatitis C. *Journal of Clinical Pharmacology, 44*(1), 20-29.

Sample Lecture Slides:

The concept of disability and the WHO ICF

Dr. P.P. Wang

Easily confused terms

- Disability
- Impairment
- Handicap
- Activity limitation
- Crippled
- Restriction

Background

- Chronic diseases and their consequences are important public health and social concerns in the western countries.
- Disability, which is often the consequence of many chronic health conditions, is an increasingly important public health issue
- Epidemiological studies conventionally often focus on risk factor identification for diseases and have not paid sufficient attention on disability.

Background

- WHO member countries have reported mortality data based on ICD since 1947.
- Mortality and incidence data didn't capture the overall health status of living populations.
- Non-fatal health outcomes, that is the functioning and disability across all ages and areas of life are missing from the current reporting system.
- WHO's efforts to meet this need goes back to 1970s with the landmark document of ICIDH.

"Diagnosis" alone fails to predict:

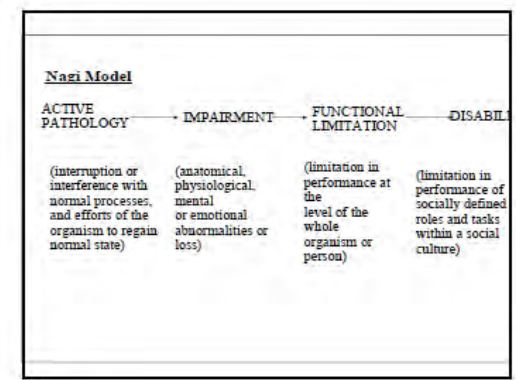
- service needs
- length of hospitalization
- level of care
- outcome of hospitalization
- receipt of disability benefits
- work performance
- social integration

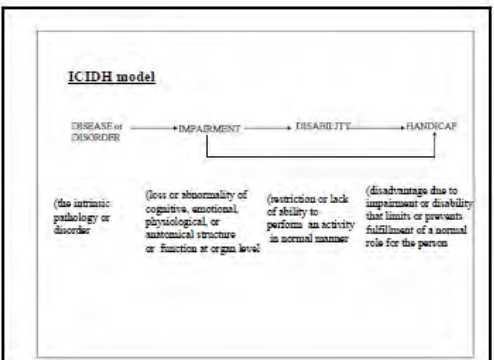
Background

- At conceptual level, there have been two competing disability models: Medical model and Social model.
- The medical model views disability exclusively as a problem of the person caused by disease, trauma or other health conditions, which requires treatment by professionals.
- The social model conceptualizes disability exclusively as a socially-created problem and not an attribute of an individual.

The Nagi Disability Dodel

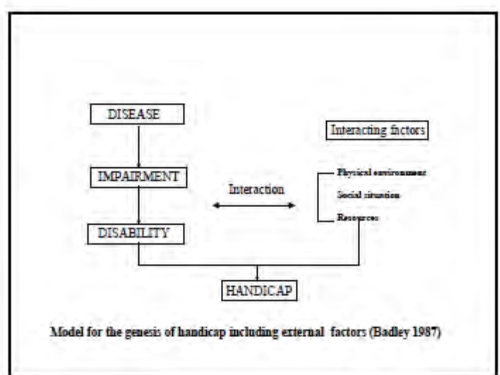
- Terms and concepts surrounding the phenomenon of disablement in 1965.
  - Some conceptual issues in disability and rehabilitation – Sadd Z Nagi, Ohio State Univeristy, 1965.
- 4 components
  - 1) Pathology
  - 2) Impairment
  - 3) Functional limitation
  - 4) Disability



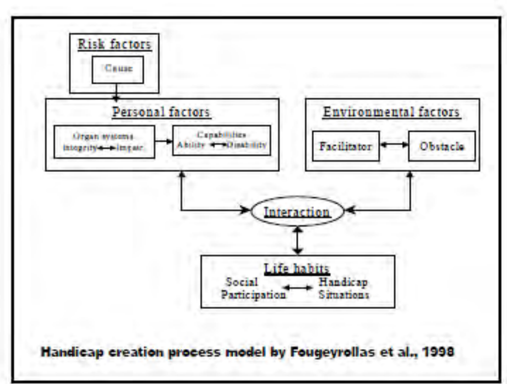


ICIDH-1980 Constructs Criticisms

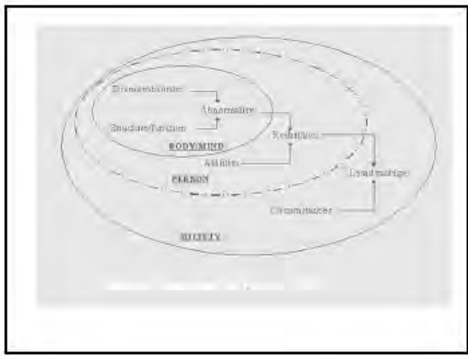
- IMPAIRMENTS:
  - Structure: sub-organ or organ
  - Function: organs or system
  - Includes diseases, pathologies, …. signs, symptoms, abilities
- DISABILITIES:
  - Ability, activity or function
  - Performance: "can do" or habitual activity "does do"
- HANDICAPS:
  - Role: vague and multiple definitions
  - Participation: Person 's integration or Society's enablement
  - SUMMARY versus DETAILED domains

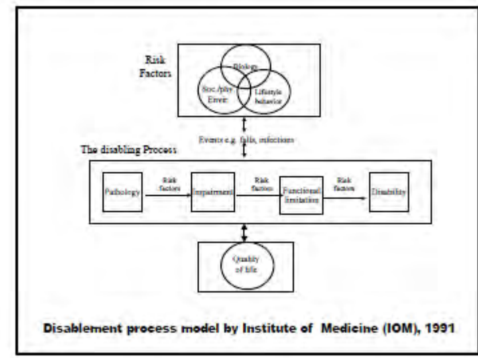


Model for the genesis of handicap including external factors (Badley 1987)

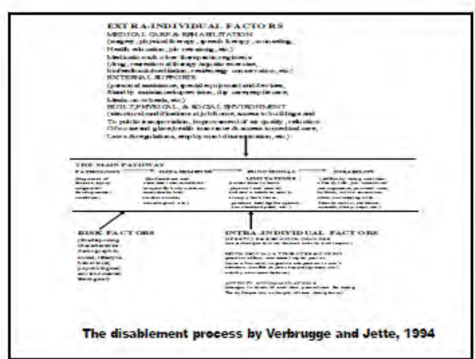


Handicap creation process model by Fougeyrollas et al., 1998





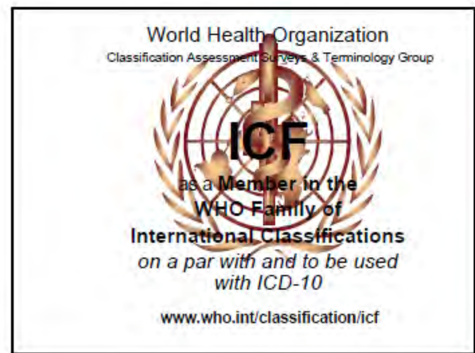
Disablement process model by Institute of Medicine (IOM), 1991



The disablement process by Verbrugge and Jette, 1994

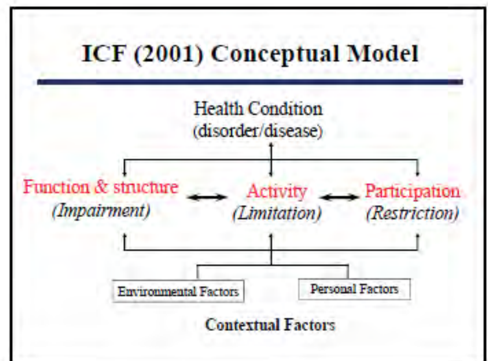
The ICIDH revision process

- ICIDH trial version 1980
- Revision started in 1993
- ICIDH-2-alpha in 1996
- ICIDH-2-beta in 1999
- ICF approved by WHO assembly in 2001



Aims

- to provide *a scientific basis* for consequences of health conditions
- to establish a *common language* to improve communications
- to permit *comparison of data* across:
  - countries
  - health care disciplines
  - services
  - time
- to provide a *systematic coding scheme* for health information systems



Key Concepts of Functioning & Disablement

IMPAIRMENTS	ACTIVITIES	PARTICIPATION
BODY Function/ Structure severity, localization duration	**PERSON Activities (limitation)** difficulty, duration assistance needed	**SOCIETY Participation (restriction)** extent, facilitators barriers in environment

Attention Deficit Disorder

IMPAIRMENTS	ACTIVITY LIMITATIONS	PARTICIPATION RESTRICTION
Poor attention, Problems in concentration, Increased arousal	doing homework waiting turn	"Problem kid" exclusion from class activities

Alcohol Dependence

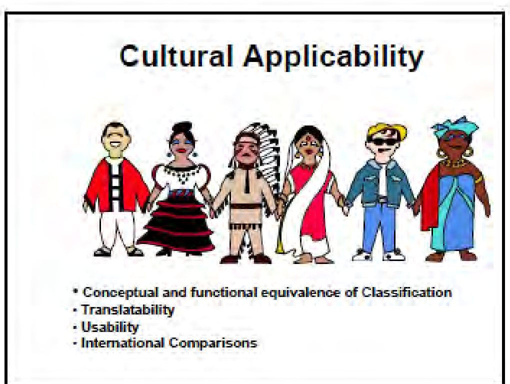
IMPAIRMENTS	ACTIVITY LIMITATIONS	PARTICIPATION RESTRICTION
Craving for alcohol	Difficulties in relating to spouse and children	Occupational hindrance, stigmatization

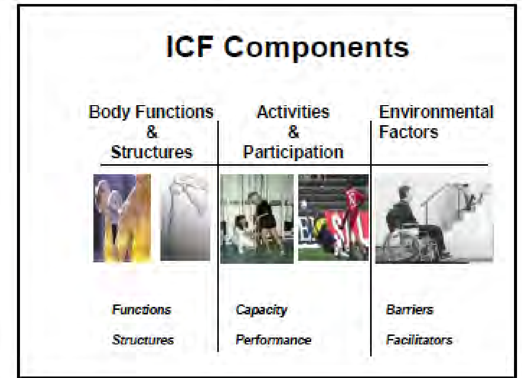
Panic Disorder

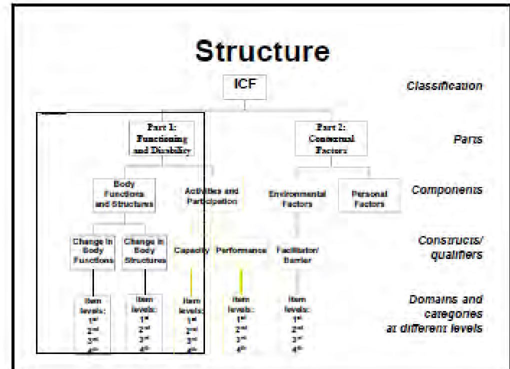
IMPAIRMENTS	ACTIVITY LIMITATIONS	PARTICIPATION RESTRICTION
Severe and uncontrolled anxiety	Inability to go out alone	Social isolation

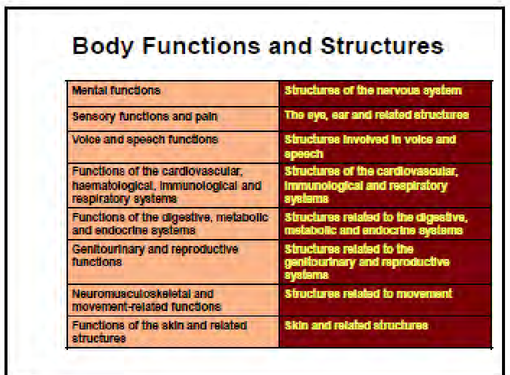
Equity / Parity

- Loss of limb
  landmines = diabetes = thalidomide
- Missed days at usual activities
  flu = depression = back pain = angina
- Stigma
  leprosy = schizophrenia = epilepsy = HIV









Body Functions and Structures

Mental functions	Structures of the nervous system
Sensory functions and pain	The eye, ear and related structures
Voice and speech functions	Structures involved in voice and speech
Functions of the cardiovascular, haematological, immunological and respiratory systems	Structures of the cardiovascular, immunological and respiratory systems
Functions of the digestive, metabolic and endocrine systems	Structures related to the digestive, metabolic and endocrine systems
Genitourinary and reproductive functions	Structures related to the genitourinary and reproductive systems
Neuromusculoskeletal and movement-related functions	Structures related to movement
Functions of the skin and related structures	Skin and related structures

Activities and Participation

1 Learning &Applying Knowledge
2 General Tasks and Demands
3 Communication
4 Movement
5 Self Care
6 Domestic Life Areas
7 Interpersonal Interactions
8 Major Life Areas
9 Community, Social & Civic Life

Environmental Factors

1. Products and technology
2. Natural environment and human-made changes to the environment
3. Support and relationships
4. Attitudes
5. Services, systems and policies

ICF CODES

- About 1,400 codes at 4–digit level
- s = structure in body codes
- b or f = function in body codes *Using the fourth option in Activities & Participation…*
- d = "disability" in A & P list
- *Qualifiers indicate extent or magnitude of impairment; or extent of difficulty in executing A & P activities*
- xxx.0 = no difficulty
- xxx.1 = mild difficulty
- xxx.2=moderate difficulty (med., fair,25-49%)
- xxx.3=severe xxx.4= complete (total, 96-100%)
- e = environmental facilitator (+1 if mild, +2, +3, +4 if complete) or barrier (0 no barrier, 1 mild barrier, etc.)

ICF components are denoted by prefixes in each code

- "b or f" for Body Function
- "s" for Body Structure
- "d" for Activities and Participation
  - At the user's discretion, the prefix d can be replaced by a or p to denote activities and participation respectively.
- "e" for Environmental Factors
- These letter codes are followed by 4-level hierarchical numerical numbers, and qualifiers.

Examples:

- b730.1: mild impairment of power of muscles of the body
  - "b": Body function
  - "7": Chapter 7 of body function section part of the ICF manual: "Neuromusculoskeletal and movement-related functions
  - "30" muscle power function
  - "1" qualifier: mild

ICF Applications

- Health sector
- Social security
- Education sector
- Labour sector
- Economics & development sector
- Legislation & law
- Other ….

ICF in health & disability statistics

- Common Domains
  - Mobility - Cognition - Mood
  - Self Care - Usual Activities ...
- link data from both health and disability
- Multiple Components
- overcomes the "impairment" focus
- Environmental Factors
- Comparability

ICF in clinical practice & management

- Needs assessment
- Outcome assessment
- Utilization patterns
- Comparison of different interventions
- Consumer satisfaction
- Service performance
  - outcomes
  - cost-effectiveness
- Electronic records
- Clinical terminology

ICF in policy making

- assessment of population health
- impact of disability
  - economic
  - social
- evidence-base for policy makers on different policy interventions
  - responsiveness of services
  - efficiency
  - performance assessment

ICF research applications

- joint assessment of disease and functioning
  - description of association
  - intervention response & synchrony of change
  - explanatory power on:
    - utilization
    - needs
    - costs
    - outcomes
  - Cost-effectiveness of interventions
  - Unified approaches

Foundations of ICF

Human Functioning	- not	merely disability
Universal Model	- not	a minority model
Integrative Model	- not	merely medical or social
Interactive Model	- not	linear progressive
Parity	- not	etiological causality
Context - inclusive	- not	person alone
Cultural applicability	- not	western concepts
Operational	- not	theory driven alone
Life span coverage	- not	adult driven

Human Functioning not disability alone

- Body functions vs impairments
- Body Structures
- Activities vs activity limitation
  1980 disability
- Participation vs handicap

Medical *versus* Social Model

- PERSONAL problem vs SOCIAL problem
- medical care vs social integration
- individual treatment vs social action
- professional help vs individual & collective responsibility
- personal adjustment vs environmental manipulation
- behaviour vs attitude
- care vs human rights
- health care policy vs politics
- individual adaptation vs social change

SURVEY QUESTIONS CAN BE BACK CODED TO ICF

1. Are you able to have a conversation with one other person (hearing aid if necessary? (N)
2. Does anyone in your household have difficulty in understanding what is said if someone is talking on the other side of the room? (SA)
3. Does anyone in the family have any trouble hearing what is said in normal conversation (even when wearing a hearing aid)? (US)
4. Do you have any difficulty hearing what is said in a conversation with one other person? (C)

Body Function
B230 Hearing function
B2300 Sound detection

Activities and Participation
D310 Communication with receiving – spoken messages
D315 Communication with – receiving – non-verbal messages
D3150 Communicating with- receiving-body gestures

EXAMPLE: Mrs. Stevens has obesity (BMI >40) and severe degenerative arthritis with acute pain in her right hip. She cannot walk to the corner store near her house for grocery shopping even with a walker. Boarding bus with high steps is just too difficult for her. Mrs Stevens' **daughter lives nearby but relationship is strained, no help from her.**

- **ICF b530.3 extremely obese**
- **ICF b28016.3 arthritis pain acute**
- **ICF d6200.4 can no longer grocery shop**
- **ICF d465.4 not mobile even with walker**
- **ICF d4702.4 boarding bus with high steps is just too difficult**
- **ICF d7600.2; e310.2 daughter lives nearby but relationship is strained, no help from her**
- **ICF 7100.3 arthritis in right hip**

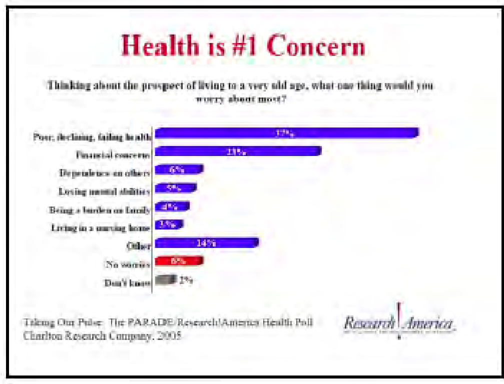
Mrs. Stevens had a hip replacement

- ICF e5800+3 successful rehab services
- ICF d465.1 with walker, she had only mild difficulty in navigating
- ICF e5800+1 slightly helpful physical therapist visits at home
- ICF e580.4 but Medicare discontinued her home care coverage
- ICF b28016.0 now she is no longer in pain
- ICF d4702.1 and can board the bus with only mild difficulty

d470: using transportation, e5800: Health service, b280: sensation of pain,

Mrs. Stevens …a happy ending

- ICF d465.0 she no longer needs her walker to get around
- ICF d9103.0 she joined a neighborhood crafts club and attends regularly
- ICF e1650+4 she won the state lottery grand prize
- ICF d7702.0 and at the crafts club she met a gentleman and had a torrid affair



Measuring physical dependence and independence

- ADL (Activities of Daily Living):
  - Bathing, continence, dressing, feeding, going to the toilet, transferring (moving from one position to another
- IADL (Instrumental Activities of Daily Living)
  - managing finances, preparing meals, doing housework, shopping, remembering to take medications

The HALS and PALS

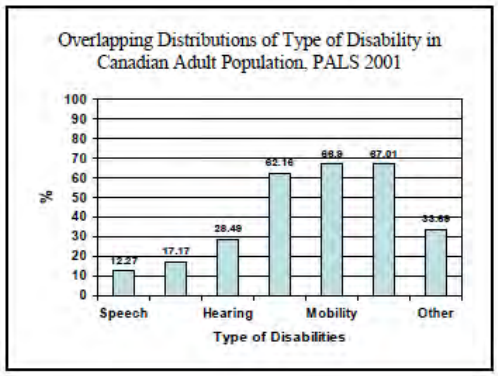
HALS: the Canadian Health and Activity Limitation Survey, 1986 and 1991

PALS: the Canadian Participation Activity Limitation Survey, 2001 and 2006

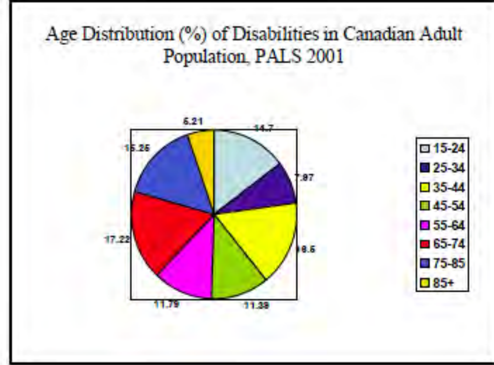
Disabilities in Canada

- The latest PALS survey suggests that 3.4 million Canadian adults aged 15 and over have at least one disability.
- Type of disability among adults:
  - Hearing
  - Seeing
  - Speech
  - Mobility
  - Agility
  - Pain
  - Other

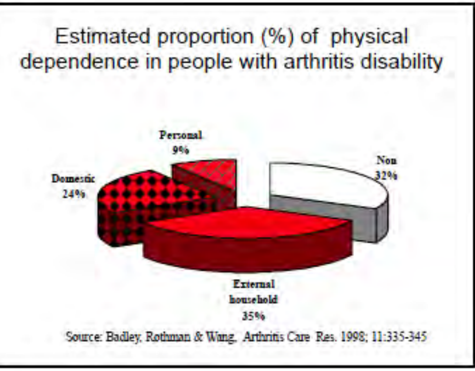
Overlapping Distributions of Type of Disability in Canadian Adult Population, PALS 2001



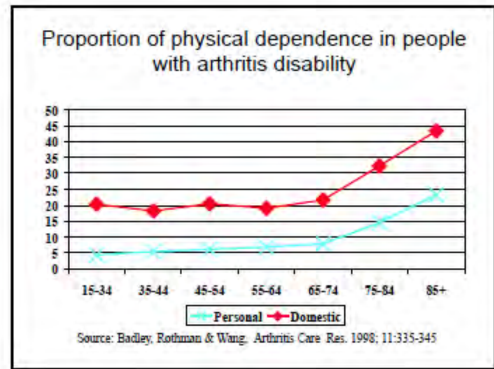
Age Distribution (%) of Disabilities in Canadian Adult Population, PALS 2001



Estimated proportion (%) of physical dependence in people with arthritis disability

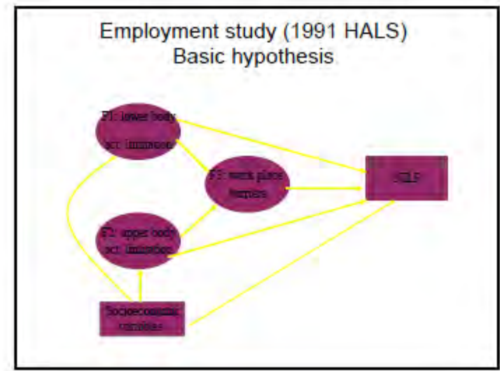


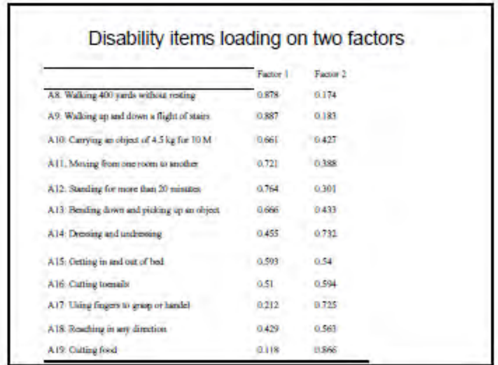
Source: Badley, Rothman & Wang, Arthritis Care Res. 1998; 11:335-345



Practical Considerations in Disability Research

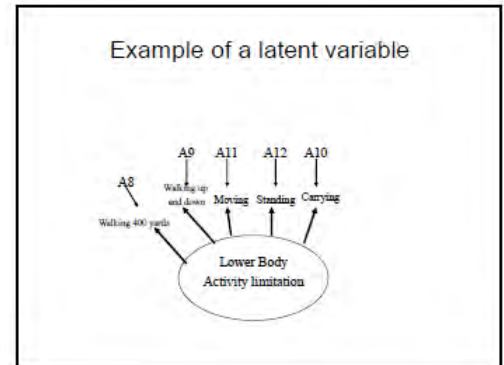
- Defining "disability"
- Measuring the severity of disability
- Self-reporting
- Capacity vs performance
- Latent construct (trait) vs. psychometric variables
  - Psychometric variable refer to the measurement of knowledge, abilities, attitudes, and personality traits, which often involves a set individual items.

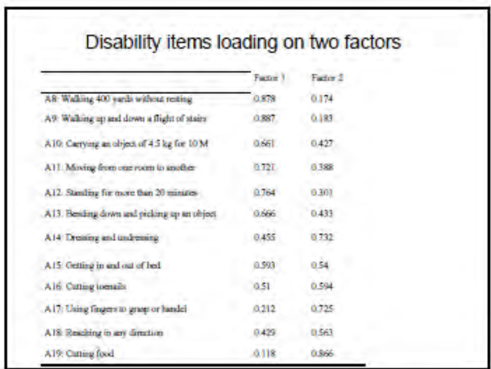




Disability items loading on two factors

	Factor 1	Factor 2
A8: Walking 400 yards without resting	0.878	0.174
A9: Walking up and down a flight of stairs	0.887	0.183
A10: Carrying an object of 4.5 kg for 10 M	0.661	0.427
A11. Moving from one room to another	0.721	0.388
A12: Standing for more than 20 minutes	0.764	0.301
A13: Bending down and picking up an object	0.666	0.433
A14: Dressing and undressing	0.455	0.732
A15: Getting in and out of bed	0.593	0.54
A16: Cutting toenails	0.51	0.594
A17: Using fingers to grasp or handel	0.212	0.725
A18: Reaching in any direction	0.429	0.563
A19: Cutting food	0.118	0.866





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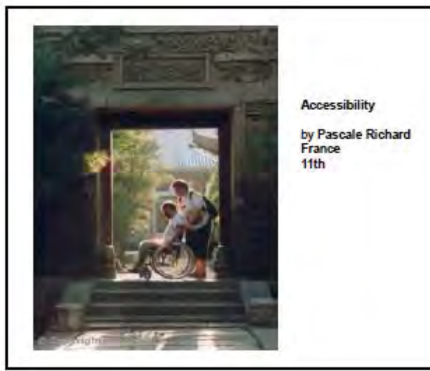
A19: Cutting food	0.118	0.866

Disabilities in Canada

- The latest PALS survey suggests that 3.4 million Canadian have at least one disability.
- The most common type of disability is mobility disability

"Reading" by Florin Daniel Aneculaesi Romania 5th

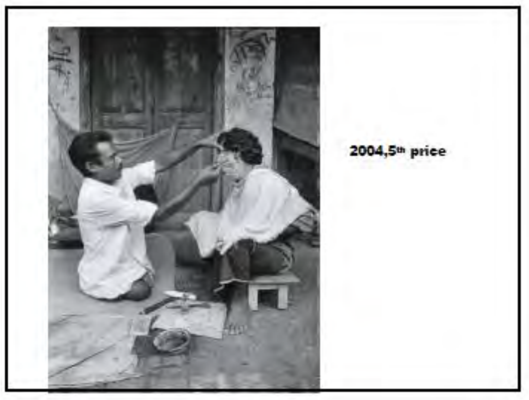
"Wheelchair on a tree" by Morten Bibow Denmark 6th



Accessibility

by Pascale Richard
France
11th

Praying Participation by Abir Abdullah Bangladesh 1st


2004,5th price

XINHUA

XINHUA

XINHUA

Blind Moves by Main Uddin Bangladesh 4th

Dr. Stephen W. Hawking at work Born: 8 Jan 1942 in Oxford, England

Hawking discovered in 1970 a remarkable property. Using quantum theory and general relativity he was able to show that black holes can emit radiation. His success with proving this made him work from that time on combining the theory of general relativity with quantum theory.

"Apart from being unlucky enough to get ALS, or motor neuron disease I have been fortunate in almost every other respect. The help and support I received from my wife, … and children, …, have made it possible for me to lead a fairly normal life and to have a successful career. I was again fortunate in that I chose theoretical physics, because that is all in the mind. So my disability has not been a serious handicap."

Stephen W. Hawking, Acknowledgements, from A Brief History of Time.

Amyotrophic lateral sclerosis

Papers to comment

1. Hammel J, Magasi S, Heinemann A, Whiteneck G, Bogner J, Rodriguez E. What does participation mean? An insider perspective from people with disabilities. Disabil Rehabil 2008;30(19):1445-60.

2. Leonardi M, Steiner TJ, Scher AT, Lipton RB. The global burden of migraine: measuring disability in headache disorders with WHO's Classification of Functioning, Disability and Health (ICF). J Headache Pain 2005;6(6):429-40.

Med 6276: Current Topics in Canada's Health Care System

Day/Time: [day and time] commencing [first day of class]
Location: [classroom #]
Office Hours: by prior appointment

Professor Maria Mathews, PhD
Associate Professor Health Policy/Health Care Delivery
Rm 2837, Division of Community Health & Humanities
Memorial University of Newfoundland
Phone: (709) 777-7845
Email: mmathews@mun.ca

Course Description

The course, Current Topics in Canada's Health Care System, examines the organization and delivery of health care in Canada and explores current debates about the provision and funding of health services. It encourages students to compare Canada's health care system to other health systems, and to gather evidence to explore and understand current issues in health policy.

Pre-requisite

Students must have completed Med 6220 (Introduction to Community Health) or have the professor's prior approval to register in this course.

Course competencies

The objectives of this course are:

- To familiarize students with the organization, delivery and funding of health care services in Canada
- To understand and compare the organization, delivery and funding of health care services in other countries
- To understand current health care issues and the policies and evidence that relate to them

Students should gain an understanding of:

- The legislation that underlies the current delivery and funding of health services in Canada
- The values that underlie the organization of insurance plans in Canada and other countries
- The relationship between public and private funding and the availability of health care (hospital, physician, drug etc.)
- The relationship between the payment and supply of health human resources and the organization and provision of health services in Canada
- Sources of data to facilitate comparisons of international health care systems

Learning Resources

* - Required reading

*Canada Health Act. available at: http://laws.justice.gc.ca/en/C-6/index.html

*Canadian Health Services Research Foundation (CHSRF) "Managing waits centrally for better efficiency". available at http://www.chsrf.ca/mythbusters/html/boost13_e.php

*CHSRF. "A parallel private system would reduce waiting times in the public system" Available at: http://www.chsrf.ca/mythbusters/html/myth17_e.php

*Canadian Institute for Health Information. *National Health Expenditures 1975-2009*. Ottawa: CIHI. 2009. (see CIHI website – pdf is available)

Canadian Institute for Health Information. *Supply, Distribution and Migration of Canadian Physicians 2008.* Ottawa: CIHI. 2009. (see CIHI website – pdf is available)

Canadian Institute for Health Information. *Average Payment per Physician Report, Gee-for-Service Physicians in Canada 2007-8.* Ottawa: CIHI. 2008. (see CIHI website – pdf is available)

*Canadian Institute for Health Information. *Health Care in Canada.* Ottawa: CIHI. 2008. (see CIHI website – pdf is available)

Canadian Institute for Health Information. *Waiting for health Care in Canada: What We Know and What We Don't Know*. Ottawa: CIHI. 2006. (see CIHI website – pdf is available)

*Canadian Institute for Health Information. *Exploring the 70/30 Split: How Canada's Health Care System is Financed*. Ottawa: CIHI. 2005. (see CIHI website – pdf is available)

Canadian Institute for Health Information. *Health Personnel in Canada 1991 to 2000.* Ottawa: CIHI. 2001. (see CIHI website – pdf is available)

Canadian Institute for Health Information. *Analysis in Brief: Wait Times Tables – A Comparison by Province, 2001*. Ottawa: CIHI. 2007. (see CIHI website – pdf is available)

*Chan BTB. *From Perceived Surplus to Perceived Shortage: What Happened to Canada's Physician workforce in the 1990s?*. Ottawa: Canadian Institute for Health Information. 2002. (see CIHI website – pdf is available)

Chernier, NM. Health Policy in Canada. Ottawa: Government of Canada. 2002 available at http://dsp-psd.communication.gc.ca/Collection-R/LoPBdP/CIR/934-e.htm

Commission on the Future of Health Care in Canada. Building on Values: The Future of Health Care in Canada – Final Report, 2002. available at http://www.hc-sc.gc.ca/english/care/romanow/index1.html

Crichton A, Hsu D, Tsang S. *Canada's Health Care System: Its Funding and Organization*. Ottawa: Canadian Hospital Association Press, 1990.

*Deber R. Access without Appropriateness: Chicken Little in Charge. *Healthcare Policy,* 2008: 4(1): 23-29.

Flood CM, Roach K, Sossin L.(eds) *Access to Care, Access to Justice: The Legal Debate Over Private Health Insurance in Canada.* Toronto: University of Toronto Press. 2005

*Flood C, Lewis S. Courting Trouble: The Supreme Court's Embrace of Private Health Insurance. *Healthcare Policy*, 2005,1(1): 26-35.

*Flood C, Archibald T. The illegality of private health care in Canada. *CMAJ* 2001, 164(4): 825-30.

Health Council of Canada. *A Background Note on Benchmarks for Wait Times*. Toronto: Health Council of Canada, 2005

Health Council of Canada. *10 Steps to a Common Framework for Reporting on Wait Times*. Toronto: Health Council of Canada, 2005

*Health Council of Canada. *Modernizing the Management of Health Human Resources in Canada: Identifying Areas for Accelerated Change*. Toronto: Health Council of Canada, 2005.

*Health Canada. Canada's Health Care System. Ottawa. 1999.

Health Canada. Non-Insured Health Benefits Program – Annual Report 2004/2005. Ottawa: Health Canada: 2005.

Meilicke CA, Storch JL.(eds.) *Perspectives on Canadian Health and Social Services Policy: History and Emerging Trends*. Ann Arbor Michigan: Health Administration Press, 1980.

Pong RW, Pitblado JR. *Geographic Distribution of Physicians in Canada: Beyond How Many and Where*. Ottawa: Canadian Institute for Health Information, 2005. (see CIHI website – pdf is available)

Sutherland RW, Fulton MJ. *Health Care in Canada – A Description and Analysis of Canadian Health Services.* Ottawa: The Health Group, 1988.

The Commonwealth fund: http://www.cmwf.org/

Waldram JB, Herring DA, Young TK. *Aboriginal Health in Canada- Historical Cultural and Epidemiological Perspectives*. Toronto: University of Toronto Press Incorporated, 1997.

Williams AP, Vayda E, Stevenson, HM, Burke M, Domnick Pierre K. A Typology of Medical Practice Organization in Canada – Data From a National Survey of Physicians. Medical Care, 1990, 28(11): 995-1004.

*Wilson DM. *The Canadian Health Care System.* Edmonton: University of Alberta, 1995.

Students with Special Needs

If you have a documented disability or require accommodations to obtain equal access to this course, please meet with me at the beginning of the semester or check out the services available through the Glenn Roy Blundon Centre.

Other Recommended Resources for Students

For help with writing skills, contact the Writing Centre in SN 2053 or call 737-3168 early in the semester. There are a variety of workshops and a free drop-in service to assist you, as a graduate student, with a variety of learning needs such as writing a scholarly paper.

For help with specific personal concerns or other difficulties that are preventing you from doing your academic best, get confidential help by contacting the University Counselling Centre through or go to the Smallwood Centre, 5th floor, Rm. 5000 or call 737-8874.

Academic Misconduct

Academic misconduct takes many forms and includes, but is not limited to plagiarism, submitting a product prepared in whole or in part by another person, buying or selling term papers, and submitting the same piece of work twice for academic credit. For more details, you are encouraged to consult or the University calendar. If you need further clarification, make an appointment with a librarian or someone in the Writing Centre.

It is the student's responsibility to understand and to avoid plagiarism and other forms of academic dishonesty. Assignments that have been plagiarized (or are otherwise academically dishonest) will receive a failing grade.

Weekly Outline - Course Content

The course consists of 13 weeks:

1. Course Introduction
2. The development of public health insurance programs in Canada
3. The Canada Health Act
4. Health System Funding
5. US and International Health Systems
6. Health Human Resources
7. Physician Payment

8. Reading Week
9. Wait Lists
10. Two Tier Medicine – the public private debate
11. Federal Responsibility for Health Care/ Health Services for Aboriginal Peoples
12. Adverse Events and Patient Safety
13. Exam and Wrap up

The lectures and displays (and all material) delivered or provided in Current Topics in Canada's Health Care System by Maria Mathews, including any visual or audio recording thereof, are subject to copyright owned by Maria Mathews. It is prohibited to record or copy by any means, in any format, openly or surreptitiously, in whole or in part, in the absence of express written permission from Maria Mathews any of the lectures or materials provided or published in any form during or from the course.

Assignments and Evaluation

The evaluation consists of five components:

Components	Value	Due Date
Media Assignment 1	15 %	Week 3
Media Assignment 2	25 %	Week 6
Oral presentation international health system	15 %	Week 10
Paper – International comparisons	25 %	Week 12
Final Exam	20 %	Week 13
	100 %	

Written assignments must be submitted by the end of class of the week they are due.

Media Assignment 1

Students will select a recent media article from a collection of articles provided by the instructor, and prepare a brief **3** page report on the article. Article selection is on a first come first served basis. Each article can be selected by only one student.

The report should identify the policy issue raised in the article and discuss the issue in the context of related evidence, and health policy. The assignment will be graded on the understanding and discussion of the following:

- What policy issues are raised in the article? If the article raises more than one issue, focus on one of the main issues raised in the article.
- What are the local/provincial/national legislation and/or policies that pertain to this issue?
- What is the current evidence related to this issue? Scientifically rigorous evidence should be given greater weight in the paper.

The report should:

- be **3** pages or less (not including cover page or references)

- be double-spaced,
- be written in 12 point, uncondensed font,
- have a minimum of a 1 inch margin around the page.
- have a cover page with your name. Do not write names or any other identifying information on any other page of the assignment.

Media Assignment 2

Students will select a recent media article from a collection of articles provided by the instructor, and prepare a brief **5** page report on the article. Article selection is on a first come first served basis. Each article can be selected by only one student.

The report should identify the policy issue raised in the article, discuss the issue in the context of related evidence, and health policy. The assignment will be graded on the understanding and discussion of the following:

- What policy issues are raised in the article? If your article raises more than one issue, focus on one of the main issues raised in the article.
- What are the local/provincial/national legislation and/or policies that pertain to this issue?
- What is the current evidence related to this issue? Scientifically rigorous evidence should be given greater weight in the paper.

The report should:

- be **5** pages or less (not including cover page or references)
- be double-spaced,
- be written in 12 point, uncondensed font,
- have a minimum of a 1 inch margin around the page.
- have a cover page with your name. Do not write names or any other identifying information on any other page of the assignment.

Oral Presentation

Each student will choose a country other than Canada or the United States and prepare a 20 minute oral presentation on its health care system. Country selection is on a first come first served basis. Each country can be selected by only one student.

The presentation should focus on the health insurance schemes available in the country and identify its strengths and weakness in terms of costs, accessibility universal coverage, eligibility etc. Student must submit a list of references for their presentation

The presentation should:

- be 20 minutes in length or less (not including question/answer time)
- include PowerPoint slides or other audio/visual aids
- briefly summarize background information on the country - e.g. where is it? how big is it? how many people are there?

- Outline the dominant insurance schemes available in the country and identify
    - Underlying values/principles
    - Public/private nature of funding
    - Eligibility and population coverage
    - Strengths and weaknesses in terms of access, funding and effectiveness

The assignment will be graded on your understanding and discussion of the following:

- Content as outlined above
- Presentation skills (use of AV aids, presentation style)
- Ability to answer questions
- References

<u>Paper – International comparisons</u>
Students should prepare a 10 page paper that compares Canada, the US and at least one other country on a set of related health system or health indicators with the aim of drawing conclusions about the relationship between the three country's health insurance schemes and the indicators. Students should choose a minimum of 4 to 5 indictors from secondary datasets to compare the three countries. The indicators must relate to a common construct (e.g. access) or health system sector (e.g. long term care). Potential sources of data include The Commonwealth Fund, the Canadian Institutes of Health Research, OECD, etc.

The paper should:

- briefly summarize background information on the health care systems of the countries
- describe the set of indicators and their data sources
- compare and contrast the countries on the indicators
- draw and discuss conclusions about the relationship between the insurance scheme and the construct/health sector considered
- discuss the strengths and weaknesses of the indictors and the comparisons

Depending on the number of students in the course, students may be able to work in groups for this assignment.

The report should:

- be 10 pages or less (not including cover page or references)
- be double-spaced,
- be written in 12 point, uncondensed font,
- have a minimum of a 1 inch margin around the page.
- have a cover page with names.

<u>In Class Exam:</u>
The in-class exam will cover material from all the course lectures and will consist of multiple choice and short answer type questions.

Issues in Northern, Rural and Remote Health

MED 6277
Course Outline
Fall 2011

Version: September 5, 2011

Day/Time: Mondays 1430 - 16:00 (AST) 1500 – 1630 (Island time)
Location: online ElluminateLive
Office Hours: By email or phone appointment

Instructor: Rebecca Schiff, PhD,
Assistant Professor, Aboriginal Health
Division of Community Health and Humanities
Faculty of Medicine
Labrador Institute
CNA Building, Happy Valley-Goose Bay
Tel: 709-899-0298
e-mail: rschiff@mun.ca

Course Description

The goal of this course is to explore health and healthcare in northern rural and remote Canada, with a particular emphasis on northern, rural and remote health issues in Newfoundland and Labrador.

> "Rural populations generally experience significantly worse health status than urban populations (1, 2). Moreover, this difference in health status is exacerbated the further a rural community is situated from an urban center, such that the more remote the place of residence, the more likely it is that people will have poor health (2). Indeed, this difference in health status between rural and urban populations is large enough that some authors have proposed that geography should be added to the list of determinants of health (3). These differences show up through multiple measures of health: people who live in rural or remote areas have shorter life expectancies and they experience higher rates of disability and chronic disease than their urban counterparts. It is surely no coincidence, then, that rural populations also experience higher rates of obesity, depression, smoking, high blood pressure, accidents, poisonings, infant mortality, and violence than do city dwellers (1, 2, 3,)

> The poor health status of residents of rural areas is linked to a number of personal, social, economic and environmental factors that impact on an individual's health including limited employment and educational opportunities, poorer living and working environments and high-risk personal health practices (1). In addition, in most parts of Canada, there has been a progressive migration of younger people leaving rural areas seeking opportunities in urban settings; as a result, rural populations are becoming relatively older than their urban counterparts (2, 3). This out-migration of young people and a general aging of rural areas place additional demands on rural health care systems; the combination of rural isolation and decreased social support has contributed indirectly to the creation of a new population of vulnerable elderly. All of these problems are made more difficult when we recognize that rural populations are not homogeneous but include subgroups that are multiply disadvantaged; those who belong to vulnerable social groups are likely to experience worse health than other rural dwellers."

1. Ministerial Advisory Council on Rural Health. *Rural health in rural hands: Strategic direction for rural, remote, northern and Aboriginal communities.* Ottawa; November 2002. http://dsp-psd.pwgsc.gc.ca/Collection/H39-657-2002E.pdf

2. Statistics Canada. The health of rural Canadians: A rural-urban comparison of health indicators. *Rural and small town Canada analysis bulletin,* October 2003; (Cat. no. 21-006-XIE) 4, (6). http://www.statcan.gc.ca/pub/21-006-x/21-006-x2002006-eng.pdf

3. Romanow, R. *Commission on the future of health care in Canada – Final report. Chapter 7 - Rural and remote communities;* November 28, 2002. [On-line] Available: http://dsp-psd.pwgsc.gc.ca/Collection/CP32-85-2002E.pdf

Excerpted from: Maddalena V & Sherwin S (2004). Vulnerable Populations in Rural Areas: Challenges for Ethics Committees. HEC Forum, 16(4), 234-246.
http://mun-resolver.asin-risa.ca/?genre=article&volume=16&issue=4&spage=234&epage=246&date=2004&aulast=Maddalena&auinit=V&title=HEC+Forum&atitle=Vulnerable+populations+in+rural+areas&sid=munf%3Ainfo%2Fjournal.html&rfr_id=info%3Asid%2Fmunf%3Ainfo%2Fjournal.html

Prerequisite

None.

Course Requirements

- Internet connection (DSL, LAN, or Satellite preferable)
- Phone line
- Access to Desire2Learn and Elluminate Live!

Course Competencies

The goal of this course is to explore health and healthcare from the unique perspective of northern, rural and remote communities in Canada and how Canadian public policy, and rural health policy, research and practice is developed, implemented and evaluated.

At the successful completion of this course students will be able to:

1. Demonstrate an understanding of the theoretical, policy and methodological issues in the area of northern, rural and remote health and healthcare;
2. Demonstrate an understanding of the concepts, definitions and popular perceptions of rural, isolated and remote communities and how these definitions influence policy, research, practice, decision-making and outcomes;
3. Demonstrate an understanding of the complex relationship between rural life and vulnerability. To explore the concept of vulnerability with a particular focus on how vulnerability is constructed in a rural context. This includes an examination of features that predispose individuals, families or communities to vulnerability i.e. increased relative risk of adverse health outcomes (Flaskerud & Winslow, 1999). Issues of race, ethnicity, culture, gender, disabilities, sexual orientation, employment, education in a rural context will be examined.
4. Demonstrate an understanding of the concepts and principles of some of the methodological and ethical challenges associated with conducting research in rural communities.
5. Demonstrate an understanding of the role of institutions, key stakeholders and values in the development, implementation and evaluation of rural health policy; rural policy development.
6. Demonstrate an understanding of the health of Canada's indigenous peoples and challenges of delivering health services to this diverse population;

7. Identify and discuss the unique challenges faced by rural communities with a particular focus on how the broad determinants of health and access to traditional health services influence the health status of rural peoples;
8. Critically review the factors that influence how rural economies, environmental factors and social networks contribute to the health status of rural communities.

The lectures and displays (and all material) delivered or provided in "Issues in Northern, Rural and Remote Health" by Rebecca Schiff, including any visual or audio recording thereof, are subject to copyright owned by Rebecca Schiff. It is prohibited to record or copy by any means, in any format, openly or surreptitiously, in whole or in part, in the absence of express written permission from Rebecca Schiff any of the lectures or materials provided or published in any form during or from the course.

Course Format

- This is an online course
- Coursework will commence on September 7, 2011 and conclude on December 2, 2011.
- An online learning & discussion session will be held every Monday at a time agreed to by the professor and students at the beginning of the semester.
- Course organization: The course is organized according to three Sections.
    - Section I examines knowledge that is foundational to understanding northern, rural, and remote communities
    - Section II examines several of the more prevalent health-related issues faced by these communities
    - Section III examines how to work with these communities while understanding emerging theories about how to address their health-related issues
- Readings: Various readings will be assigned each week. The readings provide insight into fundamental aspects of northern, rural and remote health and health care.
- In addition to online learning sessions, students will be expected to post comments, critiques, reveiws, contribute to small group discussions, and answer questions several times a week as assigned by the professor.

Students with Special Needs

If you have a documented disability or require accommodations to obtain equal access to this course, please meet with me at the beginning of the

semester or check out the services available through the Glenn Roy Blundon Centre.

Other Recommended Resources for Students

For help with writing skills, the Writing Centre has resources designed specifically for distance students. See the website for more information: http://www.mun.ca/writingcentre/services/distance/index.php

There are a variety of tutorials and drop-in services to assist you, as a graduate student, with a variety of learning needs such as writing a scholarly paper.

For help with specific personal concerns or other difficulties that are preventing you from doing your academic best, get confidential help by contacting the University Counseling Centre through or go to the Smallwood Centre, 5th floor, Rm. 5000 or call 737-8874.

For help with resources for online learning including Desire2Learn and Elluminate Live! Technology please consult the technical support department at Distance Education, Learning and Teaching Support (DELTS):

- By Phone - Local: 864-8700 (option 3) Toll Free: 1-866-435-1396
- By Fax - 709-864-4070
- http://www.distance.mun.ca/forms/support/step1.php

Evaluation of Student Performance

Evaluation of all activities will be based on the following guidelines:

92-100 Demonstrates outstanding comprehension and synthesis of material as well as highly sophisticated analytical and critical thinking; Points are always clearly articulated and easy to follow. Always prepared to actively participate in class activities. Offers precise, accurate, thoughtful responses to questions and promotes a superior level of discussion.

85-91 Demonstrates superior understanding of material as well as sophisticated analytical and critical thinking; Points are clearly articulated and easy to follow. Prepared to actively participate in class activities. Offers accurate and thoughtful responses to questions and promotes a high quality level of discussion.

75-84 Demonstrates familiarity with the material as well as some evidence of critical thinking; Points are generally well articulated.

Usually prepared to participate in class activities; Responds well to most questions and promotes a good quality discussion.

65-74 Demonstrates basic familiarity with the material; points are raised but not developed or supported; or provides a summary of material with little analysis or reflection. Seldom prepared to participate in class activities. Demonstrates some difficulty responding to questions. Impedes critical discussion.

0-64 Demonstrates minimal or poor familiarity with material; analysis is absent, simplistic or unsupported; Points are poorly articulated; Provides only crude summary of material; Little evidence of preparation. Demonstrates significant difficulty responding to questions. Impedes, disrupts or detracts from critical discussion.

Assignments give you the opportunity to demonstrate your understanding and ability to integrate, evaluate and apply the principles and concepts learned in this course. Letter grades will be assigned in accordance with the MUN School of Graduate Studies guidelines. [Typically, students must pass or achieve 65% in EACH component of the course to successfully complete the course.]

Summary of Course Assignments/Method of Evaluation

Students will be evaluated according to the following course requirements:

Term Paper	35%
Reading Review	20%
Group assignment	20%
Participation/Posting	25%
Total	100%

In general:

- Please proofread your papers and assignments for spelling and grammar!
- Write in an acceptable academic style; do not write in point form.
- If you use someone's material, use references (APA Format)
- Please do not exceed page length for assignments.
- Students will be responsible for reading assigned readings.
- Do Not use Wikipedia as a source!!

Description of Course Assignments

a) Term Paper:

Term Paper: Students will be expected to select, research, analyze and present a term paper on an issue related to northern, rural or remote health or healthcare service delivery. The selection of a relevant issue is the responsibility of the student in consultation with the instructor.

Students will obtain approval for their paper topic by submitting an abstract, outline, and starting reference list for their paper. **This is due by October 3**.

Your topic does not necessarily have to fall within the "health care system", but it should be a topic that has a connection to the broader determinants of health as it relates to northern, rural or remote health.

In your presentation of the issue, address the following questions as appropriate:

- Why is this issue of interest?
- Why is this issue relevant to the health of the population?
- If the issue is controversial, what are the various views?
- What are the potential long-term outcomes (positive or negative) associated with this issue?
- What are the views of different stakeholders?
- What are the costs and opportunity costs associated with this issue?

Do not feel limited to the above questions. In general your paper should describe the issue, the controversy and what is the relevance of the issue to the health of northern, rural or remote populations. Your paper should be a maximum of 10 pages in length (Additional pages for references). Please use 12-point font, standard margins, double spaced.

Value: Term Paper 35%

Please Note: Students will also do a short (informal) presentation of their term paper (5-10 minutes max.)

Students will be graded on the following:

1. Format and presentation (this includes grammar, sentence structure, writing style, formatting, organization and citation of references).
   8 points
2. Discussion, analysis and coherent presentation of ideas
   15 points
3. Conclusions, summary (and recommendations if applicable)
   8 points
4. "Oral" Presentation
   4 points

Total Value: 35 points
Due Date: November 11 (& presentation as assigned)

b) Reading Review

Students will be required to present one of the assigned readings for a selected week of class. You will select your readings in the first week of class. Students are expected to present on their assigned article and lead a short class discussion on the article. You must provide in your presentation:

- A summary of the author's argument (including main points and supporting evidence)
- Critique of the author's findings, recommendations, arguments, or conclusions
- Questions to stimulate discussion

At the end of class, students **must provide the prof with a copy of their presentation and questions**.

Value: Reading Review 20%
Due Date: As assigned

Student will be required to prepare a 2 page (single spaced, 12 point font, 1 inch margins) paper on a northern, rural or remote health issue that is currently in the news. Students should follow the following headings while preparing their short paper:

a. Define the problem.
b. Why is this issue in the news?
c. Who are the major players and what are their positions on the issue?

d. What is the intended (or actual) outcome (+/-) on the health of the population?
e. Conclusions

Total Value: 20%
Due Date: As assigned

c) Group assignment: Briefing Note

Select from one of the following options:

1. Associations or societies representing the various health professions frequently conduct research or surveys in an attempt to lobby or influence policy-makers, or to win public support on a particular issue.

Select from among the following Position Papers and prepare a Briefing Note.

i. *Community Food Security (2007). Position of Dietitians of Canada Web access:*
http://vancouver.ca/COMMSVCS/socialplanning/initiatives/foodpolicy/tools/pdf/0704_DC_CFS_pos_paper.pdf

ii. Rural obstetrics. Joint position paper on rural maternity care. Joint Working Group of the Society of Rural Physicians of Canada (SRPC), The Maternity Care Committee of the College of Family Physicians of Canada (CFPC), and the Society of Obstetricians and Gynaecologists of Canada (SOGC). Web access: Can Fam Physician. 1998 April; 44: 831–843.
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2277824/pdf/canfamphys00050-0141.pdf?tool=pmcentrez

iii. CAEP Position Statement on Gun Control. Web access:
http://www.caep.ca/CMS/%7BBF622016-6941-4410-AAC3-86133443F685%7D.pdf

When you have obtained and read a copy of the document, prepare a (four page) Briefing Note for the Deputy Minister as if you are a Policy Analyst working in the Department of Health and Community Services. Follow the Briefing Note format discussed in class. Review the document with the aim of summarizing and analyzing its essential messages from the perspective of the Department of Health and Community Services

having to respond to their position. The Briefing Note will be marked based on the student's ability to concisely summarize and present the key points in the position/research paper, provide an analysis of the issues, and assess how the views presented will influence the health care system.

2. The Government of NL has expressed concern regarding the need to improve literacy rates among vulnerable populations living in northern, rural and remote areas of the province. Research and prepare a Briefing Note (with recommendations) providing guidance to the Executive Council on a 5 year strategy to improve literacy among vulnerable populations in northern, rural and remote communities in NL. Base your recommendations on the literature and on best practices of other countries.

Requirements:

Your Briefing Note should not exceed 4 pages (plus one additional page for references). Use 12 point font, 1 inch margins, single spaced. Use format as described in class handout.

Each group will briefly present their briefing note to the class.

Value: Briefing Note: 20%
Due Date: October 21

d) <u>Class Participation</u>

Each week students are required to:

1. Participate in weekly class discussions. Inform the instructor IN ADVANCE if they are unable to attend a weekly session.

2. Individually respond to the readings for the week and to each of the assigned questions for that week by posting comments in the designated areas in the course websites.

2. Respond to at least one posting that was posted by another student.

Students will be evaluated on their ability to critically (AND respectfully) respond to class discussion topics and readings.
Value 25%

Weekly Outline

SECTION I: UNDERSTANDING NORTHERN, RURAL, AND REMOTE AREAS

Week 1& 2 (September 12) Course Introduction: overview of course outline, assignments, readings
Definitions, concepts and perceptions or “rural”, “northern” and “remote”

Class Objectives:

1. To examine the different definitions of “rural”, “northern”, and “remote”.
2. To understand how definitions can influence conceptions of health needs and service requirements.

Required Readings:

1. Statistics Canada. (Novemebr 2001). DEFINITIONS OF RURAL. Rural and Small Town Canada Analysis Bulletin Catalogue no. 21-006-XIE Vol. 3, No.3 Accessed: http://www.statcan.gc.ca/pub/21-006-x/21-006-x2001003-eng.pdf

2. du Plessis, V., Beshiri, R. and Bollman, R.D. (2002). Definitions of “Rural”. Agriculture and Rural Working Paper Series, No. 61. Statistics Canada Agriculture Division. Retrieved from http://www.statcan.gc.ca/pub/21-601-m/2002061/4224867-eng.pdf

3. Wakerman, J. (2004). Defining remote health. *Australian Journal of Rural Health, 12*(5), 210-214. http://mun-resolver.asin-risa.ca/?genre=article&volume=12&issue=5&spage=210&epage=214&date=2004&aulast=Wakerman&aufirst=J&title=Australian+Journal+of+Rural+Health&atitle=Defining+remote+health.&sid=munf%3Ainfo%2Fjournal.html&rfr_id=info%3Asid%2Fmunf%3Ainfo%2Fjournal.html

Week 3 (September 19) Populations: Intersectionality for Marginalised Groups in Northern, Rural, and Remote Areas

Objectives**:**

1. To understand the meaning of vulnerability and explore how geography and vulnerability interact.
2. To explore the concept of intersectionality as it applies to northern, rural, and remote populations.
3. To explore policy mechanisms to address the health needs of vulnerable populations.

Required Readings:

1. Desmeules, M., Pong, R. et al. (2006). *Chapter 2: Literature Review* in How Healthy are Rural Canadians?. Ottawa: Canadian Institute for Health Information. http://www.phac-aspc.gc.ca/publicat/rural06/pdf/rural_canadians_2006_report_e.pdf
2. Maddalena, V. & Sherwin, S. (2004). Vulnerable Populations in Rural Areas: Challenges for Ethics Committees. HEC Forum, 16(4), 234-246. http://mun-resolver.asin-risa.ca/?genre=article&volume=16&issue=4&spage=234&epage=246&date=2004&aulast=Maddalena&auinit=V&title=HEC+Forum&atitle=Vulnerable+populations+in+rural+areas&sid=munf%3Ainfo%2Fjournal.html&rfr_id=info%3Asid%2Fmunf%3Ainfo%2Fjournal.html

3. Flaskerud, J.H. and Winslow, B.J. (March/April, 1999). Conceptualizing Vulnerable Populations Health Related Research. Nursing Research, 47(2), 69-78. http://mun-resolver.asin-risa.ca/?genre=article&volume=47&issue=2&spage=69&epage=78&date=1998&aulast=Flaskerud&auinit=JH&title=Nursing+Research&atitle=Conceptualizing+vulnerable+populations&sid=munf%3Ainfo%2Fjournal.html&rfr_id=info%3Asid%2Fmunf%3Ainfo%2Fjournal.html

4. Olena Hankivsky, O., Reid, C., Cormier, R., Varcoe, C., Clark, N., Benoit, C. and Brotman, S. (2010) Exploring the promises of intersectionality for advancing women's health research. International Journal for Equity in Health. 9(5), 1-15. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2830995/pdf/1475-9276-9-5.pdf

Week 4 (September 26) The Health of Canada's Aboriginal Peoples in Northern, Rural and Remote Areas

Objectives:

1. To explore how the Canadian health system has identified and addressed the health needs of Canada's Aboriginal population
2. To explore how health human resources are educated to work with Aboriginal peoples.

Required Readings:

1. Shah, CP (2004). The Health of Aboriginal Peoples. In D Raphael (Ed.) Social Determinants of Health: Canadian Perspectives. Toronto: Canadian Scholars Press Inc. p.267-280. http://library-proxy.mun.ca/login?url=http://site.ebrary.com/lib/memorial/Doc?id=10191694
2. Dyck, M. (2008). Social Determinants of Metis Health. Metis Centre: National Aboriginal Health Organization. Retrieved from http://www.naho.ca/documents/metiscentre/english/Research_SocialDeterminantsofHealth.pdf

3. Kirmayer, L., Simpson, C., Cargo, M. (2003). Healing Traditions: culture, community and mental health promotion with Canadian Aboriginal peoples. Australasian Psychiatry. 11(s1), s15-s23. http://library-proxy.mun.ca/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=11185035&site=ehost-live&scope=site

4. Native Women's Association of Canada. (2007). Aboriginal Women and Traditional Healing. Issue Paper prepared for the National Aboriginal Women's Summit, Corner Brook, NL, June 20-22, 2007. Retrieved from http://www.laa.gov.nl.ca/laa/naws/pdf/nwac_traditional_healing-jun1607.pdf

SECTION II: ISSUES SPECIFIC TO NORTHERN, RURAL, AND REMOTE COMMUNITIES

Week 5 (October 3) Distribution, access to, and delivery of health services in Northern, Rural and Remote areas

Objectives:

1. To explore the health of Canada's indigenous peoples in northern, rural and remote areas.
2. To examine the factors influencing the health of Aboriginal peoples.
3. To explore Aboriginal conception of health and well-being (versus the medical model definition of health)

Required Readings:

1. Wilson, NW, Couper, ID, De Vries, E, Reid, S, Fish, T, Marais, BJ. (2009). A critical review of interventions to redress the inequitable distribution of healthcare professionals to rural and remote area. *Rural and Remote Health*. 9(1060). http://www.rrh.org.au/publishedarticles/article_print_1060.pdf

2. Humphreys, J. S. (1998). Delimiting 'rural': Implications of an agreed 'rurality' index for healthcare planning and resource allocation. *Australian Journal of Rural Health, 6*(4), 212-216. http://mun-resolver.asin-risa.ca/?genre=article&volume=6&issue=4&spage=212&epage=216&date=1998&aulast=Humphreys&auinit=JS&title=Australian+Journal+of+Rural+Health&atitle=Delimiting+rural+-+implications+of+an+agreed+rurality+index+&sid=munf%3Ainfo%2Fjournal.html&rfr_id=info%3Asid%2Fmunf%3Ainfo%2Fjournal.html

3. Kerr, J., Van Aerde, T., Woollam, G., and Jongerius, A. (2007). You know you're a rural resident when.. *Canadian Journal of Rural Medicine, 12*(3), 185-185. http://mun-resolver.asin-risa.ca/?genre=article&volume=12&issue=3&spage=185&issn=1203-7796&date=2007&aulast=Kerr&auinit=J&title=Canadian+Journal+of+Rural+Medicine&atitle=You+know+you%27re+a+rural+resident+when&sid=munf%3Ainfo%2Fjournal.html&rfr_id=info%3Asid%2Fmunf%3Ainfo%2Fjournal.html

4. Sibley, JL., Weiner, JP. (2011). An evaluation of access to healthcare services along the rural-urban continuum in Canada. BMC Health Services Research. 11(20 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3045284/pdf/1472-6963-11-20.pdf?tool=pmcentrez

OCTOBER 10: Thanksgiving. No Class

Week 6 (October 17) Determinants of Health: Housing and Food Security in Northern, Rural, and Remote Communities

Objectives:

1. To explore the relationship between housing and health.
2. To explore the relationship between food security and health;

3. To explore how food and housing issues in northern, rural and remote rural communities influence health status.

Required Readings:

1. BC Non Profit Housing Association (2007). Housing Affects Health Affects Housing: Determining Good Health as Part of the Housing Solution in British Columbia. Vancouver: BC Non Profit Housing Association. http://www.bcnpha.ca/media/documents/HousingAffectsHealth.pdf
2. Hwang, S. and Holton, E. Housing vulnerability and Health: Canada's Hidden Emergency. Homeless Hub Report Series: Report #2. York, ON: Homeless Hub, York University. http://www.stmichaelshospital.com/pdf/crich/housing-vulnerability-and-health.pdf
3. Peters, H.I., Vaillancourt, A., and Hemingway, D. (2006). Northern, Rural, and Remote Homelessness: A Review of the Literature. Quesnel, BC; University of Northern British Columbia. http://www.homelesshub.com/ResourceFiles/twnynlps.pdf
4. Willows, N.D., (2005). Determinants of Healthy Eating in Aboriginal Peoples of Canada. *Canadian Journal of Public Health.* 96(S3): S32-S36. http://journal.cpha.ca/index.php/cjph/article/download/1503/1692
5. Northern food Prices Project Steering Committee (2003). Northern food Prices Report. Report Prepared for Prepared for Healthy Child Committee of Cabinet. Winnipeg: Government of Manitoba. **PAGES 1 – 32 ONLY.** http://www.gov.mb.ca/ana/food_prices/2003_northern_food_prices_report.pdf

Week 7 (October 24) Determinants: Environmental Issues and Health in Northern, Rural, and Remote Communities.

Objectives:

1. To explore the relationship between ecology, environment, and health.
2. To explore significance and prevalence of environmental issues in northern, rural, and remote communities.
3. To explore how environmental issues in northern, rural, and remote communities influence health status.

Required Readings:

1. Noble and Bronson. Integrating Human Health into Environmental Impact Assessment. http://pubs.aina.ucalgary.ca/arctic/Arctic58-4-395.pdf
2. Furgal, C. and Seguin, J. Climate Change, Health, and Vulnerability in Canadian Northern Aboriginal Communities. (2006). *Environmental Health Perspectives.* 114(12): 1964-1970. http://ehp03.niehs.nih.gov/article/fetchArticle.action?articleURI=info%3Adoi%2F10.1289%2Fehp.8433

Week 8 (October 31) Determinants of Health: Other Issues in Northern, Rural and Remote Communities

Objectives:

1. To explore the relationship between education, employment, and health.
2. To explore significance and prevalence of education and employment issues in northern, rural, and remote communities.
3. To explore the health impacts of other social determinants of health in northern, rural, and remote communities.

Required Readings:

1. Reading, C.L. and Wien, F. (2009). Health Inequities and Social Determinants of Aboriginal Peoples' Health. National Collaborating Centre for Aboriginal Health. Retrieved from http://www.nccah-ccnsa.ca/myfiles/NCCAH-LoppieWein0906-web.pdf
2. Canadian Council on Learning. (2008). Aboriginal and rural under-representation in Canada's medical schools. Lessons in Learning. Retrieved from http://www.ccl-cca.ca/pdfs/LessonsInLearning/37-04_17_08E.pdf
3. Welch, N. (2000) Understanding the Determinants of Rural Health. Deakin West, Australia: National Rural Health Alliance. http://nrha.ruralhealth.org.au/cms/uploads/publications/03_welch_00.pdf

SECTION III: RESEARCH, RESILIENCE, AND THE FUTURE OF NORTHERN, RURAL, AND REMOTE HEALTH

Week 9 (November 7) Conducting Research in Northern, Rural and Remote Communities

Objectives:

1. To explore some of the challenges of conducting research in northern rural and remote.
2. To explore strategies for overcoming the challenges associated with conducting research in northern, rural and remote communities.

Required Readings:

1. Vanderboom, C. P., & Madigan, E. A. (2007). Federal definitions of rurality and the impact on nursing research. *Research in Nursing and Health*, 30, 175–184. http://mun-resolver.asin-risa.ca/?genre=article&volume=30&spage=175&epage=184&date=2007&aulast=Vanderboom&auinit=CP&title=Research+in+Nursing+and+Health&atitle=Federal+definitions+of+ruraliity+and+the+impact+on+nursing+research.&sid=munf%3Ainfo%2Fjournal.html&rfr_id=info%3Asid%2Fmunf%3Ainfo%2Fjournal.html

2. Kirby, M. J. (2002). Chapter 10: Rural Health. In The Health of Canadians – The Federal Role. The Standing Committee on Social Affairs, Social Affairs, Science and Technology. Retrieved from http://www.cranhr.ca/kirby.html
3. Wilkes L (1999). Metropolitan Researchers Undertaking Rural Research: Benefits and Pitfalls. *Australian Journal of Rural Research*, **7**, 181–185.Press. http://mun-resolver.asin-risa.ca/?genre=article&volume=30&spage=175&epage=184&date=2007&aulast=Vanderboom&auinit=CP&title=Research+in+Nursing+and+Health&atitle=Federal+definitions+of+ruraliity+and+the+impact+on+nursing+research.&sid=munf%3Ainfo%2Fjournal.html&rfr_id=info%3Asid%2Fmunf%3Ainfo%2Fjournal.html

4. Porsanger, J. (2005). AN ESSAY ABOUT INDIGENOUS METHODOLOGY. Tromsø, NO: University of Tromsø. http://uit.no/getfile.php?PageId=977&FileId=188

Week 10 (November 14) The Future: Capacity building, Collaboration, and Resilience in Northern, Rural and Remote Communities

Objectives:

1. To explore the nature of social capital, civic networks and volunteerism in rural communities and their impact on health
2. To explore new and emerging theories and policy changing influencing the future of health and healthcare in northern, rural and remote communities

Required Readings:

1. Ryan-Nicholls, KD, HAggarty, JM. (2007). Collaborative mental health in rural and isolated Canada: stakeholder feedback. *Journal of Psychosocial Nursing and Mental Health Services*. 45(12), 37-45.

