

JOHNSON-SHOYAMA GRADUATE SCHOOL OF PUBLIC POLICY
University of Regina and University of Saskatchewan

GSPP 832 Population Based Health Program Management

Term: Summer 2009

Class: Date July 6-10 and July 18, 2009

Room: CL 431

Monday to Friday 9:00 am – 12:00 pm
1:00 pm – 4:45 pm

Instructor:

Mark Lemstra BSc, MSc, MPH, DrSc, DrPH, PhD, PhD
Adjunct Professor, Johnson-Shoyama Graduate School of Public Policy
E-mail: marklemstra@shaw.ca
Phone: 306-230-3911

Calendar Description:

This course will provide students with the tools to: a) analyze population health, b) understand the main determinants of health and then c) prepare for intervention.

Students will examine issues related to the planned promotion of population health in terms of: a) the federal health ministry, b) the provincial health ministry, c) regional health authorities, d) other healthcare organizations (ie. tribal councils and community clinics), e) independent primary care providers (ie. family physicians) and f) alternate providers (ie. schools).

Course Objective or Description:

The primary objective of the course will be to discuss the main determinants of health. The second objective, however, will be to discuss the difficulties in implementing population based health strategies into actual action due to the dominance of individual based health care treatment. The third objective will be to discuss how to promote evidence based population health strategies into action; both within and outside the formal health care sector.

Main Course Material:

Lemstra M, Neudorf C. Health disparity in Saskatoon: analysis to intervention. Saskatoon: Saskatoon Health Region; 2008. Available at the Saskatoon Health Region website: http://www.saskatoonhealthregion.ca/your_health/ps_public_health_pho_reports_publications_and_presentations.htm

Evaluation:

Student evaluation will be based on the following:

- | | |
|--|-----|
| A. Group exercise with powerpoint presentation | 25% |
| B. Individual assignment (10 pages double spaced in 10 Arial font) | 75% |
| Assignment due one week upon completion of course | |

COURSE SCHEDULE

Monday

A. Introduction (9 am to 9:30 am)

- Individual backgrounds
- Why are you in JS GSPP?
- What do you hope to learn from this course?
- The importance of an open mind to new concepts

B. Determinants of Health (9:30 am to 12 pm)

- Overall determinants of health
 - Biomedical view
 - Lifestyle approach
 - Broad socioeconomic approach
 - Population health
- Main determinants of health

Reading 1, 2
 Reading 3
 (1, 2.1, 2.3, 2.4, 2.5, 2.8)
 Reading 4, 5
 Reading 3
 (1, 2.2, 2.6, 2.7, 2.9)

- Main determinants of behaviours

C. Social theory (1 pm to 2 pm)

- Macro and micro social theory

Reading 6

D. Limited impact of healthcare on population health (2 pm to 4 pm)

- Limited role of health care on disease prevalence
- Detailed discussion on prevalence of depression

Reading 7
 Reading 8, 9

E. Summary, discussion and implications (4 pm to 4:45 pm)

Tuesday

A. Planned Promotion of Population Health (9 am to 10 am)

- Analysis of population health
- Analysis of behavioural and environmental risk factors
- Analysis of determinants of population health and risk factors
- Data dissemination, knowledge transfer and community consultation
- Analysis of literature
- Intervention implementation
- Evaluation

Reading 3 (p.3-5, 97)

B. Analysis of population health, behaviours and determinants (10 am to 12 pm)

- Community diagnosis vs. individual diagnosis
- How to analyze population health and population behaviours

Reading 10 (2, 4)

C. Burden of disease/disorder on society (1 pm to 2:30 pm)

Group discussion on handout

Reading 11

D. How to analyze determinants of population health (2:30 pm to 4 pm)

Why it is essential to analyze determinants of health-
not just extent of problem

E. Description of group exercise (4 pm to 4:20 pm)

Your group will design a population based strategy to reduce the
prevalence of a disease or a risk factor in Saskatchewan

You will be assigned to one of four groups:

Population based behavioural modification

Smoking or physical inactivity

Population based disease modification

Cancer or mental health

Handouts will be provided to assist in your preparation

Your group will present to the class Thursday afternoon

F. Description of final assignment (4:20 pm to 4:45 pm)

You have recently graduated from the JS GSPP

You have just been hired as a policy analyst with the Saskatchewan government

You have been asked to draft a proposal that would make Saskatchewan residents
the healthiest people in Canada

