#### **For Information**

### SIMON FRASER UNIVERSITY DEAN OF GRADUATE STUDIES MEMORANDUM

TO:	SCUP
FROM:	Jonathan Driver, Dean of Graduate Studies
SUBJECT:	GS2005.43 Global Health
DATE:	17 <sup>th</sup> November 2005
cc:	Arun Chockalingam, Faculty of Health Sciences; Allan Davison, Faculty of Health Sciences; David Maclean, Faculty of Health Sciences

I enclose a proposal for a cohort special arrangements master's program in global health. This was approved by SGSC at its meeting of November 14<sup>th</sup> 2005.

This is a pilot program for a permanent professional master's program currently under development. Approval of a cohort special arrangements program will allow the Faculty to advertise and recruit students to begin in January 2007. It is anticipated that all students will transfer to the permanent program once that is approved.

Under rules approved by SCUP and Senate, cohort special arrangement programs are approved by SGSC, and sent for information to SCUP and Senate.

As this program requires a premium fee, that will require approval by the Board of Governors.

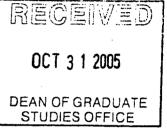
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GS2005.43

# FACULTY OF HEALTH SCIENCES

PHONE (604) 291-4821 FAX (604) 291-5927

# MEMORANDUM



**DATE:** October 31, 2005

TO: Dean of Graduate Studies

FROM: Dr. David MacLean, MD Dean, Faculty of Health Sciences

RE: Cohort Special Arrangements

As we discussed we are now submitting the proposal for a Cohort Special arrangement Master of Global Health.



Faculty of Health Sciences Simon Fraser University



### APPLICATION TO OFFER A MASTERS DEGREE IN GLOBAL HEALTH BY COHORT SPECIAL ARRANGEMENT

by

Arun Chockalingam, David Maclean, Iraj Poureslami, and Allan Davison

### **EXECUTIVE SUMMARY**

This proposal for a new degree, a professional MA degree in Global Health (MAGH) in the Faculty of Health Sciences, is a logical follow-up to the recently initiated MSc in Population and Public Health and the Diploma in Global Health. In accordance with SFU's cohort special arrangement regulations, the intention is "to prototype a program that is being considered for development". The NOI for the full MAGH proposal has recently passed SGSC and is moving through the approval process for preparation of a full MAGH degree.

The MAGH is designed to prepare current and intended health professionals and others for positions as practitioners and decision makers in the global health context. The initiative responds to a new urgency regarding health issues that cross national boundaries. There is a growing need for experts as both developed and resource constrained nations gear up to meet new challenges. The requisite skills and tool set will be imparted in an intensive three-semester 45-credit degree.

The course series will explore the processes that influence health, health systems, and disease patterns worldwide. Students will focus on the mechanisms whereby globalization influences health, and the implications for health and health systems and human security. The program will emphasize health policy and cover major diseases and the underlying influence of technologies, politics, economics, legal structures, and culture, all in the context of social and physical determinants of health and other transnational and global factors. The degree provides the skill-set for practitioners who can serve as agents of change in helping mitigate health inequities. It will be interdisciplinary, participatory, and problem-centered, including ethical aspects, issues of cultural sensitivity, fund raising, advocacy and communication, and local participation in capacity building.

There is substantial demand from students for such a program. Our surveys indicate that many applicants will be health care professionals or newer graduates with relevant backgrounds and an interest in global health. The resources needed for successful implementation of the program are available. Demand from employers for personnel trained in this area is increasing. Outside North America, international knowledge and skill is at a premium. Most graduates return to higher skill positions in governmental health departments and agencies, where they may move toward international relations with respect to health policy. Within Canada and the US, graduates are likely to work with relief agencies, non-governmental organizations, and federal government agencies that deal with LMICs.

Students will normally complete the degree within three semesters of full admission, proceeding through the MAGH program as a cohort. They will take five courses in each of two semesters, the initial (spring) and final (fall) semester. In the intervening summer semester students will undertake a study-abroad practicum on a global health issue in a setting where health inequities exist, with a preceptor from an international organization or NGO.

