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**Course Syllabus 2022  
CHL5618H**

**Family Medicine & Interprofessional Primary Care in the Global Health Context**

**Course Directors & Lead Instructors:**

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**Course location:** Please see updates in Quercus

**Program Email:** [dfcm.globalhealth@utoronto.ca](mailto:dfcm.globalhealth@utoronto.ca)

**Course Delivery Mode:** Seminars, January-March 2022, 8 sessions x 3hrs (Wednesday afternoon, 1:30-4:30 pm). Total of 24 hours.

**Expected Enrollment:** 8-12 students

**Prerequisites**

Participants must be licensed primary care practitioners in their country of primary residence **or** a senior trainee therein **or** graduate students with an interest in global health and primary health care.

**Course Description**

This course is intended to provide an overview of key issues pertinent to the strengthening of primary health care (PHC) and the delivery of high quality collaborative and comprehensive primary care services, including but not limited to the role of family medicine globally. The World Health Organization and the recently adopted Astana Declaration of 2018 identify PHC as the pathway of choice for achieving health equity and responding to today's global health challenges as laid out in the Sustainable Development Goals. PHC combines high quality primary care (including team-based family medicine) and essential public health functions at the core of integrated health services, with multisectoral action on health and empowered people, as individuals, families, and communities. Aligned with the call of the Astana Declaration and based on a review of the evidence and on local knowledge, this course will explore how PHC and primary care can impact health locally and globally, with a focus on advancing health equity and addressing the broader structural determinants of health. Health systems anchored in PHC will be discussed in relation to the resilience, responsiveness, and flexibility required to address the challenges of the COVID-19 pandemic including its impact on health equity globally.

The course will provide a critical review of the history and evolution of primary care, within the broader context of PHC. Evolving global health policies related to the development of robust PHC from an interprofessional collaborative practice perspective will be explored. Guest speakers from

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different regions of the world will share perspectives on the opportunities and challenges of how primary care and PHC can be oriented to advance equity, diversity, and inclusion in different contexts. Learners will have an opportunity to critically appraise health systems from different parts of the world and will analyze current and emerging global health priorities, particularly related to PHC.

Reflexivity and use of a socio-critical perspective to reflect on dominant discourses and assumptions in relation to global health issues will facilitate deeper explorations of the historical, political, economic, and social forces underpinning social and health inequities.

### **Course Format:**

The material for this course is presented in lecture/discussion format and may include videos, guest speakers, case studies, in-class presentations, and debates. Course participants are expected to read the required readings prior to the assigned class time and be prepared to reflect, critically discuss, and integrate the information.

### **Course Goals & Objectives**

By the end of this course participants will be able to:

- 1) Describe the evolution of primary health care, primary care, interdisciplinary primary care teams and family medicine within a broader social policy context, including recent developments in related global health policies.
- 2) Compare the development of primary care, primary health care, and family medicine in different countries and regions through a critical analysis of political, economic, historical, and social contexts and the frameworks of the Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC).
- 3) Analyze the roles of family medicine, interprofessional primary care, and primary health care as levers in responding to global health challenges and in promoting health equity.
- 4) Analyze how interprofessional collaborative practice and the engagement of a range of actors and providers contribute to primary health care, primary care, Sustainable Development Goals (SDGs), and health equity.
- 5) Reflect on the core values of reflexive practice - equity, social inclusion, reciprocity and sustainability.
- 6) Critique and analyze health policies and resource distribution with respect to impact on health equity and social justice.

### **Course Texts**

#### **Required Texts/Readings:**

*Additional required articles will be posted on a weekly basis on Quercus*

World Health Organization (1978). *Alma Ata Declaration*.

[https://www.who.int/publications/almaata\\_declaration\\_en.pdf](https://www.who.int/publications/almaata_declaration_en.pdf)

World Health Organization (2018). *The Astana Declaration*.

<https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf>

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World Health Organization (2018). *A Vision for Primary Health Care in the 21<sup>st</sup> Century: Towards Universal Health Coverage and the Sustainable Development Goals*.  
<https://www.who.int/docs/default-source/primary-health/vision.pdf>

World Health Organization & United Nations Children's Fund (UNICEF). (2020). Operational framework for primary health care: transforming vision into action. World Health Organization. <https://www.who.int/publications/i/item/9789240017832>

Starfield, B., Shi, L., & Macinko, J. (2005). Contribution of Primary Care to Health Systems and Health. *The Milbank Quarterly*, 83(3), 457–502.

