COURSE OUTLINE

SOCIOLOGY OF HEALTH CARE SYSTEMS

4300 3.0 M (winter) 2020

Professor Pat Armstrong, [patarmst@yorku.ca](mailto:patarmst@yorku.ca)

Class: Thursday 8:30-11:30,

Office Hours: Thursday after class or by appointment

Vari Hall 2118, ext. 22550

**Course Description**

The focus of this course will be on health care systems in high income countries, with an emphasis on Canada within an international context. In addition to setting out the components of health care systems, the course is designed to consider critically current theoretical and policy debates about health care systems. I work from a feminist political economy framework that includes an intersectional approach. Of course students will be invited to introduce other perspectives and other countries into the readings, discussions and papers.

The course is divided into three sections. In the first section, we will explore the theories and concepts behind various health care systems, as well as the kinds of evidence that support them. This sets the stage for the second section, providing ways of seeing the various components of the health care systems. In the final section, we will consider those who provide and receive care.

The main objectives of the course are threefold. 1) to understand sociological ways of thinking about health systems; 2) to understand how various health systems work, the assumptions on which they are based and the consequences for health and equity; and 3) to develop additional critical skills based on theory and evidence.

**Assignments**

There are three components to the assessment.

1. Students will write a maximum two-page assessment of a reading for each class and submit in hard copy this assessment at the end of each class. The assessment should identify the main argument, the main theory and/or concepts, the main evidence or logic and a brief assessment.
2. Students will prepare one debate, choosing which side to defend.
3. Student will put their debate into the form of an essay, expanding on their presentation based on the discussion and feedback. The essay need not take the same side as the student took in class. This paper is a maximum of twenty pages and is to be submitted in the last class.

**Evaluation**

1. Reading assessments - 30 %, with 15% of the grade provided by February 2, 15% at terms end
2. Debate presentation -20%. Due during term
3. Essay based on debate - 20%. Due end of term

Class Format

This is a three-hour seminar. I will begin with a short presentation setting out the background and main issues. The rest of the time will be spent with debates and with students sharing their assessments as the basis for discussion. Everyone is expected to read the articles listed as shared, plus one or more from those listed as individual. Students are expected to read at least 50 pages per class.

Suggested topics for debates.

1. Universal vs targeted health services
2. Fee for service vs salary payments for physicians
3. Telemedicine vs in-person diagnosis
4. Walk-in clinics vs family doctor
5. Medical care vs social care
6. Safe injection sites vs rehabilitation
7. For-profit vs not-for-profit services
8. Universal pharmacare vs filling the gaps

**Academic Dishonesty**

Plagiarism is a serious academic offence. All university policies regarding plagiarism will be upheld in this course. I will be vigilant about scrutinizing your work for academic dishonesty and will pursue appropriate penalties for all cases of plagiarism. If you have further questions about academic dishonesty please consult the following website:

<http://www.yorku.ca/univsec/policies/document.php?document=69>

**Special Accommodations**

If you are a student with physical or learning disabilities or mental health concerns that require reasonable accommodations in teaching style or evaluation, you should speak with me early in the term so that appropriate arrangements can be made. Students with disabilities or mental health concerns should contact York University’s Student Accessibility Services, N110, Bennett Centre for Student Services 416-736-5755 or Student Counselling and Development 416-736-5297. More information on special accommodations and related matters consult the following websites:

<https://accessibility.students.yorku.ca/>

**Class # 1 January 9, 2020 Introductory session**

The first half of this class will be devoted to introductions to each other and to the course. The second half will consider the place of theory.

**Class # 2 January 16, Evidence and values**

In addition to determining who will do what in the debates we will consider what counts as evidence and whose evidence counts as well as how theory, assumptions and values shape evidence.

Shared readings

Alma Ata Declaration in the Right to Health 1978 <https://www.who.int/publications/almaata_declaration_en.pdf>

The Ottawa Charter on Health Promotion 1986 <https://www.who.int/healthpromotion/conferences/previous/ottawa/en/>

López, N., & Gadsden, V. L. (2016). Health Inequities, Social Determinants, and Intersectionality. *National Academy of Medicine*, 1–15.

