**CURRENT DEBATES IN HEALTH AND HEALTH POLICY**

**Course Outline SOCSCIPH 300, 2020**

**The Social Science for Public Health Programme**



**Faculty of Arts**

***Kia ora!*** Welcome to SOCSCIPH 300, Current Debates in Health and Health Policy.

Lecture times: Wednesdays 1-3pm, Room 201, Humanities Building

Tutorial times: Thursdays 2-3pm, Room 326, 1-11 Short Street

## Staff

Coordinator: Dr Tara Coleman, [t.coleman@auckland.ac.nz](mailto:t.coleman@auckland.ac.nz)

Room 715, floor 7, HSB building, City campus

Office Hours by appointment.

Zoom office hours are available for students who are not able to attend on the basis of Covid-19 related issues (e.g., students currently overseas or in quarantine)

Program Director: Dr Heather Battles, h.battles@auckland.ac.nz

**Course objectives**

* To provide an information base on health and health policy debates in New Zealand, set in a context of international health policy and considerations of:
  + broader social factors that influence health and health policy;
  + the urban environment and its influence upon health-related outcomes and experiences, and the implications for policy;
  + detailed discussion of related case studies of health, and health services, and selected policies;
  + and examination of relationships between research, policy and health.
* To encourage a broad social science approach to health and health policy debates.
* To explore social approaches to equity and health care, including issues of access and ethical arguments.
* To explore health and health policy in the context of a diverse society and urban environments.
* To consider how and whether health policy makes a difference to health outcomes.
* To provide opportunities for critical analysis and debate about the issues examined.
* To enhance students’ skills in written and oral communication.

**Lecture Schedule**

|  |  |  |
| --- | --- | --- |
| **Lecture 1** | **29 Jul** | Introduction and course information |
| **Lecture 2** | **05 Aug** | The role of health systems in creating healthy urban spaces |
| **Lecture 3** | **12 Aug** | Ageing, wellbeing and the urban form |
| **Lecture 4** | **19 Aug** | Housing issues among older people |
| **Lecture 5** | **26 Aug** | Harm reduction approaches and drug use |
| **Lecture 6** | **02 Sep** | Sexual health education in New Zealand |
|  |  | *Mid-semester break 07 September – 18 September* |
| **Lecture 7** | **23 Sep** | Masculinities in health promotion |
| **Lecture 8** | **30 Sep** | Femininities in health promotion |
| **Lecture 9** | **07 Oct** | Locating and designing health services in a diverse society |
| **Lecture 10** | **14 Oct** | Therapeutic landscapes and implications for health services |
| **Lecture 11** | **21 Oct** | Student group sessions |
| **Lecture 12** | **28 Oct** | Course conclusions and exam information |

For lecture 11 on the 21st of October, students will attend the usual lecture room and work in groups to construct tickets-out-the-door questions which Tara will answer in the conclusion lecture to assist students in completing the final exam.

**Course format**

This course includes weekly lectures and a timetable of seven tutorials (see page 3). Students are expected to read the material relevant to the lecture *before* rather than after the lecture is given.

**Tutorials start in week 3**. You should attend ALL tutorials if you wish to gain a sound understanding of the course. Tutorials provide consistency and assist you in connecting the different perspectives employed in the course. Tutorials also cover essay writing.

**Please note**: While lectures are timetabled between 1pm and 3pm on Wednesdays, we will not always use the full two hours to complete each lecture. At times lectures will include class discussion.

## Assessment

**1.ASSESSMENT ITEMS INCLUDE**

1. Five tutorial debates worth 2% each (10% of total mark)
2. 1500-word essay (20% of total mark).
3. 2500-word essay (30% of total mark)
4. A 2-hour final examination (40% of final mark)

**2. TUTORIAL TASKS, worth 10%**

In allocated tutorial time you will work in a small group to complete five short tutorial debates that account for 10% of your total mark (each debate is worth 2%). This will be fun and informal group debate and discussion within a safe and supportive classroom setting facilitated by Tara. To prepare for each debate simply complete your weekly readings and lectures. Please see the tutorial schedule below which indicates when these debates are scheduled.