2. Ministerial Advisory Council on Rural Health. Section III in *Rural health in rural hands: Strategic direction for rural, remote, northern and Aboriginal communities.* Ottawa; November 2002. http://dsp-psd.pwgsc.gc.ca/Collection/H39-657-2002E.pdf

3. Longenecker, R., Zink, T. and Florence, J. (2011), Teaching and Learning Resilience: Building Adaptive Capacity for Rural Practice. A Report and Subsequent Analysis of a Workshop Conducted at the Rural Medical Educators Conference, Savannah, Georgia, May 18, 2010. The Journal of Rural Health, 27: no. doi: 10.1111/j.1748-0361.2011.00376.x http://library-proxy.mun.ca/login?url=http:://onlinelibrary.wiley.com/doi/10.1111/j.1748-0361.2011.00376.x/pdf

4. Minore, B., Boone, M.,(2002). Realizing potential: improving interdisciplinary professional/paraprofessional health care teams in Canada's northern aboriginal communities through education. *Journal of Interprofessional Care.* 16(2):139-147. http://mun-resolver.asin-risa.ca/?genre=article&volume=16&issue=2&spage=139&epage=147&date=2002&aulast=Minore&auinit=B&title=Journal+of+Interprofessional+Care&atitle=Realizing+potential&sid=munf%3Ainfo%2Fjournal.html&rfr_id=info%3Asid%2Fmunf%3Ainfo%2Fjournal.html

5. Labonte R (2004). Social Inclusion/Exclusion and health: Dancing the dialectic. In D Raphael (Ed.) Social Determinants of Health: Canadian Perspectives. Toronto: Canadian Scholars Press Inc. p.253-266. http://qe2a-proxy.mun.ca/login?url=http://site.ebrary.com/lib/memorial/Doc?id=10191694
6. Armstrong P (2004). Health, Social Policy, Social Economies and the voluntary Sector. In D Raphael (Ed.) Social Determinants of Health: Canadian Perspectives. Toronto: Canadian Scholars Press Inc. p. 331-344. http://qe2a-proxy.mun.ca/login?url=http://site.ebrary.com/lib/memorial/Doc?id=10191694

7. Duplantie, J., Gagnon, M., Fortin, J., & Landry, R. (2007). Telehealth and the recruitment and retention of physicians in rural

and remote regions: A delphi study. *Canadian Journal of Rural Medicine, 12*(1), 30-36. http://mun-resolver.asin-risa.ca/?genre=article&volume=12&issue=1&spage=30&epage=36&date=2007&aulast=Duplantie&auinit=J&title=Canadian+Journal+of+Rural+Medicine&atitle=Telehealth+and+the+recruitment+and+retention+of+physicians+in+rural+and+remote+regions&sid=munf%3Ainfo%2Fjournal.html&rfr_id=info%3Asid%2Fmunf%3Ainfo%2Fjournal.html

Week 11 (November 21) Student Presentations

Week 12 (November 28) Student Presentations & Course wrap-up and evaluation

Misconduct, Plagiarism, and Copyright information

Academic Misconduct

The University has a policy on academic misconduct that I support and will enforce. Academic misconduct takes many forms and includes, but is not limited to plagiarism, submitting a product prepared in whole or in part by another person, buying or selling term papers, and submitting the same piece of work twice for academic credit. For more details, you are encouraged to consult or the University calendar. If you need further clarification, make an appointment with a librarian or someone in the Writing Centre.

University Policy on Plagiarism

All students in this class are to read and understand the policies on plagiarism and academic honesty referenced in the University Calendar 2008-2009, Section 4.11.4 Academic Offences, available at http://www.mun.ca/regoff/calendar/sectionNo=regs-0748 . Ignorance of such policies is no excuse for violations.

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Med 6279: Quantitative Methods for Applied Health Research

Day/Time: [day and time] commencing [first day of class]
Location: [classroom #]
Office Hours: by prior appointment

Professor
Maria Mathews, PhD
Associate Professor Health Policy/Health Care Delivery
Rm 2837, Division of Community Health & Humanities
Memorial University of Newfoundland
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Course Description

The Quantitative Methods for Applied Health Research course examines quantitative methods that are commonly used in applied health services research studies. Students develop and critically appraise research proposals. Students will also be introduced to peer review.

Pre-requisite

Students must have completed Med 6280 (Introduction to Research Methods) and Med 6200 (Biostatistics 1) or equivalent to register in this course. Completion of Med 6270 (Epidemiology 1) prior to this course is highly recommended.

Course competencies

The objectives of this course are:

- To understand threats to internal and external validity of quasi experimental research designs that use quantitative applied health research methods (survey, chart or administrative data)
- To understand and apply appropriate quantitative methods (survey, chart or administrative data) to explore different applied health research issues
- To apply concepts related to quantitative applied health research methods by developing research proposals for applied health research studies
- To develop grant writing skills
- To understand the peer review process used in Canadian research funding agencies

Learning Resources

The lectures and displays (and all material) delivered or provided in Quantitative Methods for Applied Health Research by Maria Mathews, including any visual or audio recording thereof, are subject to copyright owned by Maria Mathews. It is prohibited to record or copy by any means, in any format, openly or surreptitiously, in whole or in part, in the absence of express written permission from Maria Mathews any of the lectures or materials provided or published in any form during or from the course.

Week 1: Proposals

Abramson JH, Abramson ZH. "Chapter 4: Formulating the objectives" in *Survey Methods in Community Medicine: Epidemiological Research, Programme Evaluation, Clinical Trials, 5th Edition.* Edinburgh: Churchill Livingstone. 1999 pp 43-54.

Abramson JH, Abramson ZH. "Chapter 10: The variables" in *Survey Methods in Community Medicine: Epidemiological Research, Programme Evaluation, Clinical Trials, 5th Edition.* Edinburgh: Churchill Livingstone. 1999 pp 115-122.

Aday LA. "Chapter 3: Defining and Clarifying Survey Variables" in *Designing and Conducting Health Surveys.* San Francisco: Jossey-Bass Inc. Publishers.1996. pp 44-74.

Kraicer J. The art of Grantmanship Acced June 23, 2010 from http://www.utoronto.ca/cip/sa_ArtGt.pdf

Week 2: Internal and external validity in quasi-experimental design

Cook TD, Campbell DT. "Chapter 2: Validity" in *Quasi-Experimentation Design and Analysis Issues for Field Settings*. Chicago: Rand McNally College Publishing Company, 1979 pp37-94.

Week 3: Surveys – types, uses and ethical issues

Abramson JH, Abramson ZH. "Chapter 15: Methods of collecting data" in *Survey Methods in Community Medicine: Epidemiological Research, Programme Evaluation, Clinical Trials, 5th Edition.* Edinburgh: Churchill Livingstone. 1999 pp 161-170.

Abramson JH, Abramson ZH. "Chapter 18: interviews and self-administered questionnaire" in *Survey Methods in Community Medicine: Epidemiological Research, Programme Evaluation, Clinical Trials, 5th Edition.* Edinburgh: Churchill Livingstone. 1999 pp 205-220.

Aday LA. "Chapter 5: Choosing the Methods of Data Collection" in *Designing and Conducting Health Surveys.* San Francisco: Jossey-Bass Inc. Publishers.1996. pp 91-111.

Week 4: Surveys

Abramson JH, Abramson ZH. "Chapter 13: Scales of measurement" in *Survey Methods in Community Medicine: Epidemiological Research, Programme Evaluation, Clinical Trials, 5th Edition.* Edinburgh: Churchill Livingstone. 1999 pp 141-150.

Abramson JH, Abramson ZH. “Chapter 14: Composite scales” in *Survey Methods in Community Medicine: Epidemiological Research, Programme Evaluation, Clinical Trials, 5th Edition.* Edinburgh: Churchill Livingstone. 1999 pp 151-160.

Abramson JH, Abramson ZH. “Chapter 19: Constructing the questionnaire” in *Survey Methods in Community Medicine: Epidemiological Research, Programme Evaluation, Clinical Trials, 5th Edition.* Edinburgh: Churchill Livingstone. 1999 pp 221-232.

Aday LA. “Chapter 12: Guidelines for Formatting the Questionnaire” in *Designing and Conducting Health Surveys.* San Francisco: Jossey-Bass Inc. Publishers.1996. pp 261-280.

Abramson JH, Abramson ZH. “Chapter 17: Validity” in *Survey Methods in Community Medicine: Epidemiological Research, Programme Evaluation, Clinical Trials, 5th Edition.* Edinburgh: Churchill Livingstone. 1999 pp 185-204.

Abramson JH, Abramson ZH. “Chapter 16: Reliability” in *Survey Methods in Community Medicine: Epidemiological Research, Programme Evaluation, Clinical Trials, 5th Edition.* Edinburgh: Churchill Livingstone. 1999 pp 171-184.

Week 5: Surveys – sample frames, response rates, representativeness

Aday LA. “Chapter 6: Deciding Who will be in the Sample” in *Designing and Conducting Health Surveys.* San Francisco: Jossey-Bass Inc. Publishers.1996. pp 112-143.

Aday LA. “Chapter 7: Deciding How Many Will be in the Sample” in *Designing and Conducting Health Surveys.* San Francisco: Jossey-Bass Inc. Publishers.1996. pp 144-176.

Abramson JH, Abramson ZH. “Chapter 8: Sampling” in *Survey Methods in Community Medicine: Epidemiological Research, Programme Evaluation, Clinical Trials, 5th Edition.* Edinburgh: Churchill Livingstone. 1999 pp 89-104.

Dillman, D. Smyth JD, Christian LM. “Chapter 3: Coverage and Sampling” in *Internet, Mail and Mixed Mode Surveys: The Tailored Design Method (3rd Ed)*. John Wiley & Sons, Inc. New Jersey. 2009.

Dillman, D. Smyth JD, Christian LM. “Chapter 7: Implementation Procedures” in *Internet, Mail and Mixed Mode Surveys: The Tailored Design Method (3rd Ed)*. John Wiley & Sons, Inc. New Jersey. 2009.

Week 6: Clinical datasets and chart audits

Gearing RE, Mian IS, Barber J, Ickowicz A. A methodology for conducting retrospective chart review research in chills and adolescent psychiatry. J Can Acad Adoclec Psychiatry 2006;15(3):126-134.

Gandhi TK, Seger DL, Bates DW. Identifying drug safety issues from research to practice. International Journal of Quality in Health Care 2000:20(2):69-76.

Herman J. Strategies for using Chart Audit. JANAC 1996:7(6):69-72

Week 8 and 9: Administrative databases

Roos LL, Roos NP, Cageorge SM, Nicol JP. How good are the data? Reliability of one health care data bank. *Med Care* 1982;20(3):266-276.

Roos NP, Roos LL, Mossey J, Havens B. Using administrative data to predict important health outcomes. Entry to hospital, nursing home, and death. *Med Care* 1988;26(3):221-239.

Roos NP. Using administrative data from Manitoba, Canada to study treatment outcomes: developing control groups and adjusting for case severity. *Soc Sci Med* 1989;28(2):109-113.

Roos NP, Shapiro E. A productive experiment with administrative data. *Med Care* 1995;33(12 Suppl):DS7-12.

Roos NP, Shapiro E. Revisiting the Manitoba Centre for Health Policy and Evaluation and its population-based health information system. *Med Care* 1999;37(6 Suppl):JS10-JS14.

Research Tools: the Concept Dictionary.
http://umanitoba.ca/faculties/medicine/units/mchp/resources/concept_dictionary.html

International Classification of Diseases (ICD) retrieved June 23, 2010 from
http://www.who.int/classifications/icd/en/

Week 9: Case mix, acuity

Charlson ME, Pompei P, Ales KL, MacKenzie CR. A new method of classifying prognostic comorbidity in longitudinal studies: development and validation. *J Chronic Dis* 1987;40(5):373-383.

Deyo RA, Cherkin DC, Ciol MA. Adapting a clinical comorbidity index for use with ICD-9-CM administrative databases. *Journal of Clinical Epidemiology* 1992;45(6):613-619.

Van Walraven C, Dhalla IA, Bell C, Etchells E, Stiell IG, Zarnke K, Austin PC, Forster AJ. Derivation and validation of an index to predict early death or unplanned readmission after discharge form hospital to the community. CMAJ 2010 doi:10.1503/cmaj.091117

Week 10 Peer review and "grantsmanship"

CIHR Peer Review Manual for Grant Applications: http://www.cihr-irsc.gc.ca/e/4656.html#7c

Week 11: Data management and coding

Abramson JH, Abramson ZH. “Chapter 24: Pretests and other practical considerations” in *Survey Methods in Community Medicine: Epidemiological Research, Programme Evaluation, Clinical Trials, 5th Edition.* Edinburgh: Churchill Livingstone. 1999 pp 275-280.

Abramson JH, Abramson ZH. “Chapter 23: Preparing for the analysis” in *Survey Methods in Community Medicine: Epidemiological Research, Programme Evaluation, Clinical Trials, 5th Edition.* Edinburgh: Churchill Livingstone. 1999 pp 267-274.

Abramson JH, Abramson ZH. “Chapter 22: Planning the records” in *Survey Methods in Community Medicine: Epidemiological Research, Programme Evaluation, Clinical Trials, 5th Edition.* Edinburgh: Churchill Livingstone. 1999 pp 259-267.

Aday LA. “Chapter 13: Monitoring and Carrying Out the Survey” in *Designing and Conducting Health Surveys.* San Francisco: Jossey-Bass Inc. Publishers.1996. pp 281-304.

Aday LA. “Chapter 14: Preparing for Data Analysis” in *Designing and Conducting Health Surveys.* San Francisco: Jossey-Bass Inc. Publishers.1996.pp 305-321.

Students with Special Needs

If you have a documented disability or require accommodations to obtain equal access to this course, please meet with me at the beginning of the semester or check out the services available through the Glenn Roy Blundon Centre.

Other Recommended Resources for Students

For help with writing skills, contact the Writing Centre in SN 2053 or call 737-3168 early in the semester. There are a variety of workshops and a free drop-in service to assist you, as a graduate student, with a variety of learning needs such as writing a scholarly paper.

For help with specific personal concerns or other difficulties that are preventing you from doing your academic best, get confidential help by contacting the University Counselling Centre through or go to the Smallwood Centre, 5th floor, Rm. 5000 or call 737-8874.

Academic Misconduct

Academic misconduct takes many forms and includes, but is not limited to plagiarism, submitting a product prepared in whole or in part by another person, buying or selling term papers, and submitting the same piece of work twice for academic credit. For more details, you are encouraged to consult or the University calendar. If you need further clarification, make an appointment with a librarian or someone in the Writing Centre.

It is the student's responsibility to understand and to avoid plagiarism and other forms of academic dishonesty. Assignments that have been plagiarized (or are otherwise academically dishonest) will receive a failing grade.

Weekly Outline - Course Content

The course consists of 13 weeks:

1. Course Introduction, Proposals
2. Internal and external validity in quasi-experimental design
3. Surveys 1 – types, uses and ethical issues
4. Surveys 2 – composing questions, scales
5. Surveys 3 – sample frames, response rates, representativeness
6. Clinical datasets and chart audits
7. Reading Week
8. Administrative databases 1
9. Administrative databases 2
10. Case mix, acuity
11. Peer review and "grantsmanship"
12. Data management and coding
13. Mock peer review panel and wrap up

Evaluation

The evaluation consists of five components:

Components	Value	Due Date
Proposal 1	20 %	Week 6
Proposal 2	50 %	Week 12
Peer-review written critiques	20 %	Week 13
Peer review participation	10 %	Week 13
	100 %	

Written assignments must be submitted by the end of class of the week they are due. Late assignments will be penalized 5% each day (including weekends). Assignments which do not comply with formatting guidelines will be penalized up to 10% (at instructor's discretion).

Proposal 1

Students will develop a 6 page proposal according to the NLCAHR guidelines for a project grant. The study must use survey methods to examine an applied health research topic.

Proposal 2

Students will develop an 11 page proposal and a 1 page summary according to the CIHR guidelines for an operating grant. The study must use administrative data, surveys, or clinical data to examine an applied health research topic.

Peer-review written critique

As part of the mock peer review process, students will be given two grants to review. For each grant, students must prepare a critique using CIHR operating grant criteria.

Peer review participation

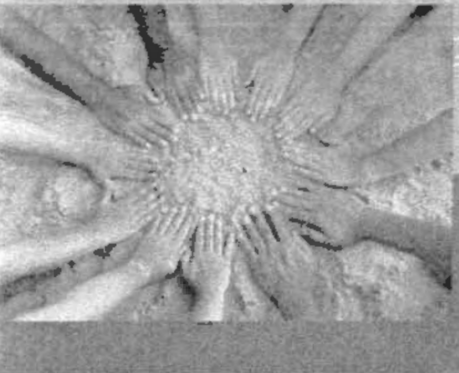
Students will be graded on their participation in the mock peer review meeting. In addition to reviewing their two assigned grants, students will contribute to the discussion and scoring of other grants reviewed in the session.

MEMORIAL UNIVERSITY

Division of

Community Health & Humanities

Faculty of Medicine | Memorial University



Student Handbook

Graduate Students

2012-2013

An information source for students in the following graduate programs:

- Graduate Diploma in Community Health
- Master in Public Health
- Master in Community Health
- Master in Applied Health Services Research
- Doctoral in Community Health

Updated by:
Christa McGrath

Division of Community Health & Humanities
Faculty of Medicine
Memorial University

June 2012

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A Welcome Message

Dear Graduate Student,

We are very pleased to welcome you to the Division of Community Health & Humanities in the Faculty of Medicine at Memorial University.

The Division is an active community of faculty, researchers, students and staff. Our primary goal is to improve the health of the community through research, education and service.

Our graduate students are a very important part of the Division. We aim to provide an excellent teaching and learning environment in which you can explore new ideas and advance your understanding of health in society.

We hope you enjoy your time with us. If you have any questions or concerns, do not hesitate to contact any of the faculty or staff.

Good luck with your graduate studies!

The mission of the Division of Community Health & Humanities is to improve the health of the community through education, research and service. The Division provides undergraduate teaching in the medical program and graduate training in Community Health, Public Health, and Applied Health Services Research. The goal of the graduate programs is to promote health and improve the quality of life in society by: developing an understanding of factors that contribute to health and illness; building the capacity to create change; creating "new" knowledge; sharing and engaging in research in and with the community; and serving as a resource for the community.

The Division offers three graduate programs in Community Health (diploma, masters and doctorate), a masters program in Public Health (population/public health stream and nutrition/dietetics stream), as well as a masters program in applied health services research (this program is offered through the Atlantic Regional Training Centre which is housed in our Division at the Memorial University site).

Graduate Diploma in Community Health

This program is only offered by part-time study only but can be completed in one academic year.

Admission Requirements:

- demonstrate general competency in literacy and numeracy (by fulfillment of the MUN English proficiency requirements and successful completion of an undergraduate statistics course)
- have an undergraduate degree from a university of recognized standing with a minimum cumulative academic average of 75% over the last 2 years of study
- provide two satisfactory appraisals from referees

Programme of Study:

- MED6220 – Introduction to Community Health
- MED6270 – Epidemiology I
- 3 electives
- MED6400-01 – Graduate Seminars I and II

The following table shows the general schedule of courses for those completing the program in one academic year:

YEAR	FALL SEMESTER	WINTER
1	MED6220 – Intro to Community Health MED6270 – Epidemiology MED6400 – Graduate Seminar I 1 elective	MED6401 – Graduate Seminar II 2 electives

Master's in Community Health

This program can be completed on a part-time or full-time basis. Full-time students can complete this program in two academic years.

Admission Requirements:

- Find an eligible faculty member in the Division to be their supervisor
- demonstrate general competency in literacy and numeracy (by fulfillment of the MUN English proficiency requirements and successful completion of an undergraduate statistics course)
- have an undergraduate degree from a university of recognized standing with a minimum cumulative academic average of 75% over the last 2 years of study

- provide two satisfactory appraisals from referees
- acquiring funding if wishing to study full-time (funding is not required for part-time students)

Programme of Study:

- MED6220 – Introduction to Community Health
- MED6270 – Epidemiology I
- MED6280 – Community Health Research Methods
- 2 Quantitative Stream courses: MED6200 – Biostatistics and MED6275 – Epidemiology II
  OR
  2 Qualitative Stream courses: MED629 – Advanced Qualitative Methods and MED6102 – Critical Theory in Health and Society
- 1 elective
- MED6400-03 – 4 Graduate seminars

Students must also complete a master's thesis. Students normally complete course work in the first year and their thesis in the following year(s). The following table shows the general schedule of courses for students who wish to complete the masters program in two academic years.

YEAR	FALL SEMESTER	WINTER
1	MED6220 – Intro to Community Health MED6270 – Epidemiology MED6280 – Community Health Research Methods MED6400 – Graduate Seminar I	2 courses from the qualitative or quantitative stream 1 elective MED6401 – Graduate Seminar II
2	MED6402 – Graduate Seminar III	MED6403: Graduate Seminar IV

Master's in Public Health

The Master of Public Health (MPH) program offers two program streams: (1) Population and Public Health; and (2) Nutrition and Dietetics.

Admission Requirements:

- demonstrate general competency in literacy and numeracy (by fulfillment of the MUN English proficiency requirements and successful completion of an undergraduate statistics course)
- have an undergraduate degree from an university of recognized standing with a minimum cumulative academic average of 75% over the last 2 years of study
- provide two satisfactory appraisals from referees
- submit a statement of interest
- for students applying to the nutrition/dietetics stream, they must have successfully completed an undergraduate dietetics program accredited by Dietitians of Canada and provide proof of same

NOTE: This is a course-based program; there is no thesis or faculty supervisor requirement.

Population and Public Health Stream

This stream can be completed on a part-time or full-time basis. Full-time students can complete this program in one academic year. Students must complete the following courses:

- MED6200 – Biostatistics
- MED6270 – Epidemiology I
- MED6288 – Health Policy
- MED6725 – Public Health Leadership and Management
- MED6724 – Communicable Disease Prevention & Control
- MED6723 – Health Promotion
- MED6722 – Environmental Health

- MED6721 – Disease and Injury Prevention
- 2 electives
- MED6700-01 – Public Health seminar I and II
- MED6710 – Practicum OR MED6711 – Capstone Research Project (for students with significant public health practice experience only)

The following table shows the general schedule of courses for those wishing to complete the population and public health stream in one academic year.

YEAR	FALL SEMESTER	WINTER	SPRING
1	MED6200 – Biostatistics MED6288 – Policy and Decision Making MED6725 – Public Health Leadership and Mgmt MED6724 – Communicable Disease, Prevention and Control MED6700 – Public Health Seminar I 1 elective	MED6270 – Epidemiology I MED6721 – Disease and Injury Prevention MED6722 – Environmental Health MED6723 – Health Promotion MED6401 – Graduate Seminar II 1 elective	MED6710 – Workplace Practicum or MED6711 – Capstone Research Project

Nutrition and Dietetics Stream

This is a two-year, full-time program only. Students must complete the following courses:
- MED6280 – Community Health Research Methods
- MED6725 – Public Health Leadership and Management
- MED6200 – Biostatistics
- MED6270 – Epidemiology
- MED6730 – Professional Practice
- MED6731 – Community Nutrition
- MED 6700-01 – 2 Public Health Seminars
- MED6733-36 – Dietetic Internship I, II, III, IV
- MED671A/B – Research Project

Please note: all core courses and seminars must be completed prior to the initiation of the dietetics internship III (MED6735) and/or the Dietetics Research Project (MED671A/B).

The following table shows the general schedule of courses for full-time students.

YEAR	FALL SEMESTER	WINTER	SPRING
1	MED6200 – Biostatistics MED6280 – Community Health Research Methods MED6725 – Public Health Leadership and Mgmt MED6700 – Public Health Seminar I MED6733 – Dietetic Internship I	MED6270 – Epidemiology I MED6730 – Professional Practice MED6731 – Community Nutrition MED6401 – Graduate Seminar II MED6734 – Dietetic Internship II	MED671A: Research Project
2	MED671B – Research Project	MED6735 – Dietetic Internship III	MED6736 – Dietetic Internship IV

Master's in Applied Health Services Research

This degree is a web-based program offered through the Atlantic Regional Training Centre (ARTC) which is made up of Memorial University of Newfoundland, the University of New Brunswick, and the University of Prince Edward Island. To quality for this program at the MUN site, students are expected to meet the entrance requirements identified for the MSc in Community Health. Applicants are also required to complete a brief statement of research and professional interests as well as a brief statement describing the suitable match between the Master's Degree in Health Services Research and the applicant's experiences and goals. Two references will also be required.

In addition to completing a master's thesis, students also complete 7 courses, a research residency, and participate in 5 workshops. Please visit the ARTC's website www.artc-hsr.ca for more information on this program. The following table outlines the program of study.

YEAR	FALL SEMESTER	WINTER	SPRING
1	MED6282 – Canadian Health Sys MED6286 – Ethical Foundations of Applied Health Research MED6284 – Research and Evaluation Design and Methods Workshop #1	MED6290 – Determinants of Health MED6288 – Policy and Decision Making Workshop #2	MED6296 – Research Residency Workshop #3
2	MED6293 – Knowledge Transfer and Research Uptake MED6294 – Adv Qualitative Methods or MED6295 Adv Quantitative Methods Workshop #4	Thesis work Workshop #5	Thesis work

Doctorate in Community Health

This program can be completed on a part-time or full-time basis. Full-time students can complete this program in four academic years.

Admission Requirements:

- demonstrate general competency in literacy and numeracy (by fulfillment of the MUN English proficiency requirements and completion of a undergraduate statistics course)
- have a masters degree in a related discipline from an university of recognized standing
- have completed a Master's thesis or have relevant research experience
- have satisfactory appraisals from two referees
- find an eligible faculty member to be their supervisor
- acquire funding if wishing to study full-time (funding is not required for part-time students)

Programme of Study:
Generally, doctorial students would complete one of three streams; however, their programme of study can be determined by the supervisory committee based on the student's background and educational experiences.

Applied Health and Policy Research

- Prerequisites: MED6270 – Epidemiology I; MED6280 – Community Health Research Methods; MED6220 – Intro to Community Health
- MED6276—Current Topics in Canada's Health Care System
- MED6288—Policy and Decision Making
- MED6293—Knowledge Transfer

- MED6279—Adv Quantitative Methods for Applied Health Research
- MED6295—Adv Quantitative Methods or MED6278—Adv Biostatistics for Health Research or elective
- MED6294 – Adv Qualitative Research or elective
- Elective
- MED6410-13 – 4 Graduate seminars

Epidemiology and Biostatistics

- Prerequisites: MED6270 – Epidemiology I; MED6280 – Community Health Research Methods; MED6220 – Intro to Community Health
- MED6275—Epidemiology II
- MEDXXXX—Epidemiology III (Course # tba)
- MED6200—Biostatistics
- MED6279—Adv Quantitative Methods for Applied Health Research
- MED6278—Adv Biostatistics for Health Research
- MED6295—Advanced Quantitative Methods
- Elective
- MED6410-13 – 4 Graduate seminars

Social Justice and Equity in Health

- Prerequisites: MED6280 – Community Health Research Methods; MED6220 – Intro to Community Health
- MED6102—Critical Theory in Health and Society
- MED6294—Advanced Qualitative Methods
- MED6288—Policy and Decision Making
- MED6108—Directed Readings
- MEDXXXX—Theories of Social Justice in Health (course # tba)
- Elective
- MED6410-13 – 4 Graduate seminars

Elective courses should be selected in consultation with your supervisor. Students must also pass a comprehensive (candidacy) exam and complete and defend a doctoral dissertation. Students primarily complete course work in the first two years of their program and their dissertation in the following years. Comprehensive exams are normally scheduled no later than semester 7 and are arranged through the Office of Research and Graduate Studies in the Faculty of Medicine. Please visit their website for more details: www.med.munc.a/graduate.

The following table shows the general schedule of courses for students completing their PhD program full-time.

YEAR	FALL SEMESTER	WINTER
1	3 courses MED6410 – Graduate Seminar I	3 courses MED6401 – Graduate Seminar II
2	1-3 courses MED6402 – Graduate Seminar III	1-3 courses MED6403: Graduate Seminar IV
3 & 4	Dissertation work	

Course Descriptions

Our Graduate Programs (excluding the masters in applied health services research) combines course work, field work and seminars. Core, elective, and seminar courses are offered each year. Special courses may also be offered depending on student demand. Brief descriptions of courses offered in the Division are provided below. Courses are offered on-campus unless otherwise noted.

MED6102 Critical Theory in Health & Society
This course provides an in-depth examination of critical social science theory in relation to health. It focuses especially on theoretical questions of how one frames 'illness', 'health', 'healing' or 'medicine' as an object of study.

MED6108 Directed Readings I
This readings-based course is directly related to a student's program of study. A reading list is based on student's topic area and will be determined at beginning of semester in consultation between student and instructor.

MED6109 Directed Readings II
This readings-based course is directly related to a student's program of study. A reading list is based on student's topic area and is determined at beginning of semester in consultation between student and instructor. This course is only available to students who have completed MED6108

MED6200 Biostatistics
The overall aim of this course is to review elementary biostatistics and introduce the concepts underlying univariate and some multivariate inference. Participants will be introduced to the analysis of biomedical and community health data using SPSS software. [available on-campus and online]

MED6220 Introduction to Community Health
The overall aim of this course is to introduce participants to the basic principles, concepts and practices of contemporary Community Health. [available on-campus and online]

MED 6270 Epidemiology I
The overall aim of this course is to introduce students to the uses of epidemiology in clinical medicine and in disease prevention and health promotion at the individual, family and community level. [available on-campus and online]

MED 6274 Chronic Disease Epidemiology
This course is designed for graduate students in community health and those interested in chronic disease epidemiology. It provides an opportunity for students to broaden their understanding on major chronic diseases in Canada in terms of the determinants, impact and disease control. It emphasizes the research aspects of chronic diseases epidemiology and how the basic techniques of epidemiology and biostatistics are applied in chronic diseases.

Completion of Introduction to Community Health (MED6220) and Biostatistics (MED6200) are helpful, but not required.

MED6275 Epidemiology II
This advanced course in Epidemiology is intended to provide a more in depth understanding of the important epidemiology methods with the primary focus on data analysis and results interpretation. It is designed for MSc and PhD candidates in epidemiology or biostatistics streams who wish to gain a deeper understanding in quantitative issues that arise in the planning, analysis, and interpretation of epidemiologic research studies. It

explores some key epidemiologic concepts in more depth and introduces a number of commonly used analytical methods that are not found in introductory epidemiology.

Prerequisite: Epidemiology I (MED6270)

MED6277 ISSUES IN RURAL, REMOTE AND ABORIGINAL HEALTH
The goal of this course is to explore health and healthcare in northern rural and remote Canada, with a particular emphasis on northern, rural and remote health issues in Newfoundland and Labrador. [may be available on-campus or online]

MED6280 COMMUNITY HEALTH RESEARCH METHODS
The overall aim of this course is to introduce students to some of the theoretical issues underlying different forms of health research.

MED6288 POLICY AND DECISION MAKING
The overall aim of this course is to explore how Canadian policy, and health policy in particular, is developed, implemented, and evaluated. Throughout this course, students will gain an understanding of the complex factors and processes at play in the health policy arena in this country and have an opportunity to further develop skills in the areas of critical appraisal and policy synthesis. [available on-campus and online]

MED6293 KNOWLEDGE TRANSFER AND RESEARCH UPDATE
The overall aim of this course is to examine peer reviewed and "grey" literature, websites and written and oral assignments to explore the facilitators and barriers to the use of research evidence in decision-making in the health care system. The course will introduce students to research transfer methods to enhance the dissemination and implementation of research findings in clinical, management, and policy decisions.

Prerequisite: Completion of Introduction to Community Health (MED6220)

MED6294 ADVANCED QUALITATIVE RESEARCH
The overall aim of this course is to facilitate an advanced reflection about the theoretical, epistemological, ethical and political issues underlying different forms of qualitative health research, methodologies and methods.

Prerequisite: Completion of Community Health Research Methods (MED6280) is normally required

MED 6400-6403 SEMINAR (MSC); MED 6410-6413 SEMINAR (PHD)
The aim of the seminar course is to expose participants to research in community health and related disciplines.

MED6700-01 PUBLIC HEALTH SEMINAR SERIES
This course is designed to address special topics such as: public health law, public health leadership and emerging public health issues.

MED6710 WORKPLACE PRACTICUM
The practicum is a semester long project for MPH students who do not have extensive public health experience. The student works with an organization to study or work on the delivery of some aspect of public health and will produce two main deliverables: A term project and a weekly journal.

Prerequisite: Completion of all course work in MPH program

MED6711 CAPSTONE PROJECT
This is a semester long project for MPH students who have significant public health practice experience. It is an alternative to MED6710 for eligible students and consists of designing a research question, reviewing published literature and other relevant resources, reviewing a research plan and developing a report and presentation.

Prerequisite: Completion of all course work in MPH program

MED6721 Disease and Injury Prevention
This course examines the impact of disease and injury on the public's health and addresses a comprehensive approach to prevention and control. [available on-campus and online]

MED6722 Environmental Health
This course will examine important issues in environmental health and discuss the methods and tools used to assess and manage these issues. [available on-campus and online]

MED 6723 Health Promotion
This course will address the principles and practice of health promotion as a process of enabling individual and communities to increase control over and improve their health. [available on-campus and online]

MED6724 Communicable Disease Prevention & Control
This course will address the principles and practices of the prevention and control of communicable diseases and the associated public health responsibilities. [available on-campus and online]

MED6725 Public Health Leadership and Management
This course will examine leadership and management skills relevant to public health practice. It will explore and develop skills in the area s of leadership theory, strategic planning, program evaluation, financial management, project management, quality management processes, risk management, team building, decision making, and disaster management. [available on-campus and online]

MED6730 Professional Practice
This course addresses current issues pertaining to professional practice in health care. Topics include the role of the professional in health, interprofessional approach to health care, professional ethics, research opportunities, and mentorship/preceptorship.

MED6731 Community Nutrition
Students will be introduced to the study and application of nutrition concepts as they apply to groups of people and will develop an appreciation for the role played by nutrition and dietetics in the context of population health.

MED6276 Current Topics in Canada's Health Care System
This course examines the organization and delivery of health care in Canada and explores current debates about the provision and funding of health services. Students will compare Canada's health care system to other health systems and gather evidence to explore and understand current issues in health policy.

Prerequisite: Completion of Introduction to Community Health (MED6220) or have professor's approval

MED6279 Adv Quantitative Methods for Applied Health Research
This course examines quantitative methods that are commonly used in applied health services research studies. Students will develop and critically appraise research proposals and will be introduced to peer review.

Prerequisite: Completion of Community Health Research Methods (MED6280) and Introduction to Community Health (MED6200); completion of MED6270 is highly recommended

MED6295 Adv Quantitative Methods
This course will expose students to a variety of more advanced quantitative and statistical approaches to research methodology. Students are provided the tools to conduct advanced quantitative empirical research, and to further develop their ability to critically evaluate the work of others.

Prerequisite: Completion of Community Health Research Methods (MED6280) is normally required

MED6278 ADV BIOSTATISTICS FOR HEALTH RESEARCH
Students will be introduced to advanced statistical methods required for the analysis of studies in public health and biomedical research.

Prerequisite: Completion of Biostatistics (MED6200)

MEDXXXX THEORIES OF SOCIAL JUSTICE IN HEALTH
This course provides an in-depth analysis of issues of social justice in health and health care

Course Registration

Students register for courses through Memorial self-service. Details on how to navigate this online registration system can be found here: http://www.mun.ca/regoff/registration/web_register.php.

To be eligible to register for courses, you must have a letter from the School of Graduate Studies and a Personal Identification number (PIN). The letter from the School of Graduate Studies contains the date and time at which you may begin your registration, your program of study and address information. Each student has been assigned a special personal identification number. If you have registered in any of the last two semesters, your PIN will remain as you have created it. However, if you have not previously registered or if you were required to complete an Application for Re-admission to the fall semester, your initial PIN will be your birth year and day.

For detailed instructions to register, add, or delete courses, please see the following website: http://www.mun.ca/regoff/registration/. Students should consult the university diary to verify deadlines for course registration, changes and withdrawal.

Important note:

MED9900-GRADUATE REGISTRATION: Throughout the entire period of the program, graduate students are required to register for each semester of the three-semester academic year whether they are taking courses or not. The Office of the Registrar automatically enrolls all current students in the graduate registration (MED 9900). New students and students returning after leaves of absence must initially register for the appropriate graduate registration (MED9900 in the Faculty of Medicine), after which they will be eligible to register for individual courses.

Graduate Studies Committee

Section 3

The graduate programs in Community Health are managed by the Community Health & Humanities Graduate Studies Committee, which consists of the Associate Dean, Program Coordinators, faculty representation, the Academic Program Administrator, and one graduate student representative.

The committee's responsibility is to ensure the academic quality of the Community Health graduate programs. In partnership with the Division's faculty, the committee develops polices, procedures, and courses relevant to the Community Health graduate program. It reviews all applications and approves of any exceptions to students' programs of study (e.g. course exemptions and equivalents, conditions of admission, and so on).

Key graduate program personnel include:

- Associate Dean: Dr. Shree Mulay
- Program Chairs:
  - Dr. Barbara Roebothan, Chair of Community Health graduate programs (Diploma, MSc, PhD)
  - Dr. Catherine Donovan, Chair of Master in Public Health
  - Dr. Rick Audas, Chair of Master in Applied Health Services Research
- Faculty Representatives:
  - Dr. James Valcour
  - Dr. Natalie Beausoleil
- Academic Program Administrator: Christa McGrath
- Student Representative: Megan Morrison (PhD student)

This section contains information about common policies and regulations directly relating to graduate students. For more comprehensive and broader policies and regulations, please see the Student Handbook found on the Office of Research and Graduate Studies website (http://www.med.mun.ca/Graduate/GraduateStudies.aspx) or visit the University Calendar and Regulations found on the School of Graduate Studies website (http://www.mun.ca/sgs/).

Changes in Program of Study

Once students begin their program, any number of changes may be required to their program, including changes in courses to be taken, full-time or part-time status, supervisor and/or supervisory committee members, and thesis title. Any proposed change from a student's program as detailed on the "Programme of Study" form included with the letter of admission must have the prior approval of the Associate Dean of Research and Graduate Studies and the Dean of the School of Graduate Studies. "Change of Program" and "Change in Status" forms are available online at http://www.mun.ca/sgs/current/general_forms.php. The completed form, signed by both the student and his/her supervisor/advisor should be submitted to the Division's Academic Program Administrator who will in turn forward to the Office of Research and Graduate Studies for recommendation to the Dean of Graduate Studies, with whom the final decision rests.

Copyright

Copyright is an important consideration in academia. Regulations surrounding copyright laws have grown more complex in recent years due to the growth of the internet and technological advancement. If you are unsure if you can copy content from printed text, download articles from the web, or incorporate a video from youtube in your work (just to name a few things), the Copyright office at Memorial University can help you. Please visit their website for a wealth of information about copyright clearance issues on campus: http://www.mun.ca/copyright/.

Convocation

When students anticipate completing degree requirements prior to convocation, they must apply to graduate through Memorial's Self-Service. Your academic record will be reviewed by the Registrar's Office to determine if degree requirements have been met. Students should apply to graduate by January 15 for Spring Convocation and July 15 for Fall convocation. After those deadline dates, applications to graduate will be processed as time and resources permit. For a step-by-step process on applying to graduate, please visit http://www.mun.ca/convocation/steps/index.php.

Course Failures

The minimum passing grades for graduate students at Memorial University is 65%. Failure to attain a final passing grade in a program course shall lead to termination of a student's program unless the student repeats the course and receives a grade of 65% or higher. Only one such repeat will be permitted in a student's program. Please note, the Dean of Graduate Studies approves a repeat of the course, upon the recommendation of the Supervisor and the Supervisory Committee supported by the Head of the Academic Unit.

Plagiarism

Plagiarism is considered a serious academic offence which could have serious consequences ranging from loss of credit to revocation of a degree. Plagiarism is defined as the presentation of work of another author in such a way as to give one's reader reason to think it to be one's own work. Plagiarism is a form of academic fraud. It may include the purchase of a paper from a commercial source or a paper prepared by another person claiming to be the individual who is submitting the assignment. Self-plagiarism is when an individual essentially submits the same work for which they have previously received academic credit. It is possible to build on a previous academic work; however, it must be cited using the standard established by the course instructor.

Students who are not clear about the appropriate forms of attribution for various sources including published papers, web sites, unpublished reports, etc., should clarify this matter with the course instructor. Visit section "2.4.12.2 Academic Dishonesty: Offences" of the university calendar for more information (website: http://www.mun.ca/regoff/calendar/sectionNo=GRAD-0015#GRAD-0022).

PhD Comprehensive Examination

All students enrolled in a PhD program at Memorial University are required to complete a comprehensive examination in their program area of concentration. This examination normally takes place no later than the end of the 7th semester (beginning of the third year) unless an extension is granted by the Dean of the School of Graduate Studies. The format of the comprehensive examination is both written and oral and tests the specific, broad, and general knowledge of the student's area of concentration. It is conducted by a committee consisting of the Associate Dean of Research and Graduate Studies (in Medicine), the supervisor and not less than three other members. The Office of Research and Graduate Studies in Medicine arranges the student's comprehensive examination.

Program Duration

The MSc and PhD programs in the Faculty of Medicine require the completion of both course work and research, including a written thesis. It is expected that an MSc student will spend a minimum of two years (six semesters) and a PhD student will spend a minimum of four years (12 semesters) completing these requirements. Students enrolled in the population/public health stream of the MPH program would complete the program in one academic year if enrolled as a full-time student while the nutrition/dietetics stream students complete the program in two academic years. Diploma students generally complete degree requirements in one or two years.

The maximum period of study for any Graduate Program (full time or part-time) at Memorial University is seven years (or 21 active semesters) beyond the first registration.

Student Grievance and Appeal Procedures

A student may dispute matters of academic standing. Students who wish to raise questions or register a complaint about matters of academic standing are encouraged and advised to first communicate such concerns with the appropriate course instructor, supervisor/advisor, or supervisory committee. If consensus is not reached at that level, students should seek the advice of the specific Program Chair or Associate Dean of Community Health prior to seeking a review under formal procedures. Please consult section "2.4.6 Appeal of Regulations" in the university calendar for more details about the procedures regarding appeals and grievances (website: http://www.mun.ca/regoff/calendar/sectionNo=GRAD-0015#GRAD-0021).

Student Leaves and Program Interruptions

Under extenuating, personal, or professional circumstances, students may apply for a temporary leave of absence in order to interrupt their studies for a defined period of time. The School of Graduate Studies' regulations governing leaves of absence reflect the following principles:

- Normally a maximum of 1 leave
- Duration of leave normally to be a maximum of 12 months
- That leave only be granted for the following reasons: academic (supervisor absent from University, courses not offered, equipment failures, etc.); family (pregnancy, unusual or exceptional family care responsibilities, etc.); employment (relocation, etc.); medical (medical certificate of inability to continue in program, etc.); or financial (change in material circumstances)

During a Leave of Absence the student is not required to register, no fees will be applied, and the time granted in the leave is not counted in the period of study. Students are required to apply for a Leave of Absence using the form appropriate for this purpose. Forms can be downloaded from http://www.mun.ca/sgs/current/general_forms.php. Upon returning from a Leave of Absence, students must re-register for MED9900 (graduate student registration in the Faculty of Medicine).

Thesis Guidelines

All students enrolled in thesis-based programs must conduct research and produce a thesis. A student's supervisory committee play a key role in helping students navigate through their thesis work. For more specific guidelines about a thesis, visit the School of Graduate Studies website at http://www.mun.ca/sgs/go/guid_policies/guidelines_intro.php#general.

Once the student's supervisory committee has reviewed and approved the thesis for submission, copies of the thesis along with appropriate forms must be submitted to the Office of Research and Graduate Studies. Their office will arrange for internal and external review. Only PhD students are required to defend their thesis dissertation towards the end of their program.

Withdrawal from Program

Students wishing to withdraw from the program should notify their supervisor, the Associate Dean of the Office of Research and Graduate Studies in the Faculty of Medicine, and the School of Graduate Studies in writing.

Full-time and Part-time Status

In the Faculty of Medicine, to be classified as a full-time graduate student in thesis-based graduate programs (excluding the MPH program) students must normally have a minimum of $12,000 per year of funding from fellowships, scholarships, bursaries or assistantships. A full-time student devotes full time to their graduate program and may only work in paid employment up to a maximum of 24 hours per week.

Part-time status is available to students who wish to engage in graduate studies but who are otherwise employed full-time (more than 24 hours per week) or for whom a funding stipend is not available. A part-time graduate student in the Faculty of Medicine is registered for the duration of a semester and may engage in full-time work opportunities.

Note: All students in the graduate diploma in community health program have part-time status; all students in the Nutrition/Dietetics stream of the MPH program have full-time status regardless of funding.

Sources of Student Funding

A number of student fellowships and awards may be available to students each year. Notices for applications are circulated to Community Health & Humanities graduate students via the community health graduate students' listserve (see section 6.1.9). A list of scholarships, fellowships and other funding for graduate students is available from Research & Graduate Studies in the Faculty of Medicine (HSC 1759).

There are two established scholarships in the Division for full-time graduate students: The Dr. Jorge Segovia Scholarship and the Barrowman Travel Award. The Dr. Jorge Segovia Scholarship is based on scholarship standing through such accomplishments as best paper, best thesis, or best research project. The value of this scholarship is $500, and it is the award for demonstrated excellence in health services research. The Barrowman Travel Award provides funds to help students present at scientific conferences. The award, which is valued at $1,000, is made by the Dean of Graduate Studies on the recommendation of the Associate Dean, Research and Graduate Studies, Faculty of Medicine.

For information on funding opportunities, please visit the Faculty of Medicine's Research and Graduate Studies website at http://www.med.mun.ca/Graduate/GraduateStudies/Studentships-and-Fellowships.aspx

Information on student loans can be found at http://www.ed.gov.nl.ca/studentaid/. You may also visit Memorial's 'Student Affairs and Services' website: http://www.mun.ca/answers/about/Loans/index.php.

Division of Community Health and Humanities Resources

Division Website
The website for Community Health & Humanities (www.med.mun.ca/comhealth) provides up-to-date information on programs and services available through the division. Check the website to find contact information for faculty and staff, important deadlines, job and upcoming events, and notices on the weekly graduate seminar series.

Student Space
There are a small number of carrels available in the Health Sciences Library, with priority going to full-time students. Library carrels will be shared by two students for the duration of one academic year (September to August). An email notification is sent to students in September of each year regarding requests for carrel space; decisions are made based on full-time status and need. The Faculty of Medicine also has two computer labs which Community Health and Humanities students are welcome to use (see section 6.2.6).

Photocopy and Fax Machine
The Division's photocopy and fax machine is available to graduate students for course and research related needs. Staff members can provide directions and access codes.

Mail Slots
Mail slots are located in room H2836. Please see Darlene Tobin (Rm. 2832) to obtain a mail slot.

Lockers
A limited number of lockers are available in the Division, and students are encouraged to share lockers if possible. They will be awarded on a first come, first serve basis; however, priority will be given to full-time students. Lockers will be reassigned in the Fall of each year. Please contact Paula Hogan (Rm. 2844) to access a locker.

Keys
Students may request keys to the Division from Sandra Meadus (Rm. 2845).

Student Forms
Forms (i.e. course change, supervisory, and so on) may be obtained from the Community Health & Humanities' Graduate Coordinator (Christa McGrath, Rm. 2848) as well as the Office of Research & Graduate Studies in the Faculty of Medicine (Rm. HSC 1759). Many forms are also found on the School of Graduate Studies Website - http://www.mun.ca/sgs/current/general_forms.php.

Community Health & Humanities Graduate Student Email ListServe
All students in the Community Health & Humanities graduate programs are added to the Community Health & Humanities graduate student listserve. This list service is dedicated to graduate students in the Division only and is intended to provide them with a discussion forum. Students can both receive and send messages to this list. The Academic Program Administrator and support staff can post messages to the listserve but they CAN NOT receive messages. The listerve is also used to inform current students about job and funding opportunities as well as upcoming events in the Division. Students should remain on this listserve for the duration of their program.

People's Health Matters: Community Health & Humanities Seminar Series
Throughout the year, the Division of Community Health & Humanities hosts a number of guest speakers. Student attendance is required for those enrolled in the Graduate Seminar Series (MED6400-03 or MED6410-13); but all students are encouraged to attend these lectures and increase their awareness of current research in Community Health & Humanities.

Health Research Unit
The Health Research Unit (HRU) manages contract research for the Division. It was established in 1992 and its goal is to make available the professional skills and expertise in the Division to communities, government, and industry to design and conduct research in the field of population health. For more information about the HRU, please contact Ann Ryan, Manager, at 777-8385 or in Room 2801.

Conference Room
The Community Health & Humanities conference room (Room 2831) is available to graduate students for meetings. It is reserved from 12:00-2:00 as a lunchroom. To book the conference room, please visit room H2831 to view the room booking calendar.

Committees
Graduate students are a vital part of the Division and are encouraged to represent students' views through communication at Divisional Faculty meetings, the Community Health & Humanities Graduate Committee, and the Social Committee. Faculty members meet the first Friday of each month to discuss divisional matters. The Community Health & Humanities Graduate Committee (see Section 3.0) oversees the graduate programs in Community Health & Humanities, and the Social Committee (see Section 7.0) organizes Divisional social events. The graduate students elect student representatives for one or two year terms.

Faculty of Medicine Resources

Faculty Website
The website for the Faculty of Medicine (www.med.mun.ca) provides information on the organization of the faculty and its many programs and resources. Check the website to find contact information for faculty and staff.

Office of Research & Graduate Studies
Overall responsibility for graduate studies at Memorial University lies with the Dean of the School of Graduate Studies. Within the Faculty of Medicine, academic and administrative support is provided through the Office of Research & Graduate Studies under the direction of Dr. Gerry Mugford (Interim Associate Dean) and Dr. Diana Gustafson (Interim Assistant Dean)

Visit the Office of Research & Graduate Studies in Medicine in room HSC 1759 or contact the staff by phone at (709) 777-6762, fax at (709) 777-7501, or email at rgs@mun.ca. The staff can answer general questions, track applications, supply forms, and provide information on funding sources. For more information, visit their website at www.med.mun.ca/graduate.

Human Investigation Committee
The Human Investigation Committee reviews all health related research projects involving human subjects to ensure ethical and scientific acceptability. It reviews projects conducted by students, staff, or faculty members of the Faculty of Medicine, the School of Nursing, the School of Pharmacy, and staff at the Health Care Corporation of St. John's, and the Newfoundland Cancer Treatment and Research Foundation, as well as by researchers outside these agencies who choose to submit their application reviews on all research projects involving humans.

For more information about the HIC or to access an application form, please refer to its website at www.med.mun.ca/hic.

Health Sciences Information & Media Services (HSIMS)
HSIMS coordinates room bookings in the Health Science Centre, sets up your MUN email account (if you do not already have one), produces student photo I.D. cards, assists with the preparation of poster presentations, slides etc., and provides computer support. HSIMS is located in room H1614 opposite the Health Sciences Library and can be reached at 777-6608.

Health Sciences Library

The Health Sciences Library is located on the first floor of the Health Science Centre. It holds the health related collection and offers a wealth of services including book loans, reserve materials, document delivery, electronic journals, database searches, and instructional seminars to name a few. For more information about the Health Sciences Library, visit their website at www.med.mun.ca/hsl. The University ID card ("MUN 1Card"), issued at the Smallwood University Centre, serves as the library card.

Computer Labs

Student can access computers in the computer lab located in the HSC Library. The computers have Windows XP, SPSS, and Microsoft Office. HSIMS (see section 6.2.4) can provide passwords to enter the room when not in use for classroom time. They also provide Log-on information).

There are also computers in the Health Sciences Library available without passwords, but time may be limited if there is a high demand.

Medical Graduate Students Society

The Medical Graduate Students Society serves to represent graduate students on various faculty committees including the GSU Board of Directors, Library Committee, Dean's Advisory Council on Research, Faculty of Medicine Graduate Committee, the Research & Development Committee, and Faculty Council. It also provides a medium for graduate students (especially incoming students) to interact with each other and faculty by organizing various functions (i.e. mixers, barbecues, extracurricular events).

Memorial University Resources

MUN Website

The MUN website (www.mun.ca/index.php) provides information on the various programs and services available to students throughout the university.

MUN Calendar

The University Calendar is available on-line at http://www.mun.ca/regoff/calendar.php. Hard copies are available for purchase at the MUN bookstore. The calendar contains program requirements, general regulations, course descriptions, and the university diary (which contains a listing of important deadline dates).

School of Graduate Studies

Information about graduate programs, including applications, policies, registration and fees can be found at the School of Graduate Studies website (www.mun.ca/sgs). Students can request a copy of the Graduate Student Information Handbook by emailing sgs@mun.ca.

Graduate Students Union (GSU)

The Graduate Students Union is a non-profit organization that addresses the needs and concerns of graduate students at MUN. Part-time and full-time students automatically become members of the GSU upon registration in a graduate student program. The GSU offers many resources to graduate students including housing lists, grants and the dead thesis society. For more information, visit their website at www.gsumun.ca/.

Queen Elizabeth II Library

Like the Health Sciences Library, The Queen Elizabeth II (QEII) Library offers students a treasure trove of programs and services. The QEII holds government documents, including health related materials. For more information on the QEII, please visit www.library.mun.ca/.

International Student Advisor

The International Student Advisor is the resource person for all international students, offering guidance on health insurance, student authorization, and other aspects of academic and non-academic life at MUN. Visit the International Student Advising Office website at http://www.mun.ca/isa/main/.

Writing Centre
The Writing Centre is a free, drop-in facility for all Memorial University students who want help with their writing. It is staffed by a director and by university students trained as writing tutors. Its mandate is to help university students become better writers and critical thinkers. The Centre offers individualized tutorials to students and small group workshops on request. The Writing Centre is located in the Science building (SN2053). To find out more information, call 864-3168 or visit www.mun.ca/writingcentre.

Bookstore
The University Bookstore, located on the second floor of the University Centre, sells books (required textbooks, reference and recommended reading books, and general books), school supplies, as well as MUN clothing and gifts (pick up something for your grad coordinator!). For more information, visit www.bookstore.mun.ca.

For used books, MyMUN, a personalized Web tool available to all current students, provides a service to sell used books. The 'Used Books Services' enables students to post books for sale and search for books available in particular fields of study. Students can log on at http://my.mun.ca to avail of this service.

Bitters Pub
This Graduate Students' Union Restaurant & Lounge (a.k.a. Bitters Pub) is located in Field Hall on campus. It has a great selection of beers on tap, is an ideal place to grab a bite to eat, and is always a hit on Friday evenings. It is a perfect place for students & faculty or anyone to unwind from intellectual pursuits and get to the real issues of readying themselves for downtown. For more information, phone 864-3300 or visit http://bitters.gsumun.ca/.

Parking
Daytime student parking permits for students who are not residing in campus residences are issued by way of a computerized random draw. Permits are limited and will only be available to successful students of the draw who have not less than 48 University credit hours. The computerized random draw takes place just prior to the commencement of each semester. To obtain information/enter the draw, students must access my.mun.ca, go into the Daytime Parking Channel, and follow the directions posted within.

Additional parking information, e.g., dates and times the channel will be available for students to enter, as well as the draw times, may be obtained by calling the parking information line (709) 864-4300.

Campus Safety
When you walk to your car at night, walk with a friend or call the walk-safe number at 864-3737.

MUN Student Health Services
Student Health Services, located in the University Center (UC-4023), have male and female physicians and offer a number of services including health education programs (weight control, smoking cessation, etc.), full diagnostic and referral services, confidential HIV testing and test counselling, and medicals. Bring your MCP card (or your own provincial insurance card) when you visit for the first time. International medical students should bring confirmation of their health insurance purchased through the university. Visit http://www.mun.ca/health/ to learn more about their services. To make an appointment, call 864-7597 (although medical emergencies are seen on arrival). They appreciate it if you call to tell them you can't make it to your appointment (as will any student waiting for a cancellation).

The Counselling Centre
The Counselling Centre helps students release, develop, or direct their personal capabilities. The Centre offers Learning Enhancement Programs as well as Individual and Group Counselling. All services are free to currently registered students. Fore more information, visit www.mun.ca/counselling/home/.

Social Activities in the Division

Section 7

The Division of Community Health & Humanities hosts several social events throughout the year (including potlucks, the Christmas decorating party and brunch, weekly coffee parties, professional assistant's day lunch, and retirement parties). The social committee – consisting of representatives from the faculty, administration, and research staff as well as the graduate student body – organizes these events. All students are invited to take part in the variety of activities that provide an excellent opportunity to get to know the faculty and staff, as well as other graduate students in a relaxed, fun atmosphere.

Students can also get involved with many activities offered through the GSU and the Medical Graduate Students Society (such as the Graduate Student Mixers).

Faculty and Staff Directory

The Division of Community Health & Humanities is home to a vibrant group of faculty, research and administrative staff. Our full-time faculty members have a broad range of skills/expertise including epidemiology, biostatistics, nutrition, health policy, ethics, and social and behavioural sciences. The Division also includes clinical faculty, honorary professors, adjunct and cross-appointed professors. A complete listing is available on our website.

TEACHING FACULTY

NAME	ROOM	PHONE	EMAIL
Shree Mulay, PhD Associate Dean of Community Health & Humanities and Professor	2843 (Pod A)	777-8939	shree.mulay@med.mun.ca
Rick Audas, Ph.D. Associate Professor of Health Statistics & Economics	2840 (Pod A)	777-7395	raudas@mun.ca
Natalie Beausoleil, Ph.D. Associate Professor of Social Science & Health	2833 (Pod C)	777-8483	nbeausoleil@mun.ca
Fern Brunger, Ph.D. Associate Professor of Health Care Ethics	2830	777-7284	fbrunger@mun.ca
Catherine Donovan, MD, M.H.Sc. Associate Professor of Public Health	2841 (Pod A)	777-8534	donovanc@mun.ca
Veeresh Gadag, Ph.D. Professor of Biostatistics	2838 (Pod B)	777-6221	vgadag@mun.ca
Diana Gustafson, Ph.D. Associate Professor of Social Science & Health	2835 (Pod C)	777-6720	diana.gustafson@mun.ca
Olga Heath, Ph.D. Assistant Professor	UC5000	737-3011	oheath@mun.ca
Chris Kaposy, Ph.D. Assistant Professor of Health Care Ethics	2830	777-2338	christopher.kaposy@med.mun.ca
Anne Kearney, Ph.D. [on leave] Assistant Professor of Community Health	2934	777-7333	akearney@mun.ca
Victor Maddalena, Ph.D. Associate Professor of Public Health	2849	777-8539	maddalena@med.mun.ca
Maria Mathews, Ph.D. Associate Professor of Health Policy/Health Services	2836 (Pod B)	777-7845	mmathews@mun.ca
Doreen Neville, Sc.D. [on leave] Associate Professor of Health Care Policy & Delivery	-	-	-
Daryl Pullman, Ph.D. Professor of Medical Ethics	2832 (Pod C)	777-6220	dpullman@mun.ca
Barbara Roebothan, Ph.D. Associate Professor of Community Health & Biochemistry (Dietetics/Nutrition)	2839 (Pod B)	777-8387	broeboth@mun.ca
Atanu Sarkar, Ph.D. Assistant Professor of Environmental/Occupational Health	2851	777-2360	atanu.sarkar@med.mun.ca

Rebecca Schiff, Ph.D. Assistant Professor of Aboriginal Health Labrador Institute in Happy Valley-Goose Bay, NL	-	899-0298	rschiff@mun.ca
Martha Traverso, Ph.D. CRC in Health Promotion & Community Development	2830	777-8584	mtraverso@mun.ca
James Valcour, Ph.D. Assistant Professor of Epidemiology	2836 (Pod B)	777-2237	james.valcour@med.mun.ca
Peter Wang, Ph.D. Professor of Epidemiology	2850	777-8571	pwang@mun.ca
Yanqing Yi, Ph.D. Assistant Professor of Biostatistics	2835 (Pod C)	777-8848	yyi@mun.ca
Wendy Young, Ph.D. CRC in Healthy Aging	2934 (Nursing)	777-7333	wyoung@mun.ca
ADMINISTRATIVE & SUPPORT STAFF			
Janet Bartlett, B.A. (Hons) Undergraduate Program Coordinator	2847	777-6216	jbartlet@mun.ca
Krista Fowler Support Staff	2836 (Pod B)	777-6666	krista.fowler@med.mun.ca
Sandra Meadus Senior Secretary	2845	777-8537	smeadus@mun.ca
Paula Hogan MPH Practicum Coordinator	2844	777-6719	paulah@mun.ca
Christa McGrath, M.Ed. Academic Program Administrator (Graduate Programs)	2848	777-6694	mcgrathc@mun.ca
Christa Starkes-Nicholl Support Staff	2830	777-8736	cstarkes@mun.ca
Shannon Steeves Support Staff	2830	777-8746	shannon.steeves@med.mun.ca
Darlene Tobin Support Staff	2832 (Pod C)	777-6213	darlene.tobin@med.mun.ca
RESEARCH STAFF			
Sara Heath, M.Sc. (Med) Research Computing Specialist	2852	777-6218	sheath@mun.ca
Janelle Hippe, Ph.D. (Candidate) Learners and Locations Project Coordinator	HRU 2801A	777-6894	jhippe@mun.ca
Ann Ryan, M.Sc. Manager, Health Research Unit	HRU 2801A	777-8385	annr@mun.ca
Charlene Simmonds, Ph.D. Senior Researcher	HRU, 2801A	777-6905	charlene.simmonds@med.mun.ca

Appendix A

Graduate Course Offerings
for Fall 2012 and Winter (Tentative) 2013

Fall 2012

ON-CAMPUS COURSES			
Course Name and Number	**Course Professor**	**Time Slot**	**Classroom Assignment**
MED6288 Policy and Decision Making	Dr. Victor Maddalena	Mondays 9:30 to 12:30	2J619, 2J619, H2862
MED6270 Epidemiology I	Drs. James Valcour and Shabnan Asghari	Mondays 2:00 – 5:00	HSC, Computer Lab B
MED6731 Community Nutrition	Dr. Barbara Roebothan	Tuesdays 9:30 to 12:30	2J618, H2767, H2860
MED6220 Introduction to Community Health	To be determined	Tuesdays 4:00 – 7:00	H2767
MED6724 Communicable Diseases, Prevention and Control	Dr. Atanu Sarkar	Tuesdays 5:00 to 8:00	H2862
MED6280 Community Health Research Methods	Drs. Diana Gustafson and Rick Audas	Wednesdays 10:00 to 1:00	HSC, Computer Lab B
MED6200 Biostatistics	Dr. Yanqing Yi	Wednesdays 2:00 to 5:00	HSC, Computer Lab B
MED6700 Public Health Seminar I	Dr. Atanu Sarkar	Thursdays 12:00 to 2:00	H2860, H2862
MED6400-03 (section 02) Graduate Seminar Series	Drs. Shree Mulay and Chris Kaposy	Fridays 1:00 to 2:30	HSC, Computer Lab B
MED6410-6413 (Section 02) PhD Graduate Seminar Series	Drs. Shree Mulay and Chris Kaposy	Fridays 1:00 to 2:30	HSC, Computer Lab B
MED6108 (Section 01) Directed Readings	Dr. Chris Kaposy	n/a	n/a
MED6108 (Section 02) Directed Readings	Drs. Victor Maddalena and Cathy Donovan	n/a	n/a
MED6733 Dietetics Internship I	Dr. Barbara Roebothan	n/a	n/a
MED671B Dietetics Research Project	Dr. Barbara Roebothan	n/a	n/a

DISTANCE COURSES	
Course Name and Number	**Course Professor**
MED6724 Communicable Diseases, Prevention and Control	Dr. Catherine Donovan
MED6725 Public Health Leadership and Management	Dr. Victor Maddalena
MED6277 Issues in Northern, Rural and Remote Communities	Dr. Rebecca Schiff
MED6270 Epidemiology I	Dr. James Valcour

Winter 2012 (Tentative)

ON-CAMPUS COURSES		
Course Name and Number	**Course Professor**	**Time Slot**
MED6102 Critical Theory in Health and Society	Dr. Fern Brunger	Tuesdays 9:30 to 12:30
MED6200 Biostatistics	Dr. Yanqing Yi	Wednesdays 2:oo to 5:00
MED6270 Epidemiology I	Dr. James Valcour	Wednesdays 9:30 to 12:30
MED6275 Epidemiology II	Dr. James Valcour	Mondays 2:00 to 5:00
MED6293 Knowledge Transfer and Research Uptake	Dr. Maria Mathews	Wednesdays 9:30 to 12:30
MED6294 Advanced Qualitative Methods	Dr. Natalie Beausoleil	Thursdays 2:00 to 5:00
MED6400-03 (section 02) Graduate Seminar Series	Drs. Shree Mulay and Chris Kaposy	Fridays 1:00 to 2:30
MED6410-6413 (Section 02) PhD Graduate Seminar Series	Drs. Shree Mulay and Chris Kaposy	Fridays 1:00 to 2:30
MED6701 Public Health Seminar II	Dr. Atanu Sarkar	Thursdays 1:00 to 3:00
MED6710 Workplace Practicum	Dr. Victor Maddalena	n/a
MED6721 Disease and Injury Prevention	Drs. Shree Mulay and David Allison	Thursdays 10:00 to 1:00
MED6722 Environmental Health	Dr. Atanu Sarkar	Wednesdays 5:30 to 8:30
MED6723 Health Promotion	Dr. Martha Traverso	Tuesdays 2:00 to 5:00
MED6725 Public Health Leadership and Management	Dr. Victor Maddalena	Mondays 9:30 to 12:30
MED6730 Professional Practice	TBA	Thursdays 9:00 to 12:00
MED6734 Dietetics Internship II	Dr. Barbara Roebothan	n/a
MED6735 Dietetics Internship III	Dr. Barbara Roebothan	n/a

DISTANCE COURSES	
Course Name and Number	**Course Professor**
MED6220 Introduction to Community Health	TBA
MED6288 Policy and Decision Making	Dr. Victor Maddalena
MED6721 Disease and Injury Prevention	Drs. Shree Mulay and David Allison
MED6722 Environmental Health	Dr. Catherine Donovan
MED6723 Health Promotion	Dr. Martha Traverso

Appendix B

Expenses for Graduate Students

Graduate Expenses

(Details taken from: http://www.mun.ca/become/graduate/fees_funding/Graduate_Tuition.php)

The charts below list the program fees for all graduate programs at Memorial. Graduate diploma and PhD program fees are fixed. Master's students have a choice among 3 payment plans.

All master's students can choose between Payment Plans A or B.

- Plan A is normally recommended for full-time students (i.e., students who anticipate completing in 6 semesters or less).
- Plan B is normally recommended for part-time students (i.e., students who will require more than 6 semesters to complete).
- Full-time students in certain 1-year master's programs may be eligible for Payment Plan C (please refer the Minimum Expense form for details).

Certain master's programs have separate payment plans, while other graduate programs have special fees that are charged in addition to the regular program fees.

All figures are in Canadian dollars and subject to change. Students are responsible for being aware of all fees and charges, and applicable deadlines, by referring to the University Calendar and the University Diary.