Individual readings

Armstrong, Pat (2001), Evidence-Based Health Care Reform: Women’s Issues in Pat Armstrong, Hugh Armstrong and David Coburn eds., *Unhealthy Times: Political Economy Perspectives on Health and Care in Canada*. Toronto: Oxford, 2001, pp.121-145.

Pederson, A. & Armstrong, P. (2015) Sex, Gender and Systematic Reviews: The Example of Wait Times for Hip and Knee Replacements in Pat Armstrong and Ann Pederson, eds., *Women’s Health: Intersections of Policy, Research and Practice – 2nd edition*. Toronto: Women’s Press, pp. 56-72 .

Bassil, Kate and Denise Zabkieviez (2014) *Health Research Methods. A Canadian Perspective* Toronto: Oxford University Press.

Canadian Institute for Health Information (2018) *In Pursuit of Health Equity: Defining Stratifiers for Measuring Health Inequality — A Focus on Age, Sex, Gender, Income, Education and Geographic Location* <https://www.cihi.ca/sites/default/files/document/defining-stratifiers-measuring-health-inequalities-2018-en-web.pdf>

Goldenberg, M. 2006. “On Evidence and Evidence-based Medicine: Lessons from the Philosophy of Science”. *Social Science and Medicine* 62(11):2621-2632.

López, N., & Gadsden, V. L. (2016). Health Inequities, Social Determinants, and Intersectionality. *National Academy of Medicine*, 1–15.

Navarro, V. (2000) Assessment of the World Health Report *The Lancet* November 4, (356):1598-601.

# Raphael, D. (2006) Social Determinants of Health: Present Status, Unanswered Questions, and Future Directions *International Journal of Health Services* 36(4):637-650.

[https://doi.org/10.2190/3MW4-1EK3-DGRQ-2CRF](https://doi.org/10.2190%2F3MW4-1EK3-DGRQ-2CRF)

Romanow, R. (2002) *Building on Values: The Future of Health Care in Canada* Ottawa: National Library of Canada. Especially Chapter 1. <http://publications.gc.ca/collections/Collection/CP32-85-2002E.pdf>

**Class # 3. January 23, States**

Theory guides what we mean by states and in understanding the role states play in shaping health services. Powerful forces shape health care but so does resistance from unions and other collectivities, along with ideas about shared responsibilities. In this class we will discuss the evolving role of states, the forces that shape them and the consequences for both equity and equality.

Shared reading

Bambra, C. (2007) Going Beyond The Three Worlds of Welfare Capitalism: Regime Theory and Public Health Research *Journal of Epidemiology and Community Health* (61):1098–1102. doi: 10.1136/jech.2007.064295

Individual Readings

Béland, D., Goul Anderson, J., Palme, J., Waddan, A. (2014) The Universal Decline of Universality? Social Policy Change in Canada, Denmark, Sweden and the UK. *Social Policy & Administration, (*48):739-756.

Carey, G., & Crammond, B. (2017). A Glossary of Policy Frameworks: The Many Forms of ‘Universalism’ and Policy ‘Targeting’. *Journal of Epidemiology & Community Health*, *71*(3):303–307. http://doi.org/10.1136/jech-2014-204311

Coburn, D. (2010) Health and Health Care: A Political Economy Perspective in *Staying Alive: Critical Perspectives on Health, Illness, and Health Care* edited by Dennis Raphael, Toba Bryant, Marcia H. Rioux, Toronto: Canadian Scholars Press, pp. 65-92.

Devereux, S. (2016). Is targeting ethical? *Global Social Policy: An Interdisciplinary Journal of Public Policy and Social Development*, *16*(2):166–181. <http://doi.org/10.1177/1468018116643849>

De Vos, P. & [Van der Stuyft](http://joh.sagepub.com.ezproxy.library.yorku.ca/search?author1=Patrick+Van+der+Stuyft&sortspec=date&submit=Submit), P. (2015) Sociopolitical Determinants of International Health Policy International Journal of Health Services April 45(2):*363-377*doi: 10.1177/0020731414568514

Jacobi, J.B., (2019). Multiple Medicaid Missions: Targeting, Universalism, or Both? *Health Policy Law & Ethics,* 15(1):1-23.