There are seven tutorials in total to complete during the course. In addition to the five assessed tutorials, there are two essay workshop tutorials which are not compulsory or assessed but are highly recommended. All seven tutorials will also include critical opportunities for you to ask questions and raise issues that interest you.

**Tutorial Schedule**

|  |  |
| --- | --- |
| **30 Jul** | **No tutorial** |
| **06 Aug** | **No tutorial** |
| **Tutorial one:**  **13 Aug** | **Debates (Choose one, worth 2%):**   * What is the relationship between health systems and healthy urban spaces? * How do urban environments assist and/or challenge older adults in maintaining ageing in place? |
| **Tutorial two:**  **20 Aug** | **Essay one workshop (not assessed, but recommended)** |
| **Tutorial three:**  **27 Aug** | **Debates (Choose one, worth 2%):**   * What is a harm reduction approach? * What barriers are faced by those aiming to improve drug dependency though harm reduction? |
| **Tutorial four:**  **03 Sep** | **Debates (Choose one, worth 2%):**   * How might we more meaningfully include young people’s perspectives in policy and interventions to improve their sexual health outcomes? * What specific benefits will result? |
| **24 Sep** | **No tutorial** |
| **Tutorial five:**  **01 Oct** | **Debates (Choose one, worth 2%):**   * How are masculinities and femininities relevant to health outcomes? * Why do they matter in health promotion? |
| **Tutorial six:**  **08 Oct** | **Essay two workshop (not assessed, but recommended)** |
| **Tutorial seven:**  **15 Oct** | **Debates (Choose one, worth 2%):**   * Why does diversity matter in health care? * What are the benefits of applying the therapeutic landscapes concept to health services? |
| **22 Oct** | **No tutorial** |
| **29 Oct** | **No tutorial** |

**3. ESSAY INFORMATION**

1. Written assignments must be within 10% of the specified word length, otherwise penalties will apply.
2. Proof read and check your assessment items for structure, grammar and references.
3. Do not submit work that is solely descriptive - you must try to analyse the material and discuss the analysis of empirical evidence. This means forming your own critical argument.
4. If in doubt about anything relating to the subject or assessment issues, please consult Tara.
5. All work submitted for this subject must be original work for this course alone. Work or parts of work submitted in other courses or subjects will not be accepted for assessment in this course.
6. All work must be submitted **on the** **due date by 10pm to Canvas**.
7. If you have a medical or personal issue that prevents you from handing in your work on time please contact Tara (t.coleman@auckland.ac.nz). She may ask you for supporting documentation.
8. All marks are provisional until external assessment occurs after the final exam.

**Essay one (worth 20%): Due Friday 4th September by 10pm to Canvas, 1500 words**

Using **at least TWO social science disciplines**, answer **ONE** of the following questions:

What challenges do we face advancing health and wellbeing in the urban environment?

**OR**

Inequity in health will always be with us despite current policy goals – is this a realistic or pessimistic view?

**Essay two (worth 30%): Due 23rd October by 10pm to Canvas, 2500 words**

Using **at least TWO social science disciplines**, answer **ONE** of the following questions:

Why must policy-makers understand and acknowledge the implications of diversity to improve health outcomes in Aotearoa, New Zealand?

**OR**

Why is focusing on diversity and inclusion vital if we are to meaningfully address the social determinants of health?

**Referencing**

Both essays must be referenced appropriately and be accompanied by a reference list. You are welcome to use any recognised referencing style.

**Turnitin**

All essay submissions are checked through Canvas for plagiarism using the [turnitin.com](http://www.turnitin.com) facility. Canvas and Turnitin are linked – you do not need to make a separate turnitin.com submission.

**Plagiarism**

The University of Auckland will not tolerate cheating, or assisting others to cheat, and views cheating in coursework as a serious academic offence. The work that a student submits for grading must be the student's own work, reflecting her or his own learning. Where work from other sources is used, it must be properly acknowledged and referenced. This requirement also applies to sources on the world-wide web. If you plagiarise from another person's work (your own, another student or a text), you may fail the assignment. Always paraphrase, and always acknowledge your sources by citing the reference. Talk to Tara if you are in any doubt about these issues or require assistance with how to paraphrase.