Program	Canadian Citizens or Permanent Residents of Canada		International Students		# of Semesters
	Program Fee	Min. Total*	Program Fee	Min. Total*	
Graduate Diploma	$323	$2907	$420	$3,780	9
Master's Payment A	$733	$4,398	$953	$5,718	6
Master's Payment B	$486	$4,374	$632	$5,688	9
Master's Payment C**	$1,010	$3,030	$1,312	$3,936	3
MSM in AHSR***	$2,000	$12,000	$,2000	$12,000	6
PhD	$683	$8,196	$887	$10,644	12

**These figures only account for program fees and not other fees and expenses listed below; students who do not complete their programs in the number of semesters listed above will be required to pay a continuance fee for each additional semester required. For more information on continuance and other fees, please refer to the current Minimum Expense form found on the School of Graduate Studies website (www.mun.ca/sgs)*
***Only certain master's programs are eligible for Plan C. Please refer the Minimum Expense form for details.*
****Master of Science in Medicine (Applied Health Services Research)*

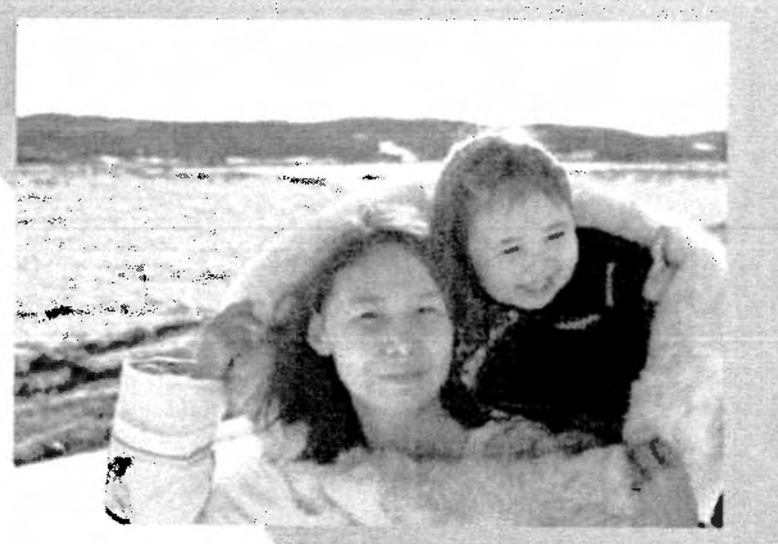
Special Fees for MPH Program (in addition to fees above)

- Master of Public Health: $1,460 charged half in semester 1 and half in semester 2

Other Fees and Expenses

In addition to program and special fees, graduate students are responsible for a number of other fees (including but not exclusive to student union fees, recreation fee, health and dental insurance). For a comprehensive list, please refer to the Minimum Expense form found on the School of Graduate Studies website: http://www.mun.ca/sgs/MinimumExpense.pdf

Faculty of Medicine



Division of COMMUNITY HEALTH AND HUMANITIES

Triennial Report 2008-2009 2009-2010 2010-2011

Promoting health and preventing disease through teaching, research and service.

Compiled and edited by:
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Faculty of Medicine

Memorial University of Newfoundland

Faculty of Medicine

Division of Community Health and Humanities

Promoting health and preventing disease
through teaching, research and service

Triennial Report

2008-2011

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OVERVIEW

2008-2011 Overview and Highlights

This report has been a long time in coming. I am not going to apologize for being tardy in its production. Many people questioned the value of producing an annual report for the Division of Community Health and Humanities when there already was an annual report produced by the Faculty of Medicine. Others felt that the individual web pages of the faculty were more up-to-date and potential students could consult those if they searched for a faculty supervisor. There was also a need to give our annual report a new fresh look. And so I'm happy to introduce a tri-annual report which reflects the changes and growth occurring over the following three academic years: 2008-2009, 2009-2010 and 2010-2011. There is no guarantee that this report will not be boring to some but at least I hope it will be more accessible.

Growth of the Division

We, as a division, have been growing, as have our teaching programs. During the past three years, we have grown from 16 full-time and three jointly-appointed faculty members to 19 and three respectively, and currently two new searches are underway. This increase was despite the fact that two faculty members moved to another unit that was more aligned with their interests. In all other categories, such as clinical, cross-appointed and adjunct faculty, we increased from 14 in 2008 to 19 in 2011. This growth occurred to meet the needs of the new programs and to replace people who had moved away several years ago. There is a need to grow our numbers further if we are to deliver the new spiral curriculum to undergraduate medical students in 2013. Moreover, several new graduate programs will necessitate hiring more faculty members in the future.

New Programs
Master's in Public Health

During her term as the interim associate dean, Dr. Catherine Donovan ensured the successful establishment of the Master's in Public Health (MPH) program. The Population and Public Health stream began in 2008 with a class cohort of eight students. In 2011, there were 15 full-time and seven part-time students enrolled in this stream. Dr. Donovan is the co-ordinator of the Population and Public Health stream and continues to be the co-ordinator of the undergraduate Community Health 1 course for the pre-clerkship students.

The second stream of the MPH program, Dietetics and Nutrition, commenced in 2010. This stream requires a one-year internship placement, and Dr. Barbara Roebothan secured two internships with Eastern Health allowing two students to join the program each year. In the future this program could grow if other regional health authorities provide additional internships. Dr. Roebothan is the co-ordinator for this stream.

New Streams in the Community Health PhD Program

Until now, the doctoral program in Community Health has not included any specialization streams; however, faculty retreats held in the summer and winter of 2009 indicated an interest in creating different streams of specialization to allow students to demonstrate expertise in specific areas of community health. The following three working groups were then established: Health Services and Policy Research (chaired by Dr. Maria Mathews), Epidemiology and Biostatistics (Dr. James Valcour), and Social Justice and Equity in Health (Dr. Diana Gustafson). These working groups met several times over the course of the year to design and establish PhD streams. New courses were developed and most have been approved, to provide greater depth in the subject areas. These streams will be up and running in 2012 and will be of great benefit to our PhD students.

Master's in Health Ethics

The Ethics Group in our division (consisting of Drs. Daryl Pullman, Fern Brunger and Christopher Kaposy, with the latter taking the lead), have been working hard to develop a proposal for a Master's in Health Ethics. This post-graduate program addresses the need for expertise in clinical ethics in Newfoundland and Labrador. It is conceptualized as a four semester program with short internships and a capstone research paper. It is now ready for approval by the Faculty Council; if approved, it will be sent for external review by the School of Graduate Studies in the near future.

Aboriginal Health Initiative

The dean of medicine championed a new Faculty of Medicine initiative to increase the number of Aboriginal students in medical education. This initiative is currently housed in our division and is coordinated by Dr. Carolyn Sturge-Sparkes. Funding from the Atlantic Aboriginal Health Human Resources Initiative was a catalyst to develop many programs and these are described in greater detail elsewhere. However, we have benefited considerably from this initiative leading to the creation of a tenure-track and part-time clinical assistant professor position in Aboriginal Health which is based at the Labrador Institute in Happy Valley Goose Bay.

MUN Med Gateway Project

MUN Med Gateway Project, a student-led initiative, trains medical students in their first and second year to take medical histories from newly-arrived refugees enabling them to be matched with family physicians. It began as an ad hoc project but has since blossomed into a meaningful partnership between the Association of New Canadians (ANC) and the Faculty of Medicine providing a rich learning opportunity in diversity and clinical skills under the skillful supervision by Dr. Pauline Duke from the Discipline of Family Medicine. Several people from our division were informally involved from the start but it has now evolved into a more formal collaboration between the Division of Community Health and Humanities and the Discipline of Family Medicine for experiential learning by pre-clerkship students.

Over the past three years, the Aboriginal Health Initiative and the MUN Med Gateway project have far exceeded our expectations and we are at the cusp of expanding and growing these initiatives, hopefully strengthening and building ir relationships with undergraduate medical education.

Reorganization of the graduate seminars

In 2009, we revamped the graduate seminar series by incorporating tutorials to build on the presentation and research skills of our graduate students. Students can now learn about effective ways of making power point presentations, posters and oral presentations. The People's Health Matters seminar series was also integrated into the graduate seminars and students are required to write reports on two seminars during the semester. This integration has produced a win-win situation: students are exposed to interesting, relevant, and inspiring research; and the People's Health Matters series benefits from a more inclusive audience.

People's Health Matters

The People's Health Matters seminar series began in 2009. It serves as a mechanism to introduce the university community to current research occurring within the realm of community health. Throughout the fall and winter semesters, approximately 10 speakers are invited to present in the People's Health Matters seminar series. Most presenters hail from outside the province, but divisional faculty and post-doctoral fellows are also invited to present, allowing them to share their research findings with the wider university community. Dr. Victor Maddalena initially co-ordinated this seminar; for the past two years Dr. Chris Kaposy has assumed this role. In my estimation, attendance rates have increased considerably with upwards of 30-50 people in attendance at each seminar. Over the past two years, we have also collaborated with Dr. Rick Singleton (director of Pastoral Care and Ethics with Eastern Health and director of the Provincial Health Ethics Network) to co-sponsor a speaker for an Ethics Day normally held in the third week of September. Approximately 100 people have attended this event making it an extremely successful collaboration and one we hope will make an annual feature of the People's Health Matters seminars and a means to launch the graduate seminar series in the fall semesters.

Research

Over the three year period, faculty members have maintained and expanded their research both in terms of the number of grants they have garnered as well as the number of publications. The Faculty of Medicine provides start-up funds for new faculty members. As well, the new collective agreement (2010-2013) has provided new faculty with an opportunity to kick-start their research by ensuring that they have a reduced teaching load during their first year of employment. This has had a beneficial effect in that all newly-hired faculty members have succeeded in obtaining external funding to support their research. Details of research and publication are given elsewhere in the report. Our faculty members have participated in consultations undertaken by Memorial University in developing a strategic plan for research.

Community Engagement

Long before the term *scholarship of engagement* was invented, faculty members from our division have engaged with community-based and non-governmental organizations. This is documented extensively in the section on community service of this report. It is seen as a core value for this division and I am happy to report that every single faculty member provides community service both in the academic and non-academic contexts.

Conclusion

The Division of Community Health and Humanities has expanded both in numbers of faculty and students as well as the number of graduate programs being offered. The next few years will see big changes in the teaching of the undergraduate medical curriculum. The accreditation of the Faculty of Medicine, the curriculum renewal process, and academic program review activities will require considerable engagement of our faculty members. Undoubtedly, the division would not be as productive as we are without the commitment and support of the administrative staff; I thank them for their continued devotion to their work as we strive toward *"Building a Healthy Tomorrow™"*.

Shree Mulay, PhD
Associate Dean

OUR TEAM

ASSOCIATE DEAN

Shree Mulay, Ph.D., M.Sc. McGill, B.Sc. Delhi, India

PROFESSORS EMERITI

George Fodor, M.D., Ph.D. Prague, FRCPC
Roy West, M.Sc., Ph.D. McGill

HONORARY RESEARCH PROFESSORS

William Bavington, B.A. Graceland College, M.D. Toronto, D.T.M.H Liverpool, M.P.H. Johns Hopkins, F.A.C.P.M., FRCPC
Sharon Buehler, B.A. Illinois College, M.A. Indiana, Ph.D. Memorial
John Crellin, B.Pharm., L.R.C.P., M.P.S., M.R.C.S., M.Sc., Ph.D., London

PROFESSORS

Veersh Gadag, B.Sc., M.Sc. Karnatak, M.Phil., Ph.D. Poona; Biostatistics; Cross appointed to Department of Mathematics and Statistics
Shree Mulay,B.Sc. Delhi, India, M.Sc., Ph.D. McGill; Community Health
Daryl Pullman, B.R.E. Briercrest, B.Ed. Western, M.Div. Biola, M.A., Ph.D. Waterloo; Health Care Ethics; Cross appointed to Department of Philosophy
Peter Wang, Ph.D., M.D., M.P.H. China; Epidemiology

ASSOCIATE PROFESSORS

Rick Audas, B.B.A. New Brunswick, M.B.A., M.A. Dalhousie, Ph.D. Wales; Health Statistics and Economics
Natalie Beausoleil, B.A. Laval, M.A., Ph.D. UCLA; Social Science and Health
Fern Brunger, B.A.(Hons.) Winnipeg, M.A., Ph.D. McGill; Health Care Ethics
Catherine Donovan, B.Med.Sc., M.D. Memorial, M.H.Sc. British Columbia; Public Health
Diana Gustafson, B.A. McMaster, M.Ed. Brock, Ph.D. Toronto; Social Science and Health
Maria Mathews, B.Sc., B.A. Calgary, M.H.S.A. Alberta, Ph.D. Toronto; Health Policy/Health Care Delivery
Doreen Neville, B.N. Memorial, M.Sc.N. Toronto, S.M., Sc.D. Harvard; Health Care Policy and Delivery (on leave)
Barbara Roebothan, B.Sc., Ph.D. Memorial, M.Sc. Saskatchewan; Nutrition/Dietetics

ASSISTANT PROFESSORS

Christopher Kaposy, B.A. McMaster, M.A. Concordia, Ph.D. State University of New York; Health Care Ethics
Victor Maddalena, Ph.D. MHSA, B.N. Dalhousie; Health Policy/Health Care Delivery; Cross appointed to Nursing
Atanu Sarkar, MBBS Burdwan, MCH & Ph.D. JNU, New Delhi, MES Queen's; Environment and Occupational Health
Rebecca Schiff, Ph.D., Australia, D.Env., B.Mus., McGill; Aboriginal Health
James Valcour, B.Sc., M.Sc., Ph.D. Guelph; Epidemiology
Yanqing Yi, B.Sc., M.Sc. China, M.Sc., Ph.D. Manitoba; Biostatistics/Quantitative Research; Cross appointed to Department of Mathematics and Statistics

CLINICAL PROFESSORS

Marshall Godwin, B.Med. Memorial, M.Sc. Queen's; Cross appointed from Discipline of Family Medicine
Sam Ratnam, M.Sc. Madras, Ph.D. Delhi; Cross appointed from Discipline of Laboratory Medicine

CLINICAL ASSOCIATE PROFESSOR

David Allison, M.D. Queen's, FRCP

CLINICAL ASSISTANT PROFESSORS

Barbara Barrowman, B.Sc. Queen's, LL.B. Toronto, M.D. Memorial
Mike Doyle, B.A., Ph.D. Memorial, M.A. Guelph
Pamela Elliott, M.B.A., Ph.D. Memorial
Lori McNeill, M.A. Laurentian, BA UNB
Janine Woodrow, B.Sc., Ph.D. Memorial

CLINICAL LECTURER

Suja Varghese, M.Sc. Memorial; Community Health

CANADA RESEARCH CHAIRS

Martha Traverso, Ph.D. Spain, B.A. Ecuador; Health Promotion and Community Development

Wendy Young, B.Sc. Trent, M.A. Ontario, Ph.D. Toronto; Healthy Aging; Joint appointed with Nursing

JOINT APPOINTMENTS

Olga Heath, B.A. McGill, M.Sc., Ph.D. Memorial; Associate Professor; Joint appointed with Counseling

Anne Kearney, B.N., Ph.D. Memorial, MHSc. Toronto; Associate Professor; Joint appointed with Nursing

CROSS APPOINTMENT

Alvin Simms, B.A. Memorial, M.Sc., Ph.D. Calgary; Geography

Shabnam Asghari, M.D., Arak (Iran), Ph.D., MPH, Tehran (Iran); Discipline of Family Medicine

Stephen Bornstein, Ph.D., M.A., Harvard, B.A. Toronto; Director, Centre for Applied Health Research

PROFESSIONAL ASSOCIATES

Jinelle Ramlackhansingh, MBBS, West Indies, MPH, Manchester

Joanne Stares, B.Sc., Memorial, M.H.Sc. University of Toronto

Elizabeth Wright, M.Sc. McGill, B.N., B.Sc. Memorial

ADJUNCT PROFESSORS

Maura Hanrahan, Ph.D. London, U.K., M.A. Ottawa, B.A. Memorial

Don MacDonald, Ph.D., M.Sc., B.Sc. Memorial

Paul McDonald, B.A. Memorial, LL.B. Osgoode Hall

Carolyn Sturge Sparkes, Ph.D. McGill, M.Ed., B.Ed. Memorial, B.Mus. Mount Allison; Program Co-ordinator, Aboriginal Health Initiative

RESEARCH STAFF

Sara Heath, M.Sc.Med. (Candidate) (Health Research Unit)

T. Montgomery Keough, BSc (Hons) (Health Research Unit) (2010)

Rebekah Robbins, MPh (Health Research Unit)

Ann Ryan, BSc, MSc (Health Research Unit)

SUPPORT STAFF

Senior Secretary

Brenda Hillier (2008-2010)

Sandra Meadus (2011-)

Secretaries

Krista Fowler

Paula Hogan

Sherry Hunt (on leave)

Carol Hedd (2010)

Christa Starkes-Nicholl

Shannon Steeves

Darlene Tobin

Program Co-ordinators

Janet Bartlett (Undergraduate)

Christa McGrath (Graduate)

*For a list of awards for faculty and staff (2008-2011), see Appendix B.

SUPPORT STAFF

Staff are comprised of a vibrant team of veteran and novice employees who play an integral role in facilitating operations and support functions in the division. Over the years, the division was experienced tremendous growth with the addition of new graduate programs and courses and the expansion of its faculty cohort. As a result, staff positions have evolved to meet the demands created by this growth. Contractual positions became permanent, new positions were created, duties were realigned, and identical job descriptions were created for secretaries. The staff complement now consists of six administrative support staff, two academic coordinators, and three research staff – all of whom provide a range of multi-level services to faculty, administration, and programs.

Administrative support staff are key to the successful day-to-day operations of the division. There are five secretaries and one senior administrative assistant. The secretaries are involved in a wide range of secretarial and administrative tasks and provide research and teaching support to faculty. They arrange meetings, take minutes, organize teaching materials, order books and office supplies, process a variety of forms, arrange seminars, assist with rural placements for the undergraduate curriculum, co-ordinate search committee interviews for new faculty hires, assist with grant applications, and oversee the annual report for the division. The senior secretary provides high level support to the Associate Dean. Her role revolves around overseeing the daily responsibilities of the associate dean, managing human resources and financial activities, supervising support staff, and handling faculty matters.

The academic coordination roles provide hands-on support to the undergraduate medical curriculum and the graduate programs in the division. The undergraduate co-ordinator mainly oversees medical teaching for both preclerkship and clerkship for Community Health and co-ordinates first year rural placement rotations for the students. The graduate coordinator generally manages graduate programs in the division, co-ordinates the admissions to these programs, plays an advisory role for graduate students, and has updated the divisional website.

Research staff are housed in the Health Research Unit (HRU). Consisting of a manager, a research assistant, and a medical researcher, they provide professional skills and expertise to faculty, communities, organizations, government and industry to design and conduct research in the field of population health. The medical researcher also provides research assistance to new faculty and gives technical support and advice on computer-related issues for the division.

COMING AND GOINGS

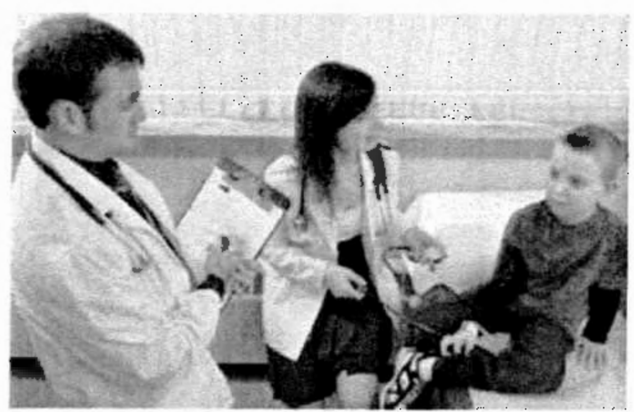
The division has undergone a number of staff changes over the last three years. Some staff members have moved on to other positions within the university community while others have moved into new positions within the division. We also expanded our staff cohort in recent years welcoming several new staff members to the division. The following outlines the comings and goings of the divisional staff during the 2008 to 2011 academic period:

- **Brenda Hillier**, senior administrative assistant, accepted a lateral transfer within the university community in April of 2010.
- **Sandra Meadus**, formerly a secretary in the division, was promoted to senior secretary in April of 2010.
- **Montgomery Keough**, former researcher with the Health Research Unit, joined the Information Access and Privacy Protection (IAPP) Office as a privacy analyst in April of 2011.
- **Rebekah Robbins** became the new researcher in the Health Research Unit in August of 2011.
- **Krista Fowler** joined the division in September of 2009 as a secretary.
- **Darlene Tobin** joined the division in July of 2010 as a secretary.
- **Christa Starkes-Nicholl** joined the division in March of 2010 as a secretary.
- **Shannon Steeves** joined the division in August 2010, replacing a staff member on leave.

OUR UNDERGRADUATE PROGRAMS

OVERVIEW

The goal of the undergraduate programs in Community Health is to teach medical students how the various determinants of health interact to contribute to health and illness in society and the role of the physician in contributing to the health and well-being of individuals, families and communities. The Community Health undergraduate curriculum encompasses a number of disciplines related to the promotion of health and the prevention of disease with a specific focus on population health. The actions derived from these disciplines may be community-oriented or clinically-based, but all are critical for an effective clinical practice. Wellness and maintaining the health of people and communities are of paramount consideration in the practice of all health professionals including physicians.



The Community Health course content is currently woven through four years of the undergraduate medical curriculum. Lectures, case studies and small group sessions are complemented with practical experience obtained through service learning activities, self-study exercises, community research projects/presentations, and field teaching in the community in both a rural and urban context. Emphasis is placed on understanding the determinants of health and illness and the context in which they occur. The principles of research are introduced to help students develop the basic skills necessary to understand research in community health and critical reading of health information and health literature. Evidence-based practice is an important focus for the practice of all health professionals and is particularly important for an effective clinical practice.

Over the course of the past three years, the Community Health curriculum has undergone some transformation in terms of the delivery of core course content. The Introduction to Public Health course has adopted a case-based approach to teaching key public health concepts/practices and has identified students as lead facilitators for small group discussions. Community Health has implemented this practice successfully in the past in both the Infectious Disease and Critical Appraisal courses. In addition, The Last Straw, a population health game designed by students, is played in the very first session to introduce students to the concepts which will be covered in the course. In response to student evaluations, faculty have also introduced more classroom activities such as in-class exercises, role playing activities, clickers or personal response systems which provide active learning for formative assessments and survey poles, even a 'game show' review session in epidemiology, as well as other forms of group work versus standard didactic teaching methods. Student evaluations reflect a preference for the opportunity to apply knowledge by means of in-class activities/exercises and to receive immediate feedback in the classroom setting.

Community Health faculty are currently working in collaboration with the various curriculum renewal committees to develop case studies which reflect an integrated approach to the delivery of undergraduate medical curriculum. Further transformation is anticipated with the launch of the new curriculum in 2013.

PRECLERKSHIP COURSES (FIRST AND SECOND YEAR)

The Community Health I (5640) and Community Health II (6640) courses introduce several aspects of community health including health promotion, disease prevention, biostatistics, epidemiology, social and organizational factors in health, environmental and occupational health, community nutrition and behavioral sciences. These components are delivered and evaluated in separate blocks over the course of two years, but are designed such that the separate pieces build on each other allowing students to integrate the information and experiences into their clinical practice. Some of our faculty members are associated with teaching outside of Community Health. Interprofessional Education (IPE), which hasn't been offered through Community Health since 2007, is taught by Drs. Anne Kearney and Olga Heath. Humanities, Ethics, Law and Medicine (HELM), which is an interdisciplinary team-taught component of Clinical Skills 1 and 2, and was never offered through Community Health, is taught by Drs. Fern Brunger, Chris Kaposy, Daryl Pullman and Barbara Barrowman. In addition, Dr. Barrowman co-taught Ethics and Law in Medicine for the clerkship, Back to Basics course 2008-2009, 2009-2010, and with Dr. Kaposy for 2010-2011.

The following diagram illustrates the continuation of Community Health through the preclerkship phases of medical studies at Memorial University:

Preclerkship Phases of Community Health

YEAR	FALL	Hrs	WINTER/SPRING	
1	Community Health Practice: Introduction to Public Health	28	Organizing Health Services: Health Care Delivery	18
			Community Health Practicum: Rural Placement (2 week rotation)	3
2	Researching Community Health: Epidemiology	14	Researching the Community: Research Methods/Critical Appraisal	20
	Measuring Community Health: Biostatistics	16	Community Health Practice: Occupational/Environmental Health	6
			Nutrition and Health	6

In addition to the Community Health I and II courses and their respective course components, Community Health curriculum content related to the study of infectious diseases has been integrated into other areas of the undergraduate medical curriculum. The Integrated Study of Disease I (5650) & II (6650) courses (table above) integrate several aspects of Community Health and preventive medicine: epidemiology/prevention and control (tuberculosis, HIV/STDs), emerging infectious disease, immunization, and outbreak management/surveillance.

RURAL PLACEMENT:

The two week Rural Placement which takes place in mid March each year is a required course component of the first year Community Health curriculum (Community Health I 5640). It complements all other aspects of the first year Community Health curriculum and the Introduction to Clinical Skills course co-ordinated by the Discipline of Family Medicine in the first year. It is unique in Canadian Medical Schools and is a major component of the Faculty of Medicine's orientation to rural health!

Family physicians play a key role through their clinical interaction with individuals and families and can assist community health personnel by taking an advocacy and facilitative role in the prevention of disease and the promotion of health.

The Rural Placement challenges first year medical students to discover the many determinants of health in rural communities throughout Newfoundland and Labrador, New Brunswick, Prince Edward Island and the Yukon, as well as the contributions Community Health personnel and family practitioners make working in collaboration with each other and the population of citizens to promote health in the community. Core activities will include, but not be limited to, local initiatives and/or concerns, community-based programs and services and institutional services. Students will also have an opportunity to examine ethics and humanities issues in the context of rural community life.

The term ***Rural Placement*** generally refers to two distinct placement situations:

- A rural clinic or hospital situation where the preceptor is a rural family practitioner with assistance from the regional medical health officer (RMHO) and Health and Community Services (HCS) board staff, or
- A Health and Community Services Board which serves both rural and urban populations, the major Preceptor being the RMHO with assistance from a family practitioner.

As much as possible, the core experience for each student will be similar, but the total experience will vary according to the interest of the student and the experiences available in each community during the two-week placement.

Process:

Rural teaching sites are available in most areas of rural Newfoundland and Labrador, New Brunswick, Prince Edward Island and the Yukon. A list of confirmed physicians/sites and the number of positions available at each site for the two-week period is circulated to the students a month prior to the placement. Students select sites through a process of drawing names at random. Students from Newfoundland and Labrador are given priority of sites in their province, New Brunswick and PEI students are given priority for New Brunswick/PEI sites, and the Yukon site is reserved for the Yukon student. In the past three years, 195 students have been successfully placed, the majority in rural communities throughout Atlantic Canada.

CLERKSHIP COURSES (THIRD AND FOURTH YEAR)

The third year of medical studies is approximately 14 months in duration (September-November). It is composed of six core courses (7200-7250) and two elective courses. The fourth year begins immediately upon completion of third year and continues until May of the following year. It includes one elective course, three selective courses, and Medicine 7280.

The Community Health elective/selective course work expands on contemporary issues in the subject areas of Community Health that apply to a practicing physician. It includes a small scale research project on a Community Health issue and experience working as an effective member of the Community Health team for the duration of the course. In terms of the rural selective, students have an opportunity to participate in rural health practice, both locally and internationally, and are required to complete a project on a relevant Community Health issue.

Also in year four of the program, the division participates in the MCCQE (Medical Council of Canada Qualifying Examination) review session designed to prepare fourth-year students for their licensing exams. These sessions consist of a review of the core course content for Community Health and a review of sample exam questions for each course. The total number of teaching hours designated for Community Health in the review session is seven.

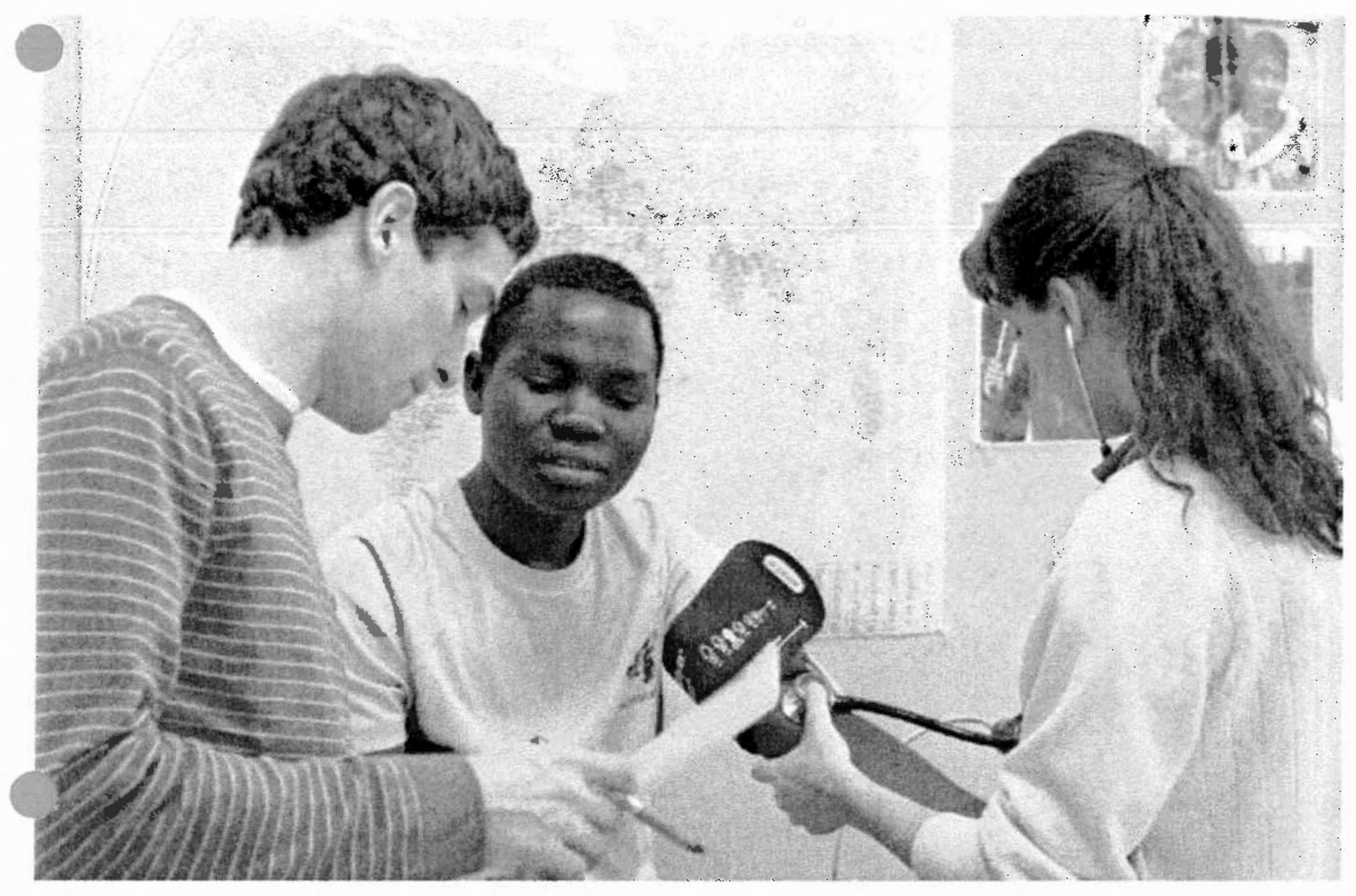
Faculty responsible for the development and co-ordination of the undergraduate curriculum alternate from year to year. The following table provides an overview of faculty coordinators/instructors for the 2008-2010 time period, although it is important to note that many of the division's faculty are involved in small group facilitation for the various course components:

Community Health:	Instructor/Co-ordinator:
Introduction to Public Health	Drs. C. Donovan(08-11)/D. Allison(08-09)
Health Care Delivery	Drs. M. Mathews (08-10)/Elliott (11)
Rural Placement	Dr. C. Donovan (08-11)/Ms. J. Bartlett (08-11) (staff)
Community Health 1:	Instructor/Co-ordinator:
Epidemiology	Drs. E. Wright (08-09) J. Valcour (09)/P. Wang (10)
Biostatistics	Dr. V. Gadag (08-11)
Critical Appraisal	E. Wright (2008)/Drs. H. Etchegary (09)/J. Valcour (10)
Occupational Health	Drs. C. McVicker (08)/J. Hickey(09)/T. Humes (10)/ A. Sarkar(11)
Nutrition and Health	Dr. B. Roebothan (08-11)
Integrated Study of Disease:	Instructor/Coordinator:
Respiratory (ISD I (5650))	Drs. D. Allison(08-11)/C. Donovan(08-11)/ A. Sarkar(11)
Infectious Disease (ISD II (6650))	Drs. C. Donovan(08-11)/D. Allison(08-11)
Clerkship Electives/Selectives:	Instructor/Coordinator:
Med 7280	Drs. D. Allison(08-11)/C. Donovan(08-11

MEDICAL STUDENT AWARDS/ACHIEVEMENTS:

The **Dr. Leonard A. Miller Award**, an award established in memory of Dr. Leonard A. Miller, is given annually to the most outstanding student in the study of Community Health. The award, in the amount of $500, is funded jointly by the Faculty of Medicine and the General Hospital. The selection of the recipient for the award is made at the completion of first-year medical studies. The award is made by the Dean of Medicine's Advisory Committee on Scholarships, Awards, and Bursaries. For a list of students who received this award between 2008-2011, see Appendix B.

The Rural Community Visit Prize, an award established by the Division of Community Health & Humanities, is awarded annually to the student with the highest mark on their rural report. The award, in the amount of $300, is funded by the Division of Community Health and Humanities. All reports concerning the two week rural community visit are automatically considered for the prize. Submissions are judged on the basis of originality, scientific merit, presentation and overall contribution to rural community health. The recipient is recommended by the Community Health and Humanities Course Committee. For a list of students who received this prize between 2008-2011, see Appendix B.



THE MUN MED GATEWAY PROJECT

The MUN MED Gateway Project is a joint initiative between MUN medical students and the Association for New Canadians, in collaboration with the Division of Community Health and Humanities and the Discipline of Family Medicine. This community-based, student volunteer initiative was designed to reduce new Canadians' barriers to access to medical services. Medical student volunteers work with interpreters to collect medically relevant information from new clients of the Association for New Canadians, match the clients with family physicians, and follow up with the clients to ensure that the client-physician match has been followed through successfully. In 2008-2009 this project was in its fourth year of operation. The project is endorsed by the dean of medicine, the assistant dean of Undergraduate Medical Education, and the Assistant Dean of Student Affairs. This project has been reviewed and approved by the College of Physicians and Surgeons of Newfoundland and Labrador as well as Canadian Medical Protective Association (CMPA).

Faculty supervisors for the Gateway Project from the Division of Community Health and Humanities have been Drs. Fern Brunger (2008), Victor Maddalena (2009) and Shree Mulay (2010). They work closely with Family Medicine and the Undergraduate Medical Education Office to ensure the smooth functioning of the program. During the academic year 2008-2009, a part-time co-ordinator was hired, with the financial support of the dean of medicine, resulting in significant growth in service delivery. In 2008-2009, over 60 newly arrived refugees and their families met with medical students and received medical care from their new Canadian family physician through this program. This number increased to 90 in 2010-2011.

ABORIGINAL HEALTH INITIATIVE

Preparing the Healers of Tomorrow

Dr. James Rourke, the dean of medicine, recognized the need for trained Aboriginal physicians to serve their own communities and took the initiative to reserve two seats for Aboriginal students in the medical school in 2008. There was recognition that it is not simply a matter of reserving seats for Aboriginal students but also a need to create a learning environment that ensures success. Funding from the Aboriginal Health Human Resources Initiative (AHHRI) launched a project to recruit Aboriginal students to apply to the medical school and to enroll in allied health professions. Funding from AHHRI was for two years but the initiative is now firmly in place in the Community Health and Humanities Division and is a permanent aspect of the outreach work in Aboriginal communities.

The Division of Community Health and Humanities currently houses the Aboriginal Health Initiative program which encourages students of Aboriginal ancestry to consider a career in medicine. Dr. Catherine Donovan, associate professor of clinical public health with the division, and Dr. Michael Jong, professor of family medicine, are co-team leaders of this initiative; and Dr. Carolyn Sturge Sparkes, adjunct professor with the Division of Community Health and Humanities, is the co-ordinator. The initiative is guided by an advisory board consisting of representatives from the various Nations, Inuit and Southern Inuit (Metis) (FN/I/M) communities in Newfoundland and Labrador as well as members of the Faculty of Medicine and medical students. A key component of the initiative is the reservation of two seats in the undergraduate medical education program for Aboriginal students from the various FN/I/M communities in the province. The two seats were filled for the first time in August 2011. A Pre-Med Orientation Program with a mentorship component can assist undergraduate Aboriginal students to prepare their application for medical school. In May 2011 the Pre-Med Summer Institute Program was introduced. Five motivated students from various FN/I/M communities in the province participated in the initial launch of this program. The institute is designed to provide the participants with the opportunity to gain front-line experience in a clinical environment and provide exposure to on-the-land traditional Aboriginal medicine practices.

THER INITIATIVES RELATED TO ABORIGINAL HEALTH:

Faculty Based at Labrador Institute

It is no accident that the first tenure-track position based at the Labrador Institute was created in the Division of Community Health and Humanities. The goal was to help build community research capacity in Labrador. There are now two faculty members at the Labrador Institute. Dr. Rebecca Schiff is an assistant professor in Aboriginal Health and Lori McNeill, a trained clinical psychologist, is a part-time assistant clinical professor. Dr. Schiff has embarked on community-based research, and Ms. McNeill helps with the programs while completing her doctorate thesis.

Steering Committee for Admissions Policy for Aboriginal Students

Dr. Evan Simpson, vice president (academic) pro tempore, formed a steering committee to address the recommendations found in the February 2011 Presidential Task Force on Aboriginal Issues report. The Faculty of Medicine was asked to take the lead in developing an admissions policy to facilitate the entry of Aboriginal students (Recommendation 7 of Memorial's Task Force on Aboriginal Initiatives). A qualitative survey was used to discover what other universities across Canada are doing to enhance the access and success of Aboriginal students in their institutions. The steering committee members consisted of: Alean Al-Krenawi (director, School of Social Work), Noreen Golfman (dean School of Graduate Studies), Shree Mulay (associate dean, Community Health and Humanities Division, Faculty of Medicine, chair of steering committee), John Quaicoe, (dean, Faculty of Engineering), Carolyn Sturge Sparkes (program co-ordinator, Aboriginal Health Initiative). Maura Hanrahan (adjunct professor in the Division of Community Health and Humanities) and Jill Allison (post-doctoral fellow in Community Health & Humanities) conducted the environmental scan of Canadian universities and reported their findings and recommendations in a report titled *Opening the Door*. With Maura Hanrahan appointed as the special advisor on Aboriginal Affairs, Memorial University is well on its way to being an Aboriginal-friendly, culturally-sensitive institution that meets the needs of the Aboriginal communities of Newfoundland and Labrador. Developing this Aboriginal-specific admissions policy shows that Memorial's senior leadership is committed to creating a welcoming and inclusive learning environment.

OUR GRADUATE PROGRAMS

A goal of the graduate programs in the division is to promote health and improve the quality of life in society by developing an understanding of factors that contribute to health and illness, building capacity to create change, creating new knowledge, sharing and engaging in research in and with the community, and serving as a resource for the community.

The graduate programs in the division have undergone a busy yet exciting period of growth. The diploma, masters, and doctoral level programs in community health expanded their program requirements in 2007 to provide a richer educational experience for students. The division also expanded its program offerings in recent years broadening its education and training capacity to include the areas of applied health and public health. A unique collaborative venture between four Atlantic Canada Universities resulted in the creation of a master's program in applied health services research (housed in the Division of Community Health and Humanities at the Memorial University site). This program welcomed students for the first time in 2002 and has since graduated close to 100 students collectively. At the turn of the century faculty began the preliminary work to develop a master's level program in public health. The first intake of students entered the program in September 2008.

This increase in the roaster of programs created an increase in the number of students and courses, resulting in an approximate 50 per cent increase in the student intake each year and a 65 per cent increase in the number of graduate course offerings each year. The following sections will introduce you to the activities and accomplishments of our graduate programs, courses, and students during the 2008-2009, 2009-2010, and 2010-2011 academic years.

ENROLLMENT STATISTICS

During the 2008-2009 academic period, the division received a total of 73 graduate applications to all its programs of which 18 applicants were offered program seats. This increased the graduate student population by approximately 40%. During that same period, 10 students graduated from their respective programs while 61 students remained engaged in course or thesis-related work.

The division received 125 applications the following academic year (2009-2010), increasing the graduate application pool by 71 per cent from the previous year. Twenty-one students were offered program seats during that period, 19 students graduated from their respective programs, while 55 students were actively engaged in course or thesis-related work.

In 2010-2011, 163 graduate applications were received boosting the applicant pool by 30 per cent from the previous academic year. Of that number, 34 students were offered program seats. There were also 24 students who convocated from their graduate programs, leaving approximately 65 active students in the division.

The following tables provides a breakdown of the number of applications, the number of graduates, and the number of students enrolled in years 1 through 4 during the 2008-2009, 2009-2010, and 2010-2011 academic periods. *Please note these figures do not reflect the number of transfers between programs or the number of withdrawals from programs.*

2008 – 2009	Diploma	MSc	PhD	MPH Pop/Public Health	MPH Nut/Dietetics	*MAHSR
Number of Applicants	11	28	6	8~	0	12
Number of 1st Year Students	1	3	2	11	0	1
Number of 2nd Year Students	3	7	4	0	0	3
Number of 3rd Year Students	0	1	7	0	0	2
Number of 4th Year Students	0	6	8	0	0	2
Number of Graduates	3	6	1	0	0	0

2009 – 2010	Diploma	MSc	PhD	MPH Pop/Public Health	MPH Nut/Dietetics	*MAHSR
Number of Applicants	11	26	3	78	0	7
Number of 1st Year Students	3	6	1	9	0	2
Number of 2nd Year Students	0	2	4	2	0	1
Number of 3rd Year Students	0	3	2	0	0	0
Number of 4th Year Students	0	7	12	0	0	1
Number of Graduates	1	3	1	9	0	5

2010 – 20110	Diploma	MSc	PhD	MPH Pop/Public Health	MPH Nut/Dietetics	*MAHSR
Number of Applicants	10	10	9	119	7	8
Number of 1st Year Students	1	5	3	13	2	1
Number of 2nd Year Students	0	6	1	3	2	2
Number of 3rd Year Students	0	2	4	2	0	1
Number of 4th Year Students	0	2	2	0	0	1
Number of Graduates	3	6	6	9	0	0

~This number does not reflect the five students who transferred from the diploma or MSc programs; these students did not apply, but requested a transfer.

**The MAHSR program has students from four Atlantic Universities; the number of students given above represents a maximum of 25 per cent of the total student enrollment.*

COMMUNITY HEALTH PROGRAMS

Co-ordinator(s): Dr. Diana Gustafson (2008-2010); Dr. Barbara Roebothan (2011-)

A cornerstone of the division's graduate program is its diploma, masters, and doctoral-level training in community health. These programs educate students on community health issues and prepare graduates for interesting and diverse careers in the fields of research and teaching.

The diploma program is course-based and typically attracts students hoping to expand on their current skill set or wishing to learn about community health in general. Students complete five courses and two seminars. The MSc program is thesis-based and develops a student's knowledge and skills related to health research. Students in this program complete six courses, four seminars, and a thesis. The PhD program prepares students for careers as independent researchers. The student's program of study can cater to their background and experience, but students generally complete six courses, four seminars, a comprehensive examination, and a thesis dissertation.

During the 2008-2011 academic years, the division offered several core and elective courses to graduate students enrolled in the diploma, masters, and doctoral programs in community health. The following tables provide a listing of courses offered during this three-year period:

CORE COURSES		
Course #	Course Name	Instructor
MED 6102	Critical Theory in Health and Society	Drs. F. Brunger (09-11)/ C. Kaposy (11)
MED 6200	Biostatistics I	Drs. V. Gadag (08&09)/Y. Yanqing (09-11)
MED 6220	Introduction to Community Health	Drs. D. Gustafson
MED 6270	Epidemiology I	Dr. P. Wang (08-09)/J. Valcour (09-11)
MED 6275	Epidemiology II	Dr. P. Wang
MED 6280	Community Health Research Methods	Drs. J. Connors (08)/S. Mulay (09)/ R. Audas & D. Gustafson (10-11)
MED 6294	Advanced Qualitative Methods	Dr. N. Beausoleil
MED 6400-03	MSc – Graduate Seminar Series	Drs. N. Beausoleil (08)/S. Mulay (08-11)/ R. Audas (10)/ C. Kaposy (11)
MED 6410-13	PhD – Graduate Seminar Series	Drs. N. Beausoleil (08)/S. Mulay (08-11)/ R. Audas (10)/ C. Kaposy (11)

ELECTIVE COURSES		
Course #	Course Name	Instructor
MED 6095	Health Technology Assessment	Drs. R. Audas/M. Doyle (08-11)
MED 6099	Representations of Health, Illness & the Body	Dr. D. Gustafson (10)
MED 6107	Queering Health Research	Dr. D. Gustafson (09)
MED 6108	Directed Readings I	Dr. V. Maddalena (10)
MED 6109	Directed Readings II	Dr. C. Kaposy (11)
MED 6293	Knowledge Transfer & Research Uptake	Dr. M. Mathews (10)
MED 6274	Chronic Disease Epidemiology	Dr. P. Wang (08-09)
MED 6420	Social Responsibility in Health Care: Aspects of Medical History	Drs. J. Connor/J. Connor (08)

Graduate students enrolled in the masters and doctorial programs in community health actively engage in research to complete their thesis and dissertation work respectively. From 2008-2011, there were approximately 36 masters level students and 22 doctoral level students enrolled. Their research interests cover a wide range of community health-related topics, including dietary intake, cancer care, physician retention, workforce issues, waitlist management, mental health and illness, aging population, childhood obesity, ethics, and transgender health.

Fourteen masters-level students and eight doctoral-level students completed their program requirements between fall 2008 and spring 2011 and graduated from their respective programs at one of the spring or fall convocation ceremonies during that time period. See Appendix A-1 for a listing of students who graduated between 2008 and 2011.

PUBLIC HEALTH PROGRAM (POPULATION AND PUBLIC HEALTH STREAM)

Co-ordinator: Dr. Catherine Donovan

The Master of Public Health program (MPH) is a course-based program and was offered for the first time during the 2008-2009 academic year. The program is designed to offer a combination of academic and professional training in different area of public health to students from a variety of fields. Students develop skills that meet the core competencies identified by the Public Health Agency of Canada, including population health assessment, health surveillance, disease and injury prevention, and health promotion. Students in this program complete 10 courses, two seminars, and either a workplace practicum or capstone project. The program is available in both full-time and part-time formats; those enrolled full-time can complete the program in one academic year.

The following courses were offered for this program during the 2008-2011 academic periods:

Core Course #	Course Name	Instructor
MED 6288	Policy & Decision Making	Drs. A Kearney (08)/V Maddalena (09)
MED 6200	Biostatistics I	Drs. V Gadag/Y Yanqing
MED 6220	Introduction to Community Health	Drs. D Gustafson
MED 6277	Issues in Rural, Northern & Remote Health	Dr. V Maddalena
MED 6270	Epidemiology I	Drs. P Wang (08)/ J. Valcour (09-11)
MED 6700	Public Health Seminar I	Dr. C Donovan
MED 6701	Public Health Seminar II	Dr. C Donovan
MED 6721	Disease and Injury Prevention	Drs. D Allison (09)/ S. Mulay (10-11)
MED 6722	Health Promotion	Dr. M Traverso-Yepez
MED 6725	Public Health Leadership and Management	Dr. V Maddalena
MED 6723	Environmental Health	Drs. C Donovan (09-11)/ A. Sarkar (10-11)
MED 6724	Communicable Diseases	Dr. C Donovan (08-11)/ A. Sarkar (10-11)

The first cohort of MPH students entered the program in the fall of 2008. Thirteen students were enrolled in the program during the 2008-2009 academic year of which nine were full-time and four were part-time. Students came from a variety of backgrounds including medicine, biochemistry, human kinetics, nursing, information technology, and arts. The second cohort of students entered the program in the fall semester of 2009. During that time, nine students were admitted of which six were full-time and three were part-time. Students in the second cohort hailed from backgrounds in science, arts, physical education, nursing, dentistry, international development studies and social work.

In 2010, the third cohort of students entered this program. There were 13 students admitted in total of which 12 were full-time and one was part-time. Students' academic backgrounds included biology, psychology, dental hygiene, environmental science, education, international development and medical anthropology.

In fall 2009, the first eight students to graduate from the program received their degrees. During the succeeding convocation ceremonies, 10 more students graduated. See Appendix A for a listing of students who graduated from this program during the fall 2009, spring 2010, fall 2010, and spring 2011 convocation ceremonies.

[PU]BLIC HEALTH PROGRAM (NUTRITION AND DIETETICS STREAM)

Co-ordinator: Dr. Barbara Roebothan

In 2010-2011, a second stream was added to the Master of Public Health Program. The nutrition and dietetics stream provides an advanced program of study for students pursuing a career in dietetics or community nutrition. This stream offers an opportunity for advanced academic study in the area of public health with a qualifying internship to permit practice in the field of dietetics. Students develop skills in the area of wellness maintenance, public health nutrition, and disease prevention. This two-year program is comprised of six core courses, two seminars, a dietetics internship, and a research project.

The following table identifies the courses offered for this program during the 2010-2011 academic period:

Core Course #	Course Name	Instructor
MED 6200	Biostatistics I	Dr. Y. Yanqing
MED 6270	Epidemiology I	Dr. J. Valcour
MED 6280	Community Health Research Methods	Drs. D. Gustafson/ R. Audas
MED 6700	Public Health Seminar I	Dr. C Donovan
MED 6701	Public Health Seminar II	Dr. C Donovan
MED 6725	Public Health Leadership and Management	Dr. V Maddalena
MED 6730	Professional Practice	Dr. B. Roebothan
MED 6731	Community Nutrition	Dr. B. Roebothan

The first cohort entered the nutrition/dietetics stream in fall 2010. Two full-time students were admitted to this program [str]eam and will complete their program requirements in 2012. Both students hail from academic backgrounds in biochemistry.

APPLIED HEALTH SERVICES RESEARCH PROGRAM

Co-ordinator(s): Dr. Anne Kearney (2007-2011); Dr. Rick Audas (2011-)

This collaborative program between Dalhousie University, Memorial University, the University of New Brunswick and the University of Prince Edward Island (together known as the Atlantic Regional Training Centre) was funded by the Canadian Health Services Research Foundation. It is a two-year program offering courses through synchronous and asynchronous web-based formats and is intended for students with little or no background in the health care field and little or no experience in conducting research.

At the Memorial University site, students are enrolled as full-time students and complete eight courses, a research residency, a thesis, and attend five workshops. Generally, students complete three courses each in the Fall and Winter semesters of year one, participate in their research residency during the spring semester, and complete the final two courses in the fall semester of year two. Workshops are hosted at alternating sites in the Atlantic region prior to the start of fall, winter, and spring semesters.

Students complete courses on the Canadian health care system, determinants of health, ethics, policy, knowledge transfer and research. During the 2008-2010 academic years, faculty from the division facilitated the following three of eight courses:

Course #	Course Name	Instructor
AHS 6005	Policy & Decision Making	Dr. V. Maddalena
AHS 6008	Advanced Qualitative Research Methods	Dr. D. Gustafson
AHS 6009	Advanced Quantitative Research Methods	Dr. R. Audas

With a maximum intake of 12 students each year between the four university sites, Memorial University admitted one student in 2008, two students in 2009 and one student in 2010. During the 2008-2011 academic period, eleven students were enrolled in different stages of the program at the MUN site. Students enrolled in this program hail from a variety of backgrounds, including journalism, education, science, arts, psychology, nutrition, and business. During this same time period, five students graduated from this graduate program. See Appendix A-1 for a listing of those students who received their degrees at the fall 2009 and spring 2010 convocation ceremonies.

POST-DOCTORAL FELLOWS

Dr. Jared Clarke

Topic:	Living at home after stroke: an examination of the supports, services and challenges experienced by stroke survivors attempting to live independently and at home
Supervisors:	Drs. Wendy Young and Shree Mulay
Award:	Newfoundland and Labrador Association for Health Research (NLCAHR) Healthy Aging Research Program Post-doctoral Fellowship (May 2009)

Dr. Jill Allison

Topic:	Community Identity and Genetic Risk
Supervisor:	Dr. Fern Brunger
Award:	Canadian Institute of Health Research (CIHR) postdoctoral fellowship through the Provincial Partnership Program (jointly funded by CIHR and IRIF Leverage funds for Research and Development).

Dr. Deborah McPhail

Topic:	Cod Tongues and Corpulence: Obesity Discourse and Traditional Eating in Newfoundland and Labrador.
Supervisor:	Dr. Natalie Beausoleil
Award:	ISER Postdoctoral Fellowship

GRADUATE STUDENTS ACHIEVEMENTS

Throughout the 2008-2011 academic periods several graduate students in the Division were recognized for their outstanding education and scholarly work while in pursuit of their respective graduate degrees. A combined 45 awards were received by our graduate students during that time period. For a comprehensive listing of successful student recipients and awards, see **Appendix B**.

RESEARCH ACTIVITIES

Community health research is not merely about understanding the determinants of health or about efficient use of health resources but it is intended to improve the quality of all our lives, especially those of the marginalized and the most vulnerable. It needs to involve the community if it is to fulfill its promise of improving the health of the community. Our faculty members live up to these core values in the research they undertake; they are engaged in diverse research projects, representing their expertise and interests. They collaborate among themselves, with others in the University provincially, nationally and internationally. They have been successful in receiving funding from different sources including Canadian Institute of Health Research (CIHR), National Science and Engineering research Council (NSERC), Public Health Agency of Canada (PHAC), Health Canada, Provincial Government, NLCAHR and others in response to special calls for proposals. The following lists the grants held by our faculty members. Please note that team grants are listed only under the principal investigator or the first faculty member listed. Also, multi-year grants are listed only in the year they were awarded.

SHABNAM ASGHARI

Title: **Primary Healthcare Access in Atlantic Canada: Comparison, collaboration, and research capacity building**
Principal & Investigator(s): Asghari S, Maddalena V, Godwin M, Aubrey K, Vanasse A, Burge F, et al.,
Funding Agency: Canadian Institute for Health Research Planning Grants (Spring 2011 Competition);
Amount: $ 25,000; Period: 2011-2012

Title: **Exploring the Feasibility and Process of Establishing an Online Spatio-Temporal Information System for Age-Related Chronic Disease in Newfoundland**
Principal & Investigator(s): Asghari S, Simms A, Godwin M, Aubrey K, Collins K, Valcour J
Funding Agency: Newfoundland and Labrador Centre for Applied Health Research; Amount: $40,000;
Period: 2011-2013

Title: **Perceived Influence of Electronic Medical Records on Family Medicine Resident Learning – A Primer for Clinical Teachers**
Principal & Investigator(s): Asghari S, Drover A, Shorlin S, Foley M
Funding Agency: Memorial University of Newfoundland: Educational Development Grant; Amount: $5000;
Period: 2011-2012

Title: **Lipid Profile of Newfoundlanders**
Principal & Investigator(s): Asghari S, Godwin M, Aubrey K, Collins K, Duke P
Funding Agency: Newfoundland and Labrador Centre for Applied Health Research; Amount: $9,982;
Period: 2010-2011

Title: **Health Coaching to Effect Lifestyle Behavior Change: A Randomized Trial of Individuals with Pre-disease**
Principal & Investigator(s): Godwin M, Asghari S, Aubrey K, et al.
Funding Agency: Canadian Institute for Health Research; Amount: $398,059; Period: 2011-2014

Title: **A Multilevel Model of the Effects of Primary Care Reform on Ambulatory Care Sensitive Hospital Outcomes**
Principal & Investigator(s): Aubrey K, Asghari S, Godwin M, et al.
Funding Agency: Canadian Institute for Health Research; Amount: $91,600; Period: 2011-2013

Title: **Capacity building for scholarly work in a rural medical school**
Principal & Investigator(s): Bethune C, Asghari S, Curran V, Godwin M, Aubrey K
Funding Agency: Memorial University of Newfoundland, Development Grant; Amount: $10,000;
Period: 2011-2012

Title: **Home Visits - Optimizing medical care in the elderly (Home study): a pilot study on the effects of a interprofessional primary care program on emergency room and hospital admissions in the frail elderly**
Principal & Investigator(s): Stringer K, Asghari S, Godwin M, Aubrey K, et al.
Funding Agency: Memorial University of Newfoundland, Development Grant; Amount: $10,000;
Period: 2011- 2012

Title: Utilization of Family Physicians in the H1N1 Vaccination Programs during the Pandemic of the Fall of 2009 in the Canadian Provinces and Territories
Principal & Investigator(s): Godwin M, Duke P, Asghari S, Wang P, Aubrey K, Allison D, et al.
Funding Agency: Canadian Institute for Health Research; Amount: $99,981; Period: 2010-2011

Title: Climat et fractures de la hanche: Un projet de recherche en géomatique et santé des populations
Principal & Investigator(s): Vanasse A, Asghari S, et al.
Funding Agency: Ouranos/ institut national de santé publique du Québec ; Amount : $178,000;
Period : 2009-2010

Title: Exploration de l'influence de la composition linguistique des communautés du Québec sur l'accès aux soins de santé associés aux maladies chroniques
Principal & Investigator(s) : Vanasse A, Asghari S, et al.
Funding Agency: Canadian Institute for Health Research; Amount: $70,027; Period: 2009-2010

Title: Inégalités sociales et géographiques dans la prévention primaire des maladies cardiovasculaires et cérébrovasculaires
Principal & Investigator(s): Vanasse A, Asghari S, et al.
Funding Agency: Canadian Institute for Health Research; Amount: $392,731; Period: 2009-2012

NATALIE BEAUSOLEIL

Title: Health promotion through the arts: exploring new methodologies in research with elderly caregivers.
Principal & Investigator(s): Beausoleil N
Funding Agency: Medical Research Foundation, Memorial University; Amount: $10,000; Period: 2011-2012

Title: Promoting Canada's Vitality Message: An Implementation and Evaluation of a School-Based
Body Image Resource
Principal & Investigator(s): Beausoleil N, Petherick L (Body Image Network)
Funding Agency: Public Health Agency of Canada, Healthy Living Funds; Amount: $50,839; Period: 2010-2011

FERN BRUNGER

Title: The Labrador Inuit-Métis Research Ethics Project: An Experiment in Aboriginal Governance of Health Research in Complex Communities
Principal & Investigator(s): Brunger F, Bull J, Graham G, Pullman D, Wall D, Weijer C
Funding Agency: Canadian Institutes of Health Research (CIHR); Amount: $180,000;
Period: 2010-2013

CATHERINE DONOVAN

Title: Aboriginal Health Initiative
Principal & Investigator(s): Donovan C, Jong M, Sturge Sparkes C
Funding Agency: Nunatsiavut Government; Amount: $104,000; Period: 2011-2012

Title: Aboriginal Health Human Resources Initiative – Making Memorial's Faculty of Medicine a
Better Place for Aboriginal Students
Principal & Investigator(s): Donovan C, Jong M, Rourke J
Funding Agency: Atlantic Policy Congress of First Nations Chiefs; Amount: $187,500; Period: 2008-2010

Title: Migratory workers and HIV/AIDS
Principal & Investigator(s): D Bulman, Boutcher M, Donovan C, Dykeman M, Gustafson D, Mathews M, Warren D
Funding Agency: Canadian Institutes of Health Research (CIHR); Amount: $25,000; Period: 2008-2009

Title: Project Evaluation of the NL-MUN Development and feasibility of enhanced models of delivery of training family medicine residents for rural and underserviced areas
Principal & Investigator(s): Godwin M (PI on Project Evaluation component)
Funding Agency: Funds obtained via a federally funded competition. Funds to Faculty of Medicine through Provincial DHLTC; Amount: The project is for $4.5 Million over five years. The evaluation component is funded for $400,000; Period: 2011-2016

Title: Project Evaluation of the Nunavut-MUN NunaFam Program
Principal & Investigator(s): Godwin M (PI on Project Evaluation component)
Funding Agency: Funds obtained via a federally funded competition. Funds to Faculty of Medicine through Nunavut Department of Health; Amount: The project is for $4.9 Million over five years. The evaluation component is funded for $400,000; Period: 2011-2016

Title: Health Coaching to Effect Lifestyle Behaviour Change: A randomized trial of individuals with pre-disease
Principal & Investigator(s): Godwin M, Asghari S, Aubrey-Bassler A, Etchygary H, Gadag V, Gaudine A, Lefort S, McCrate F, Pike A, Solberg S
Funding Agency: Canadian Institutes of Health Research (CIHR); Amount: $400,939; Period: 2011-2015

Title: A National Electronic Network for Rapid Assessment of Drug Safety and Effectiveness.
Principal & Investigator(s): Holbrook A, Birtwhistle R, Dolovich L, Chan D, Bernstein B, Green M, Kaczorowski J, Godwin M, Manca D, Levine M, Pullenayegum E, Maclure M
Funding Agency: Canadian Institutes of Health Research (CIHR); Amount: $99,025; Period: 2010-2011

Title: Developing a National Electronic Network in Primary Care to Advance Drug Safety and Effectiveness (eDSEN)
Principal & Investigator(s): Holbrook A, Birtwhistle R, Dolovich L, Chan D, Bernstein B, Green M, Keshavjee K, Kaczorowski J, Levine M, Godwin M, Manca D
Funding Agency: Canadian Institutes of Health Research (CIHR); Amount: $95,291; Period: 2010-2011

Title: Utilization of Family Physicians in the H1N1 Vaccination Programs of Canadian Provinces and Territories during the Fall 2009 Pandemic
Principal & Investigator(s): Godwin M & Duke P (Co-PIs), Wang P, Pike A, Asghari S, Aubrey K, Allison D
Funding Agency: Canadian Institutes of Health Research (CIHR); Amount: $99,981; Period: 2010-2011

Title: The Everyday Experience of Living with and Managing a Neurological Condition
Principal & Investigator(s): Packer TL & Versnel J (Co-PIs), Godwin M, and other co-investigators
Funding Agency: Public Health Agency of Canada (PHAC); Amount: $813,43; Period: 2010-2013

Title: Translating research findings on spinal cord injury into family practice
Principal & Investigator(s): Aitken A, McColl MA, Green M, Birtwhistle R, Godwin M, Harrison M, Norman KE
Funding Agency: Spinal Cord Injury Network; Amount: $152,000; Period: 2009-2011

Title: Canadian Primary Care Sentinel Surveillance System (CPCSSN) Phase III
Principal & Investigator(s): Birtwhistle R, Godwin M (regional PI), Putnam W, Lussier M-T, Griever M, Stewart M, Katz A, Manca D, Drummond N
Funding Agency: Public Health Agency of Canada (PHAC); Amount: Overall amount for national project: $11,500,000 ($650,000 to the NL regional component); Period: 2010-2015

Title: Criterion Validity and Population Norms for the SLIQ in the Elderly
Principal & Investigator(s): Godwin M, Kirby A, Bethune C
Funding agency: NL-HARP (Health Aging Research Program); Amount: $40,000; Period: 2009-2010

Title: Canadian Primary Care Sentinel Surveillance System (CPCSSN) Phase II
Principal & Investigator(s): Birtwhistle R, Rosser R, Godwin M (regional PI), Lussier MT, Griever M, Stewart M, Manca D, Drummond N
Funding agency: Public Health Agency of Canada (PHAC); Amount: $1,500,000 ($120,000 to NL APBRN network); Period: 2009-2010

Title: Effect of Vaginal Self-sampling on Cervical Cancer Screening Rates: A Community Based Study
Principal & Investigator(s): Duke P & Godwin M (Co-PIs), Ratnam S, Mugford G, Lear A, Pike A, Fontaine D, Traverso-Yépez M, Graham W, Ravalia M, Wang P, Dawson L.
Funding agency: CIHR-RPP; Amount: $360,000; Period: 2008-2011

DIANA GUSTAFSON

Title: Aid to Scholarly Publication Subvention Grant
Principal & Investigator(s): Porter M and Gustafson DL
Funding Agency: Canadian Federation of Humanities and the Social Sciences; Amount: $25,000; Period: 2010-2011

OLGA HEATH

Title: Eating Disorder Interprofessional Community Capacity Building Project Provincial Implementation and Evaluation
Principal & Investigator(s): Heath O
Collaborator: Eating Disorder Interprofessional Community Capacity Building Team
Funding agency: Department of Health and Community Services, Government of Newfoundland and Labrador; Amount: $70,000; Period: 2010-2012

Title: The Safety Competencies and CanMEDS Collaborative Health Professional Education Competencies: Integration in Health Professional Education Curriculum
Principal & Investigator(s): Peters S, Heath O, Kearney A
Funding agency: Dept. of Health & Community Services; Amount: $50,000; Period: 2010-2011

Title: The Safety Competencies and CanMEDS Collaborative Health Professional Education Competencies: Integration in Health Professional Education Curriculum.
Principal & Investigator(s): Peters S, Heath O, Kearney A
Funding Agency: Canadian Patient Safety Institute; Amount: $10,000; Period: 2009-2011

Title: Resource Package Production for Implementation of Eating Disorder Interprofessional Community Capacity Building (EDICCB) Project
Principal & Investigator(s): Heath O, EDICCB Team
Funding agency: Department of Health and Community Services, Government of NL; Amount: $10,000; Period: 2009-2010

Title: Supporting Professionals in Providing Care for Clients and Families Dealing with Eating Disorders
Principal & Investigator(s): Heath O
Funding agency: EDICB Team; Amount: $10,000; Period: 2009-2010

ANNE KEARNEY

Title: An Environmental Scan of Cancer Research in Newfoundland and Labrador
Principal & Investigator(s): Kearney AJ
Funding agency: Mitacs ACCELERATE Graduate Research Internship Program (Student: Chris Shortall, Masters of Applied Health Services Research Program (ARTC). Amount: $15,000; Period: 2009

Title: Aging Successfully with a Chronic Disease: The MS Experience.
Principal & Investigator(s): Ploughman M, Kearney AJ, Stefanelli M, Godwin M
Funding agency: Canadian Patient Safety Institute; Amount: $10,000; Period: 2008-2011

VICTOR MADDALENA

Title: **An Assessment of Palliative Care Needs of People with End Stage Chronic Renal Disease on Dialysis.**
Principal & Investigator(s): Maddalena V, O'Shea F, Barrett B, Wang P
Funding Agency: Newfoundland and Labrador Centre for Applied Health Research; Amount: $40,000; Period: 2011

Title: **The Role of Spirituality at End of Life in Nova Scotia's Black Community**
Principal & Investigator(s): Maddalena V, Bernard WT, Wint E, Smith D
Funding Agency: CIHR Interdisciplinary Capacity Enhancement Grant; Amount: $5,000; Period: 2010-2011

Title: **CIHR Centre for Research Evidence into Action for Community Health**
Principal & Investigator(s): Rourke SB, Barry A, Bacon J, Bayoumi A, Maddalena V, et al.
Funding Agency: CIHR Centre for REACH; Amount: $2.5,000,000; Period: 2009-2011

Title: **Experiences and Understandings of Deaf Adults Living in NL Regarding Genetic Testing and Genetic Counseling for Hereditary Deafness**
Principal & Investigator(s): Maddalena V, Murphy M, Cooke SM
Funding Agency: Atlantic Medical Genetics and Genomics Initiative; Amount: $35,000; Period: 2009

Title: **Factors Influencing Access to Health Care Services in Labrador**
Principal & Investigator(s): Maddalena V, Gustafson D, Aubrey K
Funding Agency: Mitacs Accelerate Internship Program; Amount: $20,000; Period: 2009

Title: **Palliative and End of Life Care in Newfoundland and Labrador's Deaf Community**
Principal & Investigator(s): Maddalena V, Murphy M, O'Shea F
Funding Agency: Newfoundland and Labrador's Centre for Applied Health Research-Healthy Aging Research Program (HARP); Amount: $20,000; Period: 2009