Lundberg, O. (2008) Commentary: Politics and public health—some conceptual considerations concerning welfare state characteristics and public health outcomes *International Journal of Epidemiology*, October 37(5):1105–1108, <https://doi.org/10.1093/ije/dyn078>.

**Class # 4 January 30, Markets**

The neo-liberal strategies that came to prominence in the early 1980s oppose the kinds of collective strategies of provision and protection central to public health care and instead stress deregulation, individualism and markets. In this class we will discuss the evolving role of markets, the forces that shape them and the consequences for both equity and equality.

Shared reading

Rachlis, M. (2007) *[Privatized Health Care Won't Deliver](C:\\Users\\moniks\\AppData\\Local\\Microsoft\\Windows\\INetCache\\Content.Outlook\\Z1D616Z1\\Privatized Health Care Won't Deliver Toronto: Wellesley Institute. https:\\www.wellesleyinstitute.com)* [Toronto: Wellesley Institute. https://www.wellesleyinstitute.com.](C:\\Users\\moniks\\AppData\\Local\\Microsoft\\Windows\\INetCache\\Content.Outlook\\Z1D616Z1\\Privatized Health Care Won't Deliver Toronto: Wellesley Institute. https:\\www.wellesleyinstitute.com)

Individual readings

Ågotnes, G., Jacobsen, F. & Szebehely M. (2019) The Growth of the For-Profit Nursing Home Sector in Norway and Sweden. Driving Forces and Resistance in Pat Armstrong, Hugh Armstrong et al. *The Privatization of Care: The Case of Nursing Homes* New York: Routledge.

Angell, M. (2008) Privatizing Health Care is Not the Answer: Lessons from the United States *Canadian Medical Association Journal* October 21, 179(9):916-919.

Armstrong, P. & Armstrong, H. (2019) Privatizing Care: Setting the Stage, in Pat Armstrong, Hugh Armstrong et al. *The Privatization of Care: The Case of Nursing Homes* New York: Routledge.

Brennan, D., Cass, B., Himmelweit, S., & Szebehely, M. (2012).Rationales and consequences in Nordic and liberal care regimes. *Journal of European Social Policy 22*(4),:377-391.

Maarse, H. (2006) The Privatization of Health Care in Europe: An Eight-Country Analysis *Journal of Health Politics, Policy and Law* October 31(5):981-1014. DOI 10.1215/03616878-2006-014

Woolhandler, S. Campbell, T. & Himmelstein, D. (2003) Costs of Health Care Administration in the United States and Canada *The New England Journal of Medicine* August 21 (349):768-775. DOI: 10.1056/NEJMsa022033

**Class # 5, February 6, Accountability**

In this class, we will explore ways of making sure that care is appropriate and as safe as possible. Some of this happens through professional oversight bodies, some through regulations, some through auditing and some through democratic decision-making organizations.

Shared reading

Power, M. (2003) Evaluating the Audit Explosion. *Law & Policy, 25*(3):185-202.

Individual readings

Banerjee, A. & Armstrong, P. (2015) Centring Care: Explaining Regulatory Tensions in Residential Care for Older Persons *Studies in Political Economy*, Spring 95: 7-28.

Daly, T. (2015). [Dancing the Two-step in Ontario’s Long-Term Care Sector: Deterrence Regulation=Consolidation](http://reltc.apps01.yorku.ca/wp-content/uploads/2012/11/Dancing-the-Two-step-in-Ontarios-Long-Term-Care-Sector-Deterrence-regulation-consolidation.pdf). *Studies i*n Political Economy Regulating Care, 95:29-58.

Evetts, J. (2006) Introduction: Trust and Professionalism: Challenges and Occupational Changes *Current Sociology* 54(4):515-531.

Giarelli. G. et al. (2014) Introduction: The Role of Civil Society in Health Systems Reform *Social Science and Medicine* 123:160-67.