**Policy on late coursework**

Please try your hardest to meet coursework deadlines. Extensions are possible if, for example, you or a family member falls ill, or some other circumstance beyond your control prevents you from completing your work.

You can apply for an extension by contacting Tara via email ([t.coleman@auckland.ac.nz](mailto:t.coleman@auckland.ac.nz)). You may need to provide supporting information, like a doctor's or counsellor's certificate, but the important thing is to get in contact.

Late submission of coursework is possible without an extension, so long as you are ready to accept a penalty by losing marks. Late penalties help ensure fairness, otherwise some students would have more time to complete work than others.

The penalties for submitting work late when you do not have an extension are:

* 1 day late = 5% penalty
* 2 days late = 10% penalty
* 3 days late =15 penalty

Essays submitted more than 14 days past the due submission date may not be accepted and the student might be given a 0%. However, you are strongly encouraged to contact Tara to talk about your options. Communication is everything - stay in touch to receive support and complete the course

**Explanation of Coursework Grades**

A full explanation of how your work will be graded will be provided in the essay workshops (see the Tutorial Schedule above). Your essays will be graded according to how well it demonstrates:

1) Understanding of disciplinary approaches taken;

2) Quality of argument/exposition;

3) Innovative and critical consideration of the subject matter;

4) Appropriate organisation and structure;

5) Suitable references, accurately recorded in line with academic convention.

The grades awarded have the following meanings:

**A+** Outstanding: fulfils abilities 1-5 to an unusually high standard

**A** Excellent: fulfils all of the above to a very high standard consistently

**A-** Verges on excellent: fulfils all of the above to a high standard, but does not do so consistently

**B+** Very good: fulfils most of the above to a very good standard

**B**  Good: fulfils most of the above to a good standard

**B-** Very reasonable: fulfils most of the above to a good standard, but does not do so consistently

**C+** Reasonable: fulfils some of the above to a competent standard

**C** Fair: fulfils some of the above to a competent standard, but does not do so consistently

**C-** Marginally passable: fulfils some of the above to an adequate standard

**D+** Inadequate: fails to fulfil enough of the above to a competent standard

**4. FINAL EXAM, worth 40%**

The final exam will be a two-hour exam based on lectures and related tutorial debates and set readings. A guide to the exam will be given in the final lecture – BE THERE!

**Required readings**

**Lecture one: Introduction and course information**

*Required reading:*

* Buse, K., Mays, N. and Walt, G. (2012, 2005) The health policy framework-context process and actors. In *Making health policy*. Maidenhead: Open University Press (pp. 4-19).
  + *Please note that the resource ‘Making health policy' is a useful resource and the full-text online book may be accessed by doing a title library search and selecting ‘Full text available at: EBSCO’.*
* WHO (2010) Policies and interventions. In *A conceptural framwork for action on the social determinants of health*. Geneva: World Health Organisation (pp. 50-63).
  + *This publication includes a full-text version of ‘A conceptural framework for action on the social determinants of health‘ – chapters 5 and 7 may also be of particular use.*

**Lecture two: The role of health systems in creating healthy urban spaces**

*Required reading:*

* Rydin Y, et al. (2012) Shaping cities for health: Complexity and the planning of urban environments in the 21st century. *Lancet, 379* (9831):2079–2108

**Lecture three: Ageing, wellbeing and the urban form**

*Required reading:*

* Buffel, T., Phillipson, C., & scharf, T. (2012). Ageing in urban environments: Developing ‘age-friendly’ cities. *Critical Social Policy, 32*(4), 597–617

*Additional reading:*

* Kearns, R.A. and Andrews, G. J. 2005 Placing ageing: positionings in the study of older people. In G.J. Andrews and D.R. Phillips (Eds) *Ageing and Place: Perspectives, policy, practice.* Routledge, London, 13-23.