Title: **Quality of Worklife of Novice Nurses: A Qualitative Exploration**
Principal & Investigator(s): Maddalena V, Kearney AJ, Adams A
Funding agency: SSHRC/Vice President Research Grant, MUN; Amount: $5,000; Period: 2009

MARIA MATHEWS

Title: **Pan Canadian Health Human Resources Knowledge Exchange Network**
Principal & Investigator(s): Bourgeault I, Barer M, Tomblin Murphy G, Mathews M, and 32 other co-investigators
Funding Agency: Canadian Institutes of Health Research (CIHR); Amount: $600,000; Period: 2011-2014

Title: **Interpreting Remote Medicine and Health Care in Pre-confederation Newfoundland as an "ecosystem"**
Principal & Investigator(s): Connor J, Connor J, Kidd M, Mathews M
Funding Agency: Canadian Institutes of Health Research (CIHR); Amount: $93,955; Period: 2009-2013

Title: **Learners and Locations**
Principal & Investigator(s): Rourke J, Mathews M, Gadag V, et al.
Funding Agency: Partnership for Health System Improvement (PHSI); Amount: $233,455; Period: 2009-2011

Title: **Return-for Service Programs in Newfoundland and Labrador**
Principal & Investigator(s): Mathews M, Samarasena A, Gordon JP
Funding agency: NLCAHR; Amount: $10,000; Period: 2009-2010

Title: **Wait time related experiences, satisfaction, and expectations for cancer care**
Principal & Investigator(s): Mathews M, Dawe P, Fowler K, Pollett B, Smith S, Gadag V, Wang P, West R, Godwin M, Bulman D
Funding Agency: Canadian Institutes of Health Research (CIHR); Amount: $298,375; Period: 2008-2012

DARYL PULLMAN

Title: Life or Death? Genomics-Based Diagnostic Tools to Prevent Sudden Cardiac Death
Principal & Investigator(s): Young TL, Pullman D, Hodgkinson K, Krahn AFunding Agency: ACOA--Atlantic Innovation Fund; Amount: $5,000,000; Period: 2011-2014

Title: Privacy Protection and Biobanks: A Conjoint Analysis of Priorities and Preferences of Stakeholder Groups
Principal & Investigator(s): Pullman D, Etchegary H, Keough M, Gallagher K, Street C, Hodgkinson K, Walker D
Funding Agency: Federal Office of the Privacy Commissioner; Amount: $50,000;
Period: 2009-2010

Title: Intellectual property in Cultural Heritage
Princpal & Investigator(s): Nicholas G, Holliwell J, Bannister K, Pullman D et al.
Funding Agency: Social Sciences and Humanities Research Council of Canada (SSHRC); Amount: 2,500,000;
Period: 2008-2015

Title: Canadian Network for the Governance of Ethical Health Research Involving Humans
Principal & Investigator(s): MacDonald M (UBC), Pullman D
Funding Agency: Canadian Institutes of Health Research (CIHR); Amount: $208,000;
Period: 2008-2011

SAM RATNAM

Title: APTIMA cervical specimen collection and transport kit for detection of HPV mRNA with the APTIMA HPV assay
Principal & Investigator(s): Ratnam S
Funding Agency: Gen-Probe Inc, San Fransisco; Amount: $150,000; Period: 2009-2010

Title: Atlantic Canada HPV-HIV Surveillance Study
Principal & Investigator(s): Mugford G, Ratnam S, Wong T, Jayaraman G, Dow G, Johnston L, Hatchette T, Haase D, Kirkland S, Wilson R
Funding Agency: Public Health Agency of Canada; Amount: $150,000; Period: 2008-present

Title: HPV E6/E7 mRNA and biomarker testing in cervical cancer screening
Principal & Investigator(s): Ratnam S, Coutlee F, Fontaine D, Bentley J, Escott N, Ghatage P, Gadag V, Holloway G, Bartellas E, Kum N, Giede C, Lear A
Funding Agency: Merck Frosst Canada; Amount: $250,000; Period: 2007-2011

Title: The impact of anogenital warts on health-related quality of life
Principal & Investigator(s): Drolet M, Brisson M, Maunsell E, Franco EL, Coutlee F, Ferenczy A, Ratnam S, Fisher W, Mansi J
Funding Agency: Merck Frosst Canada; Amount: $175,000; Period: 2007-2010

BARBARA ROEBOTHAN

Title: Nutrition Champions Pilot Project
Principal & Investigator(s): Roebothan B
Funding Agency: Department of Health and Community Services, Province of Newfoundland and Labrador; Amount: $42,000; Period: 2011-2012

Title: Building Upon Active Schools to Increase Family and Community Involvement in the Promotion of Health and Wellness.
Principal & Investigator(s): Roebothan B
Funding Agency: Healthy Living Fund, Public Health Agency of Canada; Amount: $100,000; Period: 2009-2011

Title: **Are Canadian Best Practice Guidelines Really the Best way to Deliver Child Nutrition Programs in NL?**
Principal & Investigator(s): Roebothan B
Funding Agency: Janeway Children's Health and Rehabilitation Centre; Amount: $15,000; Period: 2008-2011

Title: **Effects of an Exposure-based Intervention on the Acceptance of and Willingness to Try 'New" Fruits by School Children in Newfoundland and Labrador**
Principal & Investigator(s): Roberts K, Roebothan B
Funding Agency: Kids Eat Smart Foundation of Newfoundland & Labrador; Amount: unfunded;\
Period: 2008-2010

Title: **What are the Determinants for Successful and Sustainable Volunteerism as it applies to the Delivery of Child Nutrition Programs in NL**
Principal & Investigator(s): Roebothan B
Funding Agency: NL Centre for Applied Health Research; Amount: $39,999; Period: 2008-2011

ATANU SARKAR

Title: **A Study of Groundwater Quality of Private Wells in Western Newfoundland Communities**
Principal & Investigator(s): Sarkar A, Krishnapillai M, Valcour J
Funding Agency: Harris Centre RBC Water Research and Outreach Fund/Memorial University; Amount: $15,000; Period: 2011-2012

Title: **Multiple Environmental Stressors Contaminating Water and Food Chain: An Exploratory Study Assessing Human Health Risk in the Humber River Basin**
Principal & Investigator(s): Sarkar A, Krishnapillai M, Scott B, Valcour J, Finnis J
Funding Agency: Humber River Basin Project (Grenfell campus)/Memorial University; Amount: $10,000; Period: 2011-2012

MARTHA TRAVERSO-YÉPEZ

Title: **Canada Research Chair in Health Promotion: Empowering Lives by Promoting Healthy Communities**
Principal & Investigators: Traverso-Yépez M
Funding Agency: Industrial Research Innovation Fund; Amount: $100,000; Period: 2009-2012

Title: **A Comparison Study of Pre-term and Low-weight Infants' Health Care in Brazil and Canada**
Principal & Investigator(s): Traverso-Yépez M, Veras R
Funding Agency: Foreign Affairs & International Trade Canada – Graduate Student Exchange Program; Amount: $10,000; Period: 2009

Title: **Promoting Healthy Communities: Enhancing Health and Well-being Through Community Capacity Building**
Principal & Investigator(s): Traverso-Yépez M, Bavington W, Donovan C, Maddalena V
Funding Agency: Faculty of Medicine Start-up Fund; Amount: $40,000; Period: 2008-2010

JAMES VALCOUR

Title: **Mapping Public Health for the Future**
Principal & Investigator(s): Valcour J, Simms A, Donovan C, Allison D, Gibbons G, Ryan A
Funding Agency: Research and Development Corporation – Ignite R&D; Amount: $59,906; Period: 2011-2013

Title: **Labrador Metis Community Health Needs Assessment**
Principal & Investigator(s): Martin D, Valcour J, Bull J, Wall D, Paul M, Graham J
Funding Agency: Aboriginal Health Transition Fund; Amount: $266,000; Period: 2009-2011

SUJA VARGHESE

Title: The effect of nutritional status on the functional outcome of inpatients undergoing stroke rehabilitation at the Dr. L.A. Miller Centre.
Principal & Investigator(s): Varghese S, McCarthy J, Dooley L, Sheppard A
Funding Agency: Health Care Foundation; Amount: $9,726; Period: 2010-present

PETER WANG

Title: Examining the predictors of breast cancer screening in Newfoundland and Labrador: The complex interplay of its multiple influences
Principal & Investigator(s): Halfyard B, Wang P, Dowden J
Funding Agency: Public Health Agency of Canada (PHAC); Amount: $60,500; Period: 2011-2013

Title: Utilization of Family Physicians in the H1N1 Vaccination Programs during the Pandemic of the fall of 2009 in the Canadian Provinces and Territories
Principal & Investigator(s): Godwin M, Duke P, Wang P, Allison D, Asghari S, Green M
Funding Agency: Canadian Institutes of Health Research (CIHR); Amount: $100,000;
Period: 2011-2012

Title: Assessing the Validity of a Self-Administered Food-Frequency Questionnaire (FFQ) in the Adult Population of Newfoundland and Labrador
Principal & Investigator(s): Wang P, Roebothan B, Cotterchio M, Ryan A, Guang S, Yi Y
Funding Agency: Newfoundland and Labrador Centre for Health Research (NLCAHR); Amount: $40,000;
Period: 2010-2012

Title: Examining the Direct and Indirect Effects of Socioeconomic Status (SES) on Colorectal Cancer Risk Using tructural Equation Modeling Analyses.
Principal & Investigator(s): Wang P, Zhao J
Funding Agency: Canadian Institutes of Health Research (CIHR) Cancer Research Training Program (Student Award); Amount: $35,700; Period: 2010-2012

Title: Barriers for medical care utilization for elderly Chinese immigrants
Principal & Investigator(s): Wang P, Maddalena V, Jin YP, Yi YQ
Funding Agency: Centre for Urban Health Initiative (CUHI); Amount: $10,000; Period: 2009-2012

Title: Effect of Vaginal Self-Sampling On Cervical Cancer Screening Rates: A Community-Based Study
Principal & Investigator(s): Duke P, Godwin M, Wang P, Mugford J, Traverso-Yepez M, Pike A, Ratnam S, Lear A, Fontaine D, Dawson L, Ravalia M, Graham W
Funding Agency: Canadian Institutes of Health Research-Regional Partnerships Program (CIHR-RPP);
Amount: $195,061; Period: 2009-2012

Title: The Impact of Delivery by Caesarean Section on Infant and Child Health in Newfoundland and Labrador
Principal & Investigator(s): Halfyard B, Wang P, Crane J, Newhook LA
Funding agency: Janeway Foundation; Amount: $11,000; Period: 2009-2010

Title: Examining quality of life and health outcomes after hip fracture in urban-rural Newfoundland – a pilot study
Principal & Investigator(s): Wang P, Mathews M, Squires D, Buehler S, Krahn M, Cheung A
Funding Agency: Medical Research Foundation; Amount: $10,000; Period: 2008-2009

Title: Healthy Aging in Newfoundland and Labrador: An Epidemiological Study to Enhance Mobility and Participation in Society
Principal & Investigator(s): Wang P, Louck-Atkinson A
Funding Agency: Newfoundland and Labrador Centre for Applied Health Research (NLCAHR)
Amount: $10,000; Period: 2008-2009

Title: The role of high birth weight on incidence of childhood leukemia in Newfoundland and Labrador
Principal & Investigator(s): Edward N, Wang P, Hand J, Bowes L
Funding Agency: Janeway Foundation; Amount: $13,369; Period: 2008-2009

YANQING YI

Title: Optimal Design of Response Adaptive Clinical Trials
Principal & Investigator(s): Yi YQ
Funding Agency: Industrial Research and Innovation Fund (IRIF); Amount: $49,500; Period: 2009-2011

Title: Statistical Methodology for the Adaptive Design and Analysis of Clinical Trials
Principal & Investigator(s): Yi YQ
Funding agency: Natural Sciences and Engineering Research Council (NSERC) of Canada; Amount: $75,000; Period: 2009-2014

Title: Statistical design and analysis of adaptive clinical trials
Principal & Investigator(s): Yi YQ
Funding Agency: Faculty of Medicine Start-up Funds, Memorial University; Amount: $6,000; Period: 2009-2010

WENDY YOUNG

Title: Entertainment Education for Adults with Type 2 Diabetes and Uncontrolled Hypertension in Newfoundland and Labrador
Principal & Investigator(s): Young W
Funding Agency: Newfoundland and Labrador Centre for Applied Health Research (NLCAHR); Amount: $10,000; Period: 2011

Title: Dancing with new partners: developing novel research methods to establish and monitor impacts of user engagement in times of austerity
Principal & Investigator(s): Hardill I, Young W
Funding Agency: Economic and Social Research Council (ESRC); Amount: $34,069; Period: 2011-2012

Title: Survey of Residents' perceptions of St. John's as an Age-Friendly Community
Principal & Investigator(s): Young W
Funding Agency: VP Research, Memorial University; Amount: $10,000; Period: 2011-2014

Title: Environmental Physical Activity Correlates After Cardiac Hospitalization (EPOCH)
Principal & Investigator(s): Blanchard C, Lyons R, Rainham D, Murnaghan D, Rhodes RE, Giacomantonio N, Young W, Reid R, Kirkland S, Spence JC
Funding Agency: CIHR; Amount: $197,791; Period: 2010-2012

Title: Geriatric Interest Groups: Recruiting Students to the Field of Aging
Principal & Investigator(s): Young W
Funding agency: National Initiative for the Care of the Elderly (NICE); Amount: $5000; Period: 2010-2011

Title: Sustaining IT use by older people to promote autonomy and independence: Newfoundland and Labrador Cohort
Principal & Investigator(s): Young W, Bornstein S, Farrell G, Gadag V, Gien L, Klima G, Tomblin S
Funding Agency: Canadian Institute of Health Research (CIHR); Amount: $225,000; Period: 2010-2013

Title: Canadian Longitudinal Study on Aging
Principal & Investigator(s): Raina P, Wolfson C, Kirkland S, Young W, 135 more across Canada
Funding Agency: Canadian Institute of Health Research (CIHR); Amount: $23,500,000; Period: 2009-2014

Title: Development of an age-friendly communities research team
Principal & Investigator(s): Young W, Donovan C, Gadag V, MacDonald S, Simms A, Waters N
Funding Agency: Healthy Aging Research Program; Amount: $20,000; Period: 2009-2011

Title: **Heart Truth and Entertainment Education for Professional Women in Newfoundland and Labrador**
Principal & Investigator(s): Young W, McKay D, Manuel A, Gadag V
Funding Agency: Canada Summer Jobs; Amount: $1170; Period: 2009

Title: **Dissecting the "Obesogenic' Environment of CAMH Service Users: Clients' Perspectives**
Principal & Investigator(s): Young W
Funding agency: The Centre for Urban Health Initiatives; Amount: $10,000; Period: 2008-2009

Title: **Health Literacy of Ethnic Seniors**
Principal & Investigator(s): Young W, Heisz K, Buehler S, Gadag V, Gien L, Law R, Maddalena V, Mulay S, Murray C, Wang P
Funding agency: The Centre for Urban Health Initiatives; Amount: $10,000; Period: 2008-2009

Title: **Healthy Weights: Halton Takes Action**
Principal & Investigator(s): Young W, Gadag V, Simms A
Funding Agency: CIHR; Amount: $100,000; Period: 2008-2011

Title: **Socio-Ecological Strategies for Chronic Disease Prevention and Management**
Principal & Investigator(s): Young W
Funding agency: The Centre for Urban Health Initiatives; Amount: $30,000; Period: 2008-2010

PEOPLE'S HEALTH MATTERS SERIES

The People's Health Matters lecture series brings in nationally recognized speakers to address a broad range of topics in community health, including: health policy, health care systems management, environmental and occupational health, and health care ethics. The lecture series runs in conjunction with a seminar for our graduate students in community health. Invited speakers are asked to send a paper in advance of their talk, so that the graduate students can prepare for the topic. Speakers are also asked to meet with graduate students informally after the lecture. The following is a list of speakers and topics for the past three academic years.

Co-ordinator: Dr. Victor Maddalena (2008-2009)

PRESENTER	TOPIC
Dr. John Williams University of Ottawa & Carleton University	Revising the Declaration of Helsinki
Dr. Carla Rice Trent University	How big girls become fat girls: the cultural production of problem eating and physical inactivity.
Dr. Sara Kirk Dalhousie University	Our changing world: promoting health in an obesogenic environment.
Dr. Sylvie Frigon University of Ottawa	Dance as an alternative approach to women's health in prison.
Dr. Ted Schrecker University of Ottawa	The overdue end of the health promotion era? Moving forward on social determinants of health.
Dr. Peter Coyte University of Toronto	The economic burden of immigrants with HIV: when to say No?
Anne Caines Montreal, Quebec	RECAA: Working towards a culture of respect with elders from the cultural communities.
Dr. Joseph Byrne Dalhousie University	Psychology of fear in healthcare: setting priorities or depleting resources.

Co-ordinator: Dr. Christopher Kaposy (2009-2010)

PRESENTER	TOPIC
Dr. Christina Wolfson McGill University	Studying aging in Canada's baby boomers side-by-side with Canada's seniors: the Canadian longitudinal study on aging.
Dr. Christina Wolfson PUBLIC LECTURE	How did Grandma live to 95? Looking at aging through a wide angle lens.
Dr. Ivy Bourgeault University of Ottawa	On the move: the migration of health professionals and its impact on HHR planning.
Drs. Peter Wang & Barbara Roebothan Memorial University	Lifestyles, dietary intakes, & colorectal cancer-results from a population based case-control study in Newfoundland & Labrador.
Dr. Lorna Weir York University	Securitizing global public health.
Dr. Joel Lexchin York University	Pharmacare – Canadians have waited too long (co-sponsored with 'Medical Grand Rounds).
Dr. Norman Campbell University of Calgary	Salt and high blood pressure: the hidden and silent killers. Time to put them in jail.
Dr. Iain Robbé Cardiff University, UK	H1N1, the UK experience
Dr. Sue Sherwin Dalhousie University	Responsibility for health promotion in an era of social connection and global threats.
Dr. Lisa Lix University of Saskatchewan	Current advances in the use of administrative for data chronic disease research: a methodological perspective.
Dr. Marcia Anderson University of Manitoba	Indigenous peoples and the right to health.
Dr. John McKnight Northwestern University, USA	The building blocks of a healthy community: how to identify and mobilize the assets in local neighbourhoods and towns.

Co-ordinator: **Dr. Christopher Kaposy (2010-2011)**

PRESENTER	TOPIC
Dr. Kim McGrail University of British Columbia	Diagnosing Senescence: Using Linked Data to Understand Patterns of Physicians' Service Use.
Dr. Robert Huish Dalhousie University	Cuban Medical Internationalism: When Public Health Meets Foreign Policy.
Dr. Jerilynn Prior University of British Columbia	Hot Flushes– Estrogen Addiction, Progesterone Treatment.
Dr. Jerilynn Prior PUBLIC LECTURE	Who Knew? Life-Saving Advances In Women's Health.
Dr. Natalie Beausoleil Memorial University	Body Image and Healthy Living in School Environments: Results From a Pilot Study.
Mr. Alan Cassels University of Victoria	Is Disease Mongering the Greatest Threat to Public Health?
Dr. Victor Maddalena Memorial University	Palliative and End of Life Care Across Cultures.
Dr. Sheryl Nestel University of Toronto	Canadian Midwifery & the Commodification of 3rd World Mothers.
Dr. Denise Spitzer University of Ottawa	Is Migrating to Canada Bad for Your Health?
Dr. Deborah McPhail University of British Columbia	Canada Weighs In: Gender, Race & the Making of *Obesity*, 1945-1970
Dr. Jill Allison Memorial University	Finding Fairness in Rural Health Care in NL.
Dr. Caroline Tait First Nations University of Canada	Intersecting Moral Codes in the Lived Experience of Indigenous peoples.
Dr. Rhonda Rosychuk University of Alberta	Statistical Disease Cluster Detection and Spatial Analyses.
Dr. Arun Chockalingam NLHBI Office of Global Health, USA	Cardiovascular Health at Cross: Roads: Challenges and Opportunities.
Dr. Brian Hennen University of Western Ontario	Primary Healthcare for Adults with Developmental Disabilities and their Families.

HEALTH RESEARCH UNIT

Director: Veeresh Gadag (PhD)
Manager: Ann Ryan (MSc)
Research Staff: Senior Researcher(s): Keough TM (MSc Med-Clinical Epidemiology) 2010
Robbins R (MPH) 2011
Database Manager: Heath King S-L (BSc; MSc –Candidate)
Research Assistants: Chowdhury N (BSc), LeMessurier J (MPH), Crocker J (MSc), Dhlakama M (BSc; MSc –Candidate)
Interviewers: Maddigan J, Hynes M, Stokes B, Gill R, Taylor K
Transcriptionist: Muir J

The Health Research Unit is the contract arm of the Division of Community Health and Humanities, Faculty of Medicine, Memorial University of Newfoundland. Its primary purpose is to improve the health of the community through studies in health promotion, health protection, health status, health services, health programs and disease prevention. Our projects deal with population health and the broad social determinants of health. The HRU works in a collaborative manner with community and health agencies.

These past few years the HRU has seen an increase in research projects and a demand for our services. We continue to complete community driven research such as our projects with the Kids Eat Smart Foundation and Ever Green Recycling Inc., as well as faculty driven research such as Privacy Protection and Biobanks and Learners and Locations: A Pilot Study of Where Physicians Train and Practice.

This coming year will be the HRU's 20th anniversary. We are in the process of planning an exciting event on Nov. 7, 2012 to celebrate our significant contribution to quality population health research in the province of Newfoundland and Labrador.

CURRENT PROJECTS:

Title: **Evergreen Evaluation**
Principle Investigator: Traverso-Yepez M
Funding Agency: Evergreen Recycling
Amount: $50,000
Duration: 2010-2011

Title: **Nutrition Survey Validation**
Principal Investigator: Wang P, Roebothan B
Funding Agency: NLCAHR
Amount: $50,000
Duration: 2011-2012

Title: **Kids Eat Smart Program Delivery Evaluation**
Principal Investigator: Roebothan B, Gadag V
Funding Agency: Janeway Research Foundation
Amount: $15,000
Funding Agency: NLCAHR
Amount: $40,000
Duration: 2008-2011

Title: **Eating Disorder Interprofessional Community Capacity Building (EDICCB)**
Principal Investigator: Heath O
Funding Agency: EDICCB
Amount: $30,351
Duration: 2010-2012

Title: **MPH Program Evaluation 2nd Year**
Principal Investigators: Donovan C, Maddalena V
Funding Agency: Community Health and Humanities
Amount: $30,694
Duration: 2010-2014

Title: **Learners and Locations: A Pilot Study of Where Physicians Train and Practice**
Principal Investigator: Rourke J, Mathews M, Gadag V
Funding Agency: Health Canada (Strategic Policy Branch)
Amount: $233,951
Duration: 2008-2011

COMPLETED PROJECTS:

Title: **Privacy and Biobanking**
Principal Investigator: Pullman D
Funding Agency: Office of the Federal Privacy Commissioner
Amount: $31,700
Duration: 2009-2010

Title: **Hip Fracture Pilot Study**
Principal Investigator: Wang P
Funding Agency: Medical Research Foundation
Amount: $10,000
Duration: 2009

Title: Enhancing Public Health Decision-Making with Geographic Information Systems: Strategic and Business Plan
Principal Investigator: Allison D, Donovan C, Kawaja M
Funding Agency: Geoconnections
Amount: $36,223
Duration: 2008-2009

FEE FOR SERVICE WORK:

Title: Physician Registry
Principal Investigator: Mathews M
Funding Agency: CFI
Duration: 2009 – Present

Title: Geospatial Project
Principal Investigators: Valcour J, Allison D, Donovan C, Simms A
Funding Agency: Geoconnections/Eastern Health
Duration: 2010 - 2011

Title: Pharmacy Intervention
Principal Investigator: Young S
Funding Agency: PANL
Duration: 2010

Title: The Role of Spirituality at End of Life in Nova Scotia's Black Community
Principal Investigator: Maddalena V
Funding Agency: CIHR Operating Grant; Interdisciplinary Capacity Enhancement Grant
Duration: 2010

Title: Deaf Adults and Genetic Testing Ethic Application
Principal Investigator: Maddalena V
Funding Agency: AMGGI
Duration: 2010

Title: Deaf Adults and Palliative Care Ethics Application
Principal Investigator: Maddalena V
Funding Agency: NLCAHR-HARP
Duration: 2010

Title: Novice Nurses
Principal Investigator: Maddalena V, Kearney A
Funding Agency: SSHRC/Vice-President's Research Grant
Duration: 2010

Title: Body Image Network
Principal Investigator: Beausoleil N
Funding Agency: PHAC
Durations: 2010

Title: Association of Atlantic Universities Innovation Project
Principal Investigator: Keough K
Funding Agency: AAU
Duration: 2010

Title: Elderly Chinese Immigrant Health
Principal Investigator: Wang P
Funding Agency: CUHI
Duration: 2010

Title: Labrador Metis Health Survey
Principal Investigator: Valcour J
Funding Agency: Aboriginal Transition Health Fund
Duration: 2010

Title: General Research Assistance
Principal Investigator: Young W
Funding Agency: Various
Duration: 2010

Title: General Research Assistance
Principal Investigator: Traverso M
Funding Agency: Various
Duration: 2009-present

Title: General Research/Admin Assistance Projects:
Age Friendly Communities
Healthy Weights Halton
Heart and Stroke Foundation: Heart Truth
CUHI Research Interest Group
China Canada Ethnic Seniors
Principal Investigator: Young W
Funding Agency: Various
Duration: 2010

Title: Assessment of Palliative Care Needs of People with End Stage Renal Disease on Dialysis
Principal Investigators: Maddalena V
Funding Agency: NLCAHR
Duration: 2011-present

Title: Challenges of Maintaining Groundwater Quality of Private Wells and Community Perceptions: a Case Study in the Western Region of Newfoundland
Principal Investigators: Sarkar A
Funding Agency: Harris Centre; Humber River Basin Project
Duration: 2010-present

APPENDICES
2008-2011

Appendix A: Graduating Students of 2008-2011

Appendix B: Awards and Achievements for 2008-2011

Appendix C: Publications

Appendix D: Presentations

Appendix E: Service

APPENDIX A
GRADUATING STUDENTS OF 2008-2011

Master of Science in Medicine (Community Health) Program

STUDENT	SUPERVISOR	THESIS TITLE
Kelly Butt	Drs. D. Gustafson / A. Jones	Perceptions of Public Drinking Water Safety in NL: A Mixed Methods Study
Tracy Chislett	Dr. R. Audas	The Use of Administrative Data to Investigate Wait Times for Total Joint Replacement Surgery
Toby Dunne	Dr. R. Audas	Population Needs-Based Allocation Strategy of General Practitioner Resources in NL
Nicole Edwards	Dr. R. Audas	Mapping Birth Weight and Health Service Utilization of Infants and Young Children Using Linked Administrative Databases
Patrick Fleming	Dr. M Mathews	Retention of Specialist Physicians in NL
Beth Halfyard	Dr. V. Gadag	The Predictive Value of the HPV DNA Test & Liquid-based Pap Cytology (LBC) in Low Grade Pap Abnormalities
Saman Iqbal	Dr. V. Gadag	Estimation of BMI Range to Identify Nutritional Risk of Hospitalized Seniors
Fang Liu	Dr. P. Wang	The Aging Population and its Impact on Health Outcomes in NL
Jeff Kelland	Dr. D. Pullman	Fundraising and Funding of Mental Health & Illness Research in Canada: A Critical Analysis
Michelle Rees	Drs. R. Audas / M. Murray	Evaluation of the Unique Personal Identifier and Client Registry
Sophia Shaikh	Drs. D. Gustafson / M. Murray	Impact of Safety Training on Fish Harvesters' and Seafarers' Knowledge and Perception of Safety
Zhuoyu Sun	Dr. P. Wang	Dietary Factors and Microsatellite Instability in Sporadic Colorectal Cancer
Karen Woodland	Dr. R. Audas	Mechanisms of Voice-Grievance, Injury Reporting, Absence, Turnover and Adverse Events and their Association with Collective Bargaining: An Analysis of Eastern Health Employees, St. John's Region
Stephanie Young	Dr. M. Mathews	MUN Pharmacy Graduates Study

Master of Science in Medicine (Applied Health Services Research) Program

STUDENT	SUPERVISOR	THESIS TITLE
Amanda Hancock	Dr. D. Gustafson	An Exploration of HIV Testing Policy and Services Through a Social Justice Lens
Emma Housser	Dr. M. Mathews	Out-of-Pocket Cost of Cancer for Cancer Patients
Jill MacEachern	Drs. D. Pullman / M. Mathews	Familial and Hereditary Colorectal Cancer Screening in NL: Specialists' Knowledge, Attitude, and Practice Patterns
Valerie Penton	Dr. D. Gustafson	Assistive Technology Provision: An Assessment of Services and Supports in NL
Kara Roberts	Dr. B. Roebothan	Assessing the Impact of an Exposure Based Intervention on Elementary School Childrens' Liking, Willingness to Try and Tasting of Three New Fruits

Master of Public Health (Population/Public Health Stream) Program

STUDENT	ADVISOR	WORKPLACE PRACTICUM PLACEMENT / CAPSTONE PROJECT TITLE
Adele Balram	Dr. C. Donovan	Public Health Office, Fredericton, NB
Samantha Brenton	Dr. M. Traverso	Office of Oral Health, Health Canada
Sandra Cooke	Dr. C. Donovan	Research Project Work: "Deaf People's Access to Genetic Counselling" (Memorial University) and "Breastfeeding Survey" (Eastern Health)
Patrick Fewer	Dr. V. Maddalena	Cervical Cancer Initiatives Programme
Michael Hartmann	Dr. R. Audas	Public Health Division, Department of Health & Community Services, Government of Newfoundland & Labrador
Lauren Josselyn	Dr. M. Traverso	Department of Health, Government of Newfoundland & Labrador
Jennifer LeMessurier	Dr. S. Mulay	Health Canada, Ottawa
Sarah Mackey	Dr. J. Valcour	St. John's Environmental Lead Biomonitoring Project (collaborators: Memorial University, Eastern Health, and Health Canada)
Stephanie Minor	Dr. S. Mulay	St. John's Environmental Lead Biomonitoring Project (collaborators: Memorial University, Eastern Health, and Health Canada)
Aleeya Raza	Dr. V. Maddalena	Public Health, Labrador-Grenfell Regional Health
Rebekah Robbins	Dr. C. Donovan	Chronic Disease Division, Department of Health & Community Services, Government of Newfoundland & Labrador
Alyson Ross	Dr. R. Audas	New Brunswick Office of the Chief Medical Officer of Health
Madhabi Roy	Dr. Donovan	Public Health and Wellness Division, Department of Health & Community Services, Government of Newfoundland & Labrador
Sivakumar Savudan	Dr. S. Mulay	Health Promotion, Eastern Health
Joseph Scanlon	Dr. S. Mulay	Public Health Agency of Canada, Ottawa
Mike Wadden	Dr. V. Maddalena	"No One Left Behind" - Ever Green Recycling: Transition from a Sheltered Workshop to an Affirmative Business
A.J. Willis	Dr. C. Donovan	Department of Health, Government of Newfoundland & Labrador
Fei Yin	Dr. V. Maddalena	Newfoundland and Labrador Centre for Health Information

Doctorate in Community Health Program

STUDENT	SUPERVISOR	THESIS TITLE
Kayla Collins	Dr. D. Neville	Evaluating the Impact of Enhancing Information and Communication Technology in a Community-model Primary Health Care Setting in NL
Pamela Elliott	Dr. D. Neville	Evaluation of the Implementation of an Electronic Occurrence Reporting System at Eastern Health
John Knight	Dr. V. Gadag	Association of Continuity of Family Physician Care with Healthcare Services Utilization in NL: The Influence of Age and Chronic Illness
Donald MacDonald	Dr. D. Neville	Evaluating the Implementation of Picture Archiving & Communication Systems in NL
Kelly Monaghan	Dr. N. Beausoleil	The Oeuvre of Risk in Health Promotion: A Reflexive Metatheoretical Critique
Sylvia Reitmanova	Dr. D. Gustafson	"Disease Breeders Among Us." Canadian Press Coverage of Immigrant Tuberculosis; Critical Discourse Analysis
[illegible]hokan Sikdar	Dr. V. Gadag	Serious Adverse Drug Events in Patients Presenting to Emergency Departments and Admitted to Hospitals in NL
Jinhui Zhao	Dr. P. Wang	The Study of Genetics and Environmental Factors of Colorectal Cancer

APPENDIX B
AWARDS AND ACHIEVEMENTS FOR 2008-2011

Faculty and Staff

RECIPIENT	AWARD
Dr. Diana Gustafson	MUNSU Award for Teaching Excellence (2008-09)
Dr. Anne Kearney	MITACS Accelerate Internship (& ARTC student Chris Shortall) (2008-09)
Dr. Maria Mathews	Graduate Literacy Award in Health Services, Policy & Management from the Society of Graduates in Health Policy, Management and Evaluation (2008-09)
Dr. Barbara Roebothan	Recognition for volunteer service by Dietitians of Canada (2008-09)
Ms. Brenda Hillier	Erika Bartlett Award (2008-09)
Dr. Olga Heath	Academy for Healthcare Improvement: Duncan Neuhauser Award for Curriculum Innovation (Patient Safety Team Lead) (2009-10)
Dr. Anne Kearney	Academy for Healthcare Improvement: Duncan Neuhauser Award for Curriculum Innovation (Patient Safety Team Lead) (2009-10)
Dr. Atanu Sarkar	Dean's Award for Excellence in Research, Queen's University (2009-10)
Drs. Victor Maddalena/ Diana Gustafson	MITACS Accelerate Internship (2009-10)
Dr. Barbara Roebothan	Recognition for Volunteer Service by Dietitians of Canada (2009-10)
Dr. Maria Mathews	President's Award for Outstanding Research, MUN (2009-10)
Dr. Fern Brunger	Canadian Association of Medical Education (CAME) Certificate of Merit Award (2010-11)
Dr. Sharon Buehler	MUN Pensioners Association Tribute Award (2010-11)
Dr. Maura Hanrahan	Recipient of an IPPY (Independent Press) Award, New York (2010-2011)
Dr. Olga Heath	Recognition Award for Outstanding Commitment and Contribution in Support of EDFNL Aims and Objectives (Eating Disorder Interprofessional Community Capacity Building Project Team Lead (2010-11)

Undergraduate Medical Education Programs

Student Recipients of the Dr. Leonard Miller Award	Student Recipients Rural Community Visit Prize
Anna Sanderson (08) Jessica Corbett (09) Theresa Nicole Myers (09) Patrick Fleming (10) Keelia Farrell (11)	Sarah Battcock (08) Nicole Theresa Myers (09) Jessica Downing (10) Dayna Butler (11)

Master of Science in Medicine (Community Health) Graduate Program

STUDENT RECIPIENT	AWARD
Taylor Ferrier	Deans Fellowship (2008-09) Masters Fellowship (NL Centre for Applied Health Research [NLCAHR]) (2008-09)
Patrick Fleming	Barrowman Graduate Travel Award (2008-09)
Jeff Kelland	Canadian Psychiatric Association R.O. Jones Best Paper Award (2008-09)
Fang Liu	Barrowman Graduate Travel Award (2008-09) CIHR – Institute on Aging Travel Award (2009-10)
Zhuoyu Sun	CIHR – Cancer Training Travel Bursary (2009-10)

Master of Public Health (Population/Public Health Stream) Graduate Program

STUDENT RECIPIENT	AWARD
Samantha Brenton	Master of Public Health Program Prize Award (2008-09)
Madelaine Gierc	Dean's Scholarship, University of Saskatchewan (2011)
Jennifer LeMessurier	University Medal for Excellence in an All Course Masters Program (2009-10)
Sarah Mackay	Master of Public Health Program Prize Award (2009-10)
Stephanie Minor	Master of Public Health Program Prize Award (2009-10)
Joanne McGee	Canadian Public Health Agency Travel Award (2009-10)
A. James Quinlan	Master of Public Health Program Prize Award (2010-2011)

Master of Science in Medicine (Applied Health Services Research) Graduate Program

STUDENT RECIPIENT	AWARD
Kim Bonia	Canadian Mental Health Association's Mental Health Research Award (2010-2011)
Mercy Dhlakama	ARTC Applied Health Services Research Award (2010-2011)
Amanda Hancock	ARTC Applied Health Services Research Award (2008-09) Jorge Segovia Scholarship in Health Services Research (2009-10) Barrowman Travel Award (2009-10)
Jill MacEachern	Barrowman Graduate Travel Award (2008-09)
Gioia Montevecchi	Atlantic Aboriginal Health Research Awards – CIHR (2010-2011)
Chris Shortall	MITACS Accelerate Internship with Faculty Member Dr. Anne Kearney (2008-09)
Kara Roberts	ARTC Applied Health Services Research Award (2009-10)
Valerie Penton	ARTC Applied Health Services Research Award (2009-10)

Doctorate in Community Health Graduate Program

STUDENT RECIPIENT	AWARD
Sueann Anstey	Evidence Informed Practice Council, Eastern Health PT Student Fellowship (2010-2011) Sisters of Mercy Research and Scholarly Activity Award (2010-2011) Newfoundland and Labrador Nurses Union Scholarship for PhD Studies (2008-09) Association of Registered Nurses of Newfoundland and Labrador (2008-09) CIHR Student Award to attend the Summer Program in Aging (2008-09)
Diana Deacon	PhD Comprehensive Distinction (2009-10)
Khokan Chandra-Sikdar	Fellow of Graduate Studies Award (2009-10)
John Knight	Fellow of Graduate Studies Award (2009-10)
Melody Morton	F.A. Aldrich Doctoral Fellowship (2010-2011)
Ninomiya	Dean's Fellowship (2010-2011)
Sylvia Reitmanova	SSHRC Doctoral Fellowship (2008-09) Dean's Excellence Award (2008-09) Graduate Student Union Award for Excellence in Research (2008-09) Dr. Jorge Segovia Scholarship in Health Services Research (2008-09) International Union Against Tuberculosis & Lung Disease Travel Grant (2008-09) Knowledge in Motion Conference Subsidy Contest Winner (2008-09)
Khokan Sikdar	Fellow of the School of Graduate Studies (2010-2011)
Jing Zhao	The Dr. Alfred T. H. Burness Graduate Award in Medicine (2010-2011) Atlantic Cancer Research Training Program Travel Award (2010-2011)

APPENDIX C
PUBLICATIONS

The following is a list of our faculty's publications for 2008-2011. Team publications are placed only under the first faculty member listed.

DAVID ALLISON

Bell T, Campbell S, Liverman DGE, Allison D, Sylvester P (2010). Environmental and Human Health Legacies of Non-Industrial Sources of Lead in a Canadian Urban Landscape: the Case Study of St. John's, Newfoundland. *International Geological Review 2010*, 52(7): 771-800.

Other Publications

Bell T, Allison D, David J, Foley R, Kawaja M, Mackey S, Parewick K, Pickard F, Stares J, Valcour J (2011). Biomonitoring for Environmental Lead Exposure in Children in pre-1970's Housing in St. John's Newfoundland and Labrador. Health Canada.

SHABNAM ASGHARI

Publications

Vanass A, Orzanco MG, Dagenais P, Ourada T, Courteau J, Asghari S, Chebana F, Martel B, Gosselin P (2011). Secular trends of hip fractures in Québec, Canada. *Osteoporos Int. DOI*: 10.1007/s00198-011-1749-0

Asghari S, Courteau J, Drouin C, Paquet M, Grégoire Jp, Carpentier A, Vanasse A (2010). Adherence to vascular protection drugs in diabetic patients in Quebec: A population-based analysis, *Diabetes and Vascular Disease Research.* DOI: 10.1177/1479164109360593

Dagenais P, Vanasse A, Courteau J, Orzanco Mg, Asghari S (2010). Disparities between rural and urban areas for osteoporosis management in the province of Quebec following the Canadian 2002 guidelines publication, *Journal of Evaluation in Clinical Practice.*

Feizzadeh A, Nedjat S, Asghari S, Keshtkar A, Heshmat R, Setayesh H, Majdzadeh R (2010). Evidence-based approach to HIV/AIDS policy and research prioritization in Iran. *East Mediterranean Health Journal* 16(3).

Barcellos De Souza J, Vanasse A, Cisse A, Asghari S, Dion D,Choiniere M, Marchand S (2009). de la douleur chronique au Canada les femmes souffrent-elles plus que les hommes ? *Douleur et Analgesie*, 22(3).

Asghari S, Courteau J, Carpentier A, Vanasse A (2009). Optimal strategy to identify incidence of diagnostic of diabetes using administrative data, BMC Medical Research Methodology 9(62).

RICK AUDAS

Publications

Audas R, Hill P, Rutherford M, vanCrevel R, Graham S (2011). Closing the Policy-Practice Gap in the *Management of Child Contacts of Tuberculosis Cases in Developing Countries. PLoS One Medical Journal.*

Audas R, Garces-Ozanne, Yow A (2011). Rural Practice and Retention in New Zealand: an examination of domestically and foreign trained doctors. *New Zealand Medical Journal.*

Audas R, Edwards N (2010). Trends of abnormal birthweight among term gestation infants. *Canadian Journal of Public Health.*

Audas R, McKenzie J, Priest P, Poore M, Brunton C, Reeves L (2010). Hand sanitisers for reducing illness absences in primary school children in New Zealand: a cluster randomised controlled trial. Trials.

Audas R, Ryan A, Vardy D (2009). Where have all the rural doctors gone? *Canadian Journal of Rural Medicine.*

Other Publications

Audas R, Finn M (2011). Evaluation Framework for Eastern Health's Orthopaedic Central Intake Model.

Audas R, Cirtwill C, Newman J (2011). Municipal Performance Report for Nova Scotia, Atlantic Institute for Market Studies.

Audas R (2011). Highly Active Antiretroviral Therapy (HAART) Treatment for Adults in Developed Countries: Cost-Effectiveness. *CADTH Rapid Response Report*, May.

Audas R, Cirtwill C, Newman J (2011). High School Report Cards for Manitoba and Saskatchewan. Atlantic Institute for Market Studies and The Frontier Institute.

Audas R, Cirtwill C, O'Keefe B (2010). Grading our Future VIII. Atlantic Institute for Market Studies and Progress.

Audas R, Cirtwill C, O'Keefe B, Chisolm H (2010). Canada's top Cities. Report published by the Atlantic Institute for Market Studies and Published in *MacLean's.*

Audas R, Cirtwill C, O'Keefe B, Chisolm H (2009).

Municipal Performance Report for New Brunswick. Atlantic Institute for Market Studies.

Audas R, Cirtwill C, O'Keefe B, Chisolm H (2009). Municipal Performance Report for Nova Scotia. Atlantic Institute for Market Studies.

Audas R (2009). A Flexible Workforce as a Public Good expert paper. Human Resources and Skills Development Canada.

Audas R, Smaill K, Priest P (2009). How much is your child's health worth? An economic evaluation of the cost of children's illness on the family. *EcoNZ*.

Audas R, Cirtwill C, O'Keefe B (2009). Grading our Future VII. The Atlantic Institute for Market Studies.

Audas R, Cirtwill C, O'Keefe B (2008). Grading our Future VI'. The Atlantic Institute for Market Studies.

NATALIE BEAUSOLEIL

Publications

Shea J, Beausoleil N (2011) Breaking down "healthism": barriers to health and fitness as identified by immigrant youth in St. John's, NL, Canada. *Sport, Education and Society*. DOI: 10.1080/13573322.2011.607914

Beausoleil N (2009). An impossible task? Preventing disordered eating in the context of the current obesity panic. Chapter 7 in *Biopolitics and the 'Obesity Epidemic'*. Governing Bodies (J. Wright and V. Harwood, eds.) New York/London: Routledge. P. 93-107.

FERN BRUNGER

Publications

Bhogal A, Brunger F (2010). Prenatal genetic counselling in cross-cultural medicine: a framework for family physicians. *Canadian Family Physician*; 56: 993-999.

Brunger F (2009). Social science and educational research involving children. In *Paediatric Research in Canada*. B. Knoppers, D. Avard, S. Samuel, eds., Montreal: Les Éditions Thémis, pp 225-248.

Bubela T, Nisbett M, Brunger F, et al. (2009). Science communications reconsidered: challenges, prospects, and recommendations. *Nature Biotechnology*, 27(6): 514-8.

Brunger F (2008). Culture, religion and ethnicity: important ethical considerations in undertaking research in vulnerable populations. *In Handbook for Clinician Scientists: Tools for a Successful Academic Career*. Robert Bortolussi, ed., The Canadian Child Health Clinician Scientist Program.

Book Chapters

Manuel A, Brunger F, Hodgkinson K (2010). Psychosocial Implications of Genetic Investigations. In R. Brugada, ed., *Clinical Approaches to Sudden Cardiac Death Syndromes*. London: Springer-Verlag 2010. Pp 311-316.

Brunger F (2009). Social science and educational research involving children. In *Paediatric Research in Canada*. B. Knoppers, D. Avard, S. Samuel, eds., Montreal: Les Éditions Thémis. Pp 225-248.

Brunger F (2009). Why do communities matter in global health research? In James V. Lavery, ed. *Global Health Research Ethics E-book*, YourProf.com, Toronto, Ontario (www.yourprof.com)

Other Publications

Brunger F (2010). Editorial, Activism and Wellness. Guest editor for volume on political-social activism and wellness, *Student Wellness*, on-line newsletter, Memorial University of Newfoundland Faculty of Medicine , Issues 15, Spring.

CATHERINE DONOVAN

Publications

Yang Z, Wang S, Wang P, Li Q, Li Y, Wei M, Donovan C (2009). Determining SARS sub-clinical infection--- a longitudinal ser-epidemiological study in recovered SARS patients and controls after an outbreak in a general hospital, *Scandinavian Journal of Infectious Diseases*, 41(6): 507-10.

Riley BL, Stachenko S, Wilson E, Harvey D, Cameron R, Farquharson J, Donovan C, Taylor G (2009). Can the Canadian Heart Health Initiative Inform the Population Health Intervention Research Initiative for Canada? *Canadian Public Health Association Journal*, 100 (1): I-20-26.

Book Chapters

Tirone S, Shepard B, Turner NJ, Jackson I, Marshall A, Donovan C (2008). Celebrating and connecting with food. In *Resetting the Kitchen Table: Food Security, Culture, Health and Resilience in Coastal Communities*, eds. Parrish C.C., Turner N.J. and Solberg S.M., Chapter 10, Nova Science Publishers, Hauppague, NY.

Marshall A, Jackson L, Shepard B, Tirone S, Donovan C (2008). Knowledge flows around Youth: what do they "know" about human and community health in Lutz, J.S., Neis B., Making and Moving Knowledge Interdisciplinary and Community-based Research in a *World on the Edge*, Ch. 8, McGill-Queen's University Press, Montreal.

VEERESH GADAG

Publications

Sikdar KC, Wang P, MacDonald D, Gadag V (2010). Diabetes and its impact on health-related quality of life: A life table analysis. *Qual Life Res* 19:781–787.

Xiong H, Madonna M, Mathews M, Gadag V, Wang P (2010): Cervical Cancer Screening Among Asian Canadian Immigrant and Non-immigrant Women. *Am. J Health Behav*, 34(2):131-143.

Sutradhar BS, Oyet AJ, Gadag V (2010). On quasi-likelihood estimation for branching processes with immigration, *The Canadian J. of Stast.*, 38(2):290-313.

Sarangi S,. Zaidi T, Pal RK, Katgara D, Gadag V, Mulay S, Varma DR (2010). Effects of Exposure of Parents to Toxic Gases in Bhopal on the Offspring. *American Journal of Industrial Medicine*; 53(8):836-41.

Sikdar KC, Alaghehbandan R, MacDonald D, Barrett B, Collins KD, Donna J, Gadag V (2010). Adverse drug events in adult patients leading to emergency department visits. The Annals of Pharmacotherapy, 44(4):641-9.

Sikdar KC, Alaghehbandan R, MacDonald D, Barrett B, Collins KD; Gadag V (2010). Adverse drug events among children presenting to a hospital emergency department in Newfoundland and Labrador, Canada. *Pharmacoepidemiology and Drug Safety* 19(2):132-40.

Knight JC, Dowden JJ, Gadag V, Worrall GJ, Murphy M (2009). Does higher continuity of family physician care reduce hospitalizations in elderly people with diabetes? Disease Management. *Population Health Management*, 12(2): 81-86.

Ravani P, Parfrey P, Murphy S, Gadag V, Barrett B (2008). Clinical research of kidney diseases V: extended analytic models. *Nephrology Dialysis Transplantation* 23(2):475-482.

Knight JC, Dowden JJ, Gadag V, Worrall GJ (2008). Continuity of care and health services utilization within a universally-insured health care system. *Annals of Epid.* 18(9), 727.

Ravani P, Parfrey P, Gadag V, Malberti, Barrett B (2008). Clinical research of kidney diseases V: extended analytic models. *Nephrology Dialysis Transplantation* 23(5):1484-1492.

Ravani P, Parfrey P, Murphy S, Gadag V, Barrett B (2008). Clinical research of kidney diseases V: extended analytic models. *Nephrology Dialysis Transplantation* 23(2):475-482.

MARSHALL GODWIN

Publications

Godwin M (2011). Belle Maro (a historical fiction novel). DRC Publishing ISBN 978-1-926689-27-2. www.drcpublishingnl.com/bookdetail.php?bookID=68

Godwin M, Birtwhistle R, Delva D, Lam M, Casson I, Macdonald S, Seguin R (2011). Manual and automated office measurements in relation to awake ambulatory blood pressure monitoring. *Family Practice*, 28:110-117. DOI:10.1093/fampra/cmq067. Advanced access published on 18 August 2010.

Myers M, Godwin M, Dawes M, Kiss A, Tobe SW, Grant C, Kaczorowski J (2011). Conventional versus automated measurement of blood pressure in primary care patients with systolic hypertension: randomised parallel design controlled trial. *BMJ*, 342: d286. Published online 2011. doi: 10.1136/bmj.d286. www.ncbi.nlm.nih.gov/pmc/articles/PMC3034423/

Putnam W, Lawson B, Buhariwalla F, Goodfellow M, Goodine R, Hall J, Lacey K, MacDonald I, Burge FI, Natarajan N, Sketris I, Mann B, Dunbar P, Van Aarsen K, Godwin M (2011). Hypertension and type 2 diabetes: What family physicians can do to improve control of blood pressure - An observational study. *BMC Family Practice*, 12, art. no. 86.

Stratton J, Godwin M (2011). The effect of supplemental vitamins and minerals on the development of prostate cancer: A systematic review and meta-analysis. *Family Practice*, 28(3): 243-252.

McCrate F, Godwin M, Murphy L (2010). Attainment of Canadian Diabetes Association recommended targets in patients with type 2 diabetes. A study of primary care practices in St John's, Nfld. *Can Fam Physician*; 56:e13-9

McColl MAH, Shortt S, Hunter D, Dorland J, Godwin M, Rosser W, Shaw R (2010). Access and Quality of Primary Care for people with Disabilities: A Comparison of Practice factors. *Journal of Disability Policy Studies*, 21(3): 131-140. DOI: 10.1177/1044207310376739

Ploughman M, Austin M, Mark Stefanelli M, Godwin M (2010). Applying cognitive debriefing to pre-test patient-reported outcomes in older people with multiple sclerosis. *Qual Life Res*. DOI 10.1007/s11136-010-9602-z www.springerlink.com/content/aj6258154q7877rv/fulltext.pdf

Rosser W, Godwin M, Seguin R (2010). Family medicine research capacity building. Five weekend programs in Ontario. *Can Fam Physician* 56(3):e94-e100

Schmidt Stutzman SE, Brown CA, Hains SMJ, Godwin M, Smith GN, Parlow JL (2010). The effects of exercise conditioning in normal and overweight pregnant women on blood pressure and heart rate variability. *Biological Research for Nursing*:12(2): 137-148

Birtwhistle R, Keshavjee K, Lambert-Lanning A, Godwin M, Greiver M, Manca D, Lagace C (2009). Building a Pan-Canadian Primary Care Sentinel Surveillance Network: Initial Development and Moving Forward. *J Am Board Fam Med*, 22:412–22

Godwin M, Birtwhistle R, Seguin R, Lam M, Casson I, Delva D, MacDonald S (2009). Effectiveness of a protocol-based strategy for achieving better blood pressure control in general practice. *Fam. Pract., Advance Access*; doi: 10.1093/fampra/cmp075

Godwin M, Lam M, Birtwhistle R, Delva D, Seguin R, Casson I, MacDonald S (2009). A primary care pragmatic cluster randomized trial of the use of home blood pressure monitoring on blood pressure levels in hypertensive patients with above target blood pressure. *Family Practice*; doi: 10.1093/fampra/cmp094

Hua L, Brown CA Dr, Hains S, Godwin M, Parlow J (2009). Effects of Low-Intensity Exercise Conditioning on Blood Pressure, Heart Rate, and Autonomic Modulation of Heart Rate in Men and Women with Hypertension. *Biol Res Nurs*, 11(2):129-143

Lilly M, Godwin M (2009). Treating prediabetes with metformin. Systematic Review and Meta-analysis. *Can Fam Phys*, 55(4):363-369.

McColl MA, Shortt S, Godwin M, Smith K, Rowe K, O'Brien P, Donnelly C (2009). Models for integrating rehabilitation and primary care: a scoping study. *Arch Phys Med Rehabil*, 90(9):1523-31.

Myers M, Godwin M (2009). Algorithms for diagnosing hypertension in the office: translating principle into practice. *Journal of Hypertension* 27:1746-1747.

Myers MG, Godwin M, Dawes M, Kiss A, Tobe SW, Kaczorowski J (2009). Measurement of Blood Pressure in the Office. Recognizing the Problem and Proposing the Solution. Hypertension, 2010; 55:19. Published online; DOI:10.1161/HYPERTENSIONAHA.109.141879 http://hyper.ahajournals.org/cgi/reprint/HYPERTENSIONAHA.109.141879?ijkey=azzdUPsQS6OuRz2&keytype=ref

Rourke L, Godwin M, Rourke J, Pearce S, Bean J (2009). *BMC Family Practice* 20:28 doi:10.1186/1471-2296-10-28 http://www.biomedcentral.com/1471-2296/10/28.

Fleming P, Godwin M (2008). Lifestyle interventions in primary care: systematic review of randomized controlled trials. *Can. Fam. Phys.* 54(12):1706-13.

Godwin M, Pike A, Kirby A, Jewer C, Murphy L (2008). Prehypertension and hypertension in a primary care practice. *Can Fam Phys*. 54:1418-23.

Cranney A, Lam M, Ruhland L, Brison R, Godwin M, Harrison MM, Harrison MB, Anastassiades T, Grimshaw JM, Graham ID (2008). A multifaceted intervention to improve treatment of osteoporosis in postmenopausal women with wrist fractures: a cluster randomized trial. *Osteoporosis Int.* DOI 10.1007/s00198-008-0669-0

Ross R, Blair SN, Godwin M, Hotz S, Katzmarzyk PT, Lam M, Lévesque L, Macdonald S (2009). Prevention and Reduction of Obesity through Active Living (PROACTIVE): rationale, design and methods. *Br J Sports Med*, 43(1):57-63. Epub 2008 Nov 10

DIANA GUSTAFSON

Publications

Gustafson DL, Elliott AJ (2011). Lives lived together and apart: A mother-daughter conversation fifteen years later. Women's Studies International Forum, 34(3): 185-194. Impact factor 0.673.

Reitmanova S, Gustafson DL (2011). Rethinking immigrant tuberculosis control in Canada: From medical surveillance to tackling social determinants of health. *Journal of Immigrant and Minority Health*. DOI: 10.1007/s10903-011-9506-1. Impact factor 1.536.

Gustafson DL, Reitmanova S (2010). How are we "doing" cultural diversity? A look across English Canadian undergraduate medical school programs. *Medical Teacher*, 32(10):816-823. Impact factor 1.494.

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Traverso-Yépez M (2010). Caring for the side-effects of human progress. The *Telegram*, July.

Traverso-Yépez M (2010). Finding a balance. The *Telegram*, August.

Traverso-Yépez M (2010). The benefiting change of the seasons. The *Telegram*, September.

Traverso-Yépez M (2010). The best medicine. The *Telegram*, October.

Traverso-Yépez M (2010). Support for public transportation. The *Telegram*, November.

Traverso-Yépez M (2010). Breastfeeding and the complexity of conflicting worldviews. The *Telegram*, December.

JAMES VALCOUR

Publications

Sargeant JM, Thompson A, Valcour J, Elgie R, Saint-Onge, J, Marcynuk, P, Snedeker, K (2010). Quality of reporting of clinical trials of dogs and cats associations with treatment effects. *Journal of Veterinary Internal Medicine*, 24(1):44-50.

Sargeant JM, Saint-Onge J, Valcour J, Elgie R, Thompson A, Marcynuk P, Snedeker K (2009). Quality of reporting in clinical trials of preharvest food safety interventions and associations with treatment effect. *Foodborne Pathogens and Disease*, 6(8): 989-999.

Sargeant JM, Elgie R, Valcour J, Saint-Onge J, Thompson AJ, Marcynuk P, Snedeker K (2009). Methodological quality and completeness of reporting in clinical trials conducted in livestock species. *Preventative Veterinary Medicine*, 91:107-115.

Other Publications

Martin D, Valcour J, Bull J, Graham J, Paul M, Wall D (2012). NunatuKavut Community Health Needs Assessment: A Community-Based Research Project. NunatuKavut Community Council Inc.

SUJA VARGHESE

Abstracts

Martin D, Varghese S (2011). Examination of energy expenditure in rehabilitative, neurotrauma patients: implications for exercise physiologists' and kinesiogists' practice in health care settings. *Appl.Phsiol.Nutr.Metab* 2011, 36:S338.

PETER WANG

Publications

Wang P (2011). Confounding and Bias, in Wang PS, ed. *Epidemiology*, Beijing's Health Publishing House. (Note: This book in English is written for international medical students studying medicine in China.)

Wang P (2011). Health Survey, in Wang PS, ed. *Epidemiology*, Beijing's Health Publishing House. (Note: This book in English is written for international medical students studying medicine in China.)

Lu JJ, Zhang S, Hao X, Xie J, Zhao J, Wang J, Liu L, Wang P, Zhang J (2011). Breast-Conserving Surgery versus modified radical mastectomy: socioeconomic status determines who receives what – results from case-control study in China. *Cancer Epidemiology*.

Sun ZY, Wang P, Roebothan B, Zhao J, Zhu Y, Cotterchio M, Green R, Buehler S, Zhao J, Squires J, Zhao J, Zhu Y, Dicks E, Campbell PT, Mclaughlin J, Parfrey J (2011). Calcium and Vitamin D and risk of Colorectal Cancer: results from a large population-based case-control study in Newfoundland and Labrador and Ontario. *Can J Public Health* 102:382-389.

Wang J, Liu F, Wang P (2011). Analysis of lifestyles and the associated factors among Asian immigrants in Canada. *Chin J Prev Contr Chron Dis* 19:141-144.

Qi XY, Sun J, Wang J, Wang P, Jia ZL, Wu TY, Wang JH, Murphy M, Xu WL (2011). Latent autoimmune diabetes and the associated factors - a population based epidemiological study in China. *Diabetes Care* 34:66-70.

Myles A, Mugford G, Zhao J, Krahn M, Wang P (2011). Physicians' attitudes and practice towards treating injection drug users with hepatitis C – results from a national specialist survey in Canada. *Can J Gastroenterology* 25:135-139.

Li W, Chen KX, Halfyard B, Li HX, Qian BY, Wang P (2011). Validation Study of the Chinese version of the Illness Intrusiveness Ratings Scale. *J Psychosom Res* 70:67-72.

Sikdar KC, Wang P, MacDonald D, Gadag VG (2010). Diabetes and its impact on health-related quality of life: a life table analysis, Qual Life Res, 19:781–787.

Sun ZY, Xiong H, Zhang XM, Huang GW, Wang P (2009) Examining the health status and the associated factors of Asian immigrants in Canada. *Chin J Epidemiol*, 30:260-364.

Wang P, Dicks E, Gong XY, Buehler S, Zhao JH, Younghusband B. Squires J, McLaughlin J, Parfrey P (2009). Validity of random-digit-dialing in recruiting controls in a case-control study. *Am J Health Behav* 33:513-20.

Wang P (2009). Statistical explorations of possible effects from a partial mediating variable – comparisons between OLS and SEM methods with simulated data. *Epidemiology*, 20(6):S189-S190

Yang Z, Wang S, Wang P, Li Q, Li Y, Wei M, Donovan C (2009). Determining SARS sub-clinical infection - a longitudinal ser-epidemiological study in recovered SARS patients and controls after an outbreak in a general hospital, *Scandinavian Journal of Infectious Diseases*, 41(6):507-10, July.

Wang P (2008). Causal effect decomposition and its implications in epidemiological studies. *JP Journal of epidemiological Studies*, 2:169-184.

Liu W, Hao XS, Chen Y, Li HX, Wang SJ, Wang P, Jin Y, Guan LJ, Fan Q, Song LN, Ping YM, Wang R, Liu JF, Wang XL (2008). Ymph node metastases from carcinoma of the thoracic esophagus and cardia: a random sampe report of 1526 cases, *Chinese Journal of Clinical Oncology*, 35:601-605.

Liu W, Hao XS, Fan Q, Li HX, Song LN, Wang SJ, Wang P, Chen Y, Jin Y, Guan LY, Ping YM, Meng XL, Wang R, Liu JF, Wang XL (2008). Cox proportional hazard model analysis of prognosis in patients with carcinoma of esophagus and gastric cardia after radical resection. *Chinese Journal of Oncology*, 30:921-5.

Yi QL, Wang P, He YH (2008). Reliability analysis for continuous measurements: Equivalence test for agreement. *Stat Med* 27:2816-2825.

Liu W, Liu W, Hao XS, Jin Y, Li HX, Wang P, et al (2008). Analysis of clinicopaologic features of esophageal cancer patients after surgery – a report of 4,329 cases. *Chinese Journal of Clinical Oncology* (PUBMED indexed Chinese journal with English abstract) 35:241-244.

YANQING YI

Publications

Yi Y, Wang X (2011). Comparison of Wald, score and likelihood ratio tests for response adaptive design. *Journal of Statistical Theory and Application*, 10(4):553-570.

Shea JL, King MT, Yi Y, Gulliver W, Sun G. (2011). Body fat percentage is associated with cardiometabolic dysregulation in BMI-defined normal weight subjects. *Nutrition, Metabolism & Cardiovascular Disease*, xx, 1-7.

Bader MS, Abouchehade KA, Yi Y, Haroon B, Bishop LD, Hawboldt J.(2011). Antibiotic administration longer than eight hours after triage and mortality of community-acquired pneumonia in patients with diabetes mellitus. *European Journal of Clinical Microbiology & Infectious Diseases*, 30: 881-886.

Yi Y, Wang X (2009). Response adaptive designs with a variance-penalized criterion. *Biometrical Journal*, 51: 763-773.

Wang X, Yi Y (2009). An optimal investment consumption model with stochastic returns. *Applied Stochastic Models in Business and Industry*, 25:45-55.

WENDY YOUNG

Publications

Damodaran L, Young W, Bornstein S, Gadag V, Farrell G, Gien L, Klima G, Olphert CW, Tomblin S (2010). Sustaining information technology use by older adults to promote autonomy and independence *Gerontechnology*, 9(2):129; DOI:10.4017/gt.2010.09.02.242.00

Moro D, Young W, Stein R, Isaac I, Goodman D (2010). Menopausal Women's Access Path to Bioidentical Hormone Replacement Therapy: An Exploratory Study. *International Journal of Pharmaceutical Compounding*,165-170, Mar/Apr.

Bowes D, Marquis M, Young W, Holowaty P, Isaac W(2009). Process Evaluation of a School-based Intervention. *Health Promotion and Practice*, 10, 394-401.

deNobrega P, Rochon P, Young W, Isaac W (2009). The Effectiveness of a Pressure Ulcer Team at the Bedside. *Canadian Nursing Home Journal*, 20(2):23-25.

Beaty J, Young W, Slepkov M, Isaac W, Matthews S(2009). The New Nursing Graduate Initiative Program: An exploratory study. *Healthcare Policy*, 4(4): 43-50.

Kennedy S, Young W, Schull M, Isaac W (2008). The Need for a National Emergency Health Services Database. *Canadian Journal of Emergency Medicine*, 10(2):120-124.

Other Publications

Young W, Simms A, Gadag V, Rahman B, Nosal B and the Healthy Weights Research team (2011). Healthy Weights: Halton Takes Action: A Report to the Community. Oakville, ON. Halton Region Health Department. ISBN 978-0-88901-427-5.

APPENDIX D
PRESENTATIONS

The following is a list of our faculty's publications for 2008-2011. Team presentations are placed only under the first faculty member listed.

DAVID ALLISON

Bell T, Allison D, David J, Foley R, Pickard F, Stares J, Valcour J (2011). Assessing the Role of Housing Age in Environmental Lead Levels and Children's lead Exposure in North America's Oldest City. Geological Society of America Annual Meeting, October. (Trevor Bell presented)

Allison D (2011). Public Health: A case in point. Eastern Health Ethics Day: The Individuals Right to Privacy and the Public's Right to Know. Health Sciences Centre, St. John's, September.

Allison D, Bell T, David J, Foley R, Pickard F, Stares J, Valcour J (2011). Environmental Lead Exposure in Children in St. John's NL. Canadian Water Network, Montreal, June.

Allison D, Donovan C (2010). Targeting Success the H1N1 Immunization Program in Newfoundland and Labrador. Canadian Immunization Conference, December.

Allison D (2010). Setting the Stage for Advancements in Immunization. Report on an Invitational Workshop from October 2009 at the Canadian Public Health Association Conference, June.

Allison D (2009). Opportunities and Challenges Faced by Public Health: Issues from the Field. Setting the Stage for Advancements in Immunization Invitational Workshop, October.

Allison D (2009). Influenza Update 2009. CIPHI Conference, St. John's.

SHABNAM ASGHARI

Bethune C, Asghari S, Mccarthy P, Aubery K, Godwin M, Curran V (2011). Building Capacity for Research in Family Medicine: A Faculty Development Program. 1st International Conference on Faculty Development in the Health Professions, Toronto, ON, May.

Asghari S, Courteau J, Carpentier A, Vanasse A (2010). Time to insulin initiation in adults getting diagnosed with diabetes. The Primary Care Partnership Forum, St Johns', NL, November.

Lesko S, Devoe J, Asghari S, Saver B, Drouin C,Freeman G, Gold M, Marshall E, Singzon T, Godwin M (2010). Evaluating primary care access in different healthcare systems: comparison, collaboration, and research capacity building. 2010 NAPCRG Annual Meeting, Seattle, USA, November, Workshop.

Vanasse A, Asghari S, Cohen A (2010). Healthcare providers' absenteeism during the H1N1 pandemic in Quebec: Is care for unimmunized relatives a problem? The 138th APHA Annual Meeting, Denver, USA, November.

Barcellos De Souza J, Asghari S, Cisse A, Dion D,Choiniere M, Marchand S, Vanasse A (2010). Portrait de la douleur chronique au Canada: les femmes souffrent-elles plus que les hommes? Family Medicine Forum, Vancouver, BC, October.

Asghari S, Courteau J, Drouin C, Carpentier A, Vanasse A (2010). Comparaison des Profils Thérapeutiques chez les patients diabétiques entre les régions rurales et urbaines au Québec. Canadian Public Health Association Centennial Conference, Toronto, ON, June.

Vanasse A, Ouarda T, Orzanco Mg, Courteau J, Asghari S, Martel B, Chebana F, Charron C, Gosselin P (2010). Regional specificity of secular trends of hip fractures in Quebec. Canadian Public Health Association Centennial Conference, Toronto , ON, June.

Vanasse A, Courteau J, Orzanco Mg, Boucher D, Asghari S, Courteau M. Courteau M (2009). The Spatio-temporal information system on chronic diseases SIST-MC. 6th International Conference on Geo-Medical Systems (GEOMED), Charleston, November.