## TABLE OF CONTENTS

### I Curriculum

1 What the student will gain

- 2 Course structure and other curricular requirements
- 34 Individual course descriptions
- 4 Research expectations Practicum and capstone project
- 5 Consultation process

### **II** Learning methodologies

1 How learning methodologies achieve intended outcomes

2. Features

### III Faculty required to mount this program

1. Number of faculty and staff required to mount this program and their qualifications.

- Existing faculty members contributing to program development
- Courses individual faculty members could or would teach or contribute to
- 2. Curriculum vitae for faculty members

### IV Need for the program

### **V** Admission requirements

### VI Library costs

Appendices - DOCUMENTATION AVAILABLE FOR REVIEW. PLEASE CONTACT BOBBIE GRANT,

604 291-3168 OR EMAIL bgrant@sfu.ca

Appendix I: Course proposals

Appendix II Proposed Calendar Entry

Appendix III Financial report developed in collaboration with the Dean

Appendix IV Faculty associated with the MAGH program

Appendix V Faculty CVs

### **I** CURRICULUM

### 1. What the student will gain

The program will prepare professionals and graduates to become agents of change who can help mitigate health disparities. Addressing health disparities among countries and sub-populations of the globe effectively requires an analytical understanding of causes and mechanisms. Political, economic, sociocultural, and environmental factors, as well as social status, poverty, gender, culture, and ethnicity, are crucial to community and individual health status, bearing consequences that are particularly acute in the global context<sup>2</sup>. The proposed program will provide students with skills, experiences, sensitivity, ethical principles, and insights to respond creatively to health challenges in an interconnected and globalized world. (Further information is available at <u>www.ccghr.ca/tg01.html#championkit</u>). There is no similar program at SFU and indeed no Masters program in Western Canada that addresses similar specific needs and skills.

### 2 Course structure and other curricular requirements

Students will take two semesters of intensive course-work, separated by an intervening practicum semester spent in a location where health inequities are prominent. Some students will meet almost all the entrance requirements but require conditioning to the requirements of the Canadian university system or the program itself. They may choose, or be required to participate in, an optional foundation semester, consisting largely of courses from the proposed Diploma in Global Health.

#### Semester 1 of Global Health Courses – spring (January through April)

GLOH 610-3 Organization and reform of health systems

GLOH 620-3 Determinants of global health

GLOH 630-3 Health promotion and disease prevention - from theory to practice

GLOH 640-3 Human security, ethics, and vulnerable populations

GLOH 650-3 Globalization and health

#### Semester 2: Practicum Semester – summer (May through August)

GLOH 698-14 Practicum in Global Health, to include an on-location review of the project proposal, followed by supervised study of applications to a global health problem in a country or location where health inequities exist. All aspects of the practicum course will be supervised and evaluated.

#### Semester 3 of Global Health Courses – fall (September through December)

GLOH 660-3 Occupational and environmental health

GLOH 670-3 Global approaches to disease prevention and control - current challenges

GLOH 680-3 Advocacy and communication in global health

GLOH 690-3 Health and the economy

GLOH 699-1 Practicum defence. Capstone requirement

One elective course possibly GLOH 697-3 Special topics in global health

#### Diploma foundation courses for qualifying or conditionally admitted students fall

(September through December)

GLOH 501-4 Seminar – Selected research applications in global health

GLOH 510-4 Numerical, analytical, and computational foundations for global health studies

GLOH 520-4 Research methods for evidence-based inference in global health

GLOH 530-4 Foundations of epidemiology in global context

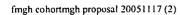
GLOH 540-4 A global perspective on the organization and delivery of health services

#### Other curricular requirements in sequence

Fall 2006	Spring 2007	Summer 2007	Fall 2007
Foundation semester: For	First MAGH	Second MAGH	Third MAGH Semester: Five
students awarded or with	Semester: Five	Semester: Practicum	graduate courses plus
potential for conditional entry	graduate courses	course	capstone experience

#### Learning objectives represented in the curriculum

The scientific and methodological skill set for agents of change in global health is listed in rows of the left column in the following table. The specific courses in which each skill will be taught are in the columns. The curriculum will stress the integration of research and health practice. Thus, "We see the problem and we know enough to help, and at the same time we need to know more to do even better". FHS believes in and will emphasize this unity of approach in global health problem solving.



Linkages between learning outcomes and curriculum design including practicum

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	Topic	Analytic & numerical	Research methods	Epidemio- logical concents	Organization and delivery of health	Organization and reform of health systems	Determinants of global health	Health promotion and disease	Human security, ethics and			Occupational &	Global disease prevention &	Advocacy & commun-			Capstone presentation
	Skill gained	skills			systems			prevention	vulnerable populations			health		global health			case studies
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### 3. Individual course descriptions

Core courses and most of the designated electives have been specifically tailored to the educational objectives of the program. As is characteristic of professional programs, the curriculum is tightly defined and specific to the instructional goals with few optional courses. To the extent possible, the program has been integrated with the existing MSc in Population and Public Health. It includes the two GLOH courses (revision proposals attached) already in that degree and the one elective could well be filled by an MSc PPH course. At the same time, the new GLOH courses will provide useful electives for the more flexible MSc PPH. The relevant full course proposals are attached – see appendix.