**Lecture four: Housing issues among older people**

*Required reading:*

* Coleman, T., Kearns, R. and Wiles, J. (2016). Older adults’ experiences of home maintenance issues and opportunities to maintain ageing in place. *Housing Studies*, 31(8): 964-983.

*Additional reading:*

* Bates, L., Wiles, J., Kearns, R. and Coleman, T. (2019) Precariously placed: home, housing and wellbeing for older renters. Health and Place, 58, 102152 (Online).
* Bates, L., Kearns, R., Coleman, T. and Wiles, J. (2019) ‘You can’t put your roots down’: housing pathways, rental tenure and precarity in older age. Housing Studies, 1673323 (Online).

**Lecture five: Harm reduction approaches and drug use**

*Required reading:*

* Keane, H. (2003). Critiques of harm reduction, morality and the promise of human

rights. *International Journal of Drug Policy,* 14(3), 227-232.

*Additional reading:*

* Nutt, D., King, L. A., Saulsbury, W., & Blakemore, C. (2007). Development of a

rational scale to assess the harm of drugs of potential misuse. *The Lancet,* 369(9566), 1047-1053.

**Lecture six: Sexual health education in New Zealand**

*Required reading:*

* Coleman, T., Kearns, R.A. and Collins, D.C.A. (2010) ‘Anywhere you can talk about how you feel is better’: Young people’s experiences of sexual health messages. *New Zealand Geographer,* 66, 61-73.

*Additional reading:*

* Rademakers, J., Mouthaan, I. and de Neef, M. (2005) Diversity in sexual health: problems and dilemmas. *The European Journal of Contraception and Reproductive Health Care*, 10(4), 207-211.

**Lecture seven and eight: Masculinities and femininities in health promotion**

*Required reading:*

* Daykin, N. and Naidoo, J. (1995) Feminist critiques of health promotion. In: Bunton, R., Nettleton, S. and Burrows, R. (eds) *Sociology of health promotion: critical analyses of consumption, life style and risk*. London: Routledge, pp. 57-68.

*Additional reading:*

* Doyal, L. (2001) Sex, gender and health: the need for a new approach. *BMJ* (323)7320, 1061-1063.

**Lecture nine: Locating and designing health services in a diverse society**

*Required reading:*

* Harfield, S. et al (2018). Characteristics of indigenous primary health care models of service delivery: a scoping review protocol. *Globalization and Health, 14*(1), 1-10.

*Additional reading:*

* Kai, J., Bridgewater, R. and Spencer, J. (2001). ‘“Just think of TB and Asians”, that’s all I ever hear’: medical learners’ views about training to work in an ethnically diverse society. *Medical Education, 35,* 250-256.
* Slater et al. (2016). The role and potential of community-based cancer care for Māori in Aotearoa/New Zealand. *New Zealand Medical Journal, 129*, 29-38.
* Campinha-Bacote, J. (2003) Many faces: addressing diversity in health care. *Online Journal of Issues in Nursing*, 8(1)

<http://www.nursingworld.org.ezproxy.auckland.ac.nz/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume82003/No1Jan2003/AddressingDiversityinHealthCare.html#.U73W7dLkQeQ.gmail>)

**Lecture 10: Therapeutic landscapes and implications for health care**

*Required reading:*

* Coleman, T.M. and Kearns, R.A. (2015). The role of blue spaces in experiencing place, aging and wellbeing: insights from Waiheke Island, New Zealand. *Health & Place, 35:* 206-214.

*Additional reading:*

* Gesler, W.M. (1992). Therapeutic landscapes: Medical issues in light of the new cultural geography. *Social Science and Medicine, 34*, 735-746.
* Wilson, K. (2003). Therapeutic landscapes and First Nations peoples: an exploration of culture, place and health. *Health & Place, 9*, 83-93.

**Remember:** Read widely and deeply for this course. All readings and the course reading list can be accessed by selecting ‘SOCSCIPH 200’ in Canvas and then ‘Reading Lists’.