# [Kuhlmann](https://journals.sagepub.com/doi/abs/10.1177/0011392106065092), E. (2006) Traces of Doubt and Sources of Trust: Health Professions in an Uncertain Society *Current Sociology* 54(4):607-620.

[https://doi.org/10.1177/0011392106065092](https://doi.org/10.1177%2F0011392106065092)

### [Kuhlmann](https://journals.sagepub.com/doi/abs/10.1177/0011392106065092), E. et al. (2009) Professional Governance and Public Control: A Comparison of Healthcare in the United Kingdom and Germany *Current Sociology* July, 57(4):511-528.

# Wardle, J.L. et al. (2016) Is Health Practitioner Regulation Keeping Pace with the Changing Practitioner and Health-Care Landscape? An Australian Perspective *Frontiers in Public Health* 4:91 doi: [10.3389/fpubh.2016.00091](https://dx.doi.org/10.3389%2Ffpubh.2016.00091)

**Class # 6, February 13. Primary Care**

Alma Ata and the Ottawa Charter put primary care at the centre of health services and emphasize their role of primary care in promoting health. In some ways, an emphasis on new forms of primary care challenges the centrality of the medical model, as we will discuss in this class.

Shared readings

Farre, A. and Rapley, T. (2017) The New Old (and Old New) Medical Model: Four Decades Navigating the Biomedical and Psychosocial Understandings of Health and Illness *Healthcare(Basel)* December 5(4) [10.3390/healthcare5040088](https://dx.doi.org/10.3390%2Fhealthcare5040088)

[Muldoon, L. K](https://search-proquest-com.ezproxy.library.yorku.ca/indexinglinkhandler/sng/au/Muldoon,+Laura+K/$N?accountid=15182); [Hogg, W.E](https://search-proquest-com.ezproxy.library.yorku.ca/indexinglinkhandler/sng/au/Hogg,+William+E/$N?accountid=15182); & Levitt, M. (2006) Primary Care (PC) and Primary Health Care (PHC) [***Canadian Journal of Public Health***](https://search-proquest-com.ezproxy.library.yorku.ca/pubidlinkhandler/sng/pubtitle/Canadian+Journal+of+Public+Health/$N/47649/DocView/231995508/fulltext/58B063174ECC489FPQ/5?accountid=15182)[September/October 97(5)](https://search-proquest-com.ezproxy.library.yorku.ca/indexingvolumeissuelinkhandler/47649/Canadian+Journal+of+Public+Health/02006Y09Y01$23Sep$2fOct+2006$3b++Vol.+97+$285$29/97/5?accountid=15182):409-411.

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

Individual readings

Canadian Institute for Health Information (2016) *How Canada Compares: Results From The Commonwealth Fund 2015 International Health Policy Survey of Primary Care* Physicians <https://secure.cihi.ca/estore/productFamil->

Cramptona, P., Davisb, P. & Lay-Yeec, R. (2005) Primary Care Teams: New Zealand’s Experience with Community-governed Non-profit Primary Care *Health Policy* 72 (2005):233–243.

[Groenewegen](https://journals-scholarsportal-info.ezproxy.library.yorku.ca/search?q=Peter%20P.%20Groenewegen&search_in=AUTHOR&sub=), P.P.et al. (2015) Primary Care Practice Composition in 34 countries *Health Policy* (119):1576–1583.

Hutchison, B. (2008) A Long Time Coming: Primary Health Care Renewal in Canada *Healthcare Papers*, 8(2):10-24.

Sidel, V. & Sidel, R. (1997) Primary Health Care in Relation to Socio-political Structure [*Social Science and Medicine*](https://journals-scholarsportal-info.ezproxy.library.yorku.ca/browse/00377856)April[11(6-7)](https://journals-scholarsportal-info.ezproxy.library.yorku.ca/browse/00377856/v11i6-7): 415-419

World Health Organization (2019) *A Vision for Health Care in the 21st Century* <https://www.who.int/docs/default-source/primary-health/vision.pdf>

**Class # 7. February 27. Hospitals**

Hospitals are at the core of most health systems and in most health systems, their role is changing as chronic health issues become increasingly more common compared to acute ones. In this class we will look at the changing structures of the hospital services.