### 4. Research expectations – Practicum and capstone project

#### Capstone – Final presentation of practicum project work

As part of their admission package, students will outline a potential global health problem, often local to their country of residence, along with a proposed program to solve or mitigate the problem. During the first month following commencement in the MAGH program, students will have an opportunity to choose possible locations for practica, and to change their projects, if necessary. From this point on this project will be a touchstone for their studies. More than this, in class discussions it will inform other students of the practical implications of theoretical knowledge to this point of application.

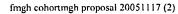
In consultation with their interim advisor, students will identify both a faculty supervisor and a supervisor local to the project. In the semester following the practicum, students will have a more concrete context for the remaining five courses. In accordance with SFU Graduate General Regulations 1.9.1 and 1.10.6, they will defend their practicum project by giving an oral presentation on the problem, the work done, and the practical implications and consequences of their practicum.

#### 5. Consultation process

In developing this proposal, advice was incorporated from a wide range of experts. Extensive preliminary discussions and planning with local experts, were followed by an external report comprising a needs assessment, recommendations from many universities, and budget. This "Simces" report was based on interviews with experts across and beyond Canada. It is available upon request. An internationally renowned expert on Global Health, Dr. Arun Chockalingam, was recruited as the FHS Director of Global Health.

The program content and structure were then the subject of an International Forum held at the Wosk Centre for Dialog to discuss SFU's proposal for an MAGH degree. The forum was attended by many Canadian and international experts in global health, representatives of stakeholders, resource providers, and NGOs. Those attending unanimously expressed support, while offering a myriad of useful suggestions. As a result of their suggestions, we defined the client population as currently employed professionals from both inside and outside Canada; we defined the vision for graduates as being agents of change for the improvement of global health; we defined a niche for the program as a focus on policy (cost-effective delivery of positive change) and globalization (the health impact of international exchange of commodities, finance, commerce, ideas, persons, and agents of disease).

Finally, we have tapped global health expertise of most if not all of the new FHS faculty members.



# **II** LEARNING METHODOLOGIES

### 1. How learning methodologies achieve intended outcomes

Each student's application will include a problem that provides a potential focus for their studies and the mid-program practicum. Traditional classroom teaching will be supplemented with seminars, case study laboratories, and practica. Courses will increasingly incorporate web-based resources, learning objects, and possibilities for substantial off-campus completion.

During the teaching semesters, each afternoon will be spent in a three-hour open format guided discussion in a "laboratory" for one of the five courses of the semester. These will be facilitated by specialists and practitioners with hand-on experience as decision makers in global health selected from a wide range of locations and expertise. In addressing a specific problem, an agent of change needs the ability to establish a personal connection with resource providers when building and financing a project team. Part of the competence gained in these laboratories will be that students become individually acquainted with a selection of decision makers in NGOs and national and international sources. Even a remote contact or a personal recommendation can make a decisive difference. Sessions will take place in a computer and media laboratory in which the state-of-the-art information technology can be applied to the problems under discussion, and where remote teleconferencing can be scheduled.

Eventually most, if not all, courses will be partly or completely available off-campus by web delivery, starting with the "foundation" courses that could lead to a certificate program for those who do not finish the full MAGH program. Courses will provide a common foundation of core methodological skills and an elective to accommodate the specialized needs of students.

### 2. Features

#### Distance education and independent study

Our survey indicated that a significant number of prospective students want a web component to their courses, including the possibility of taking some courses solely by web delivery. We have agreed in principle with LIDC SFU to progressively incorporate these components into the courses. FHS will take responsibility for providing content and LIDC will provide web design and course delivery resources. Web/classroom integration will complement the integration of classroom exposition with workplace implementation.

#### Employability skills

Cooperative Education SFU has agreed to make their instructional modules on employability and jobsearch skills available to our students. The skills most desired by the employers they surveyed are: teamproblem solving, good oral and written communication, and mathematical and computational skills, [Zumbo et al. <u>http://www.ecps.educ.ubc.ca/grad\_programs/merm/plan.html</u> Appendix B:] most, if not all, courses will incorporate a mix of all three of these.

#### Workplace-integrated learning

Theoretical skills are best conceptualized in the context of applications in which they will be used. For this reason, we will use practica, case studies, workshops, and seminars to stress applications. Students from academic and professional backgrounds will learn from each other in an interdisciplinary, participatory learning community of scholars. The involvement of health professionals as associates in the teaching program and as guest lecturers will enrich the classroom experience. In their final semester, practicum students will take a mandatory course in which those coming from or moving to professional careers will draw from each other's experience. Here they will reinforce the skills and applications they encountered in the investigative aspects of their practica, by explaining and discussing specific examples of workplace problem solving.