Lesko S, Asghari S, Devoe J, Drouin C, Dodoo M, Vanasse A, Saver B, Philips B (2009). Evaluating primary care access in the US and Canada: comparison and collaboration. 2009 NAPCRG Annual Meeting, Montreal, QC, November.

Asghari S, Courteau J, Drouin C, Orzanco Mg, Carpentier A Vanasse A (2009). Rural/urban variations in medication initiation among diabetic patient, 2009 NAPCRG Annual Meeting, Montreal, Quebec, November.

Vanasse A, Courteau J, Orzanco Mg, Boucher D,Plantte M, Asghari S, Courteau M (2009). Système d'information spatio-temporel sur les maladies chroniques, Geomatics 2009, Montreal, QC, October.

Asghari S, Courteau J, Drouin C, Orzanco Mg, Vanasse A (2009), Do geographical disparities affect the pattern of medication use in diabetic patients? 20th World Diabetes Congress, Montreal, QC, October.

NATALIE BEAUSOLEIL

Petherick L, Beausoleil N (2011). Newfoundland teachers' perceptions of healthy living and body size: unsettling school culture and gendered understandings of health. Canadian Women Studies Association, Congress 2011, Fredericton, NB, May.

Beausoleil N (keynote speaker) (2011). Health promotion, obesity panic and body surveillance: reproducing social inequities in health and education policies and practices. National Eating Disorders Information Centre (NEDIC) bi-annual Body Image and Self Esteem: Shades of Grey conference, Toronto, ON, May.

FERN BRUNGER

Brunger F (2010). Research ethics in national childhood cancer surveillance. Cancer in young People in Canada (CYP-C) Clinical Research Associate Training, Public Health Agency of Canada, Ottawa, February.

Brunger F (2010). Advance health care directives: motives and myths. Grand Rounds, Labrador –Grenfell Health Authority, Labrador Health Centre, Happy Valley – Goose Bay, NL, Capt. Wm Jackman Memorial Hospital, Labrador City, NL, January.

Brunger F (2010). Cultural diversity: challenges & strategies for surgeons. Faculty of Medicine Radiology residency educational half day, St. Clare's Hospital, St. John's NL, January.

Brunger F (2010). Research ethics in the NL context: fundamentals for physicians. Faculty of Medicine, PGY1 residency educational half day, Memorial University, January.

Brunger F (2010). Cultural diversity: challenges & strategies in Anaesthesia. Faculty of Medicine Radiology residency educational half day, Memorial University, January.

Brunger F (2009). Cross-cultural health care: strategies for physicians. Faculty of Medicine, PGY1 residency educational half day, Memorial University, December.

Brunger F (2009). CIHR Funding for Social Science and Humanities Researchers: Lessons learned from protecting communities in population-based genetic research: a cultural analysis of a Canadian policy dilemma. CIHR and Newfoundland & Labrador Centre for Applied Health Research, workshop on CIHR Funding for Social Science and Humanities Researchers, Sheraton Hotel, St. John's NL, November.

Brunger F (2009). Obtaining ethical approval for research: HIC or ICEHR? Faculty and Graduate Student Research Seminar, School of Nursing, Memorial University, September.

Brunger F, Pullman D (2009). From gene discovery to health policy: a translational role for social science and humanities researchers, International Conference on Interdisciplinary Social Sciences, Athens, Greece, July.

Brunger F (2009). You and the pharmaceutical industry: foundations of ethics, gift giving, consulting, and research. Discipline of Family Medicine, Memorial University, Medical Ethics Workshop: Physicians' Interactions with Industry, Burry Heights, NL, June.

Duke P, Brunger F, Downton K, Sanderson A (2009). The MUN-Med Gateway Project: Medical Student Education, A pathway to Immigrant and Refugee Health Care. 9th WONCA Rural Health World Conference, Crete, Greece, June.

Brunger F (2009). Pre-departure training – ethical considerations. Undergraduate Medical Education special lecture, Faculty of Medicine, Memorial University, April.

Brunger F (2009). Ethical issues in psychiatry: cases for consideration. Psychiatry Grand Rounds, Health Sciences Centre, St. John's, February.

Brunger F, Fardy J, Harnett J, Hyslop M, Purchase L, Moody-Corbett P (2009). Research ethics review: Canadian PIE. Medicine Grand Rounds, Health Sciences Centre, St. John's, February.

Brunger F (2009). Avoiding 'H.I.C.cups' with your research project. Anesthesia Research Day, St. John's, NL, January.

Brunger F (2008). The 'Big Bad Wolf' and other Eastern Health stories. Facilitating client care in the most appropriate setting. Eastern Regional Health Authority, NL, Ethics Education Day, December.

Duke P, Brunger F (2008). Workshop: Teaching cross-cultural medicine through community action. Family Medicine Forum 2008, Toronto, November.

Bhogal A, Brunger F (2008). Prenatal genetic counselling in cross-cultural medicine: a framework for the family physician. Canadian Association of Genetic Counsellors Annual Education Conference, St. John's, September.

Abstracts

Darmonkow V, Brunger F (2010). Barriers to genetic testing: providers' perspectives. Ten Years after Mapping the Societal Landscape of Genomics, Amsterdam, Netherlands, May.

Manuel A, Brunger F (2010). Experiences of individuals with arrhythmogenic right ventricular cardiomyopathy (ARVC): The Newfoundland Story. Aldrich Conference, March.

Duke P, Brunger F, Sanderson A, Downton K (2009). The Gateway Project: a bridge to immigrant and refugee health care. The Primary Healthcare Partnership Forum, Building Research Capacity in Atlantic Canada. St. John's, NL, November.

CATHERINE DONOVAN

Donovan C (2011). Coalitions Linking Action & Science. National Knowledge Exchange Meeting, St. John's, NL, May .

Donovan C, Labrie V, Millar J, Plenary Town Hall (2008). Taking action to eliminate poverty. Integrated Chronic Disease Prevention Third National Conference, Ottawa, November.

Abstracts

Donovan C, Allison D (2010). Mass immunization for H1N1: achieving a 65% immunization rate, CPHA Centennial Conference, Toronto, June.

Donovan C, Maddalena V, Audas R, Ryan A (2010). Our future in public health, a new Master of Public Health Program at Memorial University of Newfoundland, Canadian Public Health Association Centennial Conference, Toronto, June.

Donovan C & Sturge Sparkes C (2009). Preparing the healers of tomorrow: building partnerships with the First Nations, Inuit and Métis communities and the Faculty of Medicine, Memorial University of Newfoundland through the Aboriginal Health Human Resources Initiative. Presented at the Conference of the National Aboriginal Health Organization (NAHO), Ottawa, Ontario, November.

Donovan D, Johnson I, Parboosingh J, Public Health Educators Network, Canadian Public Health Resource Repository (2008). A story of people working together, adopting health services and health professions education to local needs. International Conference, Bogota, Columbia, September.

MARSHALL GODWIN

Utilization of Family Physicians in the H1N1 Vaccination Programs of Canadian Provinces and Territories In The Fall 2009 Pandemic: Preliminary Results. Duke P, Godwin M, Allison D, Aubrey K, Pike A, Wang P, Asghari S, Grava-Gubins I (2010). NAPCRG, Seattle.

Godwin M, Bethune C, Kirby A, Pike A, Tully S (2010).Normative Values And Validity Testing of The Simple Lifestyle Indicator Questionnaire (SLIQ): Final Results. NAPCRG, Seattle.

McColl MA, Green ME, Birtwhistle R, Smith K. Godwin M, Shortt SED (2010). Building Access Through Expertise. Trillium Primary Care Research Meeting.

Pike A, Godwin M, McCrate F, Newhook LA, Noseworthy M, Mathews M, Jones A; Crellin J, Law R, Higgins G, Penney G (2010). Use of Natural Health Products in Children: A Qualitative Analysis of Parents Experiences. NAPCRG, Seattle.
Natarajan N, Buhariwalla F, Burge F, Dunbar P, Godwin M, Goodfellow M, Goodine RA, Hall J, Lacey K, Latter C, Lawson B, MacDonald I, Mann E, Murray M, Putnam W, Sketris I, Smith P (2009). Self-reported comorbidities and disease burden in a community cohort of patients with type 2 diabetes and hypertension. Family Medicine Forum, Calgary, AB, October.

Natarajan N, Buhariwalla F, Burge F, Dunbar P, Godwin M, Goodfellow M, Goodine RA, Hall J, Lacey K, Latter C, Lawson B, MacDonald I, Mann E, Murray M, Putnam W, Sketris I, Smith P (2009). Adherence to antihypertensive medication in family practice patients with type 2 diabetes. Family Medicine Forum, Calgary, AB, October.

Hall J, Buhariwalla F, Burge F, Godwin M, Goodfellow M, Goodine RA, Lacey K, Latter C, Lawson B, MacDonald I, Mann E, Natarajan N, Putnam W, Sketris I, Smith P. A Comparison of BpTRU and Sphygmomanometer Blood Pressures in Patients with Type 2 Diabetes. Family Medicine Forum, Calgary, AB, October.

Natarajan N, Latter C, Buhariwalla F, Goodfellow M, Goodine RA, Hall J, Lacey K, MacDonald I, Murray M, Smith P, Lawson B, Burge F, Putnam W, Godwin M, Dunbar P, Sketris I, Mann E (2009). Adherence to antihypertensive medication in primary care patients with type 2 diabetes. 37th Annual North American Primary Care Research Group Meeting, Montreal, QC, November.

Godwin M, Buehler S, Gadag V, McCrate F, Miller R, Parsons K, Parsons W, Sclater A, Pitcher H, Kirby A, Pike A (2009). The Eldercare Project: Update. Aging affinity Group, St. John's, September.

Pitcher H, Godwin M, Buehler S, Gadag V, McCrate F, Miller R, Parsons K, Parsons W, Sclater A, Kirby A, Pike A (2009). The Eldercare Project: Recruitment and Baseline Data. Family Medicine Forum, Calgary, AB, October.

Pitcher H, Godwin M, Buehler S, Gadag V, McCrate F, Miller R, Parsons K, Parsons W, Sclater A, Kirby, Pike A (2009). The Eldercare Project: Recruitment and Baseline Data. NAPCRG, Montreal, November.

Godwin M, Eldercare Investigator Group (2008). Lifestyle and quality of life in the independently living old elderly. NAPCRG, Puerto Rico.

Kirby A, Godwin M (2008). Test-retest reliability of the BpTRU, NAPCRG, Puerto Rico, November.

Myles A, Godwin M, Eldercare Investigator Group (2008). Quality of life and health services utilization in the old elderly with Minimal or No Cognitive Impairment. NAPCRG, Puerto Rico, November.

Pike A, Godwin M, and Eldercare Investigator Group (2008). The Eldercare Project. Primary Healthcare for Community Living Old Elderly. NAPCRG, Puerto Rico, November.

Chowdhury N, Godwin M, NHP Investigator Group (2008). Use of Natural Health Products in Children: Physicians Awareness. NAPCRG, Puerto Rico, November.

DIANA GUSTAFSON

Reitmanova S, Gustafson DL (2011). "Refugees and immigrants can be deadly": The role of the Canadian press in the (re)production of racializing discourses on immigrants' health status and behaviours. International Association for Media and Communication Research, Istanbul, Turkey. Gustafson DL, Reitmanova S (2011). "Typhoid Marys in our midst": Representation of immigrant tuberculosis in the Canadian press. CPHA Conference, Montreal, QB.

Gustafson DL (2011). Learning to mother: The work of constructing a maternal identity. Young Mothers and Empowerment Forum. Toronto, ON.

Gustafson DL (2011). Mother, teacher, researcher: Living an authentic life and leading everyday rebellions. 37th International conference of the Motherhood Initiative and for Research and Community Involvement (formerly Association for Research on Mothering), Toronto, ON.

Gustafson DL (2011). Learning to mother: care work and identity work. Invited panelist. Young Mothers Forum, Toronto, ON, May.

Gustafson DL , Elliott A (2011). "I have lived with you my whole life, and now it should be daddy's turn": A mother-daughter talk about maternal absence. Mother Outlaws' Speakers Series, Toronto, ON.

Gustafson DL (2010). Getting a label, getting help: Mental health and lone moms in NL. Economics and Mothering: Bi-Annual Conference of the Motherhood Initiative for Research and Community Involvement. York University, Toronto, ON.

Gustafson DL, Wilkes C & Meaney P (2010). Mental health and lone moms on social assistance in NL. Community Forum. Memorial University, St. John's, NL.

Butt K, Jones A, Gustafson DL (2010). Perceptions of public drinking water in NL. NL Municipal Symposium, Gander, NL.

Gustafson DL (2010). Becoming a mother: relational moments in the reproductive lives of Newfoundland women. Annual meetings of CWSA, Montreal, QB.

Gustafson DL, Porter M (2010). Choosing motherhood (or not) in the reproductive lives of women. Politics of Reproduction in Canada Workshop. Concordia University, Montreal, QB.

Gustafson DL, C Wilkes, P Meaney (2010). There is nothing wrong with me. I am a product of your system. Mental health and lone moms on social assistance in NL. Mobilizing Knowledge and Action Symposium. Memorial University, St. John's, NL.

Swan T, Gillingham B, Wilkes C, Meaney P, MacDonald R, Gustafson DL, Wideman G, Parsons J (2010). The last quarter – The DVD: challenging representations of lone moms living in poverty. 1st Annual Conference of the Motherhood Initiative (formerly ARM), Ryerson University, Toronto, ON.

Gustafson DL (2009). Sustaining feminist spaces: gifts and challenges of student supervision. Canadian Women's Studies Association, Ottawa, ON.

Gustafson DL, F Brunger (2009). One, two, three, four. We can't get through the friggin' door. Critical reflections on feminist participatory action health research with a disability community. Feminist Research Methods: An International Conference, Stockholm, Sweden.

Reitmanova S, Gustafson DL (2009). Cultural diversity in English Canadian undergraduate medical curricula: mapping the response to the LCME requirement. Canadian Conference on Medical Education, Edmonton, AB.

Gustafson DL, Porter M (2008). Living in a war zone: ab-

original women's narratives of violence. 12th Annual meeting of Association for Research on Mothering, Toronto, ON.

OLGA HEATH

Heath O, Kearney A, Peters S, Barrett J, Hollett A, McCarthy P (2011). Involving practicing interprofessional teams in medical education: Improving collaboration and patient safety. Paper presented at the Association of Medical Educators in Europe Conference, Vienna, Austria, August.

Heath O, Kearney A (2011). Interprofessional patient safety curriculum at Memorial University. Manitoba Institute for Patient Safety Conference for Health Professionals, Winnipeg, MB, June.

Heath O, Kearney A, Hollett A, McCarthy P, Barrett J, Kirby B, Peters S (2011). Interprofessional education and patient safety: Educating across the continuum of professional training. Abstract submitted to Collaborating Across Borders III Conference, Tucson, Arizona, November.

Hollett A, Kirby B, Heath O, Kearney A, Mullins-Richards P (2011. Increasing student satisfaction by using standardized patients in interprofessional education. Abstract submitted to Collaborating Across Borders III Conference,Tucson, Arizona, November.

Dodd E, Lescheid A, Heath O, Duggan J, Toste J, Heath N (2011). Non-Suicidal Self-Injury and Disordered Eating Behavior: A Comparison of Coping Strategies Among Female Undergraduate Students. Poster presented at the International Society for the Study of Self-Injury Conference, New York, NY, June.

Button P, Heath O, Beausoleil N, Heath N (2011). Stress and coping of health professional students: Implications for student mental health services. Poster presented at Canadian Psychological Association Conference, Toronto, Ontario, June.

Heath O, Mcllwraith B, Hurley G, Cater B (2011). Clinical and Counselling Internships: Challenges, Synergies and Successes. Symposium presented at Canadian Psychological Association Conference, Toronto, Ontario, June.

Heath O, English D, Ward P, Simms J, Dominic A, Adey T, Pardy S, Hollett A, Walsh A (2011). Working Together in Managing Chronic Mental Illness: The Power of Partnership., Paper presented at Canadian Collaborative Mental Health Care Conference, Halifax, Nova Scotia, June.

Ward P, Simms J, English D, Adey T, Dominic A, Heath O, Hollett A, Pardy S (2011). From an Eastern Health Lighthouse Award to a Provincial Program: Innovations from a Multimedia, Psychoeducational Eating Disorder Project. Paper presentation at Eastern Health Research Symposium, St. John's, NL, May.

Heath O, Adey T, Dominic A, English D, Simms J, Ward P, Hollett A, Ryan A, Pardy S, Walsh A (2010). Building Interprofessional Capacity in the Management of Eating Disorders in Newfoundland and Labrador (NL): Filling the Gap. Workshop presented at the Eating Disorder Association of Canada Conference, Toronto, Ontario, November.

Heath O, Withers V (2010). The Power of Partnerships: Successful Advocacy for Eating Disorder Services in Newfoundland and Labrador. Paper presented at the Eating Disorder Association of Canada Conference, Toronto, Ontario, November.

Heath O, Ward P, Adey T, English D, Hollett A, Simms J, Dominic A, Pardy S, Walsh A, Ryan A (2010). Innovation in Interprofessional Chronic Disease Management: Lessons Learned from an Eating Disorder Education and Support Program. Workshop presented at The Primary Healthcare Partnership Forum, St. John's, NL, September.

Heath O, Adey T, Dominic A, Pardy S, Button P, English D, Simms J, Ward P, Walsh A, Beausoleil N (2010). A model for developing interprofessional primary care capacity in managing chronic disorders, Workshop presented at the Canadian Psychological Association, Winnipeg, Manitoba, June.

Duggan C, Heath O, Button P (2010). Stress level and coping in first year university students. Paper accepted for presentation at the Canadian Psychological Association, Winnipeg, Manitoba, June.

Button P, Heath O, Duggan C (2010). First year university students coping with stress: implications for student mental health services. Paper presented at the Canadian Psychological Association, Winnipeg, Manitoba, June.

Duggan JM, Button P, Heath O, Heath NL (2010). Examining the overlap between non-suicidal self-injury and disordered eating behaviors. Presented at International Society for the Study of Self-Injury, Chicago, IL, June.

English D, Ward P, Simms J, Heath O (2010). Engaging nursing students in interprofessional teamwork through an eating disorder community capacity building project. Presented at the Atlantic Region - Canadian Association of Schools of Nursing Annual Convention, St. John's, NL, May.

Heath O (2010). Working with clients and families struggling with eating disorders using a motivational stance. Atlantic Regional Eating Disorder Symposium, Moncton New Brunswick, April.

Heath O (2010). Successes and challenges in working in the area of eating disorders: sharing experiences. Atlantic Regional Eating Disorder Symposium, Moncton, New Brunswick, April.

Heath O (2010). The patient safety puzzle: where collaboration fits. Canadian Patient Safety Week – Education Day, Eastern Health Regional Health Authority, St. John's, NL, March.

Curran V, Heath O, Kearney A (2010). Interprofessional education and teamwork: fostering a culture of patient safety. Eastern Health Patient Safety Week Education Day, St. John's, NL, March.

Heath O (2010). What every mental health professional should know about eating disorders. McGill University, Faculty of Education, Montreal, Quebec, February.

Curran V, Heath O, Kearney A, Sharpe D (2010). Experiences with interprofessional education curriculum implementation at Memorial University. Ontario Interprofessional Health Collaborative, Toronto, ON, January.

Callanan T, Heath O, Cornish PA, Church E, Curran V, Bethune C (2009). Interprofessional mental health training in rural primary health care settings. Paper presentation at The Primary Health Care Partnership Forum, St. John's, NL, November.

English D, Ward P, Simms J, Heath O (2009). Enhancing Nursing Student Competence in Interprofessional Teamwork Through an Eating Disorder Community Capacity Building Project. Paper presentation at Professional Nurse Educator Conference, Rochester, Minnesota, October.

Heath O (2009). Interprofessional community capacity building in mental health: a model Veterans Affairs Canada, National Mental Health Directorate and Department of National Defense, St. John's, NL, October.

Simms J, Heath O, Ward P, English D (2009). An eating disorder interprofessional community capacity building project: an innovative approach to enhance knowledge transfer and promote collaborative relationships. Paper presentation at Biennial Conference of the Canadian Association of Advanced Practice Nurses, St. John's, NL, October.

Heath O, Kearney A, Curran V (2009) Interprofessional collaboration workshops: how residents learn about the CanMEDS collaborator role in practicing teams. The Higher Education Academy International Conference on Residency Education (ICRE) 2009, Victoria, BC, September.

Adey T, Heath O (2009). The Psychiatrist in Eating Disorder Education: A Critical Piece of the Puzzle. Symposium presented at the Canadian Psychiatric Association, St. John's, NL, August.

Heath O, Adey T, White H, Curran V, Callanan T (2009). Psychiatry Involvement in Interprofessional Education at Memorial University. Symposium presented at the Canadian Psychiatric Association, St. John's, NL, August.

Heath O (2009). Interprofessional Education at Memorial University of Newfoundland: Where Does Psychology Fit? Paper for presentation at Canadian Psychological Association, Montreal, Quebec, June.

Heath O, Church E, Robinson L, Calverley K (2009). Psychology and Interprofessional Education: Past, Present and Future. Symposium for presentation at Canadian Psychological Association, Montreal, Quebec, June.

Heath O, Kirby B, Oliver E, Sullivan M, Hardy-Cox D, Button P (June 2009). Interprofessional Field Supervision: A How-To Workshop. Workshop Presentation at Newfoundland and Labrador Association of Social Workers Convention, St. John's, NL, June.

Hurley G, Heath O, Birckhead L (2009). Teaching Supervision Skills during Internship at University Counselling Centres: Selected Canadian and US Perspectives. Conversation Hour presented at Canadian Psychological Association, Montreal, Quebec, June.

Curran V, Deacon D, Goodridge A, Heath O, White H (2009). Key Principles of Curriculum and Program Evaluation in Medical Education. Workshop Presentation at Canadian Conference on Medical Education, Edmonton, Alberta, May.

Heath O, Curran V, Button P, Kirby B (2009). Interprofessional Practice-Based Learning Experiences: The Memorial Model. Workshop Presentation at Collaborating Across Borders Conference, Halifax, Nova Scotia, May.

Heath O, Phillips L, Oliver E, Hearn T, Alteen AM, et al. (2009).Interprofessional Mental Health Undergraduate Education: Lessons Learned. Paper presentation at the Collaborative Mental Health Care Conference, Hamilton, Ontario, May.

Simms J, Ward P, English D, Heath O (2008). The Contribution of Advanced Practice Nurses in the Development of an Interprofessional Eating Disorder Program for Newfoundland and Labrador, Canada. Poster Presentation at International Council of Nurses International Nurse Practitioner/Advanced Practice Nursing Network Conference, Toronto, Ontario, September.

CHRIS KAPOSY

Kaposy C (2011). Telling Stories about Moral Standing. Paper presented at Canadian Philosophical Association Congress 2011, University of New Brunswick, May-June.

Kaposy C (2010). HPV Vaccine: An International Perspective on Ethical Issues. Canadian Immunization Conference, Quebec City, December.

Kaposy C (2010). The Legal and Ethical Framework: why is it so Difficult to do Clinical Trials in Pregnant Women? Canadian Immunization Conference, Quebec City, December.

Kaposy C (2010). Prioritizing Vaccine Access for Vulnerable but Socially Unpopular Groups. American Society of Bioethics and Humanities Annual Meeting, San Diego, October.

Kaposy C (2010). The Ethics of SEQureDX: Caught Between Two Narratives. 21st Annual Canadian Bioethics Society Conference, Kelowna BC, June.

Kaposy C (2010). New prenatal testing technology and the expressivist objection. Canadian Philosophical Association Congress, Concordia University, May-June.

Kaposy C (2009). The supposed obligation to change one's beliefs about ethics because of discoveries in neuroscience. Brain Matters: New Directions in Neuroethics, Halifax NS, September.

Kaposy C (2009). Conscientious Objection to Referring for Abortion Research Presentation. Memorial University of Newfoundland, Division of Community Health and Humanities, St. John's NL, January.

Kaposy C (2009). Fetal Moral Standing. Dalhousie University Philosophy Department Weekly Colloquium Series, January.

ANNE KEARNEY

Kearney A, Heath O, Peters S, Barrett J (2011). Undergraduate medical education program interprofessional education: An approach to improving patient safety. Abstract submitted to the Association of Medical Educators in Europe Conference, Vienna, Austria, August.
Dawe D, Bennett L, Kearney A, Westera D (June 2011). Women who have surgery for breast cancer as an outpatient. Abstract accepted for the Annual ARCASN Conference, Antigonish, NS, June.

Kearney A (2011). Lessons learned in interprofessional education faculty development. Abstract accepted for the 1st International Conference on Faculty Development in the Health Professions, Toronto, ON, May.

Kearney A (2011). Sustaining interprofessional education and collaboration at Memorial University. Abstract accepted for Canadian Conference on Medical Education, Toronto, ON, May

Adams L, Maddalena L, Kearney A (2011). Workplace bullying of novice nurses: An occupational liability. Abstract accepted for the Nursing Research Day (Eastern Health), St. John's, NL, May.

Ploughman M, Austin M, Kearney A, Murdoch M, Stefanelli M, Godwin M (2010). Health, lifestyle, and aging well with Multiple Sclerosis. A Qualitative Study. Canadian Physiotherapy Congress. Faculty of Medicine, Memorial University, July.

Kearney A (2010). Improving health care through interprofessional education and collaborative patient-centred care. Horizon Health Network Biennial Research Day, Moncton, NB, June.

Mullins-Richards P, Kearney A, Hollett A, Mitchell K, Ohle E (2010). Enhancing patient safety through undergraduate interprofessional education. Association of Standardized Patient Educators Conference, Baltimore, MD, June.

Kearney A, Adey T, Bursey M, Conway A, Cooze L, Cunning G, Dillon C, Pevida A, Barrett J, Barter J, King-Jesso P, Kirby B, McCarthy P, Mullins-Richards P, Predham H (2010). Enhancing patient safety through undergraduate interprofessional education. Canadian Conference on Medical Education, St. John's, NL, May.

Kearney A, Adey T, Bursey M, Conway A, Cooze L, Cunning G, Dillon C, Pevida A, Barrett J, Barter J, King-Jesso P, Kirby B, McCarthy P, Mullins-Richards P, Predham H (2010). Enhancing patient safety through undergraduate interprofessional education. Programme of Altogether Better Health 5: International Interprofessional Education Conference, p. 376. Sydney, Australia, April.

Kearney A, Heath O, Curran V, Sharpe D (2010). Building on success: sustainable interprofessional education and collaboration activities. Altogether Better Health 5: International Interprofessional Education Conference. Sydney, Australia, April.

Kearney A (2010). Invited to present on behalf of the School of Nursing for Memorial University's Research Strategic Planning Sessions: Health and Wellbeing (2) – Community and Public Health; Health Services and Policy; Interprofessional Health Education; Population Health, and Health Promotion, March.

Kearney A (2010). Principles of interprofessional education. Palliative Care Unit, Eastern Health, St. John's, NL , March.

Kearney AJ (2010). Principles of data collection. Part of the "evidence-based practice short course". Eastern Health, St. John's, NL, March.

Ploughman M, Austin M, Kearney A, Murdoch M, Stefanelli M, Godwin M (2010). Health, lifestyle, and aging well with Multiple Sclerosis. Primary Health Care Research Unit - Research in Progress Seminar Series. Faculty of Medicine, Memorial University, February.

Curran VR, Mullins-Richards P, Kearney A, Heath O, Sharpe D (2010). Using standardized patients to enhance the interprofessional learning experience. Oral Presentation at IPE Ontario 2010, Toronto, ON, January.

Ploughman M, Austin M, Kearney A, Murdoch M, Stefanelli M, Godwin M (2010). Health, Lifestyle and Aging with Multiple Sclerosis: A Qualitative Study. Primary Healthcare Research Partnership Forum. St. John's, NL, November.

Dawe D, Bennett L, Kearney A, Westera D (2010). Psychosocial needs of women who have surgery for breast cancer as an out-patient. Nursing Research Day, Memorial University, St. John's, NL, October.

Kearney A (2009). Principles of data collection. Part of the "evidence-based practice short course". Eastern Health, St. John's, NL ,Fall.

Kearney A (2009). Preparing health professionals to provide collaborative patient-centred care. Programme of the Primary Healthcare Partnership Forum, Memorial University, St. John's, NL, November.

Peyton C, Kearney A (2009). Atlantic Regional Training Centre: a graduate training program for excellence in applied health services research. Programme of the Primary Healthcare Partnership Forum, p. 37. Memorial University, St. John's, NL, November.

Kearney A, Peyton C (2009). Graduate Students in Masters in Applied Health Services Research –Atlantic Regional Training Centre (ARTC). Primary Health Care Research Unit - Research in Progress Seminar Series. Faculty of Medicine, Memorial University, November.

Kearney A, Adey T, Bursey M, Conway A, Cooze L, Cunning G, Dillon C, Pevida A, Barrett J, Barter J, King-Jesso P, Kirby B, McCarthy P, Mullins-Richards P, Predham H (2009). Enhancing patient safety through undergraduate interprofessional education. Eastern Health Patient Safety Week Education Day, St. John's, NL, November.

[illegible]arle, M, Kearney A and the Staff Advisory Committee on the Advancement of Health (2009). Primary health care: 101. Provincial Primary Health Care Conference. ARNNL, St. John's, NL, October.

Sclater A, Curran V, Kirby B, Sharpe D, Anstey SA, Bennett L, Dawe D, Edwards D, Edwards S, Kearney A, White M (2009). Evaluation of an interprofessional education (IPE) module in care of the elderly and elder abuse. 19th International Association of Gerontology and Geriatrics World Congress. Paris, France, July.

Kearney A, Sharpe D, Curran V, Heath O (2009). Outcomes of a comprehensive interprofessional health education strategy to improve patient care. Canadian Association for Health Services and Policy Research National Conference, Calgary, AB, May.

Kearney A (2009). IPE curriculum model for Memorial University of Newfoundland. Interprofessional Education: Integration, Implications and Outcomes: CAME / AFMC / CIHC Post-Conference Workshop, Edmonton, AB, May.

Kearney A (2009). Principles of data collection. Part of the "Evidence-based Practice Short Course". Eastern Health, St. John's, NL, Winter.

Curran V, Kearney A, Heath O, Flynn K (2008). Evaluation of a post-graduate medical education model for enhancing CanMEDS Collaborator Competencies. All Together Better Health Conference. Karolinska Institutet, Stockholm and Linköping University, Linköping, Sweden, June.

Kearney AJ(2008). Principles of data collection. Part of the "Evidence-based Practice Short Course". Eastern Health, St. John's, NL, November.

Kearney A (2008). After I found the lump: the role of breast self-examination in the detection of breast cancer. Nursing Research Day 2008. St. John's, NL, September.

VICTOR MADDALENA

Maddalena V, Kearney A, Adams L (2011). Quality of worklife for novice nurses. Eastern Health Nursing Education and Research Council's 6th Annual Nursing Research Symposium, Memorial University, St. John's, NL, May.

Maddalena V (2011). Palliative care in Newfoundland's Deaf community. Oncology Rounds, Division of Oncology, Memorial University, St. John's NL, April.

Maddalena V (2011). Palliative and end of life care across cultures. People's Health Matters: Community Health and Humanities Seminar Series, Memorial University, January.

Maddalena V (2011). Quality of Worklife of Novice Nurses: A Qualitative Exploration. Provincial Nursing Leadership Team, St. John's NL, January.

Maddalena V. Murphy M (2010). Palliative and end of life care in Newfoundland's Deaf community. PriFor 2010 - The

Primary Healthcare Partnership Forum: Working Together Better Patient Care, St. John's, NL, November.

Maddalena V, Murphy M (2010). Palliative and end of life care in Newfoundland's Deaf community. 18th International Congress on Palliative Care, Montreal, Quebec, October.

Maddalena, V, Kearney A, Adams L (2010). Quality of worklife for novice nurses. Abstract accepted for presentation to Nursing Research Day, Memorial University, St. John's, NL, October.

Maddalena V, Bernard WT, David-Murdoch S, Smith D (2010). Assessing the Knowledge of African Canadians Living in Nova Scotia regarding available options for palliative and end of life care using partipatory action research. 18th International Congress on Palliative Care, Montreal, Quebec, October.

Johnston G, Burge F, Asada Y, Drummer D, Frager G, Grunfeld E, Lawson B, Maddalena V, McIntyre P, Rocker G (2010). Building a palliative and end of life research program: Recent experiences of NELS ICE in Nova Scotia, Canada. 18th International Congress on Palliateve Care, Montreal Quebec, October.

Maddalena V (2010). Quality of worklife of novice nurses: a alitative exploration. Presentation to the Interim Nursing Human Resource Committee, Eastern Health, St. John's NL, June.

Maddalena V, Kearney A, Adams L (2010). Quality of worklife of novice nurses. Presentation to the Eastern Health Human Resources Planning Committee, St. John's, NL, June.

Maddalena V, O'Shea F, Murphy M (2010). Palliative and End of Life Care in Newfoundland's Deaf Community. Health from All Angles: The 2010 NLCAHR Research Symposium, St. John's, NL, March.

Maddalena V, O'Shea F, Murphy M (2010). Palliative and end of life care in Newfoundland's deaf community. Health from All Angles: The 2010 NLCAHR Research Symposium, St. John's, NL, March.

Tombin Murphy G & Maddalena V (2009). Building on the Pan-Canadian framework for health human resources planning: a exploration of strategic directions for the Office of Nursing Policy: a discussion Paper. World Health Organization Collaborating Center on Health Workforce Planning and Research. Prepared for the Office of Nursing Policy, ealth Canada, February.

Maddalena V, O'Shea F, Murphy M (2009). Palliative and end of life care in Newfoundland's deaf community. Primary Healthcare Partnership Forum, St. John's, NL, November.

Maddalena V, Cooke S, Murphy M (2009). Experiences and understandings of deaf adults living in Newfoundland and Labrador regarding genetic testing and genetic counseling for hereditary deafness. Primary Healthcare Partnership Forum, St. John's, NL, November.

MARIA MATHEWS

Connor JTH, Conner JJ, Kidd M, Mathews M (2010). Were past times good times in their own way? Interpreting medicine and health care in pre-1949 Newfoundland as "ecosystem", Primary Healthcare Partnership Forum, St. John's, NL, November.

Mathews M (2010). The Canadian Association for Health Services and Policy Research. New Brunswick Health Research Foundation Annual Conference, St. John, NB, November.

Dawe C, O'Leary S, Mathews, M (2010). Defining the CanMEDS roles of communicator and collaborator as it pertains to anesthesiology residents, using focus groups of expert anesthesiologists. The International Conference on Residency Education, Ottawa, ON, September.

Mathews M (2010). Research to Action: Knowledge Exchange. Eastern Integrated Regional Health Board Staff Workshop, St. John's, NL, September.

Mathews M (2010). How to get a PHSI grant: tips from a reviewer and applicant. CIHR's Partnership in Health System Improvement Program. Webinar for CIHR KT Funding Opportunities, September.

Mathews M, LeMessurier J, Seguin M, Card R (2010). Generational differences in physician mobility. Centre for Health Services and Policy Research 2010 Health Policy Conference, Vancouver BC, March.

Mathews M (2010). Out-of-pocket costs for breast cancer patients in Newfoundland and Labrador. Health From All Angles: the 2010 NLCAHR Research Symposium, St. John's, NL, March.

Mathews M (2010). Unintended consequences of knowledge transfer. Knowledge transfer trainee collaborative meeting, Winnipeg, Manitoba, March.

Bulman D, Mathews M, Parsons K (2010). HIV screening in pregnancy: voices and silences from Newfoundland and Labrador. Health from all angles: the 2010 NLCAHR Research Symposium, St. John's NL, March.

Mathews, M (2010). Knowledge Exchange. Eastern Integrated Regional Health Board Staff Workshop Webinar, St. John's, NL, January.

Mathews M (2009). Panelist (CIHR peer review) and net- orking speaker. CIHR Funding for Social Sciences & Humanities Researchers, St. John's, NL, November.

Mathews M (2009). Teeming with opportunities: creating effective partnerships between researchers and community. New Brunswick Health Research Foundation Launch Conference, Fredericton, NB, October.

Seguin M, Card R, Mathews M (2009). The feminization of medicine: the importance of rural definition. Association for Medical Education in Europe, Malaga, Spain, August.

Mathews M, Seguin M, Card R (2009). Why physicians leave: implications for physician retention policies. Academy Health Annual Research Meeting, Chicago, Illinois, June.

Mathews M, Seguin M, Card R (2009). Physician mobility and work location choice: exploring generational differences. Academy Health Annual Research Meeting, Chicago, Illinois, June.

Hutchings D, Lundrigan E, Lynch A, Goosney E, Mathews M (2009). Effectiveness of interventions: a partnership to enhance the safety of staff sorking in a community setting 2009 National Healthcare Leadership Conference, St. hn's, NL, June.

Mathews M, LeMessurier J, Seguin M, Card R (2009). Generational differences in the factors related to work location selections. Canadian Association for Health Services and Policy Research Annual Conference, Toronto, Ontario, May.

Seguin M, Mathews M, Card R (2009). Why physicians leave: implications for physician retention policies. Canadian Association for Health Services and Policy Research Annual Conference, Calgary, Alberta, May.

Young SW, Mathews M (2009). Current Work Locations and Reasons for Job Choice of Graduates of Memorial University School of Pharmacy. Canadian Association for Health Services and Policy Research Annual Conference, Calgary, Alberta, May.

Mathews M, Seguin M, Card R (2009). Physician mobility and work location choice: exploring generational differences. Canadian Association for Health Services and Policy Research Annual Conference, Calgary, Alberta, May.

Fleming P, Mathews M (2009). Retention of Specialist Physician in Newfoundland and Labrador. Canadian As- ciation for Health Services and Policy Research Annual onference, Calgary, Alberta, May.

McEachern J, Pullman D, Green J, Mathews M (2009). Hereditary Colorectal Cancer Screening: Specialists' Knowledge, Attitude and Practice Patterns. Canadian Association for Health Services and Policy Research Annual Conference, Calgary, Alberta, May.

Seguin M, Mathews M, Card R (2009). Analysis of Factors Influencing Retention of Local Medical Graduates in Saskatchewan. Canadian Conference on Medical Education, Edmonton, Alberta.

Bulman D, Mathews M, Parsons-Suhl K (2009). Screening for HIV during pregnancy within Newfoundland and Labrador: Culture, caring and the implementation of best practice guidelines Canadian Nurses in AIDS Care Conference, Saskatoon, SK, April.

Mathews M (2009). How to get a PHSI grant: tips from a reviewer and applicant. CIHR's Partnership in Health System Improvement Program: Grant Writing Workshop and Information Session. Fredericton NB, January.

Mathews M, Dawe P, West R (2008). Creating university-community partnerships: using knowledge exchange to improve cancer care in Newfoundland and Labrador. Knowledge in Motion 08, St. John's, NL, October .

SHREE MULAY

Mulay S (2010). Conference proceedings at the Tarrytown Meeting. Title of panel: Reproductive and genetic tourism, Tarrytown, NY, USA, July.

Mulay S (2010). International Conference on Ethical Issues in Medical Tourism, Simon Fraser University. The business of making babies at home and abroad for profit, Vancouver, BC, June.

Mulay S (2010). International Meeting on Commercial, economic, and ethical aspects of assisted reproductive technologies. Closing the barn door after the horse has bolted: Canadian experience with regulating assisted human reproduction, January.

Barn S, Mulay S, Sarangi (2009). The Bhopal gas disaster twenty-five years later 1British Columbia Centre for Disease Control, Vancouver, BC, Canada, 2Memorial University of Newfoundland, St. John's, NL, Canada, 3Sambhavna Trust Clinic, Bhopal, India 2009-A-246-ISES Minneapolis, November.

Mulay S (2009). Current controversies in women's health. Centre for Reproductive Rights and An Initiative for Equity in Health, New Delhi, India, August.

Mulay S (2009). Annual General Meeting of the violence prevention Labrador Network. Immigrant women's struggle to end violence: Its relevance to women in Labrador. Friendship Centre, Happy Valley-Goose Bay, Labrador, June.

Mulay S (2009). Access to medicines by vulnerable populations: Case Study of India. Inter-professional Education Global Health Seminar Series, Queen's University, Kingston, Ontario, February.

Mulay S (2008). Technical consultation to review the safety of quinacrine in humans when administered as intrauterine doses for non-surgical sterilizations. World Health Organization, Department of Reproductive Health and Research, Geneva, October.

DARYL PULLMAN

Pullman D, Anderson J (2011). Research Ethics Broadly Writ:Beyond REB review. Annual meeting of the Canadian Bioethics Society, Saint John, NB, June.
Pullman D (2011). Personalized medicine and the ethics of strangers. Annual meeting of the Canadian Bioethics Society, Saint John NB, June.
Pullman D (2011). Informational Deficits in Clinical Ethics Consultation: When clinicians (unintentionally) manipulate facts to achieve a preferred outcome. 7th International Conference on Clinical Ethics Consultation, Amsterdam, NL, May.

Pullman D, Etchegary H (2011). Does specific consent cause people to act selfishly?: A conjoint analysis of privacy and biobanks. ELSI, Chapel Hill, NC, May, UBC, Maurice Young Centre for Applied Ethics, May.
Pullman D (2010). Ethical decision making at the end of life. National Association of Public Trustees and Guardians, St. Johns, NL, June.

Lemmens T, Pullman D, Rodal R (2010). Revisiting genetic discrimination issues in 2010: Is Canada on the right course? Genome Canada GPS Series on Genetic Information, Ottawa, April.

Pullman D (2010). Is genetic discrimination a cause for concern in Canada? 3rd Annual Canadian Human Genetics Conference. Saint-Saveur, PQ, April.

Pullman D (2010). The Canadian longitudinal study on aging: issues of Governance, Process and Multi-site Review. NCEHR National Conference, Ottawa, February.

Pullman D, Hodgkinson K (2010). Managing the nebulous distinction between genetic research and clinical genetics: A triage tool to assist Research Ethics Boards (REBs). Genetics Seminar Series, Memorial University, January.

Pullman D (2009). Failure to Launch?: The continuing saga of research ethics legislation in Newfoundland &Labrador. AllerGen NCE Ethics Workshop, Toronto, December.

Pullman D (2009). Does Canada need genetic non-discrimination legislation? CIHR Genetic Discrimination Workshop, Banff, Alberta, September.

Pullman D (2009). Privacy issues in health research: professional stakeholders perspectives. Paving the way: Newfoundland & Labrador Access and Privacy Workshop, St. John's, May.

Pullman D (2009). Ethical challenges in transition planning. Eastern Health, St. John's, NL, May.

Pullman D (2009). Public goods and private rights: The use of personal health information for research. Atlantic Symposium on Privacy in Health Services and Policy Research, St. John's, NL, April.

Pullman D (2009). Privacy challenges with genetic information. Atlantic Symposium on Privacy in Health Services and Policy Research, St. John's, NL , April.

Pullman D (2009). An ethics framework to resolve challenges in providing appropriate care. 5th International Conference on Clinical Ethics and Consultation. Taichung/Taipei, Taiwan. March.

Pullman D (2009). Ethical reflections on a complex case. Principles and Practices of Clinical Ethics Consultation. Taiwan Clinical Ethics Network, Taipei, Taiwan, March.

Pullman D (2008). Little ado about something: the genetic exceptionalism debate revisited. Canadian College of Medical Genetics Annual Scientific Meeting, St. John's, NL, September.

Abstracts

Singleton R, Adams K, Pullman D (2010). An organizational strategy on diversity: Ethics in Action. Canadian Bioethics Society, Kelowna, BC, June.

Hodgkinson K, Pullman D (2009). Managing the nebulous distinction between genetic research and clinical genetics: A triage tool to assist Research Ethics Boards (REBs). Human Genome Organization, Geneva, Switzerland, November.

Embrett M, MacKinnon N, Rathwell T, Pullman D (2009). Qualitative Evaluation of the Fabry Disease Initiative. Annual Pharmacy Research Day, Dalhousie University, September.

Embrett M, MacKinnon N, Rathwell T, Pullman D (2009). Qualitative Evaluation of the Fabry Disease Initiative. Canadian Fabry Association annual General Meeting, Dalhousie University, September.

Pullman D, Brunger F (2009). Translating Scientific Research into Effective Health Policy. 4th International Conference on Humanities and the Social Sciences, Athens, Greece, July.

Pullman D (2009). An ethics framework to resolve challenges in providing appropriate care. 5th International Conference on Clinical Ethics and Consultation. Taichung/Taipei, Taiwan, March.

SAM RATNAM

Abstracts

Alaghehbandan R, Fontaine D, Lear A, Ratnam S (2011). Performance of ProEx C in detecting cervical squamous intraepithelial lesions. International HPV Conference, Berlin.

Arbyn M, Cuschieri K, Cuzick J, Szarewski A, Ratnam S, Dockter J, Reuschenbach M, Belinson JL, Monsonego J (2011). Meta-analysis: APTIMA versus Hybrid Capture 2 to triage ASCUS or LSIL cytology. International HPV Conference, Berlin.

Ratnam S, Coutlee F, Lear A, Fontaine D, Bentley J, Escott N, Ghatage P, Giede C, Bartellas E, Kum N (2010). Predicting future risk of CIN2+: HPV DNA vs. mRNA tests. International HPV Conference, Montreal.

Fontaine D, Ratnam S, Bentley J, Escott N, Ghatage P, Holloway G, Bartellas E, Kum N, Lear A, Coutlee F (2010). MCM2/TOP2a (ProEx C) testing in cervical cancer screening: A multicentre Canadian study. International HPV Conference, Montreal.

Mugford G, Ratnam S, Wong T, Jayaraman G, Fontaine D, Dow G, Johnston L, Hatchette T, Haase D, Kirkland S, Wilson R (2010). An Atlantic Canada multicentre trial investigating HPV genotype distribution and oncogene expression in HIV-positive adults and the underlying risk factors for oral, anal and genital malignancy: Obstacles and limitations to ethics approval, specimen sampling and establishing the research network. XVIII International AIDS Conference, Vienna.

Mugford G, Ratnam S, Wong T, Jayaraman G, Fontaine D, Dow G, Johnston L, Hatchette T, Haase D, Kirkland S, Wilson R (2010). HPV Genotype distribution in HIV-positive adults and HPV-related underlying risk factors for oral, anal and genital malignancy: an Atlantic Canada prospective cohort study. XVIII International AIDS Conference, Vienna.

Ratnam S (2010). HPV DNA and RNA testing in cervical cancer screening. AOGIN (Asia and Oceania Research Organization in Genital Infection and Neoplasia), New Delhi.

Ratnam S, Nugent T, Castiel N, Magno C, Dockter J (2010). Clinical performance of the APTIMA cervical specimen collection and transport kit for detection of HPV mRNA with the APTIMA HPV assay. EUROGIN, Monte Carlo.

Ratnam S, Coutlee, F, Fontaine D, Bentley J, Escott N, Ghatage P, Holloway G, Bartellas, E, Kum N, Giede C, Lear A (2009). Clinical correlation of APTIMA HPV assay in comparison with Hybrid Capture 2 test in cervical cancer screening. International Society for Sexually Transmitted Diseases Research, London.

Ratnam S, Coutlee, F, Fontaine D, Bentley J, Escott N, Ghatage P, Holloway G, Bartellas, E, Kum N, Giede C, Lear A (2009). HPV E6/E7 mRNA and MCM2/TOP2a testing in cervical cancer screening: Results from a multicentre Canadian study. International Congress of Chemotherapy, Toronto.

Ratnam S, Coutlee, F, Fontaine D, Bentley J, Escott N, Ghatage P, Holloway G, Bartellas, E, Kum N, Giede C, Gadag V, Lear A (2009). E6/E7 mRNA and DNA tests for detection of > CIN II. International HPV Conference.

BARBARA ROEBOTHAN

Liu L, Zhao JH, Zhu Y, Roebothan B, Wang P (2011). Association between Diabetes and Colorectal Cancer Risk in a Homogeneous Canadian Population. The 3rd North American Congress of Epidemiology, Montreal, Canada, June.

Roebothan B (2010). Nutrition and Dietetics: Training to practice. Med Quest; Faculty of Medicine, Memorial University of Newfoundland, July.

Roebothan B (2010). Successful and Sustainable Program Delivery of Child Nutrition Programs in Newfoundland and Labrador. Health from All Angles – the 2010 Newfoundland and Labrador Centre for Applied Health Research, Research Symposium, March.

Roebothan B, Wang P (2010). Lifestyle Factors and Colorectal Cancer in Newfoundland and Labrador. Weekly Seminar Series of Department of Biochemistry, Faculty of Science, Memorial University; January.

Sun Z, Roebothan B, Squires J, Buehler S, Dicks E, McLaughlin J, Parfrey P, Wang P (2009). Calcium, Vitamin D, Milk, and Risk of Colorectal Cancer: A Case-control Study in Ontario.". AICR Annual Research Conference; Washington, DC., USA; November.

Sun Z (presenter), Roebothan B, Buehler S, Wang PP (2009). Associations of Micronutrients with Colorectal Cancer Risk – Results from a Large Population-based Case-control Study in Canada." Cancer Research Symposium; Halifax, NS, Canada; November.

Roebothan B, Ryan A, Keough M, Gadag V, LeDrew D, Felt L, Green S (2009). What are the determinants of a successful and sustainable program delivery as it applies to child nutrition programs in Newfoundland and Labrador. The Primary Healthcare Partnership Forum, St. John's, NL, November.

Roebothan B, Wang P (2009). Diet and colorectal cancer - preliminary findings of a population-based case control study in NL and Ontario. Department of Biochemistry, Faculty of Science, MUN weekly seminar series, November.

Roebothan B (2009). Volunteerism and Community Access to Appropriate Foods. Midterm Matters. Hosted by Student Services, Memorial University of Newfoundland, October.

Roebothan B (2009). Training in nutrition and dietetics. Med Quest; Faculty of Medicine, Memorial University of Newfoundland, August.

Sun Z, Roebothan B, Squires, J, Buehler S, Wang P (2009). Calcium and vitamin intakes and colorectal cancer - results from a large population-based case-control study in Canada. The 21st Conference of the International Society for Environmental Epidemiology; Dublin, Ireland, August.

Squires J, Roebothan B, Buehler S, Sun Z, Wang P (2009). Pickled meat consumption and colorectal cancer (CRC): a case-control study in Newfoundland and Labrador, Canada. The 21st Conference of the International Society for Environmental Epidemiology; Dublin, Ireland, August.

Zhao JH, Roebothan B, Wang P (2009). Tobacco use and colorectal cancer: a population-based case-control study in Newfoundland and Labrador, Canada. The 21st Conference of the International Society for Environmental Epidemiology; Dublin, Ireland, August.

Roebothan B (2009). Strengths and weaknesses of Faculty of Science, Memorial University in enabling scholarships of engagement. Workshop on the Scholarship of Engagement: Understanding It, Doing It, Documenting It, Rewarding It. Memorial University of Newfoundland, May.

Roberts KD, Roebothan B (2009). Repeated exposure: a method to increase children's liking and willingness to try new fruits. Aldrich Conference; Memorial University of Newfoundland, March.

Sun Z, Roebothan B, Squires J, Wang PP (2008). Calcium, vitamin D, dairy products and risk of colorectal cancer. AICR Annual Research Conference, Washington, U.S.A, November.

Shea J, French CR, Bishop J, Martin G, Roebothan B, Pace D, Fitzpatrick D, Sun G (2008). Changes in the transcription of abdominal subcutaneous adipose tissue in response to short-term overfeeding in lean and obese men. NAASO Annual Scientific Meeting; Phoenix, Arizona, USA, October.

ATANU SARKAR

Sarkar A (2011). Managing water quality in Canada: emerging environmental threats. In: 64th CWRA National Conference, organized by Canadian Water Resources Association, St. John's, NL, June.

Sarkar A, vanLoon G, Aronson K, Goebel A (2010). Modern Agriculture Practice and Emergence of New Health Crisis in Rural India in Canadian Conference on Global Health, Ottawa, Canada, November.

REBECCA SCHIFF

Schiff R (2011). Canadian Food Systems and Policy Councils: Exploring diversity, challenge, and success. Congress of the Humanities and Social Sciences and Canadian Association for Food Studies 2011 Conference: Exploring Change Through Food. Fredericton, NB: University of New Brunswick and St. Thomas University.

Best L, Mansfield B, Schiff R, and Scott S (2011). Canadian Food Systems and Policy Councils: Exploring diversity, challenge, and success. Congress of the Humanities and Social Sciences and Canadian Association for Food Studies 2011 Conference: Exploring Change Through Food. Fredericton, NB: University of New Brunswick and St. Thomas University.

CAROLYN STURGE SPARKES

Abstracts

Sturge Sparkes C, Jong M, Donovan C (2010). Charting the course: Building on the IPAC core competencies to assess the status of indigenous health issues in the undergraduate curriculum. Faculty of Medicine, 2010 Canadian Conference on Medical Education, St. John's, NL, May

MARTHA TRAVERSO- YÉPEZ

Traverso- Yépez M (2010). The political boundaries of health promotion, International Union for Health Promotion and Education, Geneva, Switzerland, July.

Traverso- Yépez M (2010). A Community-based approach to child and youth healthy development. Faculty Lunchtime Seminar Series, February.

Traverso-Yépez M (2009) Promoting healthy communities: the challenges of the regional wellness coalitions. Research in Progress Session, Faculty of Medicine, MUN.
Traverso-Yépez M (2009). Social inequities and the public health system in Brazil. Global Health Seminars. Faculty of Medicine, MUN.

Traverso-Yépez M (2009). Social inequities and the family

health program in Brazil. In Sickness & In Health Conference. Victoria, BC.

Veras RM, Traverso-Yépez M (2009). The Kangaroo Program: the Brazilian premature/low weight babies health care policy under examination. In Sickness & In Health Conference.Victoria, BC.

Veras RM, Traverso-Yépez M (2009). Análise da Política Pública de Saúde voltada B assistLncia materno-infantil no Brasil (Analysis of the Public Policies about the maternal-infant healthcare no Brazil). 2° Seminário Nacional de Humanizaçno. Brasília: Ministério da Saúde.

Medeiros LA, Traverso-Yépez M (2009). Os determinantes sociais da saúde mental e a percepçno dos trabalhadores de saúde na atençno básica (Social determinants of health and health care workers' perceptions) 6o. Congresso Norte Nordeste de Psicologia, Belém/PA (Brazil).

Medeiros LA, Traverso-Yépez M (2009). O apoio matricial nas unidades de saúde da família em Natal/RN. (The Matrix (mental health) support in the family health program in Natal/RN. XV Encontro Nacional da ABRAPSO, Maceió/AL (Brazil).

Medeiro LA, Traverso-Yépez M (2008). As práticas de cuidado Bs pessoas com sofrimento psicológico: uma análise sobre o trabalho do psicólogo na atençno básica em saúde mental (Health care practices with persons with psychological suffering in primary health care) - I Encontro Pernambucano de Psicologia Social, ABRAPSO, Recife/PE (Brazil).

Medeiros LA, Traverso-Yépez M (2008). Narrativas do sofrimento incorporado: refletindo sobre a doença dos nervos. (Narratives of psychological suffering: Reflection on Nerves Suffering) III Congresso Internacional sobre pesquisa (auto) biográfica, Natal/RN, Brazil.

Medeiros LA, Traverso-Yépez M (2008). Our hands are tied: dealing with psychological suffering in primary health care. In Sickness & In Health Conference, Victoria, BC.

Abstracts

Traverso-Yépez M (2010). The political boundaries of health promotion, 20th IUHPE (International Union for Health Promotion and Education) World Conference on Health Promotion, Conference Program, Geneva, Switzerland, July.

JAMES VALCOUR

Valcour J, Martin DH, Bull J, Paul M, Graham J, Wall D (2011). A loss of colour: mental health in south Labrador coastal communities. Congress of Epidemiology 2011, Montreal, QC, June.

Valcour J, Martin DH, Bull J, Graham J, Paul M, Wall D (2011). Access to health-care and health related services in south Labrador coastal communities. 2011 Annual Canadian Association for Health Services and Policy Research, Halifax, NS, May.

Martin DH, Valcour J, Bull J, Graham J, Paul M, Wall D (2011). "Now I got my teeth, but I can't afford to eat": Understanding oral health as public health in NunatuKavut. 2011 Annual Canadian Association for Health Services and Policy Research, Halifax, NS, May.

Valcour J (2010). Going beyond the individual: Group Level Studies. Clinical Epidemiology Seminar, December.
Valcour J (2010). Climate Change and Health: Impacts on Enteric Disease Incidence. Canadian Institute of Public Health Inspectors: Annual Educational Conference, St. John's, NL, December.
Valcour J, Martin DH, Bull J, Graham J, Paul M, Wall D (2010). Partnerships beyond the paper: Meaningful collaborations between aboriginal communities and university researchers. PriFor 2010: The Primary Healthcare Partnership Forum. Working together for better patient care, St. John's, NL, November.

Bull JR, Graham JR, Martin DH, Paul M, Valcour J, Wall D (2010). Partnerships beyond the paper: Meaningful collaborations between communities and universities. Canadian Rural Health Conference, Fredericton, NB, October.

Martin DH, Valcour J, Bull JR, Paul M, Wall D, Graham JR (2010). Doing Aboriginal community-based health research. Engaging Together: Global Health Research in Atlantic Canada. Dalhousie University, Halifax, NS, March.

Valcour J, Charron D, Waltner-Toews D, Berke O, Wilson J, Edge T (2009). Projected changes in reportable enteric disease incidence in New Brunswick, Canada in response to changes in temperature, precipitation and snow depth. International Society for Environmental Epidemiology 2009 Conference, Dublin, Ireland, August.

SUJA VARGHESE

Varghese S, Gadag V (2010). Family Environment Factors Associated with Pediatric Obesity. The primary health care partnership forum (Prifor).

PETER WANG

Zhao J, Zhu Y, Liu L, Sun Z, Wang P (2011). Non-steroidal anti-inflammatory drugs use and colorectal cancer: a populated based case-control study in Ontario and Newfoundland and Labrador. The 3rd North American Congress of Epidemiology. Am J Epidemiology 173(S):028. Montreal, Canada, June.

Zhao J, Zhu Y, Liu L, Sun Z, Wang P (2011). Iron and colorectal cancer: a populated based case-control study in Canada. The 3rd North American Congress of Epidemiology. Am J Epidemiology 173(S):029. Montreal, Canada, June.

Zhu Y, Zhao JH, Liu L, Campbell P, Wang P (2011). Joint Effects of Alcohol Intake and Obesity on Colorectal Cancer – Results from a Population Based Case-Control Study in Newfoundland and Labrador. The 3rd North American Congress of Epidemiology. Am J Epidemiology 173(S):016. Montreal, Canada, June.

Wang J, Wang P, Maddalena V (2011). Lifestyle and Behaviour Changes to Improve Health among Elderly Canadians. The 3rd North American Congress of Epidemiology. Am J Epidemiology 173(S):238. Montreal, Canada, June.

Wang P (2011). Lifestyles, Diet and Colorectal Cancer – A Population Based Epidemiological Study in Canada. Wenzhou Medical College, Wenzhou, Zhejiang, China, June.

Wang P (2011). Lifestyle Factors and Colorectal Cancer in Newfoundland and Ontario. Primary Healthcare Research Unit, Memorial University of Newfoundland, St. John's, NL, April.

Aubrey-Bassler K, Simms A, Wang P, Crane J, Godwin M, Cullen R, Pike A (2010). Epidemiology of Obstetrical Outcomes for Rural Women: An Examination of Residential Proximity and Hospital Level of Service. NAPCRG, Seattle.

Sun ZY, Zhao J, Wang P (2010). Total Energy, Macronutrients and Colorectal Cancer: A Case-Control Study in Ontario and Newfoundland and Labrador. American College of Epidemiology Annual Meeting. Ann Epidemiology 20(9):700, September.

Liu F, Loucks-Atkinson A, Wang P (2010). Mobility disability level, environmental facilitators, and activity dependence in elderly Canadians. Canadian Public Health Association Annual Meeting, Toronto, Canada, June.

Wang P, Roebothan B (2009). Lifestyles, Dietary Intakes, and Colorectal Cancer – Results from a Population-based Case-control Study in Newfoundland and Labrador. Community Health and Humanities Seminar Series 2009/2010 – People's Health Matters. Division of Community Health and Humanities, Faculty of Medicine, Memorial University, October.

Wang P (2009). Statistical explorations of possible effects from a partial mediating variable – comparisons between OLS and SEM methods with simulated data, The 21st Conference of the International Society for Environmental Epidemiology, Dublin, Ireland, August.

Liu F, Loucks-Atkinson A, Wang P (2009). Physical environments and their impact on out-of-home social participation among elderly Canadians with physical disabilities. The 19th IAGG World Congress, Paris, France, July.

Squires J, Roebothan B, Woods M, Sun Z, Wang P (2009). Microsatellite instability and dietary factors in colorectal tumors: a case-control study in Newfoundland and Labrador. The 2009 Annual Canadian Genetic Epidemiology & Statistical Genetics Meeting; Harrison Hot Springs, BC, Canada, May.

Wickham S, Wang P, Roebothan B (2009). Is beverage consumption of young residents of Newfoundland and Labrador associated with body mass index? A pilot project. Canadian Society for Clinical Nutrition - Canadian Society for Nutritional Sciences Annual Scientific Meeting; Quebec City, Canada, May.

Sun ZY, Wang P (2009). Calcium and vitamin intakes and colorectal cancer - results from a large population based case-control study in Canada, Tianjin Medical University, May.

Wang P (2009). Arthritis disability and its impact on social participation in Canadian population, Tianjin Medical University, May.

Wang P (2009). Dietary Factors and Colorectal Cancer – a Population Based Case-Control Study in Canada. School of Public Health, Beijing University, May.

Liu F, Louck-Atkinson A, Wang P (2009). Smoking and drinking patterns among Canadians with physical disabilities: Analyses of 2001 Participation and Activity Limitation Survey. The 2009 American Academy of Health Behavior Meeting, Hilton Head, South Carolina, U.S.A, March.

Wang P, Liu F, Louck-Atkinson A (2009). Physical environments and their impact on out-of-home social participation among elderly Canadians with physical disabilities. The 2009 American Academy of Health Behavior Meeting, Hilton Head, South Carolina, U.S.A, March.

Wang P, Roebothan B, Buehler S, Squires J, McLaughlin J, Parfrey P, Dicks E (2008). Food, nutrition, physical activity, and cancer. AICR Annual Research Conference; Washington, DC, USA, November.

Wang P, Xiong H (2008). Cervical Cancer Screening Among [illegible]an Immigrant Women in Canada. The 5th Chinese Conference on Oncology, the International Society for Cell and Gene Therapy of Cancer Congress, the 7th Cross-0Strait Academic Conference on Oncology, the 2nd China-Japan Conference on Tumor Interventional Therapy, Shijiazhuang, Hebei, China, September.

Wang P, Roebothan B, Zhao JH, Squires J, Sun ZY (2008). Life styles and colorectal cancer: A Population-Based Case-Control Study in Newfoundland and Labrador. The 5th Chinese Conference on Oncology, the International Society for Cell and Gene Therapy of Cancer Congress, the 7th Cross-0Strait Academic Conference on Oncology, the 2nd China-Japan Conference on Tumor Interventional Therapy. Shijiazhuang, Hebei, China, September.

YANQING YI

Yi Y (2011). Efficient estimation for response adaptive designs, IMS-China (Institute of Mathematical Statistics China) International Conference on Statistics and Probability, XiAn, China, July.

Yi Y (2011). Exact inference for response adaptive clinical trials. Statistics 2011 Canada, Montreal, QC , July.

[illegible]Y (2011). Small sample inference for response adaptive designs, 39th Annual Meeting of the Statistical Society of Canada (SSC), Wolfville, Nova Scotia, June.

Yi Y (2010). Statistical inference for response adaptive designs, Fredericton, NB, August.

Yi Y (2010). Asymptotic analysis of correlated data from adaptive designs, TIES 2010 - the 21th Annual Conference of the International Environmetrics Society, Margarita Island, Venezuela, June.

Yi Y (2010). Comparison of score, likelihood ratio and Wald tests for response adaptive design, 38th Annual Meeting of the Statistical Society of Canada (SSC), Québec City, Québec, Canada, May.

Yi Y (2010). Statistical design, analysis methods and statistical power, the Anesthesia Residents'
Research Day, Discipline of Anesthesia, Faculty of Medicine, Memorial University, May.

Yi Y (2009). Asymptotic inference of adaptive clinical trials, 37th Annual Meeting of the Statistical
Society of Canada (SSC), Vancouver, British Columbia, [illegible]nada, May-June.

WENDY YOUNG

Young W, Klima G, Clarke J, Gadag V, Gien L, Hardill I (2011). Sustaining ICT Use Among Canadians with at Least One Activity Limitation. The International Journal of Technology, Knowledge and Society. www.technology-journal.com. Bilbao, Spain, March.

Young W (2010). The Canada Research Chair, Healthy Aging and the ARNNL. Association of Registered Nurses of Newfoundland and Labrador (AARNL), St. John's, NL, October.

Young W, and the Healthy Weights Research Team (2010). Healthy Weights: Halton Takes Action. 3rd Conference on Recent Advances in the Prevention and Treatment of Childhood & Adolescent Obesity: Families in Focus. Hamilton Convention Centre, Hamilton, ON, October.

Young W (2010). The Canada Research Chair in Healthy Aging. The Legacy Tea, St. John's, NL, September.

Young W, Gadag V, Klima G, Veenhof B, Olphert W (2011). Internet use and retention among seniors in Canada and Atlantic Canada, 2005-2009. Statistics Canada Socio-economic Conference, Ottawa, ON September.

Young W (2010). Designing for Canada's Aging Population. Shads, St. John's, NL, July.

Young W and Healthy Weights: Halton Takes Action Team (2010). "Healthy Weights: Halton Takes Action" Evidence-informed policy and program development, implementation and evaluation. Canadian Public Health Association Centennial Conference: Public Health in Canada: Shaping the Future Together, Toronto, ON, June.

Damodaran L, Young W, Bornstein S, Gadag V, Farrell G, Gien L, Klima G, Olphert CW, Tomblin S (2010). Sustaining information technology use by older people to promote autonomy and independence. International Society for Gerontechnology 7th World Conference, Vancouver, BC, May.

Young W and Healthy Weights: Halton Takes Action Team (2010). Evidence-informed policy and program development and implementation. Third International Congress on Physical Activity and Public Health, Toronto, ON, May.

Young W, Klima G, Gadag V (2011). Sustaining Information and Communication Technology Use in Seniors. Association of American Geographers (AAG) Annual Meeting, Seattle, Washington, April.

Young W, Klima G, Clarke J, Gadag V, Gien L, Hardill I (2011). Sustaining ICT Use Among Canadians with at Least One Activity Limitation. The International Journal of

Technology, Knowledge and Society: Universidad del País Vasco – Euskal Herriko Unibertsitatea Bilbao, Spain March.

Young W and the AFC (2010). The development of an age-friendly communities research team. The 2010 NLCAHR Research Symposium, St. John's, NL, March.

Young W (on behalf of project investigators) (2011). Sustaining IT use by Older People to Promote Autonomy and Independence: Newfoundland and Labrador Cohort. Primary Healthcare Research Unit Research in Progress Session, Memorial University, February.

Young W, Gadag V, Manual A, McKay D (2009). Heart Truth and Entertainment Education for Women in Newfoundland and Labrador. Heart and Stroke Annual General Meeting, St. John's, NL, December.

Young W, Klima G, Hammond K, Farrell G (2009). Smartphone-enabled collaborative care for adults over 45 living at home with type II diabetes. CIHR Knowledge Synthesis Training Course, Ottawa, ON, December.

Young W (2009). Understanding policy implications of built environment research and healthy lifestyle choices. Fireside Chats, Ottawa, ON, November.