Use the Planned Promotion of Population Health to devise your proposal

Discuss the main determinants of health and how you plan to influence them

Discuss if you plan to allocate new funding or re-distribute existing funding

If new funding is required, discuss how you plan to raise this money

If funding is from re-prioritization of existing funds, which programs
or services will you reduce or cut

Caution for both assignments:

You will be evaluated on an evidence based proposal

Do not simply modify an existing plan that might not be evidence based

Your proposal will need to address the main determinants of health

You need to devise strategies that will lead to actual action and improved health

Wednesday

A. Measuring the population impact of disease on society (9 am to 11 am)

Group discussion with instructor

Handout

Implications to policy

B. Population based intervention (11 am to 12 pm)

Considerations - whole population or sub-populations (targeted intervention)

How to evaluate

C. Evidence on how to improve the determinants of health (1 pm to 4:45 pm)

| | |
|----------------------|-----------------------------|
| Income | Reading 3 (Section 3.1b) |
| Education | (Section 3.1c) |
| Housing | (Section 3.1d) |
| Employment | (Section 3.1e) |
| Access to healthcare | (Section 3.1f) |

Thursday

A. Achievements of population health interventions (9 am to 12 pm)

- Family planning and birth spacing
- Infectious disease control and immunizations
- Work safety and motor vehicle safety
- Tobacco control
- Cardiovascular disease control
- Confusing achievements (ie. screening)

B. Group presentations (1 pm to 3:30 pm)

30 minutes for each of the four presentations

C. Group discussion on presentations (3:30 pm to 4:45 pm)

Friday

A. How the system actually works (9 am to 12 pm)

- Federal budget
 - Federal health and social transfer
- Provincial budget (ie. Health, Education, Social Services)
 - Provincial health budget
- Regional health authorities
 - Emphasis on primary and ambulatory care
- Other healthcare organizations (ie. tribal councils and community clinics)
- Independent primary care providers (ie. family physicians)
- Alternate providers (ie. schools)

B. The difficulty of implementing a population health approach (1 pm to 3 pm)

- Ministerial silos
 - Lack of inter-agency communication
- Multiple jurisdictions, priority setting and decision making
 - Lack of coordinated or integrated effort
- Lack of knowledge transfer on main determinants of health
 - Lack of knowledge from health consumer on impact of healthcare
- Population needs versus individual client demand
- Political will and vision

Lack of community consultation
 Embedded philosophy, beliefs and values
 Advocacy, professional organizations, unions and self interest across levels
 Resource allocation

C. How to use the Planned Promotion of Population Health to influence action (3 pm to 4 pm)
 Examples of success from Saskatoon

D. Group discussion and course evaluation (4 pm to 4:45 pm)

Readings:

1. Beaglehole R. Overview and framework. In: Holland WW, Detels R, Knox G. Oxford textbook of public health (fourth edition). Oxford: Oxford University Press, 2002.
2. Canadian Institute for Health information. Improving the health of Canadians. Canadian population health initiative. Ottawa: Canadian Institute for Health Information; 2005.
3. Lemstra M, Neudorf C. Health disparity in Saskatoon: analysis to intervention. Saskatoon: Saskatoon Health Region; 2008. Available at the Saskatoon Health Region website: http://www.saskatoonhealthregion.ca/your_health/ps_public_health_pho_reports_publications_and_presentations.htm
4. Marmot M. The status syndrome. How social standing affects our health and longevity. New York: Times Books, Henry Holt and Company; 2004.
5. Evans RG, Barer ML, Marmor TR, editors. Why are some people healthy and others not? The determinants of health of populations. New York: Aldine De Gruyter; 1994.
6. Eaton WW, Muntaner C. Socioeconomic stratification and mental disorder. In: Horwitz AV, Scheid TL, editors. A handbook for the study of mental health: social contexts, theories and systems. New York: Cambridge University Press; 1999.
7. McKeown T. The medical contribution. In: N Black N et al editors. Health and disease: a reader. Keynes: Open University Press, 1984.
8. Moncrieff J, Wessely S, Hardy R. Active placebos versus antidepressants for depression. Cochrane Database Syst Rev, Issue 1 2003. Oxford: Update software.
9. Moncrieff J. Are antidepressants as effective as claimed? No, they are not effective at all. Can J Psychiatry. 2007;52:96-7.
10. Hennekens CH, Buring JE. Epidemiology in Medicine. Boston: little, Brown and Company, 1987.
11. Murray CJL, Lopez AD. Mortality by cause for eight regions of world: Global burden of disease study. The Lancet 1997;349:1269-75.