#### Case studies

Wherever possible, courses will incorporate case studies to ensure grounding in current real-world problems. Learning will be active, rather than a passive memorization of facts. Diverse viewpoints will be explored in an inclusive way, while inferences will be strictly evidence-based.

#### Shorter than normal degree completion time

This means that the studies will be compressed and the workload strenuous. Rather than being a deterrent, however, this will prove attractive to students on leave from work who cannot afford financially to be out of the workplace long, particularly to international students who have limited-time grant support or whose employers can release them only for a year.

### **III FACULTY REQUIRED TO MOUNT THIS PROGRAM**

#### Number of faculty and staff required to mount this program and their qualifications.

In addition to the faculty members currently in place, an anticipated four additional faculty members will be added as the program evolves to its steady-state enrolment. A total course load of ten courses annually plus supervisory and administrative responsibilities, normal study leave, etc would require incremental staffing to the extent of a total of four new faculty members. Secretarial and administrative staff would be required in excess of most conventional programs because of the need to administer the practica placements, practica supervision, and the participation of clinical associates, preceptors, and a large number of practicum defenses in the fall semester. In addition, experts and practitioners in relevant aspects of global health from strategic locations worldwide will be recruited as part time or temporary instructors in team-taught courses. Up to 20 associates will be recruited on stipend as local supervisors/preceptors in the summer practica. Several other programs at SFU have faculty with expertise relevant to this program.

In developing the full proposal, every effort will be made to take advantage of opportunities for sharing course materials and modules across all FHS programs, and of cross-appointments of faculty from other administrative units as mutually desirable.

#### Existing faculty members contributing to program development

Arun Chockalingam (MD, PhD) Stephen Corber (MD, FRCPC) Kitty Corbett (PhD) Allan Davison (PhD) Craig Janes (PhD) Michel Joffres (MD, PhD) David MacLean (MD, PhD) Marina Morrow (PhD) Timothy Takaro (MD, PhD) Rochelle Tucker (PhD) Leilei Zeng (PhD) Courses individual faculty members could or would teach or contribute to

GLOH 610-3 Organization and reform of health systems	Vertesi, Janes, Corbett
GLOH 620-3 Determinants of global health	Corber, Janes,
GLOH 630-3 Health promotion and disease prevention - from	Janes, MacLean, future hire
theory to practice	
GLOH 640-3 Human security, ethics, and vulnerable populations	Janes, Corbett, Morrow, Takaro
GLOH 650-3 Globalization and health	MacLean, Morrow, Takaro,
	Tucker, Corber
GLOH 660-3 Occupational and environmental health	Takaro, Davison, future hire
GLOH 670-3 Global approaches to disease prevention and control:	Corber, future hire
Current challenges	
GLOH 680-3 Advocacy and communication in global health	Corbett, Corber
GLOH 690-3 Health and the economy	Tucker, Morrow, Corbett

2. Curriculum vitae for faculty members See Appendix V

# **IV** NEED FOR THE PROGRAM

#### Justification for development of the program in terms of demand from students

We predict that demand for the program will be overwhelming. This expectation is based on three lines of evidence. First, a survey of health professionals and SFU students predictably indicated a substantial demand for the program from students and professionals from inside Canada. It was, however, from beyond Canada that a surprising level of interest emerged. With no indication that a program was imminent or any request for applicants, we received hundreds of letters or emails of enquiry. Second, within the ranks of the current MSc in Population and Public Health students, the Global Health courses have been in demand, and a substantial number of students have volunteered an interest in the MAGH program were it available now. Each week a couple of dozen enquiries are received. Finally, our itinerant ambassadors at international conferences overseas have had an overwhelming level of response from every university they visited and from governmental representatives across three continents.

We expect to admit some 20 of well over 100 applicants in the initial cohort intake for 2007-1. This is of course no reason for complacency. Rather, to ensure a high quality of students from the start, we would like a sufficient applicant pool to be extremely selective. Consequently, we are hoping that the cohort special arrangement will allow for intense and effective advertising sufficiently in advance for students to arrange financial support, visas, and leave of absence from employment for the initial year.

## **V** ADMISSION REQUIREMENTS

Admission requirements will conform to the University minimum standards for admission to a masters program. They are outlined in the calendar entry (Appendix II).

# VI LIBRARY COSTS

The library indicates that the cost of supporting the courses for this program will amount to about \$7800 per year. The commitment of the Faculty of Health Sciences to meeting these costs is confirmed in the course proposal forms. In addition, should the program be offered at SFU Harbour Centre, the library has identified specific additional costs. We confirm that any budget for downtown delivery will include a line item for these additional library costs.