Young W (2009). Canada Research Chair. Faculty/Graduate Student Research Seminar. St. John's, NL, October.

Young W (2009). Young W. Socio-ecological strategies for chronic disease prevention and management: Update on CUHI Research Interest Group. CUHI Board Meeting, Toronto, ON, September.

Young W (2009). Examples of age-friendly work in Newfoundland and Labrador. Healthy Aging and Age-Friendly Communities Forum, St. John's, NL, May.

Young W (2009). Building stronger communities. Faculty Lunchtime Seminar Series, St. John's, NL April.

Hudson K, Young W (2009). Building stronger communities. Aging Issues 7th Annual Meeting, St. John's, NL, March.

Young W (2009). Socio-ecological strategies for chronic disease prevention and management: update on CUHI Research Interest Group. CUHI Board Meeting, Toronto, ON, February.

Young W (2009). Age-friendly communities. Conversation in community sponsored by the Georgestown Neighbourhood Association, St. John's, NL, February.

Young W (2009). Age-friendly communities. Men's Group sponsored by Independent Living Resource Centre, St. John's, February.

Young W (2009). Socio-ecological strategies for chronic disease prevention and management: Update on CUHI Research Interest Group. CUHI Board Meeting. Toronto, ON, February.

Young W (2009). Building stronger communities. Graduate seminar presentations. St. John's, NL, January.

Young W (2009). Age-friendly communities: Possible seed grant application. Affinity Group on Aging. St. John's, NL, January.

Young W (2009). Aging gracefully: Plugging into research. Café Scientifique, St. John's, NL, January.

Gucciardi E, Young W, Zanchetta M (2008). Socio-ecological strategies for chronic disease prevention and management: Update on CUHI Research Interest Group. CUHI Board Meeting, Toronto, ON, September.

APPENDIX E
SERVICE

The following is a list of our faculty's service for 2008-2011.

INTERNATIONAL

- Reviewer, BMC Health Services Research (2010-present) (S Asghari)
- Reviewer, Canadian Medical Association Journal (2010-present) (S Asghari)
- Reviewer, Journal of Remote and Rural Health (S Asghari)
- Reviewer, Journal of Iranian Archive Medicine (S Asghari)
- Peer Reviewer, 2010 and 2011 North American Primary Care Group Annual Meeting (S Asghari)
- Member, P3G – International Working Group Ethics, Governance and Public Participation (D Pullman)
- Member, Poona University Statistics Association (V Gadag)
- Life Member, Indian Statistical Association (V Gadag)
- Life Member, Indian Society for Probability and Statistics (V Gadag)
- Member, International Statistical Institute (V Gadag)
- Reviewer, Grant Application-National Research Foundation of South Africa (V Gadag)
- Member, Editorial Advisory Board, Family Practice (2009-2011) (M Godwin)
- Founding Member, Patient Competency Working Group, Academy for Eating Disorders (O Heath)
- Member, Professional Education Resource Committee, Academy for Healthcare Improvement (2010-present)(O Heath)
- Member, University Special Interest Group, Academy for Eating Disorders (O Heath)
- Member, International Study of Colorectal Cancer; University of Toronto (B Roebothan)
- Member, International Society for Ecological Economics (ISEE) (A Sarkar)
- Member, International Society for Environmental Epidemiology (ISEE) (A Sarkar)
- Member, Indian Medical Association (IMA) (A Sarkar)
- Member, Indian Public Health Association (IPHA) (A Sarkar)
- Member, Indian Science Congress Association (ISCA) (A Sarkar)
- Member, Development of ethics guidelines for the International Society for Environmental Epidemiology (ISEE) (A Sarkar)
- Member, Board of Consulting Editors of the International Journal of Psychology (M Traverso-Yépez)
- Reviewer, EcoHealth (1 paper to date) (J Valcour)
- Reviewer, Science of the Total Environment (1 paper to date) (J Valcour)
- Member, International Society of Environmental Epidemiology (2009-present) (P Wang)
- Session Chair, Methodological Issues in Environmental Epidemiology. The 21st conference of the International Society
- for Environmental Epidemiology. Dublin, Ireland, August 09 (P Wang)
- Member, Intentional Union against Cancer (UICC) (P Wang)
- Advisory Group Member, International Methods Network (W Young)
- Associate Editor, International Advisory Board of the International Journal of Technology, Knowledge and Society (W Young)
- Reviewer, International Journal of Nursing Studies (W Young)
- Reviewer, Health and Place (W Young)
- Reviewer, Journal of Patient Education and Counseling (W Young)
- Reviewer, Social Science & Medicine (W Young)

NATIONAL

- Member, Council of the Canadian Population Health Initiative, Canadian Institute for Health Information (D Allison)
- Member, Expert Advisory Committee for the Built Environment (2009-2010)(D Allison)
- Member, Royal College of Physicians and Surgeons, Specialty Committee for Community Medicine (D Allison)
- Supervisor, Canadian Public Health Service placement (D Allison)
- Member, Urban Public Health Network (D Allison)
- Past Co-Chair, Canadian Coalition for Immunization Awareness and Promotion (2008-2011)(D Allison)
- Member, CIHR Planning Grants Committee (2012) (S Asghari)
- Peer Reviewer, Canadian Public Health Association Centennial Conference, Dec 2009 (S Asghari)

- Board Member, National Council on Ethics in Human Research (NCEHR) (F Brunger)
- Board of Directors, Heart & Stroke Foundation of Canada (2011-) (C Donovan)
- Member, National Collaborating Centre on Environmental Health Advisory Board (2009-present)(C Donovan)
- Member, Public Health Agency of Canada Advisory Committee on Knowledge Exchange (2008-present)(C Donovan)
- Member, National Integrated Chronic Disease Prevention Conference 2012 , Planning Committee (2011-) (C Donovan)
- Reviewer, Michael Smith Foundation for Health Research (C Donovan)
- Reviewer, University of Toronto Academic Press (C Donovan)
- Reviewer, Canadian Journal of Public Health (C Donovan)
- Reviewer, Canadian Cancer Society Scientific Review Committee (C Donovan)
- Member, Network of Schools/Programmes of Public Health of Canada (C Donovan)
- Member, Public Health Educators Network, AMFC (C Donovan)
- Member, Statistical Society of Canada (V Gadag)
- Referee, Canadian Journal of Public Health (V Gadag)
- Reviewer, Grant Applications-CIHR (V Gadag)
- Reviewer, Grant Applications-National Science and Engineering Research Council, Canada (V Gadag)
- Chair, Editorial Advisory Board of the Canadian Family Physician (2007-2010) (M Godwin)
- Institute Advisory Board, Institute of Cardiovascular and Respiratory Health, CIHR (2008-2012) (M Godwin)
- Member, Public, Community and Population Health (PHI) Peer Review Committee for the CIHR Fall 2009 competition (M Godwin)
- Member, Board of Directors, Hypertension Canada (2010-2011) (M Godwin)
- Co-Chair, Chronic Disease Prevention, Kit Development Committee (PHAC-CFPC joint committee) (2009-present) (M Godwin)
- Member, Recommendation Task Force, Accuracy of BP Measurement Committee, CHEP (2011-)(M Godwin)
- Member, Royal College of Physicians and Surgeons of Canada, Collaborator Role Special Interest Group (2009-present) (O Heath)
- Member, Canadian Interprofessional Health Collaborative, Research and Evaluation Committee (O Heath)
- Member, Canadian Interprofessional Health Collaborative, Research and Evaluation Committee-Applied Multi-Site Research Proposal Development Working Group (2009-present) (O Heath)
- Member, Canadian Psychological Association Task Force on Supply and Demand of Psychologists in Canada(2008-2011) (O Heath)
- Advisory Board Member, CIHR Institute of Infection and Immunity (C Kaposy)
- Education Committee Member, Canadian Center for Vaccinology (C Kaposy)
- Media Spokesperson, Abortion Rights Coalition of Canada (C Kaposy)
- Member, Planning Committee, Canadian Association for Health Services and Policy Research 2012 conference (2011-2012) (M Mathews)
- Member, Planning Committee, Canadian Association for Health Services and Policy Research 2011 conference (2010-2011) (M Mathews)
- Secretary, Board of Directors, Canadian Association for Health Services and Policy Research (2010-) (M Mathews)
- Secretary, Board of Directors, The Justice Emmett Hall Memorial Foundation (2010-)(M Mathews)
- Reviewer, Article of the Year, Canadian Institutes of Health Research - Institute of Health Services & Policy Research (2010) (M Mathews)
- Member, Merit Review Committee for the Partnerships for Health System Improvement, Canadian Institutes of Health Research (2010) (M Mathews)
- Member, Canadian Cancer Society National Board of Directors and National Council (2009-2011)(M Mathews)
- President, Canadian Cancer Society (Newfoundland & Labrador Division) Board of Directors (2009-2011) (M Mathews)
- Member, Board of Directors, Canadian Association for Health Services and Policy Research (2009-2010) (M Mathews)
- Member, Planning Committee, Canadian Association for Health Services and Policy Research 2010 conference (2009-2010) (M Mathews)
- Chair, Health Services Evaluation and Interventions Research (HS2/HS3) Open Grants Peer Review Committee,
- Canadian Institutes of Health Research (2009-2010) (M Mathews)
- Member, Merit Review Committee for the Partnerships for Health System Improvement, Canadian Institutes of Health Research (2009) (M Mathews)
- Chair, Health Services Evaluation and Interventions Research - B (HSI) Open Grants Peer Review Committee, Canadian Institutes of Health Research (2009) (M Mathews)
- Member, Peer Review Committee for Health Research Training (A) and (B), Canadian Institutes of Health Research

(May competitions) (2009) (M Mathews)
- Judging Panel, Canadian Health Services Research Foundation Student Mythbuster Competition (2009) (M Mathews)
- Member, Scientific Review Committee, Canadian Association for Health Services and Policy Research 2009 conference (2009) (M Mathews)
- Vice-President, The Justice Emmett Hall Memorial Foundation (2008-2010) (M Mathews)
- Member, Student Essay Competition Judging Panel, The Justice Emmett Hall Memorial Foundation (2008-2009)(M Mathews)
- Member, Planning Committee, Canadian Association for Health Services and Policy Research 2009 conference (2008-2009) (M Mathews)
- Member; Meetings, Planning and Dissemination Grant Program: Partnerships for Health System Improvement; Canadian Institutes of Health Research (2008) (M Mathews)
- Member, Peer Review Committee for Health Research Training (A) and (B), Canadian Institutes of Health Research (October and May competitions, 2008) (M Mathews)
- Member, Health Policy and Systems Management Research (HPM) Grants Committee, Canadian Institutes of Health Research (March and September competitions, 2008) (M Mathews)
- Co-Chair, ELSI Committee of the CIHR Canadian Longitudinal Study of Aging (D Pullman)
- Member, CIHR Stem Cell Oversight Committee (D Pullman)
- Member, Atlantic Genome GELS Forum (D Pullman)
- Ethics Designate, CIHR Institutional Advisory Board, Genetics Institute (D Pullman)
- Co-Chair, CIHR IGELS Policy and Programs Committee of the Genetics Institute (D Pullman)
- Co-Chair, Canadian Laboratory Standardization Sub-Committee (S Ratnam)
- Co-Chair, Canadian HPV Laboratory Expert Working Group (S Ratnam)
- Co-Chair, Reference Centres Advisory Sub-Committee, Canadian Public Health Laboratory Network (2011-) (S Ratnam)
- Member, Canadian National HPV Surveillance Expert Working Group (S Ratnam)
- Member, Canadian Sexually Transmitted and Blood-Borne Infections Expert Working Group (S Ratnam)
- Member, Canadian STI/STD Guidelines Working Group (2010-present) (S Ratnam)
- Member, Canadian Multilateral Information Sharing Agreement (MLISA) Task Group, PHAC (2010-present) (S Ratnam)
- Member, Working Group on Canadian Measles-Rubella Elimination Certification (2011-)(S Ratnam)
- Member, Dietitians of Canada (B Roebothan)
- Member, Canadian Public Health Association (CPHA) (A Sarkar)
- Member, Canadian Association of Physicians for Environment (CAPE) (A Sarkar)
- Member, Canadian Water Resources Association (CWRA) (A Sarkar)
- Executive Committee Member, Canadian Association of Food Studies (R Schiff)
- Steering Committee Member, Food Secure Canada/Securité Alimentaire Canada (R Schiff)
- Reviewer, Qualitative Health Research Journal (M Traverso-Yépez)
- Reviewer, Canadian Journal of Public Health (1 paper to date) (J Valcour)
- Statistical Consultant, Mortality of community-acquired pneumonia in elderly patients with diabetes mellitus. Department of medicine, Division of infectious diseases, McMaster University, 2011 (Y Yi)
- Statistical Consultant, Difference in vaginal health after hysterectomy with and without retention of the cervix. Clinical Institute of Applied Research & Education in Victoria General Hospital, Winnipeg, 2008 (Y Yi)
- Reviewer, Grant review, Individual Grant, Natural Sciences and Engineering Research Council (NSERC) of Canada, 2009 (Y Yi)
- Reviewer, Open Journal of Statistics, 2011 (Y Yi)
- Reviewer, The Canadian Journal of Statistics, 2010 (Y Yi)
- Reviewer, Biometrics, 2010 (Y Yi)
- Reviewer, Statistics in Medicine, 2009 (Y Yi)
- Election Committee Member, Biostatistics Section of the Society of Statistical Canada, 2010 (Y Yi)
- Co-Director, Centre for Urban Health Initiatives' Research Interest Group 'Socio-ecological Strategies for Chronic Disease Prevention and Management' (W Young)
- Member, Heart and Stroke Foundation The Heart Truth Leadership Council (W Young)
- Chair, Heart and Stroke Planning Committee (W Young)
- Reviewer, CIHR Operating Grant: Population Health Intervention Research (2011) (W Young)
- Reviewer, Nova Scotia Health Research Foundation (NSHRF) Health Policy, Services and Outcomes Peer Review Committee (2010) (W Young)
- Reviewer, Nova Scotia Health Research Foundation (NSHRF) Health Policy, Student Research Awards (2010) (W Young)

- Member, Workplace Safety Insurance Board (WSIB) Research Advisory Council (RAC), Review Committee (2010) (W Young)
- Reviewer, Canadian Institutes of Health Research (CIHR), Evidence on Tap (2010) (W Young)
- Reviewer, WSIB RAC research grants program, Review Committee (2009) (W Young)
- Reviewer, Canadian Association for Health Services and Policy Research, Annual CAHSPR Conference (2009) (W Young)
- Member, Nova Scotia Health Research Foundation (NSHRF) Health Policy, Services and Outcomes Peer Review Committee (2009) (W Young)
- Reviewer, Canadian Family Physician (W Young)
- Reviewer, Canadian Journal of Cardiovascular Nursing (W Young)
- Reviewer, Canadian Medical Association Journal (W Young)
- Member, British Columbia Network for Aging Research (W Young)

PROVINCIAL

- Chair, Council of Medical Officers of Health (D Allison)
- Member, Safe Drinking Water Technical Working Group (D Allison)
- Member, Environmental Tobacco Smoke Advocacy Committee, Alliance for the Control of Tobacco (D Allison)
- Member, Newfoundland and Labrador Medical Association Health Promotion and Wellness Committee (D Allison)
- Member, Eastern Health Community Medical Advisory Committee (D Allison)
- Member, Eastern Health Pharmacy and Therapeutics Committee (D Allison)
- Member, Eastern Health Infection Control Committee (D Allison)
- Member, Board of Directors, Eating Disorder Foundation of NL (2006-present) (N Beausoleil)
- Co-Chair, Health Research Ethics Board (F Brunger)
- Board Member, Health Research Ethics Authority (F Brunger)
- Member, Provincial Health Ethics Network Advisory Group (F Brunger)
- Member, Aboriginal Patient Navigator Advisory Committee (F Brunger)
- Member, Provincial Health Research Ethics Authority-Transition Team (F Brunger)
- Member, Pandemic Planning Ethics Advisory Group (F Brunger)
- Member, Eastern Health Standing Committee on Diversity (F Brunger)
- Member, Mental Health & Addictions Ethics Committee (F Brunger)
- Member, Eastern Health Ethics Advisory Committee (F Brunger)
- Member, Adult Ethics Committee (F Brunger)
- Member, NL Public Health Association and NL Medical Association (C Donovan)
- Member, NL Government Public Health Strategic Plan Steering Committee (C Donovan)
- Chair, Wellness Advisory Council to Minister, Department of Health and Community Services, Government of NL(C Donovan)
- Member, Provincial Perinatal Advisory Committee (C Donovan)
- Co-Chair, Pandemic Influenza Planning, Eastern Health (C Donovan)
- Member, Public Health Network, Eastern Health (C Donovan)
- Member, Communicable Disease Committee, Eastern Health (C Donovan)
- Chair, Building Healthy Communitites Conference, 2011 (C Donovan)
- Member, Review Committee, NLCAHR (2010-present) (M Godwin)
- Member, Research Peer Review Committee NLCAHR – HARP awards (2009,2010) (D Gustafson)
- Member, Board of Directors for Eating Disorder Foundation of NL (2008-present)(O Heath)
- Member, Canadian Mental Health Association – NL Scholarship Review Committee (Spring 2011) (O Heath)
- Co-Chair, NLCAHR Research Affinity Group on Eating Disorders, Disordered Eating, Body Image (EDDEBI) (2008-present) (O Heath)
- Chair, Provincial Eating Disorder/Community Capacity Building Working Group (2003-present) (O Heath)
- Member, Advocacy Committee, Association of Newfoundland Psychologists (2006-2010) (O Heath)
- Clinical Ethics Consultant, Eastern Health Policy Advisory Committee (C Kaposy)
- Clinical Ethics Consultant, Eastern Health, Clinical Ethics Consultation Service (C Kaposy)
- Committee Member, Long Term Care Ethics Committee (C Kaposy)
- Committee Member, Adult Critical Care Ethics Committee (C Kaposy)
- Committee Member, Maternal and Child Health Ethics Committee (C Kaposy)
- Member, Ethics Advisory Committee (C Kaposy)
- Member, Pandemic Ethics Working Group (C Kaposy)

- Member, Newfoundland Down Syndrome Society (C Kaposy)
- Member, Atlantic Region - Canadian Association of Schools of Nursing (CASN) (A Kearney)
- Liaison to the Newfoundland and Labrador chapter of the National Health Sciences Student Association (A Kearney)
- Member, Association of Registered Nurses of Newfoundland and Labrador (ARNNL) (A Kearney)
- Member, Canadian Hospice and Palliative Care Association/ NL Palliative Care Association (2011-2012) (V Maddalena)
- Vice-President, Canadian Cancer Society, NL Division, St. John's (2009-2010) (V Maddalena)
- Chair, NLCAHR Research Affinity Group in Autism Research. (In 2010, this committee merged with the ASNL Research Committee and now serves as Co-chair) (V Maddalena)
- Board Member, Autism Society of NL (2009-present) (V Maddalena)
- Chair, Strategic Planning Committee, Autism Society of NL (Spring 2010) (V Maddalena)
- President, Canadian Cancer Society (NL Division) Board of Directors (2009-2011) (M Mathews)
- Member, Peer Review Committee, Healthy Aging Program, Newfoundland and Labrador Centre for Applied Health Research (NLCAHR) (2011) (M Mathews)
- Member, Provincial Committee for Pandemic Preparedness (D Pullman)
- Member, Newfoundland and Labrador Centre for Health Information (NLCAHR), Pharmacy Network Privacy Oversight Committee (D Pullman)
- Member, Corporate Ethics and Values Committee (D Pullman)
- Member, Child and Maternal Health Clinical Ethics Committee (D Pullman)
- Chair (past Co-Chair and member), Dietitians of Newfoundland and Labrador (2010-present)(B Roebothan)
- Member, Provincial Food and Nutrition Expert Advisory Committee, NL (B Roebothan)
- Member, Provincial Food and Nutrition Seniors Expert Working Group, NL (B Roebothan)
- Member, Provincial Child and Youth Obesity Expert Advisory Committee, NL (2009-present)(B Roebothan)
- Government appointed Trustee, Eastern Regional Integrated Health Authority, NL (B Roebothan)
- Board Member, Newfoundland and Labrador-Health in Pluralistic Societies (NL-HIPS) (A Sarkar)
- Participant, Meeting for Newfoundland Labrador Environmental Program (NLEP), Meeting for Newfoundland Labrador Public Health Association, and Meeting for Canadian Public Health Association (CPHA) (A Sarkar)
- Advisory Committee Member, Food Security Network for Newfoundland and Labrador (R Schiff)
- Member, Newfoundland Provincial Wellness Coalitions (Avalon West) (M Traverso-Yépez)
- Member, NL-HIPs (Newfoundland and Labrador – Health in Pluralistic Societies) (M Traverso-Yépez)
- Member, Eastern Health Clinical Nutrition Policy and Procedures Committee (S Varghese)
- Member, Provincial Dietitians' Network for Senior Nutrition (DNSN) (S Varghese)
- Board Member, Newfoundland and Labrador –Health in Pluralistic Societies (NL-HIPS) (2009-2011) (Y Yi)
- Member, Cancer Registry Advisory Committee in Eastern Health (2009-present) (Y Yi)
- Reviewer, Eastern Health (W Young)

UNIVERSITY

- Guest Speaker, Lipid Profile of Newfoundlanders Session, Seminar Series, Department of Biochemistry, March 2011(S Asghari)
- Guest Speaker, Medicine and Geography Session: Current Research and Resources, Health Sciences Library, Dec 2010 (S Asghari)
- Member, Advisory Committee and Curriculum Committee, Aboriginal Health Human Resources Initiative (F Brunger)
- Co-Chair, Human Investigation Committee (HIC) (F Brunger)
- Member, Policy Advisory Group, Human Investigation Committee (HIC) (F Brunger)
- Member, Dean's Review Committee (2008-2009) (C Donovan)
- Co-Chair, Aboriginal Health Human Resources Project Advisory Committee (C Donovan)
- Faculty Participant, Out of the box challenge (I ♥ MUNdays, 2011) (D Gustafson)
- Presenter and participant, University-wide research consultation: Health and Wellness Cluster and Social Justice Cluster (2010) (D Gustafson)
- Member, Nominating Committee, Department of Women's Studies (2008-2009) (D Gustafson)
- MUNFA Representative, Scholarships Committee (2008-2009) (D Gustafson)
- Member, CIHR CGS Master's Awards Committee (2008-2009) (D Gustafson)
- Lead, Aboriginal Speakers Series Committee (M Hanrahan)
- Lead, Aboriginal Space Working Group (M Hanrahan)
- Lead, Ambassadors Program Steering Committee (M Hanrahan)

- Member, Aboriginal Interest Group, Faculty of Education (M Hanrahan)
- Member, Engagement Framework Expert Working Group (M Hanrahan)
- Member, Labrador-Memorial Network (M Hanrahan)
- Member, Advisory Committee on Students with Academic Challenges, Teaching and Learning Framework (M Hanrahan)
- Member, PsyD Administrative Council, MUN (O Heath)
- Executive Representative, Nominating and Balloting Committee, MUNFA (2010-2011) (A Kearney)
- Member, MUN Faculty Association (MUNFA) Executive Committee (2009-2011) (A Kearney)
- Chair, Adjudication Committee, Memorial University Salary-Based Research Grants (2009-2011) (M Mathews)
- Member, Memorial University of Newfoundland Faculty Association, Proposals Committee (2009)(M Mathews)
- Reviewer, new program offered by Grenfell Campus (Masters in Environmental Policy) (A Sarkar)
- Member, Standing Committee on Continuing Professional Development (SCCPD) on role of Industry in university based CME/CPD (A Sarkar)
- Member, Subcommittee on Student Evaluation (2010-present) (J Valcour)
- Signatory for Graduate Coordinator (summer 2009 & 2010) (J Valcour)
- Statistical Consultant, Concordance of Body Adiposity Index (BAI) and BMI with DXA, Faculty of Medicine (2011) (Y Yi)
- Statistical Consultant, Mortality of Community-Acquired Pneumonia in Patients with Diabetes Mellitus, Health Sciences Centre, MUN (2011) (Y Yi)
- Statistical Consultant, Complications of community-acquired pneumonia in elderly patients with Diabetes Mellitus, Health Sciences Centre, MUN (2010) (Y Yi)
- Statistical Consultant, TagSNPs of the hypoxia inducible factor 1α gene and their relation to clinicopathological features, recurrence, metastasis, and survival in colorectal cancer patients from Newfoundland-Canada. Discipline of Genetics and Discipline of Oncology, Faculty of Medicine (2010) (Y Yi)
- Statistical Consultant, Determinants of specialty choice in Canada. Michael Saginur, paediatrics resident at MUN (2010) (Y Yi)
- Statistical Consultant, Anesthesia responses to simulated cases of impaired staff, Health Sciences Centre, MUN (2009) (Y Yi)
- Statistical Consultant, BIS influences anesthesia responses to simulated awareness, Health Sciences Centre, MUN (2009) (Y Yi)
- Member, Undergraduate Scholarships, Bursaries and Awards Committee (2010-2013) (Y Yi)
- Reviewer, Terra Nova Young Innovator Awards Program (2010) (W Young)
- Co-chair during the Research Plan Consultations of the cluster session: Health and wellbeing biomedical and community (2010) (W Young)

FACULTY OF MEDICINE

- Member, Preclerkship Committee for Faculty of Medicine (D Allison)
- Member, LCME/CAMCS Accreditation Self Study Working Group: Program Design and Content (S Asghari)
- Member, Medical Research Fund Evaluation Committee (2011-) (S Asghari)
- Member, QICSS (Quebec Inter-University Centre for Social Statistics) Committee, Université de Sherbrooke (2009-2010) (S Asghari)
- Member, Curriculum Development Committee, Global Health Program (F Brunger)
- Chair, Departmental Course Research Ethics Review Committee (F Brunger)
- Member, Curriculum Developmental Committee, Social Justice & Equity in Health, and Ethics Master's Program (F Brunger)
- Faculty Advisor, Editorial Board, Collected Works: MUN Medical Student Reflections (F Brunger)
- Member, Search Committee, Faculty in Aboriginal Health (F Brunger)
- Chair, Search Committee, Ethics (F Brunger)
- Member, Search Committee, Faculty in Aboriginal Research (F Brunger)
- Chair, Advisory Committee, The Gateway Project (F Brunger)
- Member, Undergraduate Medical Education Committee and Undergrad Assessment Committee (C Donovan)
- Member, Preclerkship Committee (C Donovan)
- Member, Graduate Committee (C Donovan)
- Member, Research Committee, Discipline of Family Medicine, MUN (M Godwin)
- Chair, Board of Medical Research Fund, Faculty of Medicine (2007-2010) (M Godwin)
- Member, Faculty of Medicine, Program Evaluation Sub-Committee (O Heath)

- Chair, Interprofessional Practice Placement Advisory and Research Committees, 4 Committees (O Heath) Nursing, Medicine, Social Work, Pharmacy (O Heath)
- Chair, Mental Health IPE Module Research Group (2008-2010) (O Heath)
- Chair, Rural Mental Health Interprofessional Training Program Research Committee (O Heath)
- Member, Student Promotions Committee (C Kaposy)
- Organizer, People's Health Matters Seminar Series (C Kaposy)
- Co-Director, Centre for Collaborative Health Professional Education (A Kearney)
- Principal, Applied Health Services Research graduate program (A Kearney)
- Chair, Faculty Development Committee, Interprofessional Education (A Kearney)
- Chair, Joint Interprofessional Education Planning Committee (A Kearney)
- Member, Planning Committee for National Meeting of Faculty of Medicine faculty involved in IPE (2011) (A Kearney)
- Member, Review Advisory Committee for the extension of the Associate Dean (CHH) (2011) (A Kearney)
- Member, ARNNL BN (Collaborative) Program Advisory Committee (2010-present) (A Kearney)
- Member, expert panel for the Association of Faculty of Medicines of Canada report on integrating intra and interprofessional education in postgraduate medical curriculum (2010) (A Kearney)
- Member, Key Stakeholder Group, Accreditation of Interprofessional Health Education (AHIPE) (2010) (A Kearney)
- Governing Council, Ex-Offico member as Co-director, CCHPE (A Kearney)
- Member, Graduate Studies Committee, School of Nursing (A Kearney)
- Member, Graduate Studies Committee, Community Health and Humanities (A Kearney)
- Member, Graduate Studies Committee, Faculty of Medicine (whole faculty) (A Kearney)
- Member, Management Committee and Executive Committee, Applied Health Services Research Graduate Program (A Kearney)
- Liaison to the Newfoundland and Labrador chapter for the National Health Sciences Student Association (A Kearney)
- Chair, Search Committee, CHH Health Policy and Health Care Delivery (2011-) (V Maddalena)
- Coordinator, MPH Practicum for MPH students (2010-present) (V Maddalena)
- Steering Council Member, CHH representative on LCME Accreditation Self-Study Steering Council (2011-) (V Maddalena)
- Committee Member, Faculty of Medicine representative on a working group to develop a Medical Leadership Program for Clinical and Academic Managers in Medicine (2010-present)(V Maddalena)
- Committee Member, working group to establish a Masters program in Clinical Bio-ethics (2009-present) (V Maddalena)
- Committee Member, Aboriginal Health Human Resources Initiative-Faculty of Medicine, Faculty Representative (2009- present) (V Maddalena)
- Divisional Faculty Representative, Undergraduate Medical Education Curriculum Renewal Committee (2009-present) (V Maddalena)
- Member, Search Committee for the review of the application renewal of Associate Dean for CHH (2011) (V Maddalena)
- Member, Search Committee for Biostatistician faculty member for Clinical Epidemiology (2010) (V Maddalena)
- Chair and Coordinator, People's Health Matters Series for CHH (2008-2010) (V Maddalena)
- Member, Search Committee for faculty member in Clinical Epidemiology (2009) (V Maddalena)
- Member, Appeals Committee, Faculty of Medicine Student Promotions Appeal Process (Sept 09)(V Maddalena)
- Representative, MUN MED Gateway Project (2009-2010) (V Maddalena)
- Member, Faculty of Medicine Review Committee (Associate Dean of Community Health and Humanities) (2010-2011) (M Mathews)
- Member, Faculty of Medicine, Student Appeals Committee (M Mathews)
- Chair, Faculty of Medicine Search Committee (Environmental/Occupational Health position)(2008-2010) (M Mathews)
- Member, Faculty of Medicine Search Committee (Epidemiology position) (2008-2009)(M Mathews)
- Member, Faculty of Medicine, Promotions & Tenure Committee (Bargaining Unit) (2008-2009)(M Mathews)
- Chair, Collective Bargaining Unit Promotion & Tenure Committee (D Pullman)
- Chair, Ethics and Humanities Curriculum Committee (D Pullman)
- Member, Planning Committee, NLCAHR Genetics Research Symposium (D Pullman)
- Member, Biobank Working Group (D Pullman)
- Graduate Studies Co-ordinator, Division of Community Health and Humanities (B Roebothan)
- Liason to Dietitians of Canada as co-ordinator of graduate professional program (MPH in Dietetics/Nutrition, MUN) (2010-present) (B Roebothan)
- Participant, Health Research Unit website development (A Sarkar)
- Fire Warden, Community Health and Humanities, Faculty of Medicine (A Sarkar)

- Member, Search Committee for CHH Environmental /Occupational Health position (2009-2010)(J Valcour)
- Chair, Biostatistics and Epidemiology PhD Stream Committee (2009-present) (J Valcour)
- Chair, CHH website committee (2009-present) (J Valcour)
- Pre-Clerkship Year Two Committee Member, Course Chair, Introduction to Community Health (2nd year), Faculty of Medicine, MUN (2011-2012) (P Wang)
- Member, Research Committee, Beatrice Hunter Cancer Research Institute (2011-) (P Wang)
- Member, Accreditation Working Group, Faculty of Medicine (2011) (P Wang)
- Member, Medical School Admission Committee (2009-2011) (P Wang)
- Member, Promotion & Tenure Committee, Faculty of Medicine (2008-2010) (P Wang)
- Member, Medical Research Fund (MRF) Committee (2010-present) (Y Yi)
- Member, Student Appeals Committee (2011-2014) (Y Yi)
- Member, Search Committee, Tenure-Track Position, Clinical Epidemiology Unit of the Discipline of Medicine (2010) (Y Yi)
- Member, Search Committee for CHH Environmental/Occupational Health position (2010) (W Young)
- Judge, Family Medicine Resident Forum (2010) (W Young)
- Member, Nursing Undergraduate Studies Committee (2009) (W Young)
- Member, Primary Health Care Selection Committee (2008) (W Young)
- Member, Environmental/Occupational Health Selection Committee (2008) (W Young)
- Member, Promotion and Tenure Committee for Nursing (2008) (W Young)

COMMUNITY INVOLVEMENT

- President, City of St. John's Pipe Band (D Allison)
- President, St. Andrew's Society of Newfoundland (2009-present) (D Allison)
- Member, Rotary Club of St. John's East and Rotary Youth Exchange Counsellor (D Allison)
- Member, Board of Directors, Senior's Resource Centre of NL (V Gadag)
- Secretary, Executive Committee, Senior's Resource Centre of NL (V Gadag)
- Secretary, Finance Committee, Senior's Resource Centre of NL (V Gadag)
- Chair, Bridging Culture sub-committee of the senior's Resource Centre of NL (V Gadag)
- Member, Executive Committee, Religious Social Action Coalition of NL (V Gadag)
- Member, Executive Committee, NL Health In Pluralistic Society (V Gadag)
- Member, Mental Health Promotion Sub-Committee, Wellness Coalition, Avalon E, NL (V Gadag)
- Ex Officio member, Board of Directors, Hindu Temple Association, St. John's (V Gadag)
- Member, Executive Committee, Statistical Education Committee, SSC (V Gadag)
- Vice-President, St. John's Native Friendship Centre (SJNFC) (M Hanrahan)
- Member, Personnel Committee and Property Expansion Committee, St. John's Native Friendship Centre (SJNFC) (M Hanrahan)
- Member at large, Board of Gower Street United Church (D Pullman)
- Representative of Dietitians of NL, Meeting with Mayor Dennis O'Keefe, March 2010 (St. John's) (B Roebothan)
- Advocate for dietetic profession. Meeting with Minister of Health and Community Services, NL, February 2010(B Roebothan)
- Representing Dietitians of NL, "Take it Without a Grain of Salt." Community Action Group spearheaded by the Community services Council, St. John's (2010-present) (B Roebothan)
- Member, Canadian Association of Physicians for Environment (actively engaged in banning the use of garden pesticide in the province) (A Sarkar)
- Committee Member, Happy Valley-Goose Bay Community Advisory Board on Housing and Homelessness (R Schiff)
- Advisory Board Member, Community Food Assessment Project in Hopedale, Labrador (R Schiff)
- Member, Advisory Committee Smoke Free - It's never too late - Seniors Resource Center (M Traverso-Yépez)
- Member, Evaluation Committee Smoke Free - It's never too late - Seniors Resource Center (M Traverso- Yépez)
- Member, Abbeyfield Alternative housing for Seniors Committee (M Traverso- Yépez)
- Member, Board of Directors of the CYN (Community Youth Network) (M Traverso- Yépez)
- Volunteer, MacMorran Community Center (M Traverso- Yépez)
- Member, The Telegram Community Editorial Board (M Traverso- Yépez)
- Member – Project Advisory Committee Biomonitoring for Environmental Lead Exposure in Children from Pre-1970s Housing in St. John's NL (2009-present) (J Valcour)
- Chair, Local organizing committee for the 2013 National Congress of the Canadian Society for Epidemiology and Biostatistics (location St. John's) (2010-present) (J Valcour)

- Board Member, Chinese National Children and Women Wellbeing Alliance (2009-present) (P Wang)
- Honorary board of director, Tianjin Social and Economic Committee (P Wang)
- Member, Mayor's Advisory Council on Seniors Issues, City of St. John's (2009-present) (W Young)
- Member, Grand Falls Windsor's Age-Friendly Steering Committee (W Young)
- Member, Seniors Resource Centre Board (W Young)
- Chair, Heart Truth Luncheon Planning Committee (2009-2010) (W Young)

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Report on Self Study, Academic Program Review

Diploma, M.Sc., and Ph.D. programs

Clinical Epidemiology Unit

Faculty of Medicine, Memorial University

Prepared by: K. Hodgkinson, Ph.D. & S.W. Murphy, MD

Introduction & Background

Clinical Epidemiology is a newly recognised sub specialty of clinical medicine and traditional epidemiology. The term “clinical epidemiology” itself is quite old; credit is generally given to the infectious diseases internist, John Paul (1893-1971) when he proposed clinical epidemiology as a “new basic science for preventative medicine” in 1938[1]. The first courses in clinical epidemiology were created in the 1960's at the State University at Buffalo. The well-known Department of Clinical Epidemiology and Biostatistics at MacMaster University, Hamilton, Ontario was created in 1967. Throughout the 1970s and 1980s Clinical Epidemiology programs proliferated worldwide, becoming a specialty designed to focus on groups of patients in clinical settings`, rather than the traditional public health paradigm. The specific definition of clinical epidemiology varies according to the program (and indeed has its naysayers[2]), but all have as a central tenet the need for a more rigorous application of research design methodology to the practice of medicine. Clinical Epidemiology is thus inextricably linked to the modern concept of evidence-based medicine.

The Clinical Epidemiology Program at Memorial University was started in 1989 under the directorship of Dr. John Harnett, a clinical nephrologist, who had studied Clinical Epidemiology at MacMaster University in Hamilton. The intention was to allow participants in the program to develop strong research skills and gain knowledge through a combination of core courses, research seminars and the completion of research projects. The initial program fell under the auspices of the Division of Community Medicine (now the Division of Community Health and Humanities) but became its own unit in 1999. The unit has been part of the Discipline of Medicine since that time, reporting to the Chair of Medicine. Full-time faculty

members in Clinical Epidemiology are unique within this University in that they are the only non-clinical faculty within this otherwise clinical discipline.

The Clinical Epidemiology program initially offered three courses: Introduction to Clinical Epidemiology (MED 6250), Basic Research Design (MED 6255) and Introduction to Biostatistics (Med 6200). The first two courses were taught by a single instructor but over time have evolved to the point where each is taught by a group of faculty members. Until recently the biostatistics course was offered via the Community Health program: now taught by Dr. William Midoczi (MED 6262) .

Initial participants were mainly faculty members who audited the courses. Over time the program became popular with post-graduate medical trainees and other health professionals seeking additional research training. Although some of these students were able to complete the M.Sc., it became clear that the completion of the courses without the research component was valuable to many students with respect to the development of research skills and needed to be recognized. For this reason the Diploma in Clinical Epidemiology program was developed, and essentially consisted of the same courses as the M.Sc. without the research and thesis requirement.

Initially created for physicians and other health professionals, the Clinical Epidemiology program has also become a desirable program of study for newly graduated students. The close links with clinical medicine appeal to students who are considering or planning to go on to medical school. There are also many students who wished to pursue an academic career in

clinical epidemiology (or a related discipline) and those who wished to work in an epidemiology related field outside academia (e.g. government or industry).

Current status

The Unit of Clinical Epidemiology currently offers three programs of graduate study:

- Diploma in Clinical Epidemiology (part time; generally completed in 1- 2 years)
- Master of Science (part time or full time; generally completed in 2 -5 years)
- Doctor of Philosophy (part time or full time; generally completed in 3-7 years).

The Clinical Epidemiology graduate program is the largest of the graduate programs within the Faculty of Medicine. In addition to the formal degree and diploma programs, the unit provides teaching and support for medical students and post-graduate trainees involved in health research.

The faculty members now associated with the Clinical Epidemiology unit represent a wide range of skills and interest. Whereas the unit started with entirely clinical faculty, the unit has since recruited a number of full-time non-clinical faculty members. The result has been a group with diverse but complementary expertise, working together to provide superlative health research and education. This expertise is available to students through direct teaching and through supervision of student research.

The research programs currently undertaken within the unit includes large international clinical trials, local observational studies, studies of genetic diseases, and health care

assessment and policy assessment. The results of the latter have often changed the paradigm of clinical service provision in Newfoundland and across Canada.

Objectives of the Self Study

This self-study will highlight the three programs offered by the Clinical Epidemiology unit, addressing such issues as program goals/objectives, graduate courses, curriculum, teaching, faculty, student enrolment, program outcomes and other related factors. As part of this self-study, the Clinical Epidemiology program has recently undertaken a detailed program review, the final report of which of which is presented as Appendix A. This report will conclude with some remarks pertaining to the future of these programs in Clinical Epidemiology.

Data Collection Process

As part of the internal program review and self-study, several committees were convened and tasked with assess different aspects of the program. Each committee sought submissions from faculty and the results collated by the relevant chairs to provide a final report. Current and past students of Clinical epidemiology were also approached for their input. Consultations were also made with representatives of the Office of Research and Graduate Studies, Faculty of Medicine.

Coincident with this self-study, the Clinical Epidemiology unit planned and held a strategic planning session and retreat on June 22, 2012. The focus of this session was curriculum and educational aspects of the program; a strategic planning session with a focus on research will likely occur in the future. This session was facilitated by Strategic Directions Inc. and a full report is attached (Appendix A).

It was recognized early in the process that the lack of a detailed database of all students in clinical Epidemiology hampered the collection of accurate data for this report. This is being remedied with the development of an electronic database that is collecting data prospectively and slowly filling in the retrospective data. Accurate data for this report was thus not always available, but will become available before the end of 2012. What data is presented is taken from generally available University data provided by the office of Research and Graduate Studies.

Overall Goals and Objectives of the Program

The primary goal of Memorial University's Clinical Epidemiology unit is to become a recognized Centre of Excellence in teaching evidence-based medicine, graduating health professionals expert in clinical epidemiology and in conducting research that improves population health. This coincides well with the mission statement of Memorial University, which identifies the institution as

> ***"…an inclusive community dedicated…(to)…excellence in teaching and learning, research and scholarship…(and)…to public engagement and service...... to provide students with both the skills and high quality educational opportunities needed to succeed ......(to provide a) contribution to the economic, cultural and social development of (Newfoundland and Labrador)"*** [3].

Furthermore, the nature of the faculty associated with Clinical Epidemiology is such that course

instructors and supervisory committees often (and usually) consist of faculty from several disciplines within the faculty of medicine (basic science/Community Health and Humanities), the Faculty of Nursing, and / or units external to the university such as the NL Centre for Health Information, the NL Centre for Applied Health Research and the Department of Health and Community Services. Sometimes committee members are recruited from disciplines across campus and sometimes institutions in other provinces. This supports the institutional goal of fostering

> ***"…an environment of cooperation and unity of purpose across all campuses, faculties and schools."*** [3].

Student Selection / Admission Process

To date, the number of students selected annually for the degree and diploma programs by Clinical Epidemiology has not been limited by the number of applicants. Each year the Program has applications well in excess of the number of places available.

Applications for entry to Clinical Epidemiology for the diploma, M.Sc. and Ph.D. programs must be submitted to Memorial University by May 31st (for FT diploma, MSC and Ph.D programs) and July 31st (for PT diploma, MSC and Ph.D programs) to be considered for the following September intake of students.[4] These dates are somewhat later than deadlines for other programs. This is done for two reasons: (1) students who are unsuccessful in medical school or other health professional school applications often express interest in CE as a second option each spring, and (2) new post-graduate medical trainees begin training at Memorial at the beginning of July each year. The deadlines for admission may also be waived under circumstances deemed relevant by the admissions committee.

Students submit their applications directly to Memorial University's School of Graduate Studies, where, after initial processing, they are forwarded to Clinical Epidemiology via the Office of Research and Graduate Studies, Faculty of Medicine. Clinical Epidemiology has two full time faculty members on its applications/selection committee (Dr.'s Kathy Hodgkinson and William Midodzi). The committee reviews all applications and objectively selects students on academic merit. A standard review sheet is used (Appendix B) . A 'cut off' cumulative average mark of 75% is typically employed, but some flexibility is possible. Applicants who do not have the prerequisite marks but can demonstrate valid medical / social / logistic reasons for the lack, and who have demonstrated a clear desire to pursue successful graduate studies may still be considered. Under the current procedures the final decision regarding all students recommended by the admissions committee rests with the Director of the Clinical Epidemiology program.

Applicants for full time study to the M.Sc. and the Ph.D. programs must have, in addition to a strong academic background, the following in place:

1. An academic / research supervisor
2. An academic committee (consisting of two additional faculty)
3. An acceptable thesis topic and written proposal
4. Demonstration of a commitment for adequate funding, as per University regulations.

Students often cannot arrange these issues at a distance, so the number of students accepted directly to the M.Sc. and Ph.D. programs is most often limited by these requirements. However, prospective students seeking a degree often enrol into the diploma and then transfer to the

M.Sc. or Ph.D., either after their diploma is complete or if they are successful in securing the requirements after the first year of study.

Student demographics

The Clinical Epidemiology unit monitors the intake of male versus female students but has not monitored visible minority groups. Students are always selected objectively, based upon the content of their submitted application. Memorial University has set an institutional goal to increase the number of international students [3] and Clinical Epidemiology has made a practice of accepting international students annually. In 2012, 9% of the class are international students, split equally between those enrolled in the diploma program and those in the M.Sc. program.

A large proportion of Clinical Epidemiology students are post-graduate trainees, i.e. medical residents. Statistics as to how many students are from this group versus non-clinicians have not been available.

Student Enrolment

The annual intake of new students into the diploma, M.Sc. and Ph.D. programs varies from year to year but is approximately 30 students annually. The total number of graduate students who graduate from the clinical epidemiology programs (diploma, M.Sc. and Ph.D.) has risen steadily throughout the last decade (Figure 1).

As of the writing of this report there are 87 students enrolled and active (i.e. in the process of completing research and / or course work) in a CE program. 44 of these students

are enrolled in the diploma and 43 are in the M.Sc. or Ph.D. program (Table 2).

Time to completion of programs

There is considerably more variation in the time to completion of CE programs than might be expected with other graduate programs. The average time for a CE student to complete their studies is 11 semesters for an M.Sc., and 18 semesters for a Ph.D. Most students complete the requirements for a diploma within two years. Under current University regulations, a student must complete a graduate degree within seven years, whether it is undertaken on a full-time or part-time basis.

The large proportion of medical residents within Clinical Epidemiology has presented some unique challenges. Although a high proportion of these students initially intend to complete a degree program on a part time basis, the high demands of their medical training can sometimes interfere with their ability to complete the research component of their program. Additionally residents will usually relocate after two to five years, limiting their ability to complete the program further. In some situations, residents who are unsuccessful in completing their research requirements will choose to graduate with a diploma rather than let their program expire.

Human Resource Requirements

In addition to the core graduate programs, the faculty and staff of Clinical Epidemiology provide support for multiple graduate and undergraduate programs offered by Memorial University (e.g. Medicine, Community Health and Humanities, Genetics) and provide a variety

of other services to the University and the larger community. Since its inception, the majority of faculty associated with Clinical Epidemiology are physicians who participate in Clinical Epidemiology to very variable degrees. Their duties include managing a clinical workload, and many have large research programs to coordinate and direct. It is thus difficult to evaluate the labour required to support these programs or the contribution made to these programs by individual faculty and/or staff.

The total number of faculty in clinical epidemiology has increased since the last academic program review report [5] (Table 1). Clinical Epidemiology now has three full-time faculty members and one 45% time joint appointed faculty, contrasting with only one full time person in 2006. This core full-time faculty in clinical epidemiology is supported by a number of individuals with clinical/cross/adjunct and joint academic appointments. Clinical epidemiology usually has only one full time member of staff, but this person is invaluable to the running of the program. Many of the faculty also have their own staff as part of their clinical appointments and they also help in a non-recognised manner to the running of the program.

Physical Resource Requirements

The growing total number of graduate students in the M.Sc. and Ph.D. programs in Clinical Epidemiology means that the physical space currently available is inadequate. This is despite this being an area highlighted in the last APR as one requiring improvement [5]. However, a large extension of the building that houses Memorial University's Faculty of Medicine is now underway. Part of this space has been allocated to Clinical Epidemiology and should address this issue. It should be noted that this building has been possible in part

because of the major research success and advocacy of one of the original faculty in Clinical Epidemiology, Dr. P. Parfrey (see Table 5).

Tuition, Scholarships and Awards

Tuition fees associated with all Clinical Epidemiology graduate programs are available on the research and graduate studies website [6]. Memorial University student tuition fees are among the lowest in Canada due primarily to support from the Provincial Government, which has a positive influence on graduate student recruitment. Some scholarships and awards are available to students to offset costs associated with their studies and can be accessed via the Research and Graduate Studies website [7].

Program Outcomes

Contact with past graduate students is an unofficial process in clinical epidemiology. Some faculty members keep in contact with their past students due to the relationships which have been developed through research endeavours, and indeed some of those research endeavours continue past graduation. Some past students are faculty members in the program. The Clinical Epidemiology unit has not to date formally undertaken a survey of past diploma, M.Sc. or Ph.D. students to monitor their professional activities post graduation. Such a project will occur once the student database of all students that is complete. To this end we (Dr. K. Hodgkinson) have traced many past clinical epidemiology students via the Memorial University Alumni association, and all current students will be asked to provide an update once they leave the program.

The overall input from students collected during this self-study is positive (Appendix C). The strategic planning session report emphasizes the continuing conscious effort by faculty to improve all the available graduate programs (Appendix A).

Description of the Curriculum

The courses currently offered by the Clinical Epidemiology are listed in Table 4.

The current requirements for the various programs of study are as follows:

- Diploma: students are required to take MED 6262 or MED 6200, 6250 and 6255 and the complete a minimum of two of the Clinical Epidemiology seminar courses: Medicine 6400-6403 Research Seminars for M.Sc. Student I-IV. There is no research requirement.
- M.Sc.: students are required to take: MED 6262 or MED 6200, MED 6250, MED 6255 and MED 6260, plus one or more additional course(s) as recommended by the supervisory committee. In addition students are required to take the Seminar Series (MED 6400-6403) and to present in that series. Students are expected to give an oral presentation of their thesis research.
- Ph.D.: students are required to successfully complete all of the following courses if they have not been previously completed: MED 6095, MED 6262 or MED 6200, MED 6250, MED 6255 and MED 6260. Students are required to take the Ph.D. Seminar Series (MED 6410-6413) and to present in that series. Students are expected to give an oral presentation of their thesis research (their defense) in addition to completion of a comprehensive written examination.

In general, any student can take any graduate course if it is pertinent to their program and advised by their academic committee. The courses offered by CE are continually being revised and new courses added as required (e.g. course MED 6265 was created and offered for the first time in 2011 after collaboration with other faculty and approved by the official Memorial University review procedure). The content of some graduate courses has been modified based upon the work of the faculty/ student review committees the results of which were finalised in the recent review (Appendix A). These changes have tightened these courses and made the process of evaluation more effective.

The Clinical Epidemiology program has a mandatory seminar series. This now is offered weekly, a decision that was made at the recent internal review session (Appendix A). These seminars are a compulsory part of the clinical epidemiology course. They are designed to introduce students to the spectrum of research in Clinical Epidemiology at this institution, and from other institutions with our visiting speaker program. All students have to present at these seminars at least once during their studies. This program allows at least one outside expert speaker a term; these speakers greatly enhance the experience for the students and we are grateful to the Dean of Medicine for providing the required funding. The seminars are thus a teaching module designed to enhance and augment the compulsory courses within clinical epidemiology.

Faculty Research

The faculty associated with in the Clinical Epidemiology program have either current or past research support from the Canadian Institute for Health Research (CIHR), Canadian

Association for Health Research (CAHR), Arthritis Society of Canada, Atlantic Canadian Opportunities Agency (ACOA), Research Development Corporation (RDC) , National Institutes of Health (NIH), Genome Canada, and numerous local and government agencies. Some faculty have research support from industry. The stated research interests of current faculty are listed in Table 1.

There is an expectation that all full-time faculty members maintain an active research agenda. A table listing faculty members has also been created with data on all academic achievements of CE faculty members, including publications/grants/reports/books/graduate students, is presented in Table 5.

The strength of the researchers in clinical epidemiology cannot be overemphasised. For students wishing to pursue an independent research career, they could have no better mentors in the field of clinical epidemiology.

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Faculty Teaching

Faculty for the program are drawn not only from Medicine, but also from the disciplines of Obstetrics and Gynecology, Pediatrics, Psychiatry, Surgery, Laboratory Medicine, and Genetics Table 1). They contribute a wide range of educational expertise. The core faculty members are responsible for teaching in all CE graduate programs and are also responsible for teaching undergraduate students, primarily in the Faculty of Medicine.

Currently the CE program has no minimum requirement for faculty of whatever stripe to teach. In addition, the quality of graduate teaching has not formally been assessed by CE to date. However a group of faculty are to develop an assessment tool for this purpose, and to

investigate how assignment of duties to individual faculty members within the division can be equitably distributed.

Service

Some degree of service at a divisional, university and/or larger community level is expected. Many CE faculty have active collaborations with both the public and private sector as encouraged by Memorial University [3].

Future Challenges

1. Complete the student dataset
2. Use the student dataset to continually monitor issues such as :
    a. Incoming students
    b. Characteristics
    c. Numbers: transfers/drop outs
    d. Time it takes to complete program
    e. Program characteristics
    f. Professional placements and professional successes
3. Increase the number of graduate programs offered
4. Evaluate the varied time commitments of faculty.
5. Ensure that adequate physical space is available to meet the needs of all clinical epidemiology graduate students.

6. Ensure that adequate financial resources are in place to maintain a high quality of research students.

In Summary

The unit of Clinical Epidemiology offers educational training at the graduate levels. Graduate offerings include the diploma, M.Sc. and Ph.D. It is growing in size and has a positive influence on the Faculty of Medicine and Memorial University overall. This report addresses in a brief format where the unit currently finds itself. It is growing in both student number and faculty complement and has broad expertise from which both the university and the larger community draw support. It is well placed to make a substantial contribution to Memorial University's focus towards relevant useful community engagement.

Table 1

Clinical Epidemiology Faculty 2011/2012

Name	Position	Time	Clinical Specialty	Degrees held	Research interests
Rick Audas	Assistant Professor Community Health Cross Appointed	P/T	Community Health	PhD	Economics of health care
Brendan Barrett	Professor	P/T	Nephrology	MB, MSc FRCPC	Clinical trials/meta analysis/ health services research/clinical epidemiology of renal disease
Mark Borgonaker	Assistant Professor	P/T	Gastroenterology	MD, MSc FRCPC	Clinical trials/meta analysis/ clinical epidemiology of gasteroenterologic disease
Joan Crane	Assistant Professor	P/T	Obstetrics and Gynecology	MD, MSc FRCPC	Clinical Trials, clinical epidemiology of obstetric issues
Bryan Curtis	Assistant Professor	P/T	Nephrology	MD MSc FRCPC	
Mike Doyle	Clinical assistant professor in community health Cross appointed	P/T	N/A	PhD	Applied health research and program/service delivery
Holly Etchegary	Clinical research Scientist	P/T	Social Sciences	MSc PhD	Qualitative research methods/patient attitudes
John Fardy	Associate Professor	P/T	Gastroenterology	MD MSc FRCPC	Clinical epidemiology of inflammatory bowel disease, meta analysis
Marshall Godwin: Director: Primary Health care research unit	Professor Family Medicine Cross appointed	P/T	Family Medicine	MD MSc FRCPC	Primary Care research, hypertension / care of the elderly / meta analyses
Debbie Gregory	Clinical Policy analyst	P/T	Nursing	MN PhD	Health Service research / policy
John Harnett	Professor	P/T	Nephrology	MB BCh FRCPC	Clinical epidemiology of renal disease / ethics
Kathy Hodgkinson	Assistant Professor	F/T	Genetics	BSc MSc PhD	Genetic epidemiology of founder diseases including cardiac, psychiatric and hearing loss: ethics of genetic research
Don McDonald	Director NLCHI	P/T	N/A	PhD	Observational research into population-based chronic disease and

					pharmcoepidemiology
William Midochzi	Assistant Professor	F/T	N/A	PhD	Statistical / analytic methodology in clinical epidemiology
Gerry Mugford	Associate Professor Director Clinical Epidemiology	F/T	Psychotherapy	PhD	Clinical epidemiology of infectious disease/psychotherapy and ageing
Sean Murphy	Assistant Professor,	P/T	Nephrology	MD FRCPC	Clinical epidemiology of renal disease / clinical trials / analytic methods in observational studies
Patrick Parfrey	Professor	P/T	Nephrology	MD FRCPC	Clinical epidemiology of renal disease, clinical trials / genetic epidemiology / health service delivery
Proton Rahman	Professor Cross appointed	P/T	Rheumatology	MD MSc FRCPC	Genetic epidemiology, psoriatic arthritis and ankylosing spondylitis
Laurie Twells	Assistant Professor Joint appointed with Pharmacy	F/T	N/A	PhD	Clinical epidemiology of obesity, use of large datasets, analytic methods
Chris Way	Associate Professor Cross appointed	P/T	Nursing	PhD	Qualitative research methods / patient and employee attitudes

Green highlight: F/T faculty members

Table 2

Graduate Students in Clinical Epidemiology by Full Time/ Part Time Status, 2011/12

	Diploma	**MSc**	**PhD**	
Full Time		12	1	13
Part Time	44	23	7	74
	44	35	8	87

Table 3

Theses titles from graduate students in clinical epidemiology illustrating the range and breadth of the topics and their clinical relevance.

Student Name	**Thesis title**
Gregory, Deborah (PhD)	Acute Care Reform and It's Implications for Systems and Provider Outcomes
Sheppard, Duane (MSc)	Proton Pump Inhibitors in Bleeding Peptic Ulcer: A Meta Analysis.
Chandra, Sujata (MSc)	Transvaginal Ultrasound and Digital Examination in the prediction of Successful Labour Induction.
Mian, Samra (MSc)	- Implementation of a Workplace Self-Management Program to Reduce Worker Absenteeism.
Dicks, Elizabeth (PhD)	Incident Renal Events and Risk Factors in ADPKD: A Population and Family Based Cohort Followed for 22 years.
Hodgkinson, Kathleen (PhD)	The clinical and genetic epidemiology of arrhythmogenic right ventricular cardiomyopathy in Newfoundland
Mugford, Gerry (PhD)	Efficacy of psychodynamic psychotherapy in treating depression in HIV + patients

Table 4

Current Courses offered by clinical epidemiology

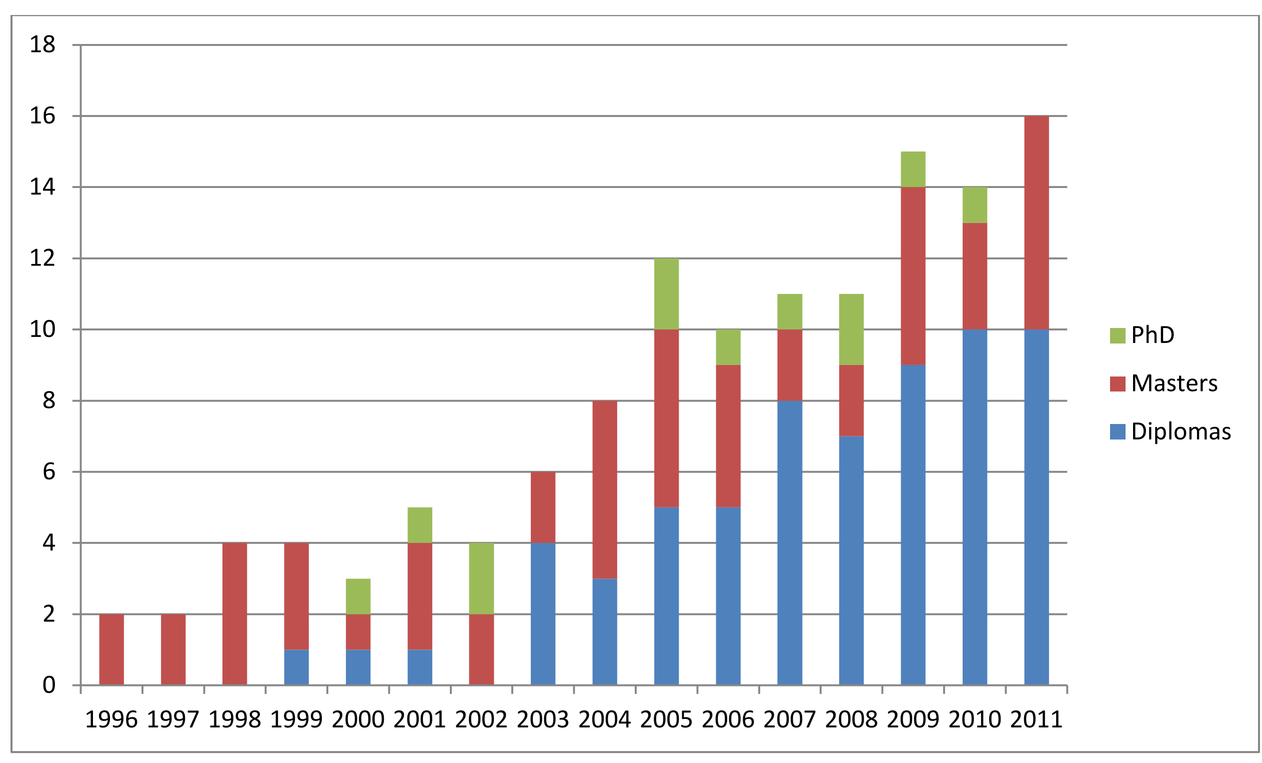
Course Number	Course Title	Core or Elective	Semester Offered
MED 6250	Introduction to Clinical Epidemiology	Core	Fall
MED 6262	Biostatistics in Clinical Medicine	Core	Fall
MED 6265	Genetics for Clinical Epidemiology	Elective	Fall
MED 6255	Research and Design	Core	Winter
MED 6260	Applied Data Analysis	Core	Winter
MED 6095	Special Topics in Health Technology Assessment	Elective	Winter
MED 6400	Clinical epidemiology Seminar Series	Core	Fall and Winter

Table 5: Represented Faculty Research success

	First name of faculty member	Last name of faculty member	Academic position	Number of Pubs in journals	Number of Grants obtained where person was PI or co PI	Number of Books written OR edited	Number of book chapters written	Number of MSc students primary super-visor	Number of Ph.D students primary super-visor
1	Brendan	Barrett	Full Professor	80	9	1	16	14	8
2	William	Midodzi	Assistant Professor	18	0	0	0	0	0
3	Bryan	Curtis	Assistant Professor	11	2	0	4	4	0
4	Patrick	Parfrey	Full Professor	255	25+	18	59	30	11
5	Gerry	Mugford	Associate Professor	11	9	0	0	10	2
6	Kathleen	Hodgkinson	Assistant Professor	34	6	0	5	4	0
7	Sean	Murphy	Associate Professor	14	1	0	8	1	0
8	Laurie	Twells	Assistant Professor	12	6	0	1	3	0

Figure 1

Convocating students in Clinical Epidemiology



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Clinical Epidemiology Admission Review

File ID________________________________ **Student Initials:** _______________________

Application submission deadline met:

☐ Yes ☐ No (recommendation)____________________________________

Program requested:

☐ Diploma ☐ MSc/transfer ☐ PhD

Application package complete: (☐application form, ☐two appraisal letters, ☐ all transcripts of institution attended)

☐ Yes ☐ No **(Go to final recommendation)**

School of Graduate Studies minimum requirement met: (*at least a bachelor's degree of second-class standing or equivalent from a recognized university, in an appropriate area of study)*

☐ Yes ☐ No **(Go to final recommendation)**

Reviewers' grading of application materials. *Main items for graduate diploma program review

(3=Strong, 2=Good, 1=Fair, 0= Unacceptable; NA= not applicable)		**Comments**
First appraisal letter*	/3	
Second appraisal letter *	/3	
Undergraduate/graduate transcripts*	/3	
Research experience/ Publication/research presentation	/3	
Earned master's/MD degree/postgraduate diploma/ Transfer	/3	
Others materials (e.g. TOEFL, TWE, etc.,)	/3	
Overall rating	**/ (x100)**	

Research proposal/ topic identified (MSC/PhD applicants).

☐ Yes ☐ No (recommendation)____________________________________

Supervisory committee identified (MSc/ PhD applicants).

☐ Yes ☐ No (recommendation)____ ________________________________

Funding opportunity identify/in place (MSc/ PhD applicants).

☐ Yes ☐ No (recommendation)____________________________________

Final recommendation	☐ Recommended (Unconditional)	☐ Recommended (conditional)	☐ Not recommended

(Provide comment, if any):____

(Sign):______________________________ Review Date: ________________________________

(Reviewer)

Student Input Session Academic Program Review June 11, 2012	Clinical Epidemiology & Community Health Faculty of Medicine

SUMMARY OF STUDENT INPUT

The student input session was facilitated, recorded and summarized by the Centre for Institutional Analysis of Memorial University. There were a total of five students who participated in the session. The main discussion points are summarized below, according to themes of the broad questions used to structure the session.

Organization and Delivery of Program Curriculum

Course Order: There is a common level of satisfaction among students with the organization and delivery of program curriculum in the sense that courses are ordered in a logical and effective sequence. Students commented that their programs are arranged in such a way that the courses build on each other, beginning with the fundamentals of core concepts in introductory courses followed by more in-depth complex content in advanced courses.

Assignment Evaluation and Feedback: It appears that it may be helpful for courses to follow more formative assessment schemes of student performance. Students commented that there are few tests or quizzes in courses throughout a semester. In CE specifically, three core courses have "final day" submissions of a final exam and term paper to course Chairs, which are not intended to be graded with feedback and returned to students. Students indicated that this can result in:

- Less feedback on student performance throughout the semester.
- Reduced student motivation to work hard on a more continuous basis throughout a semester.
- Lower perceived rigor of the courses which may impact the credibility of the programs.

Coordination and Communication: Coordination and communication of program curriculum appears to vary between programs. There were a number of points made in relation to CE which seem to reflect on the overall organization and delivery of the program. Students commented that it would be helpful to have the following:

- Formal student orientation sessions at the beginning of the program.
- Communication of course schedules and locations at the beginning of each semester.
- Clearly stated objectives for each course and each lecture within a course. Currently, the provision of objectives is inconsistent across courses and lectures.
- Mandatory use of Desire2Learn (D2L) in courses. Currently, the use of D2L varies across courses. It is perceived to be extremely helpful when students are required to use D2L because it shows all course-related information.
- Collaboration among instructors who share in course delivery. For two of three core courses in CE, the content is delivered by a number of instructors. There is a perceived lack of coordination among instructors in the sense that there is potential for overlap in content and inconsistency in approaches to delivery.
- Consistency in the appearance of guest speakers. There is some concern that speakers can be cancelled throughout a semester.

CH seems to differ from the points above about coordination and communication of program curriculum. It was noted that CH offers a student orientation session at the beginning of the program and communicates regularly about lecture and speaker schedules. Clear objectives for courses and lectures are also perceived to be well established and communicated.

Curriculum Content

Overlap: There is variation between programs in perceptions of overlap in course content. For two of three core courses in CE, students perceive that instructors decide the topics and related content that they will cover independent of each other. The potential result can be overlap in content from one lecture to the next. CH does not experience the same degree of rotation among instructors within courses and thus overlap in content is not perceived to be an issue.

It is important to note that students commented that overlap in content is not necessarily a point of contention. Each instructor can bring a different perspective to a common topic and more collaboration may capitalize on the variation of perspectives.

Relevance*:* There appears to be overall consensus that practical assignments, student presentations and seminar series in addition to course lectures are highly relevant to student development.

CE and CH integrate seminar series into the curriculum content, which involves guest speakers at regularly scheduled times throughout the semester. The consensus is that this is a relevant component of the programs, but there is discrepancy in the perception of the value that the component adds to the programs. A comparison of the comments is as follows:

- CH benefits from seminars on a variety of topics relevant to the program, while CE seems to be more limited to a single area - genetics.
- CH reserves seminar times at the end of the series for students to present their research and receive peer feedback, while CE organizes guest lectures and students are not required to make individual contributions (note: it was mentioned that CE students are required to make presentations in three of their core courses).
- CH issues a course credit for the series based on participation and presentation of individual research, whereas CE does not issue a grade or course credit.