Shared reading

Healy, J. & McKeel, M. (2000) The Role of the Hospital in a Changing Environment *Bulletin of the World Health Organization* 78 (6):803-810.

Individual readings

Clarka , E. & Carine Milcentb,C. (2018) Ownership and Hospital Behaviour: Employment and local unemployment *Social Science and Medicine* 202:151-161.

### Gibson, J.L. et al. (2005) Priority setting in hospitals: Fairness, inclusiveness, and the problem of institutional power differences *Social Science and Medicine* 61(1):2355-2362.

Perelman, J. et al. (2008) Deriving a Risk-adjustment Formula for Hospital Financing: Integrating the Impact of Socio-economic Status on Length of Stay [*Social Science and Medicine*](https://journals-scholarsportal-info.ezproxy.library.yorku.ca/browse/02779536) [66(1)](https://journals-scholarsportal-info.ezproxy.library.yorku.ca/browse/02779536/v66i0001):88-98.

**Class # 8. Homecare and Long-term Care**

Changing populations and illnesses, new technologies and neo-liberal logics have all contributed to shifts to homecare and long-term residential care.

Shared reading

### Armstrong, P. et al. (2019) Models for Long-term Residential Care: A Summary of the Consultants Report to Long-Term Care Homes and Services City of Toronto. April

<https://www.toronto.ca/legdocs/mmis/2019/ec/bgrd/backgroundfile-130891.pdf>

Individual Readings

Armstrong, P. and Lowndes (2018) *Negotiating Tensions in Long-term Residential Care. Ideas Worth Sharing* <https://www.policyalternatives.ca/publications/reports/negotiating-tensions-long-term-residential-care>

Armstrong, P., & Daly, T. (2017). [*Exercising Choice in Long-Term Residential Care*](https://www.policyalternatives.ca/publications/reports/exercising-choice-long-term-residential-care). Ottawa: Canadian Centre for Policy Alternatives.

Harrington, C., Jacobsen, F. F., Panos, J., Pollock, A., Sutaria, S., & Szebehely, M. (2017). [Marketization in Long-Term Care: A Cross-Country Comparison of Large For-Profit Nursing Home Chains.](http://journals.sagepub.com/doi/full/10.1177/1178632917710533) *Health Services Insights,*10,  doi:10.1177/1178632917710533

### Martin-Matthews, A. (2007) [Situating ‘Home’ at the Nexus of the Public and Private Spheres: Ageing, Gender and Home Support Work in Canada](https://journals-scholarsportal-info.ezproxy.library.yorku.ca/details/00113921/v55i0002/229_satnotpaps.xml?q=hospital+services&search_in=anywhere&date_from=&date_to=&sort=relevance&op=AND&q=Current+Sociology&search_in=JOURNAL&sub=) *Current Sociology* March, 55(2):229-249

Van Houtt, H.. et al. (2019) [Signs of Inequality? Variations in Providing Home Health Care Across Care Organizations and Across European Countries in the IBenC Study](https://journals-scholarsportal-info.ezproxy.library.yorku.ca/details/11786329/v12inone/nfp_soivipecitis.xml) *Health Services Insights* April (12) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6475854/>

**Class # 9 Pharmacare and Dental Care**

When the Hall Royal Commission on Health Services recommended universal health care for Canada, it included the cost of drugs and dental care. Canada is one of the few countries with some form of universal health care that does not include drugs and some dental care in the universal system. In this class we will look at the coverage for important missing components of care.

Shared readings

Brandt, J et al. (2018) [Prescription Drug Coverage in Canada: A Review of the Economic, Policy and Political Considerations for Universal Pharmacare .](https://www.ncbi.nlm.nih.gov/pubmed/30443371)*Journal of Pharmaceutical Policy and Practice* November 7;11:28. doi: 10.1186/s40545-018-0154-x. eCollection 2018.