Starfield, B. (2012). Primary care: an increasingly important contributor to effectiveness, equity, and efficiency of health services. SESPAS report 2012. *Gac Sanit*, 26(S), 20–26.

Nixon, S.A. The coin model of privilege and critical allyship: implications for health. *BMC Public Health* 19, 1637 (2019). <https://doi.org/10.1186/s12889-019-7884-9>

Abimbola S, Asthana S, Montenegro C, Guinto RR, Jumbam DT, Louskieter L, et al. (2021) Addressing power asymmetries in global health: Imperatives in the wake of the COVID-19 pandemic. *PLoS Med* 18(4): e1003604. <https://doi.org/10.1371/journal.pmed.1003604>

Birn, AE & Nervi, L. (2019). What Matters in Health (Care) Universes: Delusions, Dilutions, and Ways towards Universal Health Justice. *Globalization and Health*, 15(Suppl 1), 1-12. doi:10.1186/s12992-019-0521-7. <https://globalizationandhealth.biomedcentral.com/track/pdf/10.1186/s12992-019-0521-7>

Commission on Social Determinants of Health (2008). *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health*. Geneva, World Health Organization. [https://www.who.int/social\\_determinants/final\\_report/csdh\\_finalreport\\_2008.pdf](https://www.who.int/social_determinants/final_report/csdh_finalreport_2008.pdf)

- Executive summary and chapter 9

### **Suggested Texts:**

Kidd, M (ed.): *The Contribution of Family Medicine to Improving Health Systems: A Guidebook from the World Organization of Family Doctors*. Second Edition. 2013. London: Radcliffe Publishing.

\*Available at the University of Toronto Bookstore.

Kidd, M, Health, I, Howe, A. (ed.) *Family Medicine: The Classic Papers*. 2017. Florida: CRC Press.

World Health Organization (2018). *Health Workforce 2030: Global strategy on human resources for health*: [www.who.int/hrh/resources/global\\_strategy\\_workforce2030\\_14\\_print.pdf?ua=1](http://www.who.int/hrh/resources/global_strategy_workforce2030_14_print.pdf?ua=1)

World Health Organization (2018). *Building the primary health care workforce of the 21st century - working paper*.

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[https://www.who.int/docs/default-source/primary-health-care-conference/workforce.pdf?sfvrsn=487cec19\\_2](https://www.who.int/docs/default-source/primary-health-care-conference/workforce.pdf?sfvrsn=487cec19_2)

PHC Monitoring and Evaluation Framework to be released in December 2021.

**Key Dates (2022 DLSPH calendar):**

Mon, Jan 17<sup>th</sup> – Final date to add Winter session courses

Sun, Feb 20<sup>th</sup> – Final drop date for winter term

Mon, Feb 21<sup>st</sup> – Family Day (university closed)

Feb 21<sup>st</sup>-25<sup>th</sup> – Reading week

Thurs, Apr 14<sup>th</sup> – Grades due for students graduating in June. (We ask students to alert their instructors)

Mon, May 18<sup>th</sup> – Grades available for viewing by students

**Course work & Assessment**

**In-class participation: 10%**

In this course, participants will be encouraged to participate in person in discussion and reflection around the course material, readings, and case studies.

**On-line posts and reflections: 15%**

Course participants will be required to post responses to questions based on the week's readings and concepts onto the online discussion board.

**Short Assignment 25%**

See handout for instructions.

**Final Assignment 30%**

See handout for instructions.

**Presentation 20%**

See handout for instructions.

<b>Jan 5, 2022</b>	<p><b>Introductions</b> (1:30-2:00) Dr. Katherine Rouleau, Dr. Vanessa Redditt</p> <p><b>History of Primary Health Care, Primary Care, Universal Health Care, Sustainable Development Goals, Astana Declaration</b> (2:00-3:00) Dr. Katherine Rouleau</p> <p><b>Critical Framework Dialogue</b> (3:15- 4:00) Dr. Freida Chavez</p> <p><b>Course Overview</b> (4:00-4:30) Dr. Katherine Rouleau, Dr. Vanessa Redditt</p>
<b>Jan 12, 2022</b>	<p><b>History of Primary Health Care, Primary Care, Universal Health Care, Sustainable Development Goals, Astana Declaration- Part 2</b> (1:30-2:30) Dr. Katherine Rouleau and Dr. Vanessa Redditt</p> <p><b>Collaborative Practice and Human Resources for Health</b> (2:30-3:15) Dr. Freida Chavez</p> <p><b>Discussion</b> (3:30-4:30)</p>
<b>Jan 26, 2022</b>	<p><b>Critical Perspectives in Global Health</b> (1:30-2:30) Prof. Andrea Cortinois</p> <p><b>Primary Care Case Study: Gulf States &amp; the Middle East - Palestine</b> (2:45-3:45) Dr. Izzeldin Abuelaish</p> <p><b>Discussion</b> (3:45-4:30)</p>