Supportive Environment

Student-Supervisor Relations: These relations are generally perceived to be very positive. Students are required to have an annual meeting with their supervisors, and supervisors are usually approachable and responsive to students upon request. For thesis students, supervisors and committees are typically available to students and are very helpful with requests. It is important to note that students did express some concern about the balance of commitments of faculty. There is a perception that faculty can have a variety of commitments which may impact the attention that can be dedicated to student relations.

Resources and Administrative Support: There appears to be a common level of satisfaction with the resources and administrative support available for students. There is some variation in terms of student awareness of what resources and supports are available and how they can be accessed. CH informs students in the orientation session at the beginning of the program. In CE, students seek out resources and support more on an individual basis, and it is perceived that this reduced level of student awareness in CE is reflective of the overall organization and delivery of the program.

Overall Strengths of the Program

Comments included:

- Seminar series broadens student knowledge and experience of course content.
- The resources and administrative support available to students provide for a more positive experience.
- There is great value in working with thesis supervisors/committees and gaining knowledge from their expertise on career-related topics of interest.
- There is opportunity for extra work as a research assistant through working with thesis supervisors and committees.

Areas for Improvement

Comments included:

- Greater opportunity to practice presenting research and obtaining peer feedback would add value to student development.
- Formative assessment schemes of student performance in each course would be helpful for student development.
- The use of D2L should be standard for all courses.
- A standard CEQ-type student evaluation of each course may be helpful for purposes of overall program organization and delivery.
- Greater opportunity for practical experience would be beneficial, such as more practical hands-on assignments and more real-world examples used in courses.
- Consideration given to having students complete a thesis defence may add value to program curriculum.
- Standards of organization and delivery could be established among and within courses of CE.
- Communication with CE students could be improved to clarify information and expectations around the program and individual courses.

Introduction to Clinical Epidemiology – 6250

Fall Semester 2012 – September 10th – December 17th, 2012

Date/Time: Monday 4:00 pm - 7:00 pm	**Subject**	**Instructor**	**Room**
September 03	**Labor Day Holiday**		
September 10	Introduction and Course Objectives	Gerry Mugford	Lec Th. A
September 17	Non-Experimental Study Designs	Laurie Twells	Lec Th. A
September 24	Searching the Medical Literature	Lindsay Glynn	Comp. Lab A
October 01	Intervention Studies	Mark Borgaonkar	Lec Th. A
October 08	**Thanksgiving Holiday/Midterm Break**		
October 15	Studies of Prognosis	Don MacDonald	Lec Th. A
October 22	Research Question Development	L.Twells B. Barrett J. Harnett	Lec Th A, RM 2866 & RM 2868
October 29	Systematic Review/Meta-Analysis	John Fardy	Lec Th. A
November 5	Rates, Ratio, and Measures of Risk	Laurie Twells	Lec Th. A
November 12	Qualitative Research Study Designs	Holly Etchegary	Lec Th. A
November 19	Reliability and Validity	Brendan Barrett	Lec Th. A
November 26	Diagnostic Tests	Bryan Curtis	Lec Th. A
December 03	**Presentation of Projects**	ALL FACULTY	Lec Th. A
December 10	**Presentation of Projects**	ALL FACULTY	Lec Th. A
December 17	**Final Exam**	G. Mugford/L. Twells	Lec Th. A

Instructor: William Midodzi, PhD.
Department of Medicine, MUN

Fall 2012 Class Schedule
MED 6262 - Biostatistics in Clinical Medicine

Start	End	Activity	Room	Location
4:00PM	7:00PM	Clinical Biostatistics	Computer Lab B	Health Sciences Library

Thursday 06-SEPT: Introduction and SPSS Workshop

Start	End	Activity	Room	Location
4:00PM	7:00PM	Clinical Biostatistics	Computer Lab B	Health Sciences Library

Thursday 13-SEPT: Topic 1: Summarizing and Presenting Data

Start	End	Activity	Room	Location
4:00PM	7:00PM	Clinical Biostatistics	Computer Lab B	Health Sciences Library

Thursday 20-SEPT: Topic 2: Probability and the Normal Distribution

Start	End	Activity	Room	Location
4:00PM	7:00PM	Clinical Biostatistics	Computer Lab B	Health Sciences Library

Thursday 27-SEPT: Topic 3: Parameter Estimation and Confidence Intervals

Start	End	Activity	Room	Location
4:00PM	7:00PM	Clinical Biostatistics	Computer Lab B	Health Sciences Library

Thursday 04-OCT : Topic 4: Significance Test and P-values

Start	End	Activity	Room	Location
4:00PM	7:00PM	Clinical Biostatistics	Computer Lab B	Health Sciences Library

Thursday 11-OCT: Topic 5: Comparing the Means of Small Samples

Start	End	Activity	Room	Location
4:00PM	7:00PM	Clinical Biostatistics	Computer Lab B	Health Sciences Library

Thursday 18-OCT: Topic 6: Multiple Comparison and Nonparametric Analysis

Start	End	Activity	Room	Location
4:00PM	7:00PM	Clinical Biostatistics	Computer Lab B	Health Sciences Library

Thursday 25-OCT: Topic 7: Categorical Data Analysis in Cross-tabulations

Start	End	Activity	Room	Location
4:00PM	7:00PM	Clinical Biostatistics	Computer Lab B	Health Sciences Library

Thursday 01-NOV: Mid-Term Exam Based on Materials in Topics 1-6

Start	End	Activity	Room	Location
4:00PM	7:00PM	Clinical Biostatistics	Computer Lab B	Health Sciences Library

Thursday 08-NOV: Topic 8: Correlation and Regression Analysis

Start	End	Activity	Room	Location
4:00PM	7:00PM	Clinical Biostatistics	Computer Lab B	Health Sciences Library

Thursday 15-NOV: Topic 9: Logistic, Poisson and Survival Analysis

Start	End	Activity	Room	Location
4:00PM	7:00PM	Clinical Biostatistics	Computer Lab B	Health Sciences Library

Thursday 22-NOV: Topic 10: Analysis of Clinical Measurements

Start	End	Activity	Room	Location
4:00PM	7:00PM	Clinical Biostatistics	Computer Lab B	Health Sciences Library

Thursday 29-NOV: Topic 11:Determination of Sample Size

Contact info: 709-777-2187 – wmidodzi@mun.ca

Research and Design – 6255

Winter Semester 2012 – January 9th – April 9th, 2012

Date/Time Monday 4-6	**Subject**	**Instructor**	**Room**
January 9	Introduction, the question, types of study designs	Kathy Hodgkinson	Lec th. A
January 16	Selecting the Subjects	John Fardy	Lec th. A
January 23	Randomization	Brendan Barrett	Lec th. A
January 30	Intervention and Exposure	Mark Borgaonkar	Lec th. A
February 6	Outcome Measurement	Debbie Gregory	Lec th. A
February 13	Applying Sample Size Estimates	Brendan Barrett	Lec th. A
February 20	**Mid-term Break**		
February 27	Data Management	Sean Murphy	Lec th. A
March 5	Analysis I	Laurie Twells	Lec th. A
March 12	Analysis II	Laurie Twells	Lec th. A
March 19	HREB and Budget	Sandra Reid	Lec th. A
March 26	**Presentation of Projects**	All	Lec th. A
April 2	**Presentation of Projects**	All	Lec th. A
April 9	**Final Exam**	**G. Mugford / Kathy Hodgkinson/ RA**	Lec th. A

ALL students must complete [available on-line] the "Interagency Advisory Panel on Research Ethics' Introductory Tutorial for the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS). **Submit a photocopy of your "Certificate of Completion" before the final exam.**

Clinical epidemiology seminar series:

Fall semester 2012

These seminars are a compulsory part of the clinical epidemiology course. They are designed to introduce students to the spectrum of research in clinical epidemiology at Memorial, and from other institutions with our visiting speaker program. They are a teaching module designed to enhance and augment the compulsory courses within clinical epidemiology. ALL students are expected to speak at this seminar series during their program.

Please let me know if there are aspects of the seminar series that you find good, bad or indifferent, and if you have suggestions for improvement

Kathy Hodgkinson. Room 5339 tel: 777 6819: khodgkin@mun.ca

Time for all seminars is 4 to 6 pm.

Date	Speaker	Topic	Room
September 19	**Dr. Kathy Hodgkinson**	**Introductory Seminar:**	**LTA**
September 26	**Student**	**TBA**	**LTA**
October 10	**Student**	**TBA**	**LTA**
October 17	**Dr. William Pryse Philips**	**Treatment for Multiple Sclerosis: how bad science**	**LTA**
October 24	**Hilary Price: Masters student**	**Obesity and bariatric surgery**	**LTA**
November 7	**Student**	**TBA**	**LTA**
November 21	**Dr. Jeremy Grimshaw: visiting speaker : Ottawa**	**TBA**	**LTA**
November 28	**Creina Twomey: PhD student**	**Questionnaire development**	**LTA**
December 5	**Kyle Gould, MSc student**	**ARVC : when penetrance is low, what value the mutation?**	**LTA**
December 19		**Fun Seminar TBA**	**LTA**

Review of Course 6255

Committee members:

Kathy Hodgkinson, Mark Borgaonkar, Debbie Gregory, Brendan Barrett

Several helpful meetings and productive discussions occurred.

The following issues were highlighted, and discussed.

1. The types of study designs students might utilize requires more comprehensive coverage about the research methods for such designs in the course lectures. there was therefore much discussion over the possibility of there being more than one research design course.

a) Experimental designs
b) Observational studies

?c) Qualitative Research

For example: it is possible under the current system for students to avoid in- depth assessments of observational studies OR experimental studies. For example, students can choose a study question for their critical appraisal (in 6250) which is observational, and create a research project design (in 6255) that is also observational or vice versa.

Qualitative research is something students have an interest in, and research questions are being generated that require this type of approach.

Community Health have an advanced qualitative research course: MED6294 which may or may not be a possible elective for students who have this. I know little about this course. Alternately Clinical Epidemiology may consider designing a qualitative research methodology course.

2. The organisation of the lectures and assessments was felt to require change although changes in the order/type of the lectures would depend upon the outcome of the discussion re the creation of one or more courses.

Student Assessment:

1. **A grading rubric** for 6255 should be available to those marking papers. Several faculty have been using a grading rubric, but it becomes problematic when the papers cover multiple forms of research. We need therefore:
a) an experimental study design grading rubric
b) an observational study design grading rubric and
c) a qualitative study design grading rubric.

Copies of several validated rubrics are available from which we can create our own.

2. **A letter of intent** (in the manner of many granting agencies) should be required of students mid way through the course. The LOI would be a 3 page synopsis of the research question (see attached LOI proposal). It was felt that under the current system (which assesses student research questions via an oral presentation at the end of the course) students may be left scrambling with a project that is not doable 2 weeks before term end. This will allow students feedback well in advance of their final paper. At this mid way point students will be asked to present the background to their research project, which will be assessed alongside their LOI. This background assessment will focus on the critical appraisal of the literature surrounding their question (a re-visit of the skills obtained in 6250). This background presentation should take only one lecture slot and should allow students enough time to present. This might mean splitting the class into smaller units for this one session facilitated by at least one faculty member.

3. **Final paper**. The students should be provided with guidelines as to the length required of each section of the research proposal (e.g. 1 page intro, etc.). The grading rubric used should also be provided to the students, as should an assessment of the meaning of the marks (see attached re final paper).

4. **The power point presentation** required at the end of the course should be marked for content, clarity, presentation and performance. The work which is required for a PP presentation, particularly in the time allotted is significant. The ability to present is a skill required by the students in whatever field they pursue. Students also have had a lot of experience presenting in the school system, so those coming from a clinical background already should not necessarily be advantaged.

6. **Course Exam**. Currently the exam provides a method to assess students in all areas of research design (which would cover in some ways the issue of students producing a paper on one type of research design only over two courses). Consideration might be given to a format where students are provided with a scenario and asked to define clearly the most suitable research design. Or maybe the exam be discontinued if a move is made towards the two course model?

5. **Grading of the course**:

The grades may follow the following format:

1. LOI: 10%
2. Background clinical assessment : 10%
3. Power Point: 10%
4. Paper: 40%
5. Exam: 30%

OR

1. LOI: 20%
2. Background clinical assessment : 15%
3. Power Point: 15%
4. Paper: 50%

General

.

1. All lectures must be on D2L and must have objectives listed

2. Students must enter this course(s) with at least the 6250 pre requisite (or its equivalent)

3. Number 2 (above) prompts discussion re student entry to the program. Students entering in January will not have done 6250. Many students find therefore that entering directly into 6255 extremely problematic and we should discourage this, particularly as we take many students without a clinical background. It may thus be appropriate to require entry once to the program in September, UNLESS there are reasonable reasons for taking students with an appropriate background at other times.

4. Students over the last few years have been asking faculty to review their paper prior to (often very close to) the final submission. This added work for many faculty, and was not part of the real evaluation. This should be rectified by having a LOI requirement.

5. Questions were raised as to whether a student could use their Master's thesis project for the course work. This needs to be reviewed.

Letter of Intent

The Letter of Intent (LOI) submission will consist of a 3 single-spaced typed pages providing a brief overview of the proposed research project and should include:

- Project title
- Statement of need
- Objectives/Research Questions/Hypotheses
- Background and literature
- Methods/Study design
- Sample selection/Sample size
- Data measurement
- Data collection
- Data analysis
- Ethical considerations
- Timetable for the proposed study
- Estimate of total budget
- Dissemination of results/Practical significance

The LOI is intended to provide an overview of a clinical research study proposed by the graduate student. A **brief** summary of the research problem and relevant literature should be included, in addition to the study's purpose, design, and methodological aspects. Exceedingly long LOIs distract the reviewer from the essence of the proposal. Fully written protocols submitted as LOIs are unlikely to earn a higher grade than what would have been assigned to a much shorter well-written LOI.

All text must be prepared with 12-point font (Arial or Times New Roman). Page margins must be a minimum of 2.54 cm (i.e., 1 inch) at each edge. Use only letter size (21.25 X 27.5 cm / 8.5" X 11") white paper/background. Number the pages of the application and include a table of contents which gives the page numbers of the contents of the research proposal. **Do not** include references, appendices, or other documents with your LOI. LOIs failing to follow these requirements and/or exceeding the page limitations will not be reviewed.

All letters of intent are to be submitted electronically to the clinical epidemiology unit office.

Evaluation

In-class presentation of clinical evaluation of background material 10%

Evaluation of letter of intent 10%

The oral presentation and written letter of intent will be evaluated by Medicine 6255 instructors using pre-determined criteria which are available to you.

Full Research Proposal

The full research proposal submission will consist of 10 single-spaced typed pages of the proposed research project and should include:

- Project title
- Statement of need
- Objectives/Research Questions/Hypotheses
- Background and literature
- Methods/Study design
- Sample selection/Sample size
- Data measurement
- Data collection
- Data analysis
- Ethical considerations
- Limitations
- Timetable for proposed study
- Budget
- Dissemination of results/Practical significance
- References
- Appendices

All text must be prepared with 12-point font (Arial or Times New Roman). Page margins must be a minimum of 2.54 cm (i.e., 1 inch) at each edge. Use only letter size (21.25 X 27.5 cm / 8.5" X 11") white paper/background.

Evaluation

Evaluation of full research proposal 40% (or 50%...see review)

The written full research proposal will be evaluated by Medicine 6255 instructors using pre-determined criteria. Faculty will be blind to student names. Students will be asked to submit two copies of their proposal, one with only an identifying student number. Each de-identified term paper will be subjected to triple blind marking. Triple blind marking is defined as three markers, each with a copy of the de-identified research proposal who mark independent of the other markers. The

average mark is assigned as your grade for the paper. The grading rubric will be available to you.

Medicine 6255 Grading Criteria

90-100 Exceptional

A superior performance with consistent strong evidence of

- A comprehensive grasp of the study matter;
- An ability to make sound critical evaluation of information;
- An exceptional capacity for original, creative and/or logical thinking;
- An exceptional ability to organize, to analyze, to synthesize, to integrate ideas, and to express thoughts fluently;
- An exceptional ability to analyze and solve difficult problems related to the study matter.

80-89 Very Good to Excellent

A very good to excellent performance with strong evidence of

- A comprehensive grasp of the study matter;
- An ability to make sound critical evaluation of information;
- A very good to excellent capacity for original, creative and/or logical thinking;
- A very good to excellent ability to organize, to analyze, to synthesize, to integrate ideas, and to express thoughts fluently;
- A very good to excellent ability to analyze and solve difficult problems related to the study matter.

70-79 Satisfactory to Good

A satisfactory to good performance with evidence of

- A substantial knowledge of subject matter;

- A satisfactory to good understanding of the relevant issues and satisfactory to good familiarity with relevant literature and technology;
- A satisfactory to good capacity for logical thinking;
- A satisfactory to good ability to organize, to analyze, and to examine the subject matter in a critical and constructive manner;
- A satisfactory to good ability to analyze and solve moderately difficult problems.

65-69 Poor

A generally weak performance, but with some evidence of

- A basic grasp of the subject matter;
- Some understanding of the basic issues;
- Some familiarity with the relevant literature and techniques;
- Some ability to develop solutions to moderately difficult problems related to the subject matter;
- Some ability to examine the material in a critical and analytical manner.

< 65 Failure

An unacceptable performance.

MED 6265 - Genetics for Clinical Epidemiologists: 2012

Time: Tuesday 4-7: Fall semester 2012

Facilitator/Course Chair: Kathy Hodgkinson

Date	Lecture	Lecturer	Room
Sept 11	Evaluations and Expectations of the course What do we mean by genetics? What is a genetic disorder? General Introduction	Kathy Hodgkinson	H4347
Sept 18	Pedigree analysis : how family histories form the backbone of clinical genetic/epidemiology research: introduction to common genetic diseases variable expressivity and reduced penetrance.	Kathy Hodgkinson	H4347
Sept 25	Techniques used to determine changes in genetic material. Advantages and limitations of each. When each should be used. Future possibilities	Lance Doucette/ KH	H4347
Oct 2	Epigenetics and epistasis and issues beyond traditional mendelian genetics (mitochondrial inheritance/anticipation/imprinting etc)	Kathy Hodgkinson	H4347
Oct 9	MID TERM BREAK		
Oct 16	How to find causative genes and mutations	Mike Woods/KH	H4347
Oct 23	Maintenance of common and rare genetic disease in populations: genetic drift/inbreeding/founder populations	Sevtap Savas/KH	H4347
Oct 30	Testing/screening/diagnosing/treating/(curing?) genetic disease.	Jane Green /KH	H4347
	ASHG MEETING		
Nov 13	Ethics and genetic studies Final Paper topic given to students	Daryl Pullman/KH	H4347
Nov 20	Genotype vs. phenotype, prevalence and incidence: study designs utilising genetic information	Betty Dicks/KH	H4347
Nov 27	Genetics and Health Policy	Elizabeth Hatfield/KH	H4347
Dec 4	Final discussions. Questions arising from the course	Kathy Hodgkinson	H4347
Dec 11	FINAL PAPER DUE		H4347

Brief course description and relevance to Clinical Epidemiology objectives

This course is designed to provide students in clinical epidemiology with a grounding in medical genetics, and to illuminate the overlap between medical genetics and epidemiology. Issues of study design, analyses and biases in genetic epidemiological studies, and issues of phenotype related to genotype will be highlighted. Major concepts in genetics often misunderstood and ignored in epidemiological studies such as variability and penetrance related to natural history and clinical course will be discussed particularly with relation to family studies. Diagnostic utility of genetic testing will be covered. Students will be expected to understand estimates of heritability and segregation analyses, and analyses relevant to gene finding (linkage, association studies etc.). Gene-environment and gene-gene interactions will be a focus.

The following text books are recommended. The Read and Donnai book is available as an i Pad app.

1. Andrew Read and Dian Donnai. New Clinical Genetics 2nd edition: Scion publishing (The book store should have this available)

2. Khoury, MJ, Beaty, TH, Cohen, BH: Fundamentals of Genetic Epidemiology: Oxford University Press 1993.

3. Palmer, L, Burton P., Smith, GD. An Introduction to genetic epidemiology. The Policy Press, University of Bristol

Additional text books for those who wish to read more

1. Haynes, RB, Sackett, DL, Guyatt, GH., Tugwell, P. Clinical Epidemiology. Pubs: Lippincott.
Thomas and Wilkins Latest edition

2. Thomas DC. Statistical Methods in Genetic Epidemiology. Oxford University Press 2004

3: Human Molecular Genetics: Tom Strachen and Andrew Read. Wiley Liss Latest Edition

4. Muin J. Khoury, Julian Little and Wylie Burkey, MJ Human Genome Epidemiology: A Scientific Foundation for Using Genetic Information to Improve Health and Prevent Disease Oxford University Press 2003

5. Khoury, MJ, Burke, W., Thompson EJ. Genetics and Public Health in the 21st Century. Oxford University Press

Primary target group: Students registered in clinical epidemiology (or any relevant graduate degree) with an interest in genetics, and primarily MS.c and Ph.D students embarking on a clinical epidemiology project which involves a genetic disease.

Time : Fall Term. One lecture per week. Duration: 2-3 hours.

Course structure:

1-2 hour lecture on the topic, followed by student presentations (or vice versa). One essay required per week. Details are briefly presented below.

The lecturer will assign essays on the day of lecture related to the lecture topic that week. The number of essay titles will relate to the number of students in the class. The essay titles will be distributed randomly. The following week the students will have prepared a 2 page essay, single spaced, and will be expected to share these findings verbally with the group and the instructor (the lecturer from the previous week and KH). In addition, one student will be randomly assigned to present the essay as a formal presentation using Power Point. Students are expected to cite all primary and secondary sources and are encouraged in their presentations to avail themselves of all the relevant old and new scientific literature. The essays will be marked on structure, academic excellence, accuracy and clarity. The use of appropriate English is assumed, and marks will be deleted for incorrect usage. The essays allow students to research topics independently, share their results with their classmates and learn to present information concisely and clearly. The power point presentation will be marked based on the content, the clarity, the structure and the presentation.

Marks and Evaluation:

1. General class participation (10%). Evaluation by KH with input from the guest lecturer
2. Weekly essays (40%). Evaluation by the guest lecturer. KH will also evaluate each essay.

3. Power point presentation (10%) duration 10 minutes. Evaluation by KH and the guest lecturer.
4. Term paper (40%). Evaluation by KH.

Course Chair: Dr. Kathy Hodgkinson. Room 5339, Clinical Epidemiology and Genetics, Discipline of Medicine, Health Sciences Centre, St. John's Newfoundland, A1B 3V6. Tel (709) 777 6819. khodgkin@mun.ca

SCHOOL OF GRADUATE STUDIES
Request for Approval of a Graduate Course

Jennifer Connor

TO: The Dean, School of Graduate Studies
FROM: Faculty/School/Institute Medicine

SUBJECT: G Regular Course G Special/Selected Topics Course

Course Number and Title: MED 6097
Special Topics: Ethical Issues in Biomedical Publication

I. TO BE COMPLETED FOR ALL REQUESTS

A. COURSE TYPE: G Lecture Course G Lecture Course with Laboratory

G Laboratory Course G Undergraduate course with additional work

G Directed Readings G Other (*Please Specify*)

B. Can this course be offered by existing Faculty members? ☒ Yes ☐ No

C. Will this course require new funding (including payment of instructor, labs and equipment, etc.)? If yes, please specify. No

D. Credit Hours for this Course: 3

E. Estimated Number of Contact Hours Per Semester: 36

F. Course Description: See attached.

G. Method of Evaluation

Method of Evaluation	Percentage
Final Examination	
Class Tests	
Oral Presentation	15
Assignments	70
Other (Specify) Discussion, peer critiques	15
TOTAL:	100

See attached.

II. TO BE COMPLETED FOR SPECIAL/SELECTED TOPICS COURSE REQUESTS ONLY

For Special/Selected Topics Courses, there is no evidence of

		Instructor's Initials
1.	duplication of thesis work;	JC Jennifer Connor
2.	double credit;	JC
3.	work that is a faculty research project;	JC
4.	overlap with existing courses.	JC

Recommended for offering in Winter Semester, 2007.

Length of session if it is less than a semester. ____________

III. This Course Proposal has been prepared in accordance with General Regulations governing the School of Graduate Studies and was approved by:

____________________ Head of Academic Unit — ____________ Date

J Connor Instructor of Course — Aug. 23/06 Date

IV. This Course was Approved by the Faculty/School/Institute Council

____________________ Secretary, Faculty/School/Institute Council — ____________ Date

V. This Course was Approved by Academic Council, School of Graduate Studies (where required)

____________________ Secretary, Academic Council of the School of Graduate Studies — ____________ Date

(Revised September 1999)

DRAFT PROPOSAL

Memorial University of Newfoundland

Medicine 6xxx

Special Topics: Ethical Issues in Biomedical Publication

Jennifer J. Connor, Ph.D.
Division of Community Health and Humanities
Office: HSC 2855
Phone: 777-7101
E-mail: jennifer.connor@med.mun.ca
Office Hours: TBA and by appointment

Winter 2007

This course examines ethical issues related to publishing biomedical information. Topics embrace the ethics of authorship, editorship, sponsorship and peer review, including conflicts of interest; professional codes of ethics; scientific misconduct; and the impact of technological changes on these issues. It specifically emphasizes the role and impact of these issues on scientific and biomedical publication (rather than on the ethics of healthcare practitioners).

Through readings and discussion, students will be able both to identify these issues more readily and to plan publications in accordance with established ethical principles. Discussion will be based on readings from the required book for the course (a collection of essays) and from other scholarly articles. In keeping with the international nature of science and medicine, the course focuses on international trends in biomedical publication. Particular attention will be paid to policies and actions of groups such as the International Committee of Medical Journal Editors, the World Association of Medical Editors, the BMJ Committee on Publication Ethics, and the U.S. Public Health Service (with its Office of Research Integrity, NIH grants, etc.), with reference to Canadian developments against this background. As much as possible, the course explores current controversies and their impact on biomedical publishing (such as the relationship between journal owners and editors).

Through written assignments, students will enlarge their knowledge and critical thinking skills. Two short assignments require analysis of proven cases of scientific misconduct relating to publication issues. In a major essay, preceded by a short proposal, students will then choose a general ethical issue to investigate more fully, using current literature. A separate handout will outline requirements for these assignments, together with a larger bibliography of relevant academic and scientific literature.

Required Book

Jones, Anne Hudson, and Faith McLellan, eds. *Ethical Issues in Biomedical Publication.* Baltimore: The Johns Hopkins University Press, 2000. ISBN: 0-8018-6315-5

[Note: As the only collection of essays published to date by authorities on the subject, this book provides a useful background against which to read current articles and reports.]

Grading Policy

Because one of the main goals of this course is to improve critical thinking skills, I provide as much feedback as possible on assignments. Late assignments will be penalized up to one grade per week. Plagiarism will be discussed in the course as a critical issue in appropriate scientific, academic, and professional communication. If encountered in course assignments, it will therefore be handled severely. For more information on plagiarism, see, for example, the University *Calendar 2006-2007*, Section 4.11.4 Academic Offences, for the university's policies and procedures, available on the web at http://www.mun.ca/regoff/calendar/sectionNo=REGS-0748.

Submitted Assignments

Proposal	15%
Case analyses (2)	30%
Essay (1,500 words)	25%

In-class Assignments

Participation (discussion, peer critiques)	15%
Presentation	15%
Total	100%

Weekly Schedule

Week 1 Introduction

Week 2 Ethical codes in biomedical professions: relevance to research and publishing
Reading: AMA Principles of Ethics
CMA Code of Ethics
AMWA Code of Ethics

Week 3 Ethical issues of authorship: credit; guest, gift, honorary
Reading: Jones, 'Changing traditions,' in Jones and McLellan, Ch. 1
essays in Biagioli and Galison, to be assigned
'Uniform Requirements'

Assignment: Case Analysis #1 due

Week 4 Ethical issues of authorship: credit; order, denial
Reading: Horton, 'Imagined author,' in Jones and McLellan, Ch. 2
'Uniform Requirements'

Week 5 Ethical issues of authorship: credit; ghost writers
Reading: Flanagin, Carey et al., 'Prevalence of articles,' *JAMA* 1998
Mowatt, et al., 'Prevalence of honorary,' *JAMA* 2002
AMWA Position Statement, Fact Sheet

Assignment: Proposal due

Week 6 Ethical issues of authorship: repetitive publication, conflict of interest
Reading: Huth, 'Repetitive,' in Jones and McLellan, Ch. 5
Flanagin, 'Conflict of interest,' in Jones and McLellan, Ch. 6

Week 7 Ethical issues of editorship
Reading: *CMAJ* Governance Review Panel Final Report, 2006
Editorials and commentaries on CMAJ and editorial independence in
CMAJ, *NEJM*, *BMJ*, *JAMA*, *Scientist*, etc. (to be assigned)

Assignment: Case analysis #2 due

Week 8 Ethics of peer review
Reading: Godlee, 'Ethics of peer review,' in Jones and McLellan, Ch. 3
Bingham, 'Peer review,' in Jones and McLellan, Ch. 4
Jefferson et al., 'Effects of editorial peer review,' *JAMA* 2002

Week 9 Ethics of peer review
Reading: Cho, et al. 'Masking Author Identity,' *JAMA* (1998)
Parrish and Bruns, 'US Legal Principles,' *JAMA* (2002)

Week 10 Ethical issues of sponsorship
Reading: ICMJE statement on sponsorship in *New England J. of Medicine*
DeAngelis, 'The influence of money on medical science,' *JAMA* (2006)

Week 11 Ethical issues with changing technology: from literature searches to dissemination
Reading: Press releases and articles on death of research volunteer at Johns Hopkins University and role of inadequate literature search, 2001 (to be assigned)
McLellan, 'Ethics in cyberspace,' in Jones and McLellan, Ch. 7
Caelleigh, 'PubMed Central,' in *Academic Medicine* (2000)

Week 12 Student presentations

Week 13 Course Review
Reading: Parrish, 'When ethics fails,' in Jones and McLellan, ch. 8

Assignment: Essay due

READINGS

Following are full citations to readings identified in the syllabus.

American Medical Association. Principles of Medical Ethics. Available at http://www.ama-assn.org/ama/pub/category/2512.html

American Medical Writers Association. Code of Ethics. Available at http://www.amwa.org/default.asp?Mode=DirectoryDisplay&id=114

American Medical Writers Association. Fact Sheet on Contributions of Medical Writers to Scientific Publications. Available at http://www.amwa.org/default/fact%20sheet%20draft%205%20arial.pdf

American Medical Writers Association. Position Statement. Available at http://www.amwa.org/default.asp?Mode=DirectoryDisplay&id=308

Canadian Medical Association. Code of Ethics. Available at http://policybase.cma.ca/PolicyPDF/PD04-06.pdf

Biagioli, Mario, and Peter Galison, eds. *Scientific authorship: credit and intellectual property in science*. London: Routledge, 2003.

Caelleigh, Addeane S. 'PubMed Central and the new publishing landscape: shifts and tradeoffs.' *Academic Medicine* 75 (1) (2000): 4-10.

Cho, Mildred K., Amy C. Justice, et al. 'Masking author identity in peer review: what factors influence masking success?' *JAMA* 280 (3) (July 15, 1998): 243-45.

CMAJ *Governance Review Panel. Final Report July 14, 2006*. Available at http://cmaj.ca/pdfs/GovernanceReviewPanel.pdf

DeAngelis, Catherine D. 'The influence of money on medical science.' *JAMA* 296 (August 2006):

Flanagin, Annette, Lisa A. Carey, et al. 'Prevalence of articles with honorary authors and ghost authors in peer-reviewed medical journals.' *JAMA* 280 (3) (July 15, 1998): 222-24.

International Committee of Medical Journal Editors. 'Uniform requirements for manuscript submission to biomedical journals.' Available at http://www.icmje.org

Jefferson, Tom, et. al. 'Effects of editorial peer review: a systematic review.' *JAMA* 287 (21) (June 5, 2002): 2784-86.

Mowatt, Graham, et al. 'Prevalence of honorary and ghost authorship in Cochrane Reviews.' *JAMA* 287 (21) (June 5, 2002): 2769-71.

Parrish, Debra M. 'Scientific misconduct and correcting the scientific literature.' *Academic Medicine* 74 (1999): 221-30.

Parrish, Debra M., and David E. Bruns. 'US legal principles and confidentiality of the peer review process.' *JAMA* 282 (21) (June 5, 2002): 2839-41.

Peer review in biomedical communication (*JAMA* peer review theme issues): http://www.ama-assn.org/public/peer/peerhome.htm [links to earlier issues] http://jama.ama-assn.org/content/vol287/issue21/index.dtl [latest issue, 2002; next forthcoming 2006]

'Sponsorship, Authorship, and Accountability.' *New England Journal of Medicine* 345 (11) (September 13, 2001): 825-27. http://content.nejm.org/cgi/content/full/345/11/825

SCHOOL OF GRADUATE STUDIES
Request for Approval of a Graduate Course

TO: The Dean, School of Graduate Studies
FROM: Faculty/School/Institute MEDICINE Med 6199
SUBJECT: G Regular Course G Special/Selected Topics Course

Course Number and Title: Health Sciences: [illegible] and Guardianship

I. TO BE COMPLETED FOR ALL REQUESTS

A. COURSE TYPE:
- G Lecture Course
- G Lecture Course with Laboratory
- G Laboratory Course
- G Undergraduate course (*must specify the additional work at the graduate level*)
- G Directed Readings
- G Other (*Please Specify*)

B. Can this course be offered by existing Faculty members? ☒ Yes ☐ No

C. Will this course require new funding (including payment of instructor, labs and equipment, etc.)? If yes, please specify. N

D. Credit Hours for this Course: 3

E. Estimated Number of Contact Hours Per Semester: 4 hr

F. Course Description: (*Reading list is required.*)

see attached

G. Method of Evaluation

	Percentage Written	Oral
Class Tests		
Assignments		
Other Specify: see attached		
Final Examination		

TOTAL:

II. TO BE COMPLETED FOR SPECIAL/SELECTED TOPICS COURSE REQUESTS ONLY

For Special/Selected Topics Courses, there is no evidence of

		Instructor's Initials
1.	duplication of thesis work;	______
2.	double credit;	______
3.	work that is a faculty research project;	______
4.	overlap with existing courses.	______

Recommended for offering in Winter Semester, 2010.
Length of session if it is less than a semester. ______

III. This Course Proposal has been prepared in accordance with General Regulations governing the School of Graduate Studies and was approved by:

______ *Head of Academic Unit* ______ *Date*

______ *Instructor of Course* ______ *Date*

IV. ***This Course was Approved by the Faculty/School/Institute Council***

______ *Secretary, Faculty/School/Institute Council* ______ *Date*

Sept. 8 2009

Health Sciences: writing and grantsmanship

Regular course 3 credits

Number of students and pre-requisite: Normally restricted to six students (after completion of their comprehensive examination)

Lecture

Course Description

The purpose of this course is to familiarize students with the preparation of a research grant for Canadian Institutes of Health Research (CIHR). It will involve development of a 10 page proposal within the students' areas of research expertise. The objectives are to (1) improve writing skills, (2) guide students in focusing on research questions and (3) teach students about the peer review process. Topics to be included and assignments are listed in the table.

Week	Topic	Submission
1	Outline of course, CIHR website	--
2	Focus on the question, generate a hypothesis	CIHR cv module
3	Outline of proposal	Topic of the research proposal
4	Background information on proposal topic	Outline of the research proposal
5	Statement of Experiment, outline of the study	Background section
6	Methodology	Outline of specific experiments
7	Expected outcomes	Methodology section
8	Use of Figures and Tables	Expected outcomes section
9	Use of citations	Figures and tables in proposal
10	Conclusions	References in proposal
11	Peer Review	First draft of final proposal
12	Discussion of Proposals (10 min each)	Peer review of two proposals*

* Each student will be required to review two proposals and give written feedback to the researcher

Reading List:

Students will utilize the internet tools associated with the CIHR and development of their proposals will depend in reading in the relevant research area.

Method of Evaluation:

Students will have nine weekly assignments (5 % each): 45%

Grant first draft: 15%

Grant peer review participation: 15%

Grant final proposal: 25%

Instructor: Penny Moody-Corbett. Each student will have a faculty member who will serve as a mentor, with expertise in their specific research discipline.

Clinical Epidemiology Planning Session

June 22, 2012

Faculty of Medicine

Strategic Directions Inc. (SDI) has prepared this Report for Memorial University Faculty of Medicine, Clinical Epidemiology Unit based in part upon information provided by Memorial University and others. While SDI believes such information to be reliable, it cannot warrant it. The reader assumes responsibility for decisions made or actions taken based upon this Report.

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1. Introduction

Memorial University's Faculty of Medicine Clinical Epidemiology Unit held a planning session on June 22, 2012.

The objectives of the session were to:

- Identify the mission of the Clinical Epidemiology unit
- Identify 3 or 4 high level goals for the unit

The list of individuals participating in the planning session is presented in Appendix A.

2. Aligned Mission Statements

Faculty of Medicine

The mission of the Faculty of Medicine is to enhance the health of the people of Newfoundland and Labrador by educating physicians and health scientists; by conducting research in clinical and BioMedical Sciences and applied health sciences and by promoting the skills and attitudes of lifelong learning.

The objectives of the Faculty of Medicine are consistent with the objectives of Memorial University of Newfoundland in developing and maintaining excellence in the quality of its academic standards and of research, establishing programs to meet the expanding needs of the Province and of providing the means to reach out to all the people.

Clinical Epidemiology Unit

With this in mind, the mission of the Memorial University's Clinical Epidemiology unit is to become a recognized Centre of Excellence in teaching evidence-based informed medicine, graduating health professionals expert in clinical epidemiology and in conducting research that improves population health.

Clinical epidemiology has a number of growth opportunities:

- Enrollment
- Specific expertise (e.g., health economics)
- Research funding
- Collaborations with other universities, research institutions and other agencies
- Linkages with the private sector
- Involvement in the undergraduate and post-graduate medicine curriculum and residents (medical residency) curriculum
- Involve Newfoundland as a community – other groups with research

Inherent in these growth opportunities is the unit's contribution to the province's economic development as graduates will fill the highly qualified positions (HQPs) created through the research funding attracted, and enhanced development of health research in the private and public sector.

Over the next five years, Clinical Epidemiology will continue to improve the quality of the clinical epidemiology program in support of becoming a Centre of Excellence in clinical epidemiology research. This will be characterized by:

- Peer recognition
- Ample opportunity for admission of Master's and PhD students
- Research productivity
- Broad course offering
- Recognition of graduates as excellent clinical epidemiologists

3. Objectives

3.1 Teaching

Growth of the Clinical Epidemiology program will focus on both broadening the course offerings and increasing the capacity to accommodate a higher number of student admissions to/graduates from the program.

Course Offerings

Objective 1 – To broaden the Clinical Epidemiology Program

The Clinical Epidemiology Program needs to be broadened in terms of course offerings. The Unit will build capacity to offer teaching/training in:

- issues associated with personalized medicine (e.g., ethical, legal, social issues (ELSI))
- critical appraisal and systematic reviews for graduate and post-graduate students
- areas such as health economics and pharmacoepidemiology.

One means of broadening the course offerings is to share resources/collaborate with other groups like Community Health and Humanities (CHH) and the School of Pharmacy.

Program Capacity (number of students)

Objective 2 – To increase the number of students graduating from clinical epidemiology

At present there are 96 students (i.e., active in course work) including 34 Diploma, and 62 Master's and PhD candidates registered in the Clinical Epidemiology program.

It was noted that increasing the number of students registered in the Clinical Epidemiology program is limited by funding, the number of faculty member in terms of assignment to faculty supervisor's role with students and committee work, and available space for students. The Faculty of Medicine is

supportive of the growth of the Clinical Epidemiology program and will address these factors/resourcing issues as appropriate.

The focus of the Clinical Epidemiology program will continue to be the quality of education provided. While the minimum cumulative GPA for admission to the Clinical Epidemiology program is 3.5, admission will remain flexible taking into consideration other factors such as improvement of students' GPA over their academic career and the courses completed. For foreign students differences in the marking schemes used in other countries will be considered where applicable. All applications will be assessed on an individual basis.

- Action:
  - Need the faculty to agree to supervise an increased number of students, aiding in producing quality graduates
  - Identify how best to engage adjunct, cross-appointed and professional associates

3.2 Research

Objective 3 – To increase interdisciplinary research and grow research platforms

At present, research productivity is measured by a number of indicators including the number of peer review papers, presentations, editorials, reviews, reports written for government, amount of funding/grants received, and others.

- Action:
  - Define the measurement of research productivity
  - Continue to collaborate with other groups such as CHH on a project by project basis

Objective 4 – To build capacity in translational research and personalized medicine

The non-teaching research component of the Clinical Epidemiology Unit will be discussed at a planning session yet to be scheduled.

4. Opportunities to Enhance the MSc Program – Advancing the Quality of the Program

Student Satisfaction

Student satisfaction with the clinical epidemiology program is reported to be very high. Students are very satisfied with the diversity of lectures, study in the area of clinical epidemiology, etc.

Action:

- Hold a focus group with students and graduates to gain input regarding the identification of the strengths and weaknesses of the clinical epidemiology program

Opportunities to Enhance the MSc Program

The Clinical Epidemiology MSc program was the focus of discussion during the planning session. The diploma and PhD programs will be modified as appropriate to reflect any changes in the MSc program.

A number of opportunities to enhance the MSc Program were identified.

1. Understanding how to develop a research question

   Faculty has observed that students have difficulty developing a research question which is required for most courses. This needs to be addressed in the program as it is a core competency for an epidemiologist.

   Action:
   - May be addressed by allocating a specific time within the course for discussion of how to develop a research question
   - Address through the Seminar Series

2. Teaching students with different levels of experience and expertise

   Clinical epidemiology students have diverse backgrounds ranging from little to expert knowledge. Encouraging students to interact more (e.g., pair medical and non-medical students) would facilitate knowledge sharing and learning.

   Action:
   - Inform students that the classroom is available for one hour after the class as this may help encourage students to work together.

3. Encourage critical thinking

   Whether critical appraisal should be taught as a separate course or integrated in the existing courses was discussed. It was generally agreed to incorporate critical appraisal in the courses including the Seminar Series. Using teaching techniques such as encouraging small group work will be helpful. It was suggested this presents an opportunity for continuing education for faculty.

   It was also agreed the Seminar Series should be enhanced. At present it is graded as a pass/fail, with a pass grade based on attendance.

4. Address overlap in core courses

   Action:
   - Review MED 6262/6200 and MED 6250/6255 for overlap

5. Prerequisite requirements

Recognizing there is overlap, nevertheless should MED 6250 be a prerequisite for MED 6255? Several concerns were raised with regard to requiring completion of MED 6250 as a prerequisite to MED 6255. It was noted that not all students need to complete MED 6250 prior to MED 6255 due to their work experience or completion of courses at other universities, thus the determination should be made on an individual basis. If it were decided to make completion of MED 6250 a prerequisite to MED 6255, it would be important to continue to be flexible in program entrance to accommodate residency program admissions, and other students who are completing the program while working. With current resources the option of offering MED 6250 in the Fall only for the Diploma program would address MED 6250 as a prerequisite for MED 6255, however it reduces the flexibility of the program. It was suggested that offering the course twice a year with the new hires, GFTs, adjuncts, etc. should be considered.

Action:
- Develop guidelines to allow for autonomy/flexibility for the students. The student will have to make the judgment whether they should complete MED 6250 as a prerequisite to MED 6255.

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While increasing the number of courses for the MSc program will benefit the PhD program, it is envisioned that PhD candidates will take courses from other disciplines

Action:
- Identify the courses from other units like CHH that Clinical Epidemiology may access. These would be electives.
    - Policy course – optional
    - Epidemiology – optional
    - Economic Analysis – may be a combined offering from CHH and Clinical Epidemiology

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Several ways of incorporating observational studies in the program were identified:

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- Offer an optional observational studies course
- Include observational studies in the biostatistics course
- Offer practical work experience with organizations such as NLCHI

Action:

- Explore possible sponsorship by IBM of the Quality of Care Program, Centre for Health Infomatics and Analytics (CHIA).

9. Ethical, Legal and Social Issues (ELSI) in Research

It was noted that continuing education modules for ELSI are offered by other universities.

Action:

- Offer "Ethical and Social Issues in Research," a core course on translational research capacity and ethical, legal and social issues

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- Seminars will be run weekly.
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Action:

- Require MSc students to teach in the Seminar Series
- Require PhD students to teach in the Seminar Series and in a course
- Ensure completion of the teaching requirement is recorded

- Supervisor accompanies the student to mentor in teaching.

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"Need enough faculty to cover all core curriculum consistently." Faculty teach in their areas of specialization.

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Continuing to be flexible in offering the program was recognized as important. For example, offering courses in evening (4-7p.m.) slots was recognized as important for the students as many students are employed during the work day. *Be flexible for the students.*

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Action:

- Complete an end of year report on where Clinical Epidemiology students are employed. It was suggested the report by completed on an ongoing basis (i.e., student tracking program).

18. Student Evaluation

Action:

- Faculty to provide/encourage completion of the course evaluation by students

19. Faculty Meeting

Action:

- Hold a faculty meeting at least three times a year

20. Diploma

- Fall only entrance to Diploma – to be further discussed at a later date

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Mark Borgaonkar		markb@mun.ca
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Lisa Meaney		lisa.meaney@med.mun.ca
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Rick Audas (regrets)		raudas@mun.ca
Marshall Godwin (regrets)		godwinm@mun.ca
Sean Murphy (regrets)		swmurphy@mun.ca

Clinical Epidemiology Planning Session

June 22, 2012

Faculty of Medicine

Strategic Directions Inc. (SDI) has prepared this Report for Memorial University Faculty of Medicine, Clinical Epidemiology Unit based in part upon information provided by Memorial University and others. While SDI believes such information to be reliable, it cannot warrant it. The reader assumes responsibility for decisions made or actions taken based upon this Report.

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Appendix A – List of Participants 109

1. Introduction

Memorial University's Faculty of Medicine Clinical Epidemiology Unit held a planning session on June 22, 2012.

The objectives of the session were to:

- Identify the mission of the Clinical Epidemiology unit
- Identify 3 or 4 high level goals for the unit

The list of individuals participating in the planning session is presented in Appendix A.

2. Aligned Mission Statements

Faculty of Medicine

The mission of the Faculty of Medicine is to enhance the health of the people of Newfoundland and Labrador by educating physicians and health scientists; by conducting research in clinical and BioMedical Sciences and applied health sciences and by promoting the skills and attitudes of lifelong learning.

The objectives of the Faculty of Medicine are consistent with the objectives of Memorial University of Newfoundland in developing and maintaining excellence in the quality of its academic standards and of research, establishing programs to meet the expanding needs of the Province and of providing the means to reach out to all the people.

Clinical Epidemiology Unit

With this in mind, the mission of the Memorial University's Clinical Epidemiology unit is to become a recognized Centre of Excellence in teaching evidence-based informed medicine, graduating health professionals expert in clinical epidemiology and in conducting research that improves population health.

Clinical epidemiology has a number of growth opportunities:

- Enrollment
- Specific expertise (e.g., health economics)
- Research funding
- Collaborations with other universities, research institutions and other agencies
- Linkages with the private sector
- Involvement in the undergraduate and post-graduate medicine curriculum and residents (medical residency) curriculum
- Involve Newfoundland as a community – other groups with research

Inherent in these growth opportunities is the unit's contribution to the province's economic development as graduates will fill the highly qualified positions (HQPs) created through the research funding attracted, and enhanced development of health research in the private and public sector.

Over the next five years, Clinical Epidemiology will continue to improve the quality of the clinical epidemiology program in support of becoming a Centre of Excellence in clinical epidemiology research. This will be characterized by:

- Peer recognition
- Ample opportunity for admission of Master's and PhD students
- Research productivity
- Broad course offering
- Recognition of graduates as excellent clinical epidemiologists

3. Objectives

3.1 Teaching

Growth of the Clinical Epidemiology program will focus on both broadening the course offerings and increasing the capacity to accommodate a higher number of student admissions to/graduates from the program.

Course Offerings

Objective 1 – To broaden the Clinical Epidemiology Program

The Clinical Epidemiology Program needs to be broadened in terms of course offerings. The Unit will build capacity to offer teaching/training in:

- issues associated with personalized medicine (e.g., ethical, legal, social issues (ELSI))
- critical appraisal and systematic reviews for graduate and post-graduate students
- areas such as health economics and pharmacoepidemiology.

One means of broadening the course offerings is to share resources/collaborate with other groups like Community Health and Humanities (CHH) and the School of Pharmacy.

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Objective 2 – To increase the number of students graduating from clinical epidemiology

At present there are 96 students (i.e., active in course work) including 34 Diploma, and 62 Master's and PhD candidates registered in the Clinical Epidemiology program.

It was noted that increasing the number of students registered in the Clinical Epidemiology program is limited by funding, the number of faculty member in terms of assignment to faculty supervisor's role with students and committee work, and available space for students. The Faculty of Medicine is

supportive of the growth of the Clinical Epidemiology program and will address these factors/resourcing issues as appropriate.

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- Action:
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Objective 3 – To increase interdisciplinary research and grow research platforms

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- Action:
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Objective 4 – To build capacity in translational research and personalized medicine

The non-teaching research component of the Clinical Epidemiology Unit will be discussed at a planning session yet to be scheduled.

4. Opportunities to Enhance the MSc Program – Advancing the Quality of the Program

Student Satisfaction

Student satisfaction with the clinical epidemiology program is reported to be very high. Students are very satisfied with the diversity of lectures, study in the area of clinical epidemiology, etc.

Action:

- Hold a focus group with students and graduates to gain input regarding the identification of the strengths and weaknesses of the clinical epidemiology program

Opportunities to Enhance the MSc Program

The Clinical Epidemiology MSc program was the focus of discussion during the planning session. The diploma and PhD programs will be modified as appropriate to reflect any changes in the MSc program.

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   Action:
   - May be addressed by allocating a specific time within the course for discussion of how to develop a research question
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   Clinical epidemiology students have diverse backgrounds ranging from little to expert knowledge. Encouraging students to interact more (e.g., pair medical and non-medical students) would facilitate knowledge sharing and learning.

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   Action:
   - Review MED 6262/6200 and MED 6250/6255 for overlap

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Comment [A1]: I would put alphabetically

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Pat Parfrey		pparfrey@mun.ca
Laurie Twells		ltwells@mun.ca
William Midodzi		William.Midodzi@med.mun.ca
Don MacDonald	Vice President, Research and Evaluation, NLCHI	don.macdonald@nlchi.nl.ca
Holly Etchegary		Holly.Etchegary@med.mun.ca
John Fardy		jfardy@mun.ca
Gerry Mugford	Interim Associate Dean, Research and Graduate Studies Director, Clinical Epidemiology Graduate Medicine Program Associate Professor of Medicine and Psychiatry	gmugford@mun.ca
Lisa Meaney		lisa.meaney@med.mun.ca
Kayla Collins	Director of Research, NLCHI	kayla.collins@nlchi.nl.ca
Proton Rahman (regrets)		prahman@mun.ca
Rick Audas (regrets)		raudas@mun.ca
Marshall Godwin (regrets)		godwinm@mun.ca
Sean Murphy (regrets)		swmurphy@mun.ca

Clinical Epidemiology Planning Session

June 22, 2012

Faculty of Medicine

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At present, research productivity is measured by a number of indicators including the number of peer review papers, presentations, editorials, reviews, reports written for government, amount of funding/grants received, and others.

- Action:
  - Define the measurement of research productivity
  - Continue to collaborate with other groups such as CHH on a project by project basis

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The non-teaching research component of the Clinical Epidemiology Unit will be discussed at a planning session yet to be scheduled.

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Student satisfaction with the clinical epidemiology program is reported to be very high. Students are very satisfied with the diversity of lectures, study in the area of clinical epidemiology, etc.

Action:

- Hold a focus group with students and graduates to gain input regarding the identification of the strengths and weaknesses of the clinical epidemiology program

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A number of opportunities to enhance the MSc Program were identified.

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   Action:
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It was noted that continuing education modules for ELSI are offered by other universities.

Action:
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Action:
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- Require PhD students to teach in the Seminar Series and in a course
- Ensure completion of the teaching requirement is recorded

- Supervisor accompanies the student to mentor in teaching.

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Action:

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    - Assign examiners to this class
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"Need enough faculty to cover all core curriculum consistently." Faculty teach in their areas of specialization.

Action:

- Identify the expertise that should be sought to fill the two available PhD positions by end of August 2012
- Review/consider options for engaging teaching resources
    - Contract teaching resources for courses – bring in the skill sets, not new faculty so it is specific.
    - Pay a stipend for teaching
- Seek cross-appointment of pharmacoepidemiology Pharmacy faculty member.

Research

Knowledge translation/translational research (i.e., presenting research results and impacting policy)

Action:
- Contract research resources to match research requirements

"Go To" faculty members have been identified for each of the current courses. All agreed the identification of "go to" faculty members adds value.

Action:
- Identify "go to" faculty for new courses when they are offered

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Continuing to be flexible in offering the program was recognized as important. For example, offering courses in evening (4-7p.m.) slots was recognized as important for the students as many students are employed during the work day. *Be flexible for the students*.

17. Admissions

It was noted there is a wait list for admission to the Clinical Epidemiology program. Attracting qualified graduate students and placing graduate degree holders are indicators of the success/recognition of the program.

A database is being used to keep track of where graduates of the program are employed. It was suggested it would be helpful to "assess where graduates are placed."

Action:
- Complete an end of year report on where Clinical Epidemiology students are employed. It was suggested the report by completed on an ongoing basis (i.e., student tracking program).

18. Student Evaluation

Action:
- Faculty to provide/encourage completion of the course evaluation by students

19. Faculty Meeting

Action:
- Hold a faculty meeting at least three times a year

20. Diploma
- Fall only entrance to Diploma – to be further discussed at a later date

Appendix A – List of Participants

Comment [A1]: I would put alphabetically

Participant	Position	E-mail
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John Fardy		jfardy@mun.ca
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Kayla Collins	Director of Research, NLCHI	kayla.collins@nlchi.nl.ca
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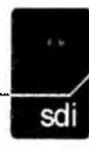
Rick Audas (regrets)		raudas@mun.ca
Marshall Godwin (regrets)		godwinm@mun.ca
Sean Murphy (regrets)		swmurphy@mun.ca

Clinical Epidemiology Planning Session

June 22, 2012

Faculty of Medicine

Strategic Directions Inc. (SDI) has prepared this Report for Memorial University Faculty of Medicine, Clinical Epidemiology Unit based in part upon information provided by Memorial University and others. While SDI believes such information to be reliable, it cannot warrant it. The reader assumes responsibility for decisions made or actions taken based upon this Report.



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1. Introduction

Memorial University's Faculty of Medicine Clinical Epidemiology Unit held a planning session on June 22, 2012.

The objectives of the session were to:

- Identify the mission of the Clinical Epidemiology unit
- Identify 3 or 4 high level goals for the unit

The list of individuals participating in the planning session is presented in Appendix A.

2. Aligned Mission Statements

Faculty of Medicine

The mission of the Faculty of Medicine is to enhance the health of the people of Newfoundland and Labrador by educating physicians and health scientists; by conducting research in clinical and BioMedical Sciences and applied health sciences and by promoting the skills and attitudes of lifelong learning.

The objectives of the Faculty of Medicine are consistent with the objectives of Memorial University of Newfoundland in developing and maintaining excellence in the quality of its academic standards and of research, establishing programs to meet the expanding needs of the Province and of providing the means to reach out to all the people.

Clinical Epidemiology Unit

With this in mind, the mission of the Memorial University's Clinical Epidemiology unit is to become a recognized Centre of Excellence in teaching evidence-based informed medicine, graduating health professionals expert in clinical epidemiology and in conducting research that improves population health.

Clinical epidemiology has a number of growth opportunities:

- Enrollment
- Specific expertise (e.g., health economics)
- Research funding
- Collaborations with other universities, research institutions and other agencies
- Linkages with the private sector
- Involvement in the undergraduate and post-graduate medicine curriculum and residents (medical residency) curriculum
- Involve Newfoundland as a community – other groups with research

Inherent in these growth opportunities is the unit's contribution to the province's economic development as graduates will fill the highly qualified positions (HQPs) created through the research funding attracted, and enhanced development of health research in the private and public sector.

Over the next five years, Clinical Epidemiology will continue to improve the quality of the clinical epidemiology program in support of becoming a Centre of Excellence in clinical epidemiology research. This will be characterized by:

- Peer recognition
- Ample opportunity for admission of Master's and PhD students
- Research productivity
- Broad course offering
- Recognition of graduates as excellent clinical epidemiologists

3. Objectives

3.1 Teaching

Growth of the Clinical Epidemiology program will focus on both broadening the course offerings and increasing the capacity to accommodate a higher number of student admissions to/graduates from the program.

Course Offerings

Objective 1 – To broaden the Clinical Epidemiology Program

The Clinical Epidemiology Program needs to be broadened in terms of course offerings. The Unit will build capacity to offer teaching/training in:

- issues associated with personalized medicine (e.g., ethical, legal, social issues (ELSI))
- critical appraisal and systematic reviews for graduate and post-graduate students
- areas such as health economics and pharmacoepidemiology.

One means of broadening the course offerings is to share resources/collaborate with other groups like Community Health and Humanities (CHH) and the School of Pharmacy.

Program Capacity (number of students)

Objective 2 – To increase the number of students graduating from clinical epidemiology

At present there are 96 students (i.e., active in course work) including 34 Diploma, and 62 Master's and PhD candidates registered in the Clinical Epidemiology program.

It was noted that increasing the number of students registered in the Clinical Epidemiology program is limited by funding, the number of faculty member in terms of assignment to faculty supervisor's role with students and committee work, and available space for students. The Faculty of Medicine is

supportive of the growth of the Clinical Epidemiology program and will address these factors/resourcing issues as appropriate.

The focus of the Clinical Epidemiology program will continue to be the quality of education provided. While the minimum cumulative GPA for admission to the Clinical Epidemiology program is 3.5, admission will remain flexible taking into consideration other factors such as improvement of students' GPA over their academic career and the courses completed. For foreign students differences in the marking schemes used in other countries will be considered where applicable. All applications will be assessed on an individual basis.

- Action:
  - Need the faculty to agree to supervise an increased number of students, aiding in producing quality graduates
  - Identify how best to engage adjunct, cross-appointed and professional associates

3.2 Research

Objective 3 – To increase interdisciplinary research and grow research platforms

At present, research productivity is measured by a number of indicators including the number of peer review papers, presentations, editorials, reviews, reports written for government, amount of funding/grants received, and others.

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5.0 JOB DESCRIPTION OF HRU POSITIONS

5.1 Director

The director is responsible for the general direction of the Health Research Unit. The Director recommends the appointment of the Manager to the membership, subject to the hiring rules of the University. The Director, or a designate, presides at all HRU meetings. The Director consults with Investigators on all HRU research projects and must approve all proposals and budgets submitted on behalf of the HRU and apportion HRU staff time appropriately.

5.2 Manager.

The HRU Manager is a full-time staff position within Division of Community Health and Humanities. The manager is responsible for the day-to-day operation of the Health Research Unit. The manager initiates contacts with potential clients wishing to utilize the services of the HRU, coordinates all on-going research projects, participates in research design and implementation and hires additional staff as needed. The manager maintains HRU account records in consultation with Principal Investigators and the HRU Director and provides reports on a timely basis. The manager assists the director in implementation of HRU policies and agenda planning for HRU meetings.

5.3 Other HRU Positions

Full or part-time positions will be filled for set periods of time which are subject to renewal if work is required and funds are available, and are subject to the hiring rules of the university. These positions include:

> **Database Manager**: Develops databases for research project; creates random digit-dialling lists for telephone interviews/surveys. The Database Manager may take part in research projects as required.
>
> **Learners and Locations (L&L) Coordinator:** Coordinates all aspects of the new administrative database to track where MUN trained physicians come from, where they are educated and where they eventually practice. In collaboration with the Dean of Medicine the L&L coordinator presents the results of the data through journal articles and presentations at conferences and workshops.

5.4 Contractual employees

Contractual employees are hired as needed either for full or part-time positions for set periods of time which are subject to renewal if work is required and funds are available; and are subject to the hiring rules of the university. These positions include, but not restricted to the following:

> **Senior Researcher**: Assists the Manager with day to day research assistance; coordinates research projects and HIC applications; performs quantitative and qualitative data analysis; writes reports and proposals as needed.

Research Assistant: Assists and supports the Manager and the Senior Researcher with research projects, including assisting in writing reports and proposals, and other duties as required.
Interviewer: Completes telephone or face-to-face surveys or key informant interviews as required.
Transcriptionist: Transcribes audio recordings of interviews.

Health Research Unit

Division of Community Health and Humanities

Celebrating 20 years

1992 - 2012

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Document prepared by Mercy Dhlakama and Janelle Hippe

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INTRODUCTION

TWO DECADES OF COMMUNITY HEALTH RESEARCH

The Health Research Unit, which came into existence with what seemed to be a routine request for a study from the Department of Health, around the time when I joined the then Division of Community Medicine, has grown in leaps and bounds and has now completed 20 years and is still counting more. It is with great pleasure that we are releasing the progress report of the last two decades. During such milestone achievements, it is but natural to look back and reflect upon the achievements.

The Health Research Unit (HRU) is an integral component of the Division of Community Health and Humanities. It was established to connect the expertise and research capabilities of the faculty within the division with the health related research needs of the community. With the expansion of the Division, the in-house expertise of HRU has also grown. The Health Research Unit which was established as a contract arm of the Division within the Faculty of Medicine has often joined hands with community organizations in successfully obtaining funding for Health related research. We started with a staff of one manager and a research student support. It now houses a manager and three research assistants and a data manager. It also has a battery of experienced survey staff that can be hired as necessary.

Today, communities, agencies, organizations, government departments, industries, pharmaceutical companies and others look to the Health Research Unit as a reliable independent organization which produces quality research.

Brief synopses of the 73 projects undertaken by the HRU over the last 20 years, provides a peek into the variety and the breadth of research projects undertaken by HRU.

They include projects on:

- Community Health Assessment
- Needs Assessments
- Program Evaluations
- Health Services
- Health Policy and Decision Making
- Privacy/Personal Health Information
- Health Promotion, Disease and Injury Prevention
- Environmental Health
- Health Economics
- Database Management/Support
- Workshops and Conferences

This would not have been achieved without the support of the many organizations, agencies and individuals who are listed in the acknowledgments. We can all look forward to more excellent research activities from the HRU in the years to come.

Veeresh Gadag, PhD
Director
Health Research Unit

THE HEALTH RESEARCH UNIT – A 20 YEAR HISTORY

The Health Research Unit developed from a serendipitous event. The medical consultant to the Department of Health called one of the epidemiologists in the then Division of Community Medicine in early spring 1991. He and the assistant deputy minister were interested in finding out what factors contributed to the high rate of cesarean sections in Newfoundland. He offered a contract for a general survey of section rates across the province with a particular interest in variation by hospital, available resources for trial of labor and compliance with the newly published consensus guidelines for cesarean section. This seemed an ideal opportunity to think about a research unit within the division, particularly as epidemiology was often a core discipline in community projects. It was a chance to enlist the breadth of expertise in the Division to provide evidence which could inform health policy decisions and ultimately benefit the community. There was also the potential to increase research activity among the faculty and develop research relationships among the division faculty as well as those outside the Division. The associate dean of the then Division supported the idea. Preliminary meetings of the faculty and research support staff of the division led to the formation of the Health Research Unit. A contract between the Department of Health and the Health Research Unit was signed and the first study was undertaken.

As with most new ventures, there was a steep learning curve. The first study was woefully under budgeted and the timelines required by the university for hiring on research personnel delayed the start of the project. Bonnie James, an M.Sc. graduate of the division who had recently completed work as the site coordinator of the Canadian Study of Health and Aging took on the job of manager of the unit. With full-time support in the unit, budgets were better prepared and work could begin immediately while any additional required personnel were recruited. Shortly after this, Ann Ryan joined the unit in a second research support position. Alison Edwards was also part of the early unit providing support for database management and computer based analyses of large data sets. In 1995, Linda Longerich became manager, like Bonnie bringing both administrative and research skills to the unit. When Linda retired in 2005, Ann Ryan moved into the manager's position and has admirably co-ordinated our research projects since then.

As research contracts, sub-contracts and grants started to come in, the unit began to build a quite extraordinary pool of interviewers, facilitators and consultants many of whom are still working with us. Project funding has come from a diversity of sources: federal research granting agencies, Health Canada and the Public Health Agency of Canada (PHAC), provincial government departments, regional health authorities, not-for-profit agencies, private foundations and corporations including pharmaceutical companies as well as the Medical Research Foundation and the NL Centre for Applied Health Research. Funding has come directly to the HRU for total management of projects like the Lung Association needs assessment and indirectly from the projects of principal investigators associated with the HRU for special services like recruitment, interviewing, analysis and report writing.

One of the significant accomplishments of the HRU has been the development and sustainability of links with the community. A hallmark of the work of the HRU has been the interaction with community members from the start of a project through the dissemination of the findings. All reports are in plain language. Quite often the relationships developed in projects have led to subsequent involvement with initiatives of the sponsor agency or institution. The HRU has been an important interface of the community and the Faculty of Medicine, bringing with it increasing lay awareness of the breadth of involvement of the medical school and the process of research and, for researchers, a greater understanding of the needs and perspectives of the community.

Nearly 70 projects in a diversity of areas ranging from health policy and health services to program evaluations and needs assessments are summarized in this document. I find it exciting and gratifying to read through the accomplishments of these past 20 years.

Sharon Buehler, PhD
Founding Director
Health Research Unit

A Review of the Health Status of the Residents of the Come-by-Chance Area
2007
Funding Agency: BAE-Newplan Group
Principal Investigator(s): Veeresh Gadag
Co-Investigator(s): Allison Edwards, Ann Ryan

Summary: The Health Research Unit was retained by Newfoundland and Labrador Refining Corporation (NLRC) to prepare a report on the health status of the residents within approximatelya 50 km radius of the proposed oil refinery location at Southern Head (situated between North Harbour and Come by Chance Bay, Placentia Bay). This included Clarenville, the bottom of the Bonavista Peninsula, the area immediately adjacent to the project site on the northern Burin Peninsula, and Random Island. The baseline data on the health status of the local population will be of value in determining the potential impact from future operations.

In addition to reporting information on morbidity and mortality, the report also included information on the socio-demographic, lifestyle, and economic environment of the residents of the region. The information collected from the study area was compared to the Eastern Regional Health Authority, the Province of Newfoundland and Labrador, and Canada.

A Review of the Health Status of the Residents of the Long Harbour-Mount Arlington Heights Area
2007
Funding Agency: INCO (Voisey's Bay Nickel Company Ltd)
Principal Investigator(s): Veeresh Gadag
Co-Investigator(s): Alison Edwards, Ann Ryan

Summary: The HRU was retained to prepare a report based on available data on the health status of residents in the potential impact area of the proposed commercial nickel processing plant in the Long Harbour-Mount Arlington Heights area of Newfoundland. The sources of information used in this report included: 1) the Newfoundland Adult and Community Health Survey, 2001, Newfoundland and Labrador Statistics Agency; 2) Statistics Canada Census, 2001; 3) the Canadian Institute for Health Information, mortality data (1999-2003), provincial morbidity data (1999/00 to 2003/04), morbidity data for Canada (2000/01), and congenital anomalies hospitalizations (1999/00-2003/04); and 4) Newfoundland and Labrador Centre for Health Information (Live Birth and Stillbirth Systems, 1999-2003).