Individual readings

Canadian Institute for Health Information (2018) *Prescribed Drug Spending in Canada, 2018 A Focus on Public Drug Programs* <https://www.cihi.ca/sites/default/files/document/pdex-report-2018-en-web.pdf>

# McClymont E. (2018) Dental Care in Canada: the Need for Incorporation into Publicly Funded Health Care *University of British Columbia Medical Journal* 7(1).

Morgan, S. et al. (2011) The Cost of Drug dDvelopment: A Systematic Review *Health Policy* 100: 4–17.

Blomqvist, A. & Woolley, F. (2018) Filling the Cavities: Improving the Efficiency and Equity of Canada’s Dental Care System (May 3, 2018). C.D. Howe Institute Commentary 510. Available at SSRN: <https://ssrn.com/abstract=3173239> or [http://dx.doi.org/10.2139/ssrn.3173239](https://dx.doi.org/10.2139/ssrn.3173239)

**Class # 10, March 12, Care Providers**

In this class, we look at who provides paid and unpaid care, their conditions of work and the consequences for the providers themselves as well as for those for whom they provide care. Care provision is highly raced and classed, issues we will make central to our discussion in this session.

Shared reading

ILO & OECD (2019) *New Job Opportunities in an Ageing Society*. Japan [https://www.oecd.org/.../ILO-OECD-G20-Paper-1-3-New-job-opportunities- in-an-ageing-society.pdf](https://www.oecd.org/.../ILO-OECD-G20-Paper-1-3-New-job-opportunities-%20in-an-ageing-society.pdf) Summary.

Individual readings

Armstrong, P., Armstrong, H., & Scott-Dixon, K. (2008). *Critical to Care: The Invisible Women in Health Services*. Toronto: University of Toronto Press.

Armstrong, P. (2015) Unpaid Health Care: An Indicator of Equity pp. 238-258 in Pat Armstrong and Ann Pederson, eds., *Women’s Health: Intersections of Policy, Research and Practice – 2nd edition*. Toronto: Women’s Press or “Unpaid Health Care: An Indicator of Equity” Pan American Health Organization. <http://new.paho.org/hq/index.php?option=com_content&view=article&id=2680&Itemid=4017>.

Canada, Government (2015) *When Work and Care Collide How Employers can Support Their Employees Who Are Caregivers Report from Employer Panel for Caregivers.* Ottawahttp://www.esdc.gc.ca/eng/seniors/reports/cec.shtml

Laugesen, M. (2015) Health Resources in Health Care Systems: Reflecting on “Cross-National Comparisons of Human Resources for Health – What Can We Learn? Health Economics, Policy and Law 10:375-379.

# [Neiterman, E. &](https://www.sciencedirect.com/science/article/abs/pii/S0277953615001355" \l "!) [Bourgeault, I.L.](https://www.sciencedirect.com/science/article/abs/pii/S0277953615001355#!) Professional Integration as a Process of Professional Resocialization: Internationally Educated Health Professionals in Canada [*Social Science & Medicine*](https://www.sciencedirect.com/science/journal/02779536) April, 131:74-81

Ontario Personal Support Workers’ Association The Personal Support Worker in Ontario 2001 – 2017: An Occupation in Crisis Impact of PSW Shortfalls: Home Care Risks Department of Human Resources March 2019 <https://www.ontariopswassociation.com/>

Kuhlmann, E. (2018) Primary Care Workforce Development in Europe: An Overview of Health System Responses and Stakeholder Views [*Health Policy*](https://journals-scholarsportal-info.ezproxy.library.yorku.ca/browse/01688510) [122(10)](https://journals-scholarsportal-info.ezproxy.library.yorku.ca/browse/01688510/v122i0010):1055-1062.

Allsop, J. (2009) [Encountering Globalization: Professional Groups in an International Context](https://journals-scholarsportal-info.ezproxy.library.yorku.ca/details/00113921/v57i0004/487_eg.xml?q=hospital+services&search_in=anywhere&date_from=&date_to=&sort=relevance&op=AND&q=Current+Sociology&search_in=JOURNAL&sub=) [*Current Sociology*](https://journals-scholarsportal-info.ezproxy.library.yorku.ca/browse/00113921/v57i0004) July 57(4): 487-510 .