<b>Feb 9, 2022</b>	<b>Primary Care Case Studies: Neoliberal policies and primary health care in South Africa</b> (1:30-2:30) Ntombi Nkiwane  <b>Generalism &amp; Primary Care</b> (2:30-3:30) Dr. Melissa Nutik  <b>Discussion</b> (3:30-4:30)
<b>Feb 16, 2022</b>	<b>Primary Care Case Study: India</b> (1:30-2:30) Dr. Archana Gupta  <b>Student presentations</b> (2:30-4:30)
<b>Mar 2, 2022</b>	<b>Primary Care Case Study: Europe</b> (1:30-2:30) Dr. Tia Pham  <b>Collaborative Practice in Primary Health Care and Primary Care</b> (3:00-4:00) Prof. Michelle Acorn TBD Panel discussion moderated by Dr. Freida Chavez  <b>Student Presentations</b> (4:00-4:30)
<b>Mar 9, 2022</b>	<b>Community Health Workers</b> (1:30-2:30) Devshri Bidaye  <b>Student Presentations</b> (2:30-3:30)  <b>Discussion</b> 3:30-4:30

<b>Mar 23, 2022</b>	<b>Discussion</b> (1:30-2:00)  <b>Primary Care for Indigenous Communities</b> (2:00-3:00) Dr. Sarah Park  <b>Primary Care Case Study: Brazil</b> (3:00-4:00) Dr. Adelson Guaraci Jantsch  <b>Wrap-up, Reflection and Evaluation</b> (3:30-4:30) Dr. Katherine Rouleau, Dr. Vanessa Redditt, Dr. Freida Chavez
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### **Academic Integrity:**

Academic integrity is essential to the pursuit of learning and scholarship in a university, and to ensuring that a degree from the University of Toronto is a strong signal of each student's individual academic achievement. As a result, the University treats cases of cheating and plagiarism very seriously. The University of Toronto's Code of Behaviour on Academic Matters outlines the behaviours that constitute academic dishonesty and the processes for addressing academic offences:

(<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppjun011995.pdf>)

University of Toronto's policy regarding plagiarism:

<http://www.writing.utoronto.ca/advice/using-sources/how-not-to-plagiarize>

Potential offences include, but are not limited to:

#### *In papers and assignments:*

- Using someone else's ideas or words without appropriate acknowledgement.
- Submitting your own work in more than one course without the permission of the instructor.
- Making up sources or facts.
- Obtaining or providing unauthorized assistance on any assignment.

#### *On tests and exams:*

- Using or possessing unauthorized aids.
- Looking at someone else's answers during an exam or test.
- Misrepresenting your identity.

### **Submission of assignments and plagiarism detection:**

This course requires you to submit your assignments using a plagiarism detection tool (PDT), embedded within Quercus - Ouriginal. According to UofT, "Ouriginal is a similarity detection solution

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that combines text-matching with writing-style analysis to promote academic integrity and help prevent plagiarism. The company is based out of Sweden, with more than three decades of experience.”

*“Normally, students will be required to submit their course essays to the University’s plagiarism detection tool for a review of textual similarity and detection of possible plagiarism. In doing so, students will allow their essays to be included as source documents in the tool’s reference database, where they will be used solely for the purpose of detecting plagiarism. The terms that apply to the University’s use of this tool are described on the Centre for Teaching Support & Innovation web site (<https://uoft.me/pdt-faq>)”.*

**Accessibility and Accommodation:**

The University provides academic accommodations for students with disabilities in accordance with the terms of the Ontario Human Rights Code. This occurs through a collaborative process that acknowledges a collective obligation to develop an accessible learning environment that both meets the needs of students and preserves the essential academic requirements of the University’s courses and programs. For more information, or to register with Accessibility Services, please visit: <http://studentlife.utoronto.ca/as>

**Acknowledgement of Territory:**

We wish to acknowledge this land on which the University of Toronto operates. For thousands of years it has been the traditional land of the Huron-Wendat, the Seneca, and most recently, the Mississauga of the Credit River. Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.