A Review of the Health Status of the Placentia Area, Newfoundland
1997
Funding Agency: Voisey's Bay Nickel Corporation Ltd.
Principal Investigator(s): Jorge Segovia, Roy West, Linda Longerich, Alison Edwards

Summary: The HRU was requested by the Voisey's Bay Nickel Company to prepare a report based on available data on the health status of the potential impact area for the nickel smelter being considered for location in the Placentia area. During the previous five years, the Division of Community Medicine had carried out three studies which provided relevant and recent information for this report on the health status of the target area. In addition to reporting information on illness and death, this report included information on the demographics, lifestyle, and social environment of the region.

Development of Child and Adolescent Health Indicators for the Province of Newfoundland and Labrador
1996
Funding Agency: Newfoundland Department of Health
Principal Investigator(s): Roy West, Bill Bavington, Bonnie James, Ann Ryan, Linda Longerich

Summary: This project was commissioned jointly by the Janeway Child Health Centre and the Children's Rehabilitation Centre. The objectives were to identify those indicators necessary to monitor the health status of the children and adolescents of the province and to create a report that included the most recent information available. The report, titled Healthy Children, Healthy Society, includes demographics, reproductive statistics, family and social issues, income and health issues, lifestyles, and mortality and morbidity statistics. This report also includes recommendations for periodic review of the health status indicators and suggestions for possible outcome measures to consider for management of child health services in the province. A companion report titled Help for Children documents the specialized health services for children in Newfoundland and Labrador organized through programs centered at the Janeway Child Health and Children's Rehabilitation Centres.

Newfoundland Health for the Year 2000 Project: A Review of Newfoundland Health Status
1994
Funding Agency: Newfoundland Department of Health
Principal Investigator(s): Doreen Neville, Sharon Buehler, Bonnie James, Alison Edwards

Summary: As part of the Newfoundland Department of Health's participation in provincial strategic planning, a review of the current health status of persons living in Newfoundland and Labrador was commissioned from the Health Research Unit to provide the basis for widespread discussion on the future of health care delivery in this province. The objectives of the project were to: (1) collect together and review relevant publications and reports; (2) review and re-analyze, where necessary, relevant computerized databases; and (3) produce a report which updates the 1986 Newfoundland Health Review.

Because there is no standard scale for health, its measurement depends on health indicators, each of which represents only a part of the overall concept of health. To address the health challenges of the health promotion framework – increasing prevention, reducing inequities and enhancing coping – four areas of data were reviewed: (1) mortality indicators which measure health as survival; (2) morbidity indicators which reflect freedom from disease; (3) social and economic variables which provide the basis for physical, mental and social well-being; and (4) health promotion activities which address the individual and community response to creating and maintaining quality of life.

Review of the Health of the Population of Placentia/Long Harbour Area
1992
Funding Agency: Newfoundland Department of Health
Principal Investigator(s): Sharon Buehler, Roy West, Bonnie James

Summary: The provincial government was asked to respond to community concern about possible environmental risk from an industrial site and the government requested the HRU to assess any evidence of harm to residents. This was done through review and evaluation of all available data on health indicators and previous environmental assessments of the industrial site. Results indicated no substantial differences in rates for cancer-caused mortality, congenital abnormalities, or infant mortality in the study area compared to the province as a whole. A relatively higher incidence of brain and bladder cancer was considered most likely due to chance variation because of small numbers. It was recommended that incidence of these two cancers be monitored. In general, the variations seen in the data reviewed were those expected in the study of regions of comparable size.

Learners and Locations: A Pilot Study of Where Physicians Train and Practice
2008-2011
Funding Agency: Health Canada (Strategic Policy Branch)
Principal Investigator(s): James Rourke
Co-Investigator(s): Susan Carter, Gerard Farrell, Veeresh Gadag, T. Montgomery Keough, Maria Mathews, Wanda Parsons, Sharon Peters, Asoka Samarasena, Steve Slade

Summary: As the geographic distribution of Canada's population changes, there continues to be a lack of fit between where people live and where doctors practice. While there have been studies investigating factors that influence where physicians will practice (such as their rural origins or their rural training), these are largely retrospective and rely on participant memory and as such are subject to recall bias.

This pilot project aimed to develop an analyzable geographical database designed to track physicians during all stages of education and practice in Newfoundland and Labrador. The feasibility of this database has been established and work is now underway to demonstrate its usefulness to researchers, stakeholders, and policy makers and to facilitate its development and use in a national context. This database will make an important contribution to health services research in Newfoundland and beyond as it will allow researchers to examine the association between geographic origin prior to entering medical school, learning locations during medical education, and eventual practice location following training.

Development of a Partnership and Research Framework to Assess the Outcomes of Acute and Chronic Low Back Injuries in Three Canadian Provinces
2007-2008
Funding Agency: Newfoundland Centre for Applied Health Research
Collaboration: The Newfoundland and Labrador Chiropractic Association; the Canadian Chiropractic Association
Principal Investigator(s): Veeresh Gadag, Bill Bavington, Laurie Goyeche
Co-Investigator(s): Ann Ryan, Nurun Chowdhury

Summary: There is a recognized need for research relating to costs of service, patient outcomes and satisfaction. An important focus is an examination of the role of the health care provider in primary care. Given that a large proportion of work-related injuries are musculoskeletal in nature, there is a need for Workers Compensation Boards to research, understand and promote best practices.

This project proposed to identify differences in the utilization of care provided by chiropractors, physicians, and physiotherapists to workers with non-catastrophic neck and back injuries in three Canadian provinces. It was proposed that data would be extracted from Workers Compensation Board/Commission files in Newfoundland and Labrador, Ontario and Manitoba for the period 2001-2007. Descriptive statistical measures would compare qualitative variables, such as access to care, determined by geographical zone, type of health care provider, and pain classification. Quantitative measures would include the total number of claims, the total number of days lost from work and the average number of visits per claim. Chi-square, two-way analysis of variance with interaction, and non-parametric two-way analysis of variance for non-conforming outliers would provide statistical confidence.

Community Pharmaceutical Care Program: Bridging the Care Gap for Diabetes Management in Newfoundland and Labrador
2006-2008
Funding Agency: Health Canada, Atlantic Canada Opportunities Agency
Collaboration: School of Pharmacy
Principal Investigator(s): Debbie Kelly, Stephanie Young, Leslie Philips
Co-Investigator(s): T. Montgomery Keough

Summary: Diabetes is a chronic and costly illness, requiring constant surveillance and intervention to prevent and manage both acute and chronic complications. A large amount of diabetes-related illness may be delayed or prevented through the careful control of blood sugar, blood pressure and cholesterol.

Collaborative practice among patients, pharmacists and family physicians is promoted as a best practice in diabetes care. Understanding these relationships is important in identifying barriers and developing solutions to promote collaboration. Evidence-based clinical practice guidelines have been developed to communicate best practice strategies. Unfortunately these guidelines are not being followed and there is a gap between actual care and ideal care delivered in clinical settings. Community pharmacists are uniquely positioned to help bridge this care gap.

The purpose of this project was to develop and expand upon an existing model of health care delivery between community pharmacists and family physicians. Community pharmacists partnered with patients and physicians to bridge the gap between ideal and actual care in diabetes management. This was carried out through promotion and integration of best practice evidence into clinical practice. An added focus included exploration the attitudes of family physicians and community pharmacists regarding collaborative practice to provide patient care.

Survey of Provisionally Licensed International Medical Graduates
2007
Funding Agency: Phase 1: Department of Health and Community Services
Phase 2 and 3: Service Canada
Principal Investigator(s): Rick Audas, David Vardy
Co-Investigator(s): T. Montgomery Keough, Ann Ryan, Mark Wade

Summary: The primary goal of the study was to identify factors which influence the decision to stay or migrate for international medical graduates (IMGs) who have practiced in Newfoundland and Labrador under provisional licenses. A mail out survey focused on several dimensions of the IMGs' personal and professional lives, including: experiences prior to coming to practice in NL; communities in which they practiced in NL; orientation to practice; professional support and community support while in practice; family characteristics; timelines on date of initial registration and practice and date of relocation (where applicable); career objectives; reasons for leaving (where applicable); and reasons for staying (where applicable).

Referral Patterns for Neuromusculo-skeletal Conditions in Newfoundland and Labrador
2007
Funding Agency: Newfoundland and Labrador Chiropractic Association; Canadian Chiropractic Association
Principal Investigator(s): Bill Bavington, Veeresh Gadag
Co-Investigator(s): Roland Bryans, Nurun Chowdhury Laurie Goyeche, T. Montgomery Keough, Linda Longerich, Ann Ryan, Mark Wade

Summary: The objectives of this study were: to document referral patterns for neuromusculo-skeletal (NMS) conditions in Newfoundland and Labrador (NL) between physicians and chiropractors; to determine the types of formal and informal networks and referral relationships that exist between physicians and chiropractors; and to assess the effects of referral patterns on the health professional's practice.

A mail-out survey questionnaire was sent to physicians and chiropractors to: collect detailed information on the number of patients with NMS conditions; to determine how many of them are referred to chiropractors/physicians or other healthcare practitioners; to determine how many have insurance coverage, and to explore the relationship between physicians and chiropractors. SPSS (the Statistical Package for the Social Science) was used to analyze the data.

Impact of Regionalization on Governance in the Health System
2002
Funding Agency: Newfoundland and Labrador Centre for Applied Health Research
Principal Investigator(s): Doreen Neville, Steve Tomblin, Brenda Fitzgerald, Gwyn Barrowman

Summary: This study examined the regionalization of the provincial health boards that took place between 1995 and 1998. This restructuring reduced the number of health boards, brought small boards under larger regional boards, and gave these boards wider responsibilities. The restructuring involved both centralization (to the larger board) and some devolution of power from the Department of Health (subsequently the Department of Health and Community Services), to give more decision-making power to local people. In 1990 there were 39 health boards; now there are 14. Our study examined the impact of these changes on how the boards and CEOs' work with each other and with the DOHCS. What were the objectives of regionalization? Were they achieved? How did the process affect people in the system? The geography and population distribution of Newfoundland and Labrador pose challenges to the delivery of health care but many of our concerns are common to other jurisdictions. We sifted through the literature on regionalization in other provinces and countries, identified issues and trends, and interviewed most of the people involved at a senior level in the restructuring process. A summary and an analysis of the findings were circulated to all those who took part.

Breast Cancer Genetic Testing Survey
2000
Funding Agency: National Cancer Institute of Canada, Canadian Breast Cancer Research Initiative
Principal Investigator(s): Robin Moore-Orr, Linda Longerich

Summary: The discoveries of BRCA1 and BRCA2, two cancer-susceptibility genes, raise serious ethical, legal, social and economic issues. In November 1993, the National Forum on Breast Cancer issued a recommendation "to develop a policy with respect to genetic screening" and to consider "whether there should be legislated protection for women in such areas as privacy, insurance and misuse of data." This study was a partnership project in a multi-site study funded by National Cancer Institute of Canada and the Canadian Breast Cancer Research Initiative to assess current knowledge, perceptions, attitudes and practices of women with a family history of breast or ovarian cancer regarding issues that pertain to breast cancer genetic testing and insurance. In 1999, the Health Research Unit with cooperation from the St. John's Breast Screening Centre interviewed 135 women who indicated a first degree family history of breast or ovarian cancer on the Centre questionnaire. Participants were asked questions about genetic testing for the breast cancer genes BRCA1 and BRCA2, and concerns about testing and confidentiality and testing and insurance. Participants were also asked to rate their concern about the threat of their insurance status changing depending on genetic test results.

Multidisciplinary Service and Teaching Units
1997-2000
Funding Agency: Department of Health and Community Services, Government of Newfoundland and Labrador
Principal Investigator(s): Jorge Segovia, Roy West
Co-Investigators: Linda Longerich

Summary: The Primary Enhancement Project was aimed at improving the health of rural communities in Newfoundland and Labrador. It was a provincial pilot project based upon a partnership model between the Department of Health and Community Services and a variety of educational institutions, regional health boards, professional associations and community groups. The purpose of the project was to strengthen health care delivery in Port aux Basques, Twillingate, and Happy Valley-Goose Bay through the provision of primary health care services delivered through a multi-disciplinary service and teaching unit model. The Health Research Unit, working with the provincial Department of Health and Community Services, provided development and consultation support during the formation of the multi disciplinary health service and teaching units and in the on-going evaluation of the process.

Effectiveness of Chiropractic Treatment for Lower Back Pain among Persons Receiving Worker's Compensation – A Pilot Study
1996
Funding Agency: Newfoundland Chiropractic Association; Canadian Chiropractic Association
Principal Investigator(s): Veeresh Gadag, Roy West, Linda Longerich, Laurie Goyeche

Summary: The Health Research Unit was approached by the Newfoundland Chiropractic Association regarding a potential prospective study on the use of the chiropractic services for low back pain covered by Workers Compensation Commission (WCC). The ultimate objective of this pilot study was to provide the background data needed for the preparation of this prospective study (i.e. an overview of the use of chiropractic services by persons receiving Worker's Compensation). A preliminary assessment of the number of claims and treatments provided in 1994 and 1995 for all low back injuries was undertaken to determine what, if any, information in the WCC database could be used as a severity indicator and to examine in detail the utilization patterns for chiropractic services. This information could ultimately be used to determine the effectiveness of chiropractic treatment. Utilization data for the two year period 1994-1995 gave information on treatments per new claim for low back injury by type of service.

Institutional Services Branch Review: A Review of Services Provided to its External Customers
1996
Funding Agency: Institutional Services Branch-Department of Health, Newfoundland and Labrador
Principal Investigator(s): Doreen Neville, Ann Ryan, Linda Longerich, Roy West

Summary: This project was commissioned by the Institutional Services Branch (ISB) of the Newfoundland and Labrador Department of Health to review services provided to external customers. The Health Research Unit undertook this study to obtain feedback from ISB customers about their perceptions regarding services delivered by the ISB and their expectations for future services, especially in the context of the large scale restructuring occurring in the health sector.

The objectives of the study were threefold: (1) to obtain feedback from customers regarding the role of the ISB, access to and timeliness of consulting services, and the impact of Department of Health consulting services on institutional practice; (2) to elicit from external organizations their expectations of future relationships given the current restructuring initiatives; (3) to identify areas for service maintenance, enhancement or revision, based on the feedback obtained.

A questionnaire was designed to survey CEO's and administrators of health care institutions in Newfoundland and Labrador. The sample included the eight tertiary care and regional hospitals; a sample of seven community health centers chosen at random; a sample of five nursing homes chosen at random. Data were analyzed by content analysis using both qualitative and quantitative methods.

Review of Services for Occupational Therapists, Physiotherapists, Speech Language Pathologists, Audiologists and Recreation Therapy Practitioners

1996
Funding Agency: Department of Health, Newfoundland and Labrador
Principal Investigator(s): Ann Ryan, Janet Squires, Janet O'Dea, Gail Dicks-O'Keefe, Chris Murphy, Margaret Tibbo, Brenda Head, John Butista

Summary: This report was based on a provincial survey of the education, work experience and current caseload of personnel employed in the five therapy groups. The Health Research Unit provided data analysis and prepared publication-ready charts and graphs for the final report of this project.

Cholecystectomy in Newfoundland and Labrador

1995
Funding Agency: Newfoundland Hospital and Nursing Home Association
Principal Investigator(s): Roy West, Ann Ryan, Bonnie James, Loretta Chard

Summary: At the request of the Newfoundland and Labrador Hospital and Nursing Home Association, the Health Research Unit undertook to review the rate of cholecystectomies in the province and to study the newly introduced laparoscopic procedure in comparison with open cholecystectomies. The objectives of the project were: to search for evidence of the rate of cholecystectomy in Canada and abroad; to compare the cholecystectomy rate in Newfoundland and Labrador with the rest of Canada; and to search for evidence of the degree to which the procedure is carried out on a day surgery basis. It was anticipated that such a study would give comparative information of practices in Newfoundland and Labrador with practices elsewhere in Canada and abroad. Data were collected from a review of the available scientific and clinical literature, hospital separation data for the years 1979-80 and 1990-91 from Statistics Canada, hospital separations for 1992-93 and 1993-94 from the Canadian Institute for Health Information, and a survey of Newfoundland and Labrador hospitals. A future study to examine the longer length of stay in hospitals with greater than 200 beds and the reasons for longer length of stay for males compared to females was recommended.

The Newfoundland Cesarean Section Study, I & II

1992, 1994-1995
Funding Agency: Department of Health; Government of Newfoundland
Principal Investigator(s): Sharon Buehler, Robin Moore-Orr

Summary: In 1985, although Canadian perinatal mortality compared favorably with countries such as Denmark, Norway and the Netherlands, the Canadian cesarean rate (19 per cent) was substantially higher than the rates reported by these countries (10-12 per cent). After 1985, the upward trend in cesarean section rates in North America flattened, but Newfoundland continued to show one of the highest cesarean section rates in Canada. In 1991, the Newfoundland Department of Health requested the newly established Health Research Unit to determine the rate of cesarean section for Newfoundland, specific indicators for sections and (if warranted) to recommend strategies for reducing surgical deliveries. Charts of all sections performed from October 1991 through March 1992 were abstracted for indicators and reviewed against consensus guidelines. All cases not clearly complying with the guidelines were reviewed and discussed by a panel of three expert obstetricians from NL. Overall, only 49 per cent of the cesarean sections in the early study were considered to be appropriate; 28 per cent were felt to clearly comply with the Canadian Consensus Guidelines with a further 21 per cent reviewed by our expert review team as acceptable in the clinical circumstances.

Assessment of Palliative Care Needs of People with End Stage Renal Disease (ESRD) on Dialysis
2011-2012
Funding Agency: Newfoundland Center for Applied Health Research (NLCAHR)
Principal Investigator(s): Victor Maddalena

Summary: End stage renal disease (ESRD) is the irreversible loss of kidney function whereby the kidneys are no longer able to support life. The principal mode of treatment for patients with ESRD is dialysis and in very limited cases kidney transplants. Palliative care measures for ESRD patients include pain and symptom management, advance directives, resuscitation orders and, if they are receiving home dialysis, a home assessment of care needs. While such services are centrally important, at present their provision is ad hoc in many jurisdictions.

While there is research examining the palliative care needs of patients with ESRD receiving dialysis, there is a lack of literature examining the differences between the needs of patients who die at home and those who die in hospital, as well as rural/urban comparisons between the two. This study aims to answer the question: "What are the palliative care needs of patients with ESRD?" by interviewing caregivers of ESRD patients who underwent at-home or in-hospital dialysis and subsequently passed away. Interviews will take place in each of the four regional health authorities and will also include stakeholders, such as nurses, pastoral care and social workers.

The HRU will provide project coordination, including scheduling, facilitating some interviewing, transcription and analysis.

Assessment of Housing and Homelessness Issues in Happy Valley-Goose Bay
2011-2012
Funding Agency: Social Sciences and Humanities Research Council
Principal Investigator(s): Rebecca Schiff

Summary: There is a substantial and growing body of literature on homelessness in Canada. However, the large majority of research focuses on homelessness in urban areas and at the rural-urban interface. There is a paucity of information on homelessness in Canada's remote and northern communities. Labrador is no exception. As a result of this lack of knowledge about homelessness in Labrador, there is little information to inform policy and program development to better meet the needs of homeless Labradorians.

Over the past year, the Happy Valley-Goose Bay Community Advisory Board on Housing and Homelessness (HVGB CAB) has identified the need for high-quality data on homeless populations and those at risk of homelessness. There is a recognized need to develop capacity to analyze data to understand the ways in which policy and planning issues affect the provision of services for homeless people in Labrador.

This exploratory study aims to build on the existing community capacity around data collection to enhance data analysis capabilities. It will also utilize the strong collaborative framework of the HVGB Community Advisory Board on Housing and Homelessness (CAB) to develop programs and policy options based on knowledge gained from interviews with service providers, and key stakeholders/decision makers.

Needs Assessment of People who Inject Drugs, St. John's NL
2006
Funding Agency: AIDS Committee of Newfoundland and Labrador; Addictions Treatment Services Association
Principal Investigator(s): Diana Gustafson
Co-Investigator(s): Lesley Goodyear, Tree Walsh, Linda Longerich, Ann Ryan, Angelique Myles

Summary: The purpose of this needs assessment was to explore the extent and type of injection drug use in St. John's, Newfoundland and Labrador, to determine what services were most needed and to identify the barriers, if any, to health, health services and harm reduction information in the injection drug use community.

This needs assessment was part of a larger project called "Reaching Injection Drug Users in St. John's, NL" funded by the Public Health Agency of Canada. The overall goal of the parent project was to reduce the risk of HIV and Hepatitis C virus (HCV) infections among people who inject drugs in St. John's. This portion of the project was funded by the Newfoundland and Labrador AIDS Committee (NLAC).

Findings from the Bell Island Telephone Survey: Part of Phase I, Bell Island Health and Well Being Needs Assessment
2005
Sponsoring Organization: Health Care Corporation, St. John's
Funding Agency: National Research Council of Canada
Principal Investigator(s): Linda Longerich, Ann Ryan, Sara Heath

Summary: As part of the Bell Island Health and Well Being Needs Assessment the HRU completed a telephone survey of island residents. The objectives of the survey were to determine the acute, chronic and preventative health care needs of the residents of Bell Island; to assess their attitudes towards prevention, health, and wellness; to examine the broad determinants of health for the residents; and to provide a baseline assessment of utilization factors which affect the health and well-being of the residents of the island.

Assessment of the Primary Health Care Needs in the Downtown Area of St. John's
2005
Funding Agency: Health and Community Services St. John's Region
Principal Investigator(s): David Allison
Co-Investigator(s): Linda Longerich, Ann Ryan, Geraldine Thompson, Sara Heath

Summary: This study was commissioned by test. John's Primary Health Care Project. The Health Research Unit in collaboration with the St. John's Primary Health Care Advisory Group developed research methodology to determine the community issues and health care needs of the residents of downtown St. John's. In addition it was important to identify the most effective ways to provide a broad range of services to the residents of this area. The research undertaken for this needs assessment was comprised of a telephone survey of 507 households, 10 key informant interviews and six focus groups.

Burin Health and Community Needs Assessment, Telephone Survey Results
2005
Funding Agency: Eastern Health, NL
Principal Investigator(s): Veeresh Gadag
Co-Investigator(s): T. Montgomery Keough, Ann Ryan

Summary: Upon the creation of the Eastern Regional Integrated Health Authority (RIHA) in 2005, the Board of Trustees identified the need to complete needs assessments for all the regions within its new mandate as one of its strategic priorities. Using a population health approach – which focuses on the broader determinants of health such as health services, health and community problems, personal health and wellness, income and demographic – a telephone survey was conducted of households in the Burin peninsula. The results of the telephone survey were incorporated by the Eastern RIHA with the results of focus groups, key informant interviews, and available community data (Community Accounts) to produce the complete needs assessment. The complete report can be viewed on the Eastern RIHA website.

Analysis of Focus Groups with Health Professionals and Women with Eating Disorders
2004
Funding Agency: St. John's Health Care Corporation
Principal Investigator(s): Natalie Beausoleil
Co-Investigator(s): Ann Ryan

Summary: This report sponsored by the Eating Disorders Working Group was part of a study titled Development of an Intensive Outpatient Treatment Program for Eating Disorders: a Cost-Benefit Analysis. This part of the study examined the views and experiences of people with eating disorders and their treatment needs.

Women and Housing: Hammer and Nail
2003
Funding Agency: St. John's Status of Women Council; Women's Centre St. John's, Newfoundland and Labrador
Principal Investigator(s): Linda Longerich

Summary: Inadequate housing presents a serious risk to mental and physical health and is an important social determinant of health. The Hammer and Nail project was an initiative of the St. John's Status of Women/Women's Center to explore housing issues faced by low income women in Newfoundland and Labrador, and the gaps between these issues and housing policies and practices. The HRU's part in the Hammer and Nail project involved the preparation of a report comprised of a summary of available data on the status of women's housing, education, income, employment and health in Newfoundland and Labrador.

Determining the Needs of Blind and Visually Impaired Aboriginal Peoples in Atlantic Canada
2002
Funding Agency: E.A. Baker Foundation for the Prevention of Blindness
Principal Investigator(s): Bill Bavington, Len Baker, Linda Longerich

Summary: The CNIB was concerned that a lack of appropriate intervention with First Nation and Inuit communities might be contributing to the incidence of vision loss and that those who would benefit from vision rehabilitation services are unaware of the assistance the CNIB can provide. The goals of this project were to establish an appropriate process to increase the knowledge of blindness and visual impairment and produce measurably improved outcomes for the prevention and management of eye related disease for Aboriginal people through effective partnership development.

A participatory action research process, which recognizes the need for persons being studied to participate in the design and conduct of the research that affects them, was used. Aboriginal communities in Nova Scotia, New Brunswick, and Newfoundland and Labrador participated in the process. Elders in each community participating in the study were contacted to discuss culturally appropriate procedures for community discussion. Consultation with frontline workers in health and social services and community group discussion provided information on attitudes and perception of needs. Further community meetings with relevant stakeholders established working partnerships and enhanced capacities for further research.

Adults with Autism Spectrum Disorders in Newfoundland and Labrador –"A Constant Struggle"
2001-2002
Funding Agency: Centre for Applied Health Research; Newfoundland and Labrador Department of Health and Community Services
Principal Investigator(s): Michael Murray, Patricia Canning, Ted Callanan, Cathy Vardy
Co-Investigators: Sara Heath, T. Montgomery Keough, Ann Ryan

Summary: Estimates of the occurrence of autism spectrum disorder (ASD) vary from an incidence rate of 13 per 10,000 to a recent estimate from the UK of 91 per 10,000. In Newfoundland and Labrador, very little is known about the age distribution, location and range of severity of persons with ASD.

This study was sponsored by the Autism Society of Newfoundland and Labrador. The objectives of this study were to develop a provincial model of services and programming for persons with autism spectrum disorders with a focus on those aged 16 and older. The goal was to achieve optimum health and well-being for all persons with autism spectrum disorders from early childhood through adulthood. Institutions, agencies, and organizations providing programs and services for persons with developmental disabilities were contacted to provide initial prevalence information and to recruit participants for a telephone survey. Persons aged 16 or older, identified as having ASD or their parent or care-giver, completed a telephone survey. Information was gathered on past and current services as well as future needs. Focus group discussions were also held throughout the province.

Transitional Rehabilitation Needs of Youth and Young Adults with Physical Disabilities

2000
Sponsoring Organization: St. John's Health Care Corporation
Principal Investigator(s): Ann Ryan, Linda Longerich

Summary: This project was a cooperative effort between the Health Research Unit and the Working Group for Transitional Rehabilitation Needs of Youth/Young Adults with Physical Disabilities to develop and carry out a research study to identify the health and rehabilitation service needs of young adults with disabilities in the province.

The objectives of the study were to describe the nature of the transition experience from the client's perspective, to determine the service needs of young adults with disabilities, and to determine the types of services that are required to promote healthy transition to adulthood and community integration for these young adults. The project utilized the database established by the Working Group and involved development of a survey questionnaire, training of interviewers, and analysis and reporting of results of a telephone survey of young adults with physical disabilities throughout the province.

Needs Assessment for Grenfell Regional Health Services

1999
Funding Agency: Grenfell Regional Health Services
Principal Investigator(s): Bill Bavington, Sandra Lefort

Summary: Grenfell Regional Health Services (GRHS) provides health services for the people of the Northern Peninsula, South Eastern Labrador and the Labrador Straits. They are committed to offering preventive and primary, secondary, and long-term care services. They have undergone dramatic changes since 1994 and are still in the process of adjusting to these changes. To improve the quality of the health services and address the specific needs of the communities within the Grenfell region, the Health Research Unit was asked to provide a comprehensive regional and community needs assessment. This project involved organizing and conducting community focus groups, key informant interviews, student surveys and a random telephone survey of 840 people across the Grenfell region. The report describes the health needs and health resources of people living in the region and offers recommendations to GRHS to assist in strategic planning for the future.

A Needs Assessment for the Newfoundland and Labrador Lung Association

1996
Funding Agency: Glaxo-Wellcome
Principal Investigator(s): Sharon Buehler, Linda Longerich, Ann Ryan

Summary: Respiratory disease is the third leading cause of death in men and women in Newfoundland and Labrador and in Canada. Chronic obstructive pulmonary disease (COPD) accounted for 152 deaths and 2,500 hospitalizations in the province in 1992. In 1994, the 50th anniversary year of the founding of the Newfoundland and Labrador Lung Association (NLLA), the Association launched a strategic planning process to carry it to the year 2000. The Health Research Unit was contracted to carry out a province-wide needs assessment as part of this strategy.

Focus groups directed to the needs of persons with respiratory disease, teachers, and health professionals were conducted across Newfoundland. Over 500 randomly selected members of the public were surveyed by telephone about their knowledge and attitudes towards asthma, its triggers and their need for services and programs provided by the Newfoundland & Labrador Lung Association. The themes emerging from the content analysis of the focus group discussions and the results of the survey were used to draw conclusions about the needs of the public and those living with asthma and to formulate recommendations. The results of the study continue to guide initiatives of the NLLA.

Psychological Impact of ARVC and Sudden Cardiac Death in Newfoundland Families
2011-2012
Funding Agency: Atlantic Canada Opportunities Agency (ACOA), Atlantic Innovation Fund
Principal Investigator(s): Holly Etchegary
Co-Investigator(s): Daryl Pullman, Kathy Hodgkinson, Terry Lynn Young, Sean Connors, Catherine Street, Charlene Simmonds

Summary: Cardiovascular disease claims the lives of 45,000 Canadians every year, more than lung cancer, breast cancer, and stroke combined. Inherited cardiomyopathies are a major cause of heart disease across all age groups, particularly in the young. The most serious outcome among the inherited cardiomyopathies is sudden cardiac death (SCD) due to lethal arrhythmias such as arrhythmogenic right ventricular cardiomyopathy (ARVC).

Over the last 30 years, research has identified the gene causing ARVC, the penetrance of the gene, and the diagnostic utility of tests. In 2004, a Cardiac Genetics Clinic was created where at risk families can receive genetic counseling, testing, and follow-up clinical management – frequently in the form of potentially life-saving defibrillators. However, despite excellent clinical management, there has been no program of research on the psychosocial impact of living with this inherited heart condition.

This qualitative study is one phase of a larger study on Genomics Based Diagnostic Tools to Prevent Sudden Cardiac Death. The goal of this phase is to document the psychosocial impacts of inherited cardiovascular disease, for both mutation carriers and at-risk family members (i.e., those not yet tested). By documenting psychosocial impacts, this study can provide evidence-based information to inform decision making in cardiac centers and potentially improve the lives of at-risk families.

Safety and Immunogenicity in Adults of Revaccination with Adacel® Vaccine 10 years after the Previous Dose
2011-2012
Funding Agency: Sanofi Pasteur Inc.
Principal Investigator(s): Cathy Donovan and David Allison

Summary: The Health Research Unit is collaborating with Sanofi-Pasteur to undertake a clinical trial of Sanofi's Adacel® Vaccine. This study is part of a multi-center trial to be conducted in the United States and Canada in order to describe the safety and immunogenicity of repeat administration of Adacel® vaccine, approximately 10 years following initial administration of the vaccine.

Newfoundland Public Health was the first province to implement the Adacel® school-based program 10 years ago. Healthy adults who received the Adacel® vaccine 10 years previously will be recruited using Eastern Health's public health records. Participants will be randomized in a 3:1 ratio to receive either Adacel® or TENIVAC (TdAdsorbed) vaccine. Participants will provide blood samples for immunogenicity assessment at Visit 1 (pre-vaccination) and at Visit 2 (28 days post-vaccination). Safety data will be collected for 6 months following vaccination.

Nutrition Survey Validation

2011-2012
Funding Agency: Newfoundland and Labrador Center of Applied Health Research
Principal Investigator(s): Peter Wang, Barbara Roebothan

Summary: The Food-Frequency Questionnaire (FFQ) is a primary tool for measuring dietary intake in epidemiological studies and other nutritional research; however, due to differences in food supply and dietary habits from one population to another, there is no universally accepted FFQ that can be used for all populations. The FFQ used in the NL Colorectal Cancer (CRC) study was a modified version of the well-known Hawaii FFQ which was formulated with input from NL researchers. However, it has not been appropriately validated for a NL population, which makes some findings of the CRC study difficult to interpret.

The goal of this study is to develop a Newfoundland and Labrador (NL) based Food-Frequency Questionnaire (FFQ) which is valid and can be self-administered. Specific objectives include: examination and revision of the Hawaiian FFQ based on the experience gained from the NL component of a large national colorectal cancer study, validation of the revised FFQ; and, ultimately, production of a self-administered FFQ that can be understood and completed by residents of the province with less than a high school education.

Examining Quality of Life and Health Outcomes after Hip Fracture in Urban -Rural Newfoundland-A Pilot Study

2009
Funding Agency: Medical Research Foundation
Principal Investigator(s): Peter Wang

Summary: Hip fracture (HF) is often the most devastating outcome of osteoporosis. Despite recent improvements in treatment, HF remains a condition associated with excess mortality of five to 20 per cent, disability, and high economic cost in Canada. Although it is generally believed that HF has a profound impact on people's physical, social, and psychological functions, little is known about the impact of HF on quality of life. The aim of this pilot study was to test critical operational aspects of a proposed population based longitudinal study in Newfoundland. The longitudinal study would explore whether the impact of HF on quality of life differs across residences (urban/rural); as well as whether the factors and mechanism for the changes in quality of life are affected by residence (urban/rural) and gender. The pilot study examined the efficiency of the proposed sampling and test acceptability of the study to the target population (face validity). It was also hoped that the preliminary results derived from this pilot study would provide more accurate estimates to be used for sample size calculations and refine the budget for the proposed larger study. The pilot study mimicked the future large population-based study and was conducted with 30 selected eligible subjects.

"What's Best for Baby": Breastfeeding Practices Among Adolescent and Adult Mothers.

2006
Funding Agency: Janeway Children's Health Foundation
Principal Investigator(s): Suzan Banoub-Baddour, Linda Longerich

Summary: The purpose of the study was to determine the knowledge and attitudes about breastfeeding influences, barriers to breastfeeding, and breastfeeding practices of mothers in the St. John's area, and to compare results from adolescent and adult mothers. Women were asked to complete two survey questionnaires administered either face-to-face or by telephone-one during the last trimester of pregnancy and a second between 1 and 2 months postnatal. The prenatal survey asked for background information, explored women's choice for feeding and influences on that choice. The postnatal survey collected information about the baby's health and feeding practices, both in hospital and at home. The study findings were intended to assist health professionals and other service providers in developing educational programs and services to support mothers during their breastfeeding experience.

Defining Public Health Capacity: Newfoundland and Labrador Report
2005
Funding Agency: Government of Canada provided through the Office of the Voluntary Sector, Public Health Agency of Canada
Principal Investigator(s): Rosemarie Goodyear, Ann Ryan

Summary: This report was part of a study entitled *"An Atlantic and Manitoba Perspective for a Path toward Developing Public Health Capacity"*. The report provided Newfoundland and Labrador's input into the development of a national framework for providing a snapshot of public health capacity throughout Canada. The framework developed from this project was expected to be used to help educate, plan, collaborate, develop healthy public policy, and monitor progress towards achieving public health capacity in Canada.

Provincial Task Force on the Prevention and Control of Communicable Disease in Health Institutions and Ambulance Services: "Back to Basics"
2004
Funding Agency: Newfoundland and Labrador Department of Health and Community Services
Principal Investigator(s): Ian Bowmer
Co-Investigator(s): Marion Yetman, Beverly Griffiths, Joanne Baird, Ann Ryan

Summary: This report was a review and assessment of the facilities operated by the Newfoundland and Labrador's Institutional Boards for their preparedness to prevent and control communicable diseases and their ability to meet the challenges created by new emerging infections such as SARS.

Evaluation of Food Fortification with Folic Acid for the Primary Prevention of Neural Tube Defects
Phase 1: 1997-1998
Funding Agency: Health Canada's Surveillance and Epidemiology Division
Principle Investigator(s): Kathleen Steel O'Connor, Edward Randell, Linda Turner, Shiliang Liu, Linda Longerich, Roy West, Sharon Buehler, Victor Prabhakaran
Co-Investigator(s): Marian Crowley, Angeline Ka'yuk lam, Katherine McCourt, Helen Scott

Phase 2: 2003
Funding Agency: Health Canada's Surveillance and Epidemiology Division
Principal Investigator(s): Roy West and Linda Longerich

Summary: Health Canada undertook a multi-site population-based study to evaluate the effectiveness of the public health strategy of folic acid fortification and to determine possible risks resulting from fortification. The study was carried out in two phases; the first phase took place from November 1997 to February 1998 prior to mandatory fortification and phase two took place after fortification had been implemented for two years, from November 2000 to March 2001. Due to the high rates of neutral tube defects (NTDs) in Newfoundland, urban and rural locations in the province were chosen as sites for the study. Comparison sites in Southeastern Ontario which have the lowest rates of NTDs were also selected as sites for the study. The main objectives of this study were to: 1) determine changes in knowledge and consumption of folic acid supplements, pre- and post-fortification, among women aged 19-44; 2) determine the dietary intake of folate pre- and post-fortification, in women aged 19-44 and seniors aged 65 years or older; 3) determine blood folate and vitamin B12 status, pre- and post-fortification, among women aged 19-44 and seniors aged 65 years or older and; 4) determine changes in the incidence of NTDs post fortification.

Community HIV Prevention Project
1995
Funding Agency: HIV/AIDS Division, Laboratory Centre for Disease Control (LCDC) and the AIDS Education and Prevention Unit of Health Canada
Principal Investigator(s): Catherine Donovan, Sam Ratnam, Donald Sutherland, Barbara Jones

Summary: In 1993, an HIV prevalence of 26.6/10,000 was reported for the Eastern Community Health Region in the province compared to an average provincial prevalence of 8.7/10,000. There was evidence of continued and sustained HIV transmission within the Conception Bay North area though case studies had failed to identify the reason for this clustering. Extensive prevention programming had not resulted in significant HIV testing. This study was undertaken in collaboration with the HIV/AIDS Division, LCDC and the AIDS Education and Prevention Unit of Health Canada. The objectives were to limit the spread of HIV, to determine the extent and distribution of HIV infection and to further characterize the nature of the spread of HIV in the Conception Bay North area. The project consisted of a promotion campaign focused on those 15 to 35 years of age including awareness, prevention and testing information. Anonymous HIV testing was made available and widely advertised. Individuals requesting testing were also asked to complete an anonymous questionnaire. The promotion campaign did succeed in increasing HIV testing and helped to identify 7 new HIV positive cases. Overall, it was anticipated that the increased knowledge and awareness in the community would contribute to limiting the spread of HIV.

Canada's Health Promotion Survey 1990: Newfoundland Profile
1993
Funding Agency: Department of Health, Government of Newfoundland
Principal Investigator(s): Doreen Neville, Alison Edwards

Summary: Health and Welfare Canada (through Statistics Canada) undertook a Health Promotion Survey (HPS) of over 11,000 adult Canadians in 1985. This provided national and provincial data on the knowledge, attitudes, beliefs, intentions, and behaviors of adult Canadians on health promotion issues including fitness, nutrition, safety and the use of tobacco, alcohol and drugs. In order to update this information, a second survey was conducted in 1990 by Statistics Canada (for Health and Welfare Canada). The 1990 version of the HPS asked similar core questions to those in the 1985 version; Dr. Buehler had previously completed an analysis of the Newfoundland data for the 1985 survey. The HRU provided: (1) an analysis of the Newfoundland data from the 1990 version of the HPS including comparisons between Newfoundland, the Maritimes and Canada as a whole and (2) a discussion of the trends in Newfoundland emerging from comparison of the survey results in 1985 and 1990 where similar questions permitted comparison. A full report, with analysis of all variables by region, sex, and age was produced for the Government of Newfoundland and a summary report showing regional data, with some comparison data, was produced for general release.

Ever Green Recycling Program Evaluation

2010-2012
Funding Agency: Poverty Reduction Strategy, Department of Human Resources Labour and Employment, Government of Newfoundland and Labrador
Principal Investigator(s): Martha Traverso-Yepez
Co-Investigator(s): T. Montgomery Keough, Ann Ryan, Mike Wadden

Summary: Ever Green Environmental, which grew out of Mill Lane Enterprises – a sheltered work environment for individuals with mental illness, is a not-for-profit business and social enterprise offering a wage-and-benefit environment for individuals recovering from mental illness in Newfoundland and Labrador. Ever Green Environmental allows individuals recovering from mental illness to reclaim their lives by providing meaningful work, training in new skills, and opportunities for personal growth and success.

The purpose of this project was to explore the health and social outcomes of population groups who were previously Mill Lane clients, including those working at Ever Green, those not working at Ever Green, and those not working at Ever Green but working elsewhere. Specific variables that were measured and/or explored included: health service utilization, satisfaction with work and leisure time, quality of life, and general well-being. The results of these health and social outcomes were compared with the Mill Lane health and social outcomes as reported in Neville et al, 2003.

Kids Eat Smart Program Delivery Evaluation

2008-2012
Funding Agency: NL Center for Applied Health Research; Janeway
Principal Investigator(s): Barbara Roebothan, Veeresh Gadag
Co-Investigator(s): Susan Green, T Montgomery Keough, Daphne LeDrew, Ann Ryan

Summary: In Newfoundland and Labrador, the Kids Eat Smart Foundation (KES) plays a pivotal role in the establishment and provision of nutrition programs. The goal of the KES Foundation is to provide children with the nutrition they need to learn, grow, and be their best. This research was intended to determine which methods of delivery work best for communities in Newfoundland and Labrador to enhance the sustainability of child nutrition programs.

The objectives of the study were to: identify general characteristics associated with successful and non-successful child nutrition program delivery in NL; use these characteristics to develop a list of identifiable criteria to define successful program delivery; provide the KES Foundation with suggestions to improve the effectiveness and sustainability of much needed child nutrition programs in NL; provide the KES Foundation with a newly developed tool to keep their programs vital and effective in the delivery of nutrition to children of the province; provide other similar not-for-profit organizations with a framework that can be used for successful delivery of programs; and to contribute to the literature on volunteer management.

Eating Disorder Interprofessional Community Capacity Building (EDICCB)
2010-2012
Funding Agency: EDICCB
Principal Investigator(s): Olga Heath

Summary: The aim of this project was to evaluate the Eating Disorder Interprofessional Community Capacity Building (EDICCB) Program. The EDICCB program, which was rolled out province wide in the fall of 2009, was developed by a multidisciplinary group of health professionals with Eastern Health and Memorial University. The objectives of the evaluation were to determine if participation in the program: 1) increases knowledge and confidence in the aspects of EDs covered in the program; 2) changes practice in working with ED clients/families; 3) increases interprofessional interaction in the care of ED clients/families; and 4) increases research capacity within the Community Facilitation Group.

The evaluation used both quantitative (pre- and post-workshop questionnaires and a follow up online survey) and qualitative (focus groups, interviews, and teleconferences) methods. The evaluation will inform the academic, professional and political communities whether the EDICCB Program has achieved its objectives.

MPH Program Evaluation
2010-2014
Funding Agency: Community Health and Humanities
Principal Investigator(s): Victor Maddalena, Cathy Donovan

Summary: In an effort to meet the demand for public health workers, the Division of Community Health and Humanities in the Faculty of Medicine at Memorial University introduced the Master of Public Health (MPH) program. Given that the intent of the MPH program is to address the interests of the community and meet student needs, a thorough evaluation of the program from inception was appropriate.

The objectives of the MPH evaluation are: 1) to evaluate the program's ability to address both student and public health system needs related to core competencies for public health; 2) to modify program and course content if indicated; 3) to adapt delivery model if necessary to meet evolving student needs.

Tele-oncology Program Evaluation
2006-2007
Funding Agency: Lawson Foundation
Principal Investigator(s): Maria Mathews
Co-Investigator(s): Ann Ryan, T. Montgomery Keough, Sara Heath, Nurun Chowdhury

Summary: This was an evaluation of the Newfoundland and Labrador Tele-oncology Program (NLTOP) which was initiated in early 2003 to enhance the current delivery of services of the Newfoundland Cancer Treatment Research Foundation (NCTRF). The formal project evaluation was divided into two parts which were completed and submitted separately: 1) a compilation and analysis of existing data; and 2) interviews with 12 health care professionals who have used the Tele-oncology system and analysis of the themes which emerge from these interviews.

Provincial Autism Pilot Project - An Early Intervention Study 1999 to 2003: Program Evaluation
2005
Funding Agency: Department of Health and Community Services, Government of Newfoundland and Labrador
Principal Investigator(s): Linda Longerich
Co-Investigator(s): Ann Ryan, Sara Heath

Summary: The objective of this study was to provide an evaluation of the effectiveness of early intervention treatments that reports on outcomes for child, parent, sibling, and family and, through implementation of the pilot project, to identify critical factors for the development of services to families of young children diagnosed with Autism Spectrum Disorder (ASD).

Assessment of the Professional Practice Model
2004
Funding Agency: Green Award-Health Care Corporation of St. John's
Principal Investigator(s): Olga Heath, Mary Manolovich
Co-Investigator(s): Joy Barker, Joan Davis-Whelan, Cheryl Faseruk, Linda Longerich, Chris Murphy, Ann Ryan, Rick Seward

Summary: This project was a follow up to the 2000 study, which evaluated the professional practice model of the Health Care Corporation of St. John's (HCCSJ). The evaluation for 2000 examined: standards of practice, accreditation and documentation, workload measurement and clinical assignment; utilization of resources; council structure; utilization of research, outcome measurement and participation in research; job description and performance management; clinical leadership; and implementation of the professional practice model.

While the study in 2000 explored the experiences of speech language pathologists, occupational therapists, audiologist and physiotherapists with the new professional practice model; the follow-up assessment project broadened the study scope to include clinical dietitians, psychologists, social workers, respiratory therapists and therapeutic recreational therapists. The report was prepared for the Professional Practice Working Group.

Mill Lane Enterprises: "A step-by-step process…"An Evaluation of the Mill Lane program (Phase 1)
2003
Funding Agencies: Newfoundland and Labrador Centre for Applied Health Research; Waterford Foundation; Department of Health and Community Services; Discipline of Psychiatry, Memorial University of Newfoundland; Occupational Therapist Association of Newfoundland and Labrador
Principal Investigator(s): Doreen Neville, Michael Murray
Co-Investigator(s): Ann Ryan, Sara Heath

Summary: Mill Lane Enterprises was a sheltered work environment that provided skill development and employment opportunities for people with chronic mental illness. The program was designed to provide a setting where work skills could be enhanced and practiced before individuals graduated into competitive forms of employment.

The overall purpose ofthe Mill Lane Program Evaluationwas to compare health and quality of life outcomes and cost to the health care system of Mill Lane clients compared to outcomes of a similar group of individuals who had not participated in the program. In phase 1 of this evaluation, the objectives were to: measure mental health and quality of life outcomes for program participants compared to non-participants including symptom reduction, social enhancement, and community integration.

Mill Lane Enterprises: Cost Benefit Analysis-An Evaluation of the Mill Lane program (Phase 2)
2005
Funding Agencies: Health Care Corporation, St. John's, Newfoundland and Labrador Centre for Applied Health Research; Waterford Foundation; Department of Health and Community Services; Discipline of Psychiatry, Memorial University of Newfoundland; Occupational Therapists Association of Newfoundland and Labrador
Principal Investigator(s): Rick Audas, Ann Ryan, Linda Longerich, Sara Heath

Summary: This retrospective case control study was Phase 2 of the Mill Lane Program evaluation. Mill Lane Enterprises was a sheltered work environment that provided skill development and employment opportunities for people with chronic mental illness. The program was designed to provide a setting where work skills could be enhanced and practiced before individuals graduated into competitive forms of employment.

The two primary objectives of this second phase were: 1) to examine the cost savings that could be attributed to Mill Lane in terms of reduced reliance on medical care and improved quality of life for participants; and 2) to examine a number of less tangible - although important - cost benefits of the Mill Lane program that extended to the participants' families and to the larger community.

Professional Practice Model
2000
Funding Agency: Green Award - Health Care Corporation of St. John's
Principal Investigator(s): Ann Ryan, Linda Longerich

Summary: The Canadian Association of Occupational Therapists, the Canadian Physiotherapy Association and the Canadian Association of Speech Language Pathologists and Audiologists held their first ever Trijoint Congress in May 2000. The theme of the conference was "Forging Ahead Together." With a large number of health care organizations moving to a program management structure, it was felt that it would be of major interest to this interdisciplinary group to present an evaluation of the professional practice model of the Health Care Corporation of St. John's (HCCSJ). The Health Research Unit was asked to provide development support, analysis and report writing, and presentation material for this evaluation project.

The implementation of the professional practice model within a council structure in the HCCSJ is intended to guide clinical practice, empower staff, provide a structure for autonomy and accountability in the clinical setting and enhance team function. This evaluation examined: standards of practice, accreditation and documentation; workload measurement and clinical assignment; utilization of resources; council structure; utilization of research, outcome measurement and participation in research; job description and performance management; clinical leadership; and implementation of the professional practice model. The report was prepared for the Professional Practice Working Group.

Pre-Natal Nutrition: Baseline Data Study
1998
Funding Agency: The Canadian Pre-Natal Nutrition Programs (CPNP)
Principal Investigator(s): Robin Moore-Orr, Linda Longerich, Ann Ryan

Summary: The Canadian Prenatal Nutrition Program is a federal program co-managed by Health Canada and the provincial governments that has recently introduced programs across the country to promote healthy babies and prevent neonatal health problems. These programs target low income pregnant women and provide nutrition and dietary education, support and nutritional supplements. To assess the effectiveness of this program, the Health Research Unit was asked to gather information on a control group of low income new mothers who have not received the benefit of the pre natal nutrition program in Newfoundland. Information was collected by telephone interviews with postnatal women in the St. John's and Mt. Pearl areas. Potential respondents were screened using their residential postal codes using median income data at forward sortation area (FSA) and postal walk levels to maximize the number of low income respondents.

Breast Screening Program Evaluation
1998
Funding Agency: The Newfoundland and Labrador Breast Screening Program
Principal Investigator(s): Robin Moore-Orr, Linda Longerich, Ann Ryan

Summary: The Breast Screening Program in Newfoundland and Labrador began in February 1995. The evaluation framework developed at that time was three-pronged and included: internal analysis of the administrative data, internal analyses of certain aspects of the program, and external evaluation studies. This report describes results of an externally implemented study to assess awareness and knowledge of the program by family physicians. Focus groups with a pre-discussion survey were chosen as the vehicle for obtaining information needed. Focus groups with family physicians were held in Gander, NL and St. John's, NL.

All physicians recommended the Breast Screening Centres to their patients. They estimate that about one third of their patients with breast cancer were detected through the Breast Screening Centres. Most physicians do clinical breast examinations. Most also teach breast self-examination (BSE) to their patients but lack of time and patient refusal were cited as barriers to teaching BSE. There was some concern that direct use of the Breast Screening Centres may delay important screening for other conditions such as pap smears and thyroid checks by family physicians. However, physicians were very supportive of the Breast Screening Centres. Women taking control of their own health was seen as an important aspect of the screening program.

Hibernia Offshore Telemedicine Project: Evaluation
1998
Funding Agency: Hibernia Telemedicine Project, in cooperation with the Telemedicine Centre
Principal Investigator(s): Bill Bavington, Sandra Lefort, Linda Longerich, Jorge Segovia

Summary: A telemedicine link supporting interactive audio conferencing, still image and digital sound transfer and video conferencing has been established between the Hibernia oil platform nurses and shore based physicians both on a scheduled and emergency basis. The Health Research Unit was asked to carry out the evaluation component of this project. Data was collected by means of consultation records, patient satisfaction questionnaires, and through key informant interviews with platform-based nurses and shore-based physicians. Overall, results of the evaluation showed that both nurses and patients were very positive about the telemedicine service. These results were detailed in a report produced by the HRU.

An Evaluation for the Better Hearing for Seniors Project
1997
Funding Agency: New Horizons for Seniors
Principal Investigator(s): Ann Ryan, Linda Longerich, Trevor Humes

Summary: The Better Hearing for Seniors Project is an intervention study designed to assess and improve the quality of life for seniors with hearing impairment. Trained volunteers visit seniors with hearing impairment to help with any problems with hearing aids and to encourage an active lifestyle. The Health Research Unit was asked by the Newfoundland and Labrador Chapter of the Canadian Hard of Hearing Association to evaluate 1) the effectiveness of the volunteer training and 2) the effectiveness of the intervention. Within the framework of "Better Hearing for Seniors," there were two main goals: Awareness and Rehabilitation. This project aimed to create awareness of hearing issues for seniors and to rehabilitate seniors with hearing loss within the community. The results of the HRU evaluation showed that the project had been very successful at achieving its goals. The increased awareness fostered by this program, for example, has laid the ground work for sustainable participation in the future. Participating seniors (29) also reported being more confident with their hearing aids and more comfortable listing to TV, radio, and talking in groups. Seniors attending presentations, but not receiving home visits, may have been helped considerably by the program as well.

Rural Physician Recruitment Retention in Newfoundland and Labrador: Potential Initiatives Identified from a Review of the Literature
1993
Funding Agency: Department of Health, Government of Newfoundland
Principal Investigator(s): Bill Bavington, Doreen Neville

Summary: The objective of this study was to determine how best to approach the issue of recruitment and retention of rural based medical practitioners in the province. A review of the relevant literature and documents was made with suggestions for directions in rural recruitment. The review found that there were virtually no hard evaluation data on the relative value of one strategy to increase rural recruitment and retention versus another. There was little information on the coordination of efforts across different agencies and groups which have a vested interest in rural physician recruitment and retention. Instead, separate constituencies have attempted to address the issue by altering aspects of the practice environment which were most readily under their control. The most frequently involved constituencies include: the provincial or state departments of health, medical schools, rural communities and health care agencies and professional associations and regulating bodies. This report documented the most commonly utilized initiatives within each of these groups.

Enhancing Public Health Decision-Making with Geographic Information Systems: Strategic and Business Plan

2008-2009
Funding Agency: Geoconnections
Principal Investigator(s): David Allison, Cathy Donovan, M Kawaja
Co-Investigator(s): Marc Kawaja, Ann Ryan, Sara Heath

Summary: This project was an initial step in a large-scale project, in which the ultimate objective was to develop a web-based health information tool that could be used to support population health surveillance. This tool would integrate geospatial information to allow public health officials in communities serviced by the Eastern Regional Health Authority to conduct enhanced population health surveillance and emergency planning. The objectives of this initial project were to develop strategic and business plans that would ensure the tool was sustainable, and that the planning process stimulated a collaborative engagement of regional and provincial services and leveraged the Canadian Geospatial Data Infrastructure. The Strategic Planning Process brought together representatives from the identified partners inside and outside Eastern Health. A general assessment of current capacity and limitations with respect to hardware and human resources was undertaken. A broad plan for the capacity development process was developed which included a timeframe, resources required and projected costs.

Public Attitudes Towards Harm Reduction Strategies for Injection Drug Use

2007
Funding Agency: Medical Research Foundation, Faculty of Medicine, Memorial University of Newfoundland
Principal Investigator(s): Diana Gustafson

Summary: The purpose of this pilot project was to investigate public attitudes about injection drug use, in general, and the health needs of persons who inject drugs, in particular. The study also explored public awareness of, and attitudes toward harm reduction principles and local harm reduction policies and programs. It was designed so that public health decision-makers and professionals would be better able to design policy, programs and services that are supported by the public and meet the health needs of persons who inject.

Attendance Management Study

1999
Funding Agency: Employers' Council of Newfoundland and Labrador
Principal Investigator(s): Veeresh Gadag, Jorge Segovia, Oscar Howell

Summary: Employee absence from work is a serious problem for many employers and can have a significant impact on the overall success and viability of an organization. In Canada, as much as 10% of potential full time hours are lost to absenteeism each week. There was little comparative data specific to Newfoundland and Labrador available to help employers assess their absenteeism problem and to evaluate the relative success of attendance management programs. This project surveyed over 200 employers in the province with 20 or more employees regarding absenteeism and the need for effective attendance management programs. The report provides information on reporting methods, absence tracking, absence rates and factors affecting absence rates.

Privacy Protection and Biobanks: A Conjoint Analysis of Priorities and Preferences of Stakeholder Groups
2010
Funding Agency: Office of the Federal Privacy Commissioner
Principal Investigator(s): Daryl Pullman
Co-Investigator(s): Holly Etchegary, Katherine Gallagher, Kathy Hodgkinson, T. Montgomery Keough, David Morgan, Catherine Street

Summary: The goal of this project was to better understand the relative importance individuals place upon the privacy of their personal health information (PHI) as opposed to other personal or public goods. The research methodology involved the development of a "discreet choice task" in which participants were presented with various scenarios in which they had to decide which values were most important to them given the situations described. In particular, participants were challenged to weigh their privacy and confidentiality concerns against potential research that could benefit them personally, their loved ones, or society in general. They were asked to consider as well whether their preferences would change if the research was directed toward either a stigmatizing or non-stigmatizing condition, or whether they were required to give either blanket or specific consent for the future use of their biobanked specimens.

***"Sorry You Can't Have That Information"*: Stakeholder Awareness, Perceptions and Concerns Regarding the Disclosure and Use of Personal Health Information**
2004 – 2007
Funding Agency: Canadian Institutes of Health Research
Principal Investigator(s): Daryl Pullman
Co-Investigator(s): Sharon Buehler, Larry Felt, Katherine Gallagher, Jeannie House, T. Montgomery Keough, Lucy Macdonald, Ann Ryan, Roy West, Angela Yetman

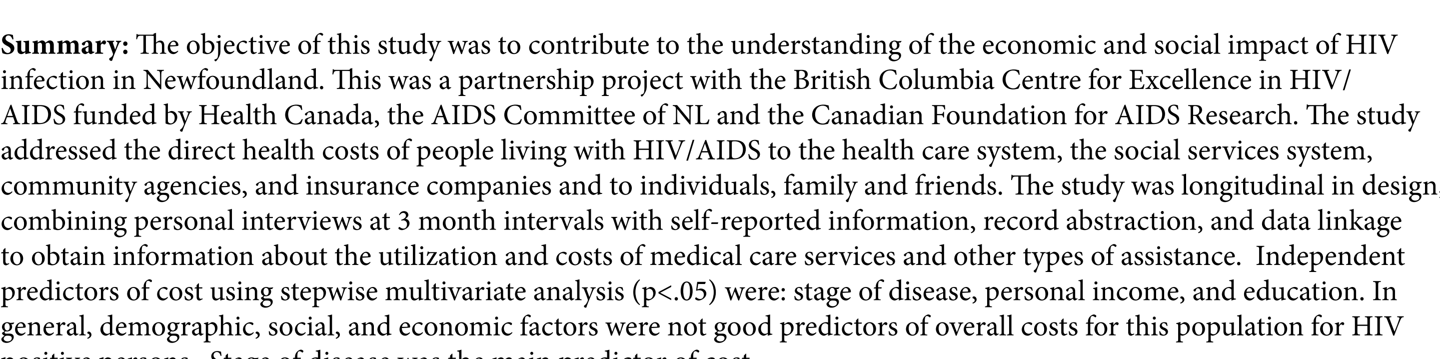
Summary: Many individuals who collect, maintain, or seek access to personal health information are unclear about how to interpret and apply privacy legislation as it pertains to their work. It is important to gain a clearer understanding of the perspectives of these various stakeholders so as to better advise regulators, educate researchers, and assure the public that their privacy can be protected even as valuable research data is collected, stored and accessed. The purpose of this project was to assess stakeholder awareness, perceptions and concerns regarding the collection, use, and disclosure of personal health information with a particular emphasis on health research. Stakeholders included: physicians, nurses, pharmacists, social workers, health researchers, database managers and the general public.

A Study of Groundwater Quality of Private wells in Western Newfoundland Communities
2011-2012
Funding Agency: Harris Centre RBC Water Research and Outreach Fund
Principal Investigator(s): Atanu Sarkar

Summary: The HRU is assisting in the development and facilitation of telephone surveys for a study to explore community perspectives on groundwater quality as well as other environmental concerns and issues of residents on the West Coast of Newfoundland.

This study has the following objectives: 1) to explore community perspectives on groundwater quality and its monitoring, consumption patterns, effects and impacts of environmental contamination, management and mitigation strategies, sustainable solutions to contamination, and potential community partnerships; 2) to determine the presence of microbiological contaminants in private groundwater samples; 3) to analyze existing reports of groundwater quality to be collected from the monitoring stations and from households; and 4) to assess any risks of existing wells due to arsenic, fluoride, uranium and flood waters.

Community Health Resources Project: A Study of the Social and Economic Impact of HIV in Newfoundland
1998
Funding Agency: Health Canada, Newfoundland and Labrador AIDS Committee, CANFAR
Principal Investigator(s): Jorge Segovia, Ian Bowmer, Ann Ryan



Summary: The objective of this study was to contribute to the understanding of the economic and social impact of HIV infection in Newfoundland. This was a partnership project with the British Columbia Centre for Excellence in HIV/AIDS funded by Health Canada, the AIDS Committee of NL and the Canadian Foundation for AIDS Research. The study addressed the direct health costs of people living with HIV/AIDS to the health care system, the social services system, community agencies, and insurance companies and to individuals, family and friends. The study was longitudinal in design, combining personal interviews at 3 month intervals with self-reported information, record abstraction, and data linkage to obtain information about the utilization and costs of medical care services and other types of assistance. Independent predictors of cost using stepwise multivariate analysis ($p<.05$) were: stage of disease, personal income, and education. In general, demographic, social, and economic factors were not good predictors of overall costs for this population for HIV positive persons. Stage of disease was the main predictor of cost.

DATABASE CREATION/ MANAGEMENT AND SUPPORT

Ontario Heart Health Survey
1992
Funding Agency: Ontario Ministry of Health and the Department of National Health and Welfare
Principal Investigator(s): Alison Edwards

Summary: Ontario was the last of the ten provinces to run a risk factor survey as part of the Canadian Heart Health Initiative (CHHI). Prior to this survey the other nine provinces had all completed their risk factor surveys and Ms. Edwards had compiled them into one database with a consistent naming and coding of variables across the provinces. Since Ontario's data was to be added in with the other nine at the conclusion of the survey, the HRU was contracted to handle the data cleaning, analysis and preparation of the final report for the Ontario Heart Health survey. This facilitated the incorporation of the Ontario data into the Canadian Heart Health Risk Factor Survey Database with the data set up to be consistent with those of other provinces. The data for the ten provinces was released in a CD ROM format (available from www.med.mun.ca/chhdbc).

Population-based Health Indicators and a Supporting Database for the Health Regions of Newfoundland and Labrador
1993
Funding Agency: Newfoundland Department of Health
Principal Investigator(s): Roy West, Jorge Segovia, Bonnie James

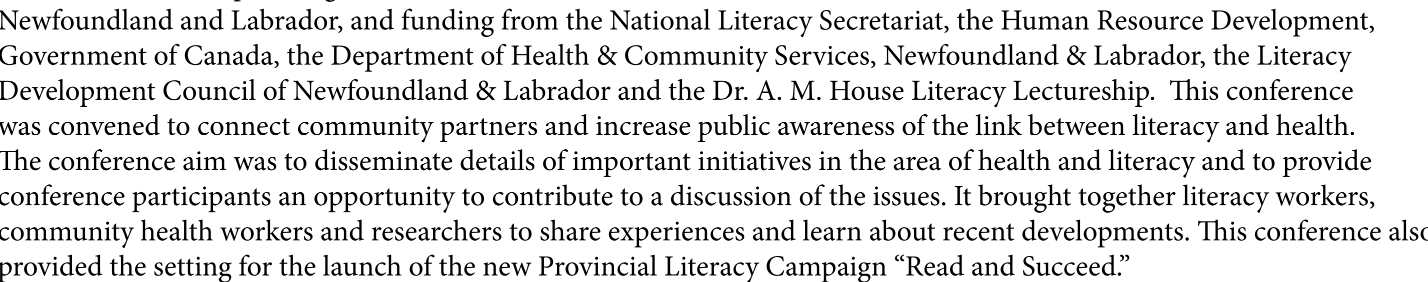
Summary: In 1992, the Division of Community Health of the provincial Department of Health sought to establish a method that could be used to monitor the health status of the province on a regional basis. In an effort to achieve this, six objectives were established: to identify those indicators necessary to monitor health status; to identify and access available information sources for the indicators identified and create an active database of the most recent information available; to recommend standard mechanisms for collection of information on missing data elements; to recommend a plan for the periodic and systematic review of these health status indicators; to develop the databases such that both written and computerized data would be available to the Department of Health and the Regional Health Boards; and to commence the study of possible outcome measures for the management of Community Health Services in the Province.

In addition to a search of the literature and available national reports, consultations to identify health indicators were held with key informants with the Department of Health, other provincial and federal government departments, and some non-governmental sources. Other provincial health departments were also contacted for their experience in compiling health indicator databases.

Enhanced Cancer Surveillance: Pilot Study
1994
Funding Agency: Newfoundland Cancer Treatment and Research Foundation
Principal Investigator(s): Sharon Buehler, Veeresh Gadag, Bonnie James

Summary: The Laboratory Centre for Disease Control of Health Canada and the provincial cancer registries designed an initiative to monitor and evaluate the cancer risk that might be associated with exposure to environmental contamination. One objective of this project was to establish a system for routine collection of residential and occupational histories and other risk factor information from selected newly diagnosed cancer patients. Those cancers known from the literature to be associated with environmental exposure were given priority in this study. Data collection was by mailed self-completed questionnaires. An important finding of the pilot study indicated that it was difficult reaching patients through their family physicians as required by the local ethics review board. Consequently, substantive discussion on appropriate methods of recruiting patients in the community preceded the full national study.

Health and Literacy Action Conference
2001
Conference Co-ordinators: Michael Murray, Ann Ryan



Summary: The Health and Literacy Action Conference was held in St. John's September 6-8, 2001 under the patronage of the Honorable A.M. House, Lt. Governor of Newfoundland and Labrador, and funding from the National Literacy Secretariat, the Human Resource Development, Government of Canada, the Department of Health & Community Services, Newfoundland & Labrador, the Literacy Development Council of Newfoundland & Labrador and the Dr. A. M. House Literacy Lectureship. This conference was convened to connect community partners and increase public awareness of the link between literacy and health. The conference aim was to disseminate details of important initiatives in the area of health and literacy and to provide conference participants an opportunity to contribute to a discussion of the issues. It brought together literacy workers, community health workers and researchers to share experiences and learn about recent developments. This conference also provided the setting for the launch of the new Provincial Literacy Campaign "Read and Succeed."

Qualitative Research Workshop
1998
Workshop Co-ordinators: Alison Edwards, Linda Longerich

Summary: The Health Research Unit organized a three day workshop for researchers at Memorial University of Newfoundland interested in computer software facilitated qualitative analysis. The workshop focused on the NUD*IST software package and was presented by Lyn Richards from QSR in Australia.

Canadian Society for Epidemiology and Biostatistics: Fourth National Conference
1995
Conference Co-ordinators: Sharon Buehler, Roy West

Summary: In August 16-19, 1995, the Division of Community Medicine and the Health Research Unit hosted the Fourth National Conference of the Canadian Society for Epidemiology and Biostatistics (CSEB). CSEB is a Canadian organization dedicated to fostering epidemiology and biostatistics research in Canada. The Society facilitates communication among epidemiologists and biostatisticians and assists faculty of schools of medicine and public health to improve training in these disciplines. This conference brought together epidemiology researchers, graduate students, statisticians, and biostatisticians from across the country and from other parts of the world. Guest speaker Dr. Terrence Sullivan, President, Institute for Work and Health, spoke on "Who's Informing Health Reform?" Dr. Stephen Walter, Clinical Epidemiology and Biostatistics, McMaster University, spoke on "The Imperfect World of the Epidemiologist: Measurement Error and Some Strategies to Deal with It". Dr. Bart Harvey, University of Toronto, presented a talk on "A Case-control Study of Breast Self-examination" and Dr. Claire Infante-Rivard, Department of Occupational Health, McGill University, spoke on "Ramazzini in the Year 2000". The Health Research Unit provided the core organization for the concurrent and plenary sessions of the scientific meeting and the social events interspersed in the two and a half day meeting.

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