# Class #11. March 19, Patients, Residents, Clients?

# Even the most equitable systems have inequities in access to care.

# Shared reading

# Canadian Institute for Health Information (2017) *How Canada Compares Results From The Commonwealth Fund’s 2016 International Health Policy Survey of Adults in 11 Countries* <https://www.cihi.ca/sites/default/files/document/text-alternative-version-2016-cmwf-en-web.pdf>

# Individual readings

# Barken, R., & Lowndes, R. (2017) [Supporting Family Involvement in Long-Term Residential Care: Promising Practices for Relational Care](http://journals.sagepub.com/doi/10.1177/1049732317730568). Qualitative Health Research, 28(1):60-72. https://doi.org/10.1177/1049732317730568

Browne, A. J. & Fiske, J. (2001) First Nations Women’s Encounters with Mainstream Health Care Services *Western Journal of Nursing Research*, 23 (2): 126-147.

# Dimick, J. et al. (2013) Black Patients More Likely Than Whites To Undergo Surgery At Low-Quality Hospitals In Segregated Regions

[***Health Affairs***](https://search-proquest-com.ezproxy.library.yorku.ca/pubidlinkhandler/sng/pubtitle/Health+Affairs/$N/36027/PagePdf/1372932006/fulltextPDF/C8056DDA086F44C6PQ/2?accountid=15182)***,*** *Chevy Chase* **June,** [32(6)](https://search-proquest-com.ezproxy.library.yorku.ca/indexingvolumeissuelinkhandler/36027/Health+Affairs/02013Y06Y01$23Jun+2013$3b++Vol.+32+$286$29/32/6?accountid=15182): 1046-53.

Fowler, R. *et al.* (2007) Sex and Age Differences in the Delivery Outcomes of Critical Care [*Canadian Medical Association J*](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2096494/)*ournal* December 4; 177(12): 1513–1519.

Hennebry, J., J. McLaughlin, and K. Preibisch (2016) Out of the Loop: (In)access to Health Care for Migrant Workers in Canada *Journal of International Migration & Integration.* 17 (2):521-38.

Inacio, M.C. et al. (2019) Young People in Aged Care: Trends in the Use of Aged Care Services by Younger Australians, 2008–2016 [*Disability and Rehabilitation*](https://www-tandfonline-com.ezproxy.library.yorku.ca/toc/idre20/current) Published online: 28 Aug 2019 <https://doi.org/10.1080/09638288.2019.1652703>

Mental Health Commission of Canada. (2016). *Mental Health Commission of Canada - Strategic Plan 2017-2022*, Ottawa:Mental Health Commission.

Mosby, I. 2013. Administering Colonial Science: Nutrition Research and Human Biomedical Experimentation in Aboriginal Communities and Residential Schools, 1942–1952 *Social History* 46 (91): 145-172.

Osborn,R. et al. (2014) International Survey of Older Adults Finds Shortcomings in Access, Coordination, and Patient-Centered Care *Health Affairs* 33(12):2247-2255.

Priebe,S et al*.* (2005)Reinstitutionalisation in Mental Health Care: Comparison of Data on Service Provision from Six European Countries *British Medical Journal*  January 13, 330:123 doi: <https://doi.org/10.1136/bmj.38296.611215.AE>

Tjepkema, Michael (2008) Health Care Use among Gays, Lesbians and Bisexual Canadians *Health Reports* 19:1 (March 2008): 53-64

Sinding, C., Miller, P., Hudak, P., Keller-Olaman, S., & Sussman, J. (2012). Of time and troubles: patient involvement and the production of health care disparities. Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine 16(4), 400-417.

Sinha, Maire and Amanda Bleakney (2014) Receiving care at home <http://www.statcan.gc.ca/pub/89-652-x/89-652-x2014002-eng.htm>

# Class # 12. March 26 Bringing it All Together

# This final class will be a review of the course.