May 29, 2003

Professor Carolyn Tuohy
Vice-President, Policy Development
and Associate Provost
Room 206, Simcoe Hall
27 King's College Circle
University of Toronto

Dear Professor Tuohy:

At its meeting of May 27, 2003, the Council of the School of Graduate Studies approved the following motion:

> **THAT** SGS Council approve the proposal for a Collaborative Ph.D. Program in Health Care, Technology, and Place, effective September 2003. The new collaborative program will be housed within Division IV for administrative purposes.

The proposal, executive summary and memorandum of agreement attached. The proposal was approved by the Division I Executive Committee on May 8, 2003, Division III Executive Committee on May 6, 2003 and by the Division IV Executive Committee, also on May 6, 2003.

On behalf of the Council of the School of Graduate Studies, I am presenting this item to Governing Council committees, for information.

Yours sincerely,

Jane Alderdice
Secretary to SGS Council
and Coordinator of Policy, Program and Liaison

Encl.
/smr

c.c.	D. Affonso	A. Bewell	U. de Boni	T. Chan	D. Coombs	
	R. Desai	C. Johnston	B. Katz	L. Lemieux-Charles		
	R. MacGregor	S. Moore	S. Rosatone	M. Sefton	H. Skinner	L. Yee

H:Council/FollowUp/2002-2003/May 27/Health Care, Technology and Place Collaborative Program

Motion

School of Graduate Studies Council
Tuesday, May 27, 2003

Item 7.2.

MOTION (/) **THAT** SGS Council approve the proposal for a Collaborative Ph.D. Program in Health Care, Technology, and Place, effective September 2003. The new collaborative program will be housed within Division IV for administrative purposes.

See the proposal, executive summary and memorandum of agreement attached.

NOTE:
This proposal was approved by the Division I Executive Committee on May 8, 2003, the Division III Executive Committee on May 6, 2003, and the Division IV Executive Committee, also on May 6, 2003.

With SGS Council's approval this item will go to Governing Council committees for information, and to the Ontario Council on Graduate Studies for a standard appraisal.

UNIVERSITY OF TORONTO

Brief for the Standard Appraisal
of the
Collaborative Doctoral Program
in
HEALTH CARE, TECHNOLOGY, AND PLACE

Submitted April 2003

EXECUTIVE SUMMARY

Unprecedented flows of information, mutable coalitions of care providers, and new configurations of physical settings and cyberspaces characterize health care in the Twenty-First Century. Technological connections blur boundaries between bodies and machines, life and death, public and private places, and geographical regions that hitherto were economically and jurisdictionally separate. A fusion of disciplinary perspectives and methods is required to address a range of issues pertaining to this new health care order. The Collaborative Doctoral Program in Health Care, Technology and Place *(HCT&P)* will be the first doctoral program in the world to respond to this need for knowledge and research capacity. Reflecting the timeliness and national importance of this initiative, the Canadian Institutes of Health Research (CIHR) has provided funding of $1.8 M over six years (2002-2008) to support students and to cover operating expenses. The anticipated start-date for this Collaborative Program is September 2003.

The objectives of the Program are (1) to prepare doctoral students to understand, explain, and improve health outcomes associated with geographically-dispersed and technologically-mediated health care; (2) to bridge knowledge gaps among doctoral students working in the life sciences, social sciences, and humanities who are concerned with the interconnectedness of bodies, technologies, places, and modes of work in contemporary health care; and (3) to provide mentorship in transdisciplinary scholarship.

The requirements and common learning experiences of this Collaborative Program are: (1) completion of at least one Collaborative Program half-course; (2) active participation in the monthly Collaborative Program Seminars; (3) participation at least once in the Annual International Research Workshop in Health Care, Technology, and Place; and (4) completion of a dissertation pertaining to the theme of "health care, technology, and place" under the supervision of a Core Faculty member in the student's home department.

Resource implications of the Program are associated with (1) curriculum development and delivery, (2) provision of space for workshops, offices, and networking, and (3) student support. In cooperation with home units, students may receive funding through the CIHR Strategic Training Program in Health Care, Technology, and Place. Support from participating home units has already been demonstrated through the provision of some office space (Faculty of Nursing), webcasting and video-conferencing facilities (Faculty of Medicine), and the establishment of a CIHR co-sponsored Partnership Appointment at the rank of Assistant Professor to advance the Program. In addition to funds provided by CIHR, the Faculty of Nursing and the Department of Health Policy, Management, and Evaluation in the Faculty of Medicine will contribute jointly $10, 000 per annum for a Program Coordinator.

Students will be enrolled in a home department and this department will recommend the granting of a degree. Home units will retain control over their admissions and a duty to provide their trainees with adequate supervision within the unit. With the approval of Program Co-Directors, the designation "Completed the Collaborative Doctoral Program in Health Care, Technology, and Place" shall be shown on the transcript.

Participating units will credit faculty roles in the Program when assigning/ evaluating teaching and supervisory loads. Commitments to furnish applied research experiences for Program trainees have been secured from: the University Health Network, Toronto Rehabilitation Institute; The Hospital for Sick Children and other institutions.

Core Faculty: *Co-Director* **P. McKeever** (Nursing); *Co-Director* **P.C. Coyte** (Health Policy, Management & Evaluation); G. Fernie (Institute for Biomaterials and Biomedical Engineering); R. Gray (Public Health Sciences); E.D. Harvey (English); A. Jadad (Health Policy, Management, and Evaluation); L. MacKeigan (Pharmacy); B. Poland (Public Health Sciences).

RATIONALE AND DESCRIPTION:

Introduction: Unprecedented flows of health information, mutable coalitions of care providers and new configurations of physical settings and cyberspaces characterize the current health care landscape. Technological connections are blurring boundaries between bodies and machines, life and death, public and private places, and geographical regions that hitherto were economically and jurisdictionally separate. Commencing September 2003, the Collaborative Doctoral Program in Health Care, Technology, and Place" (HCT&P) at the University of Toronto will be the first PhD-level program in the world to focus on the complex bio-medical, social, spatial and technological configurations that characterize contemporary health care. Reflecting this Program's timeliness and national importance, the Canadian Institutes of Health Research (CIHR) will provide funding of $1.8 M over six years (2002-2008) to support HCT&P.

Objectives: Program objectives will be: (1) to prepare doctoral students to understand, explain and improve health outcomes associated with geographically-dispersed and technologically-mediated health care; (2) to bridge knowledge gaps among doctoral students working in the life sciences, physical sciences, and humanities who are concerned with the interconnectedness of bodies, technologies, places, and modes of work in contemporary health care; and (3) to provide mentorship in transdisciplinary scholarship, including leadership skills, collaboration, grant-writing, and knowledge transfer. Ultimately the goal is to facilitate research conducted by scientifically-informed humanists and philosophically-informed physical and social scientists.

Student Demand: Each member of the HCT&P Core Faculty will bring at least one doctoral student to the program within the first three years. Student demand has been expressed to participate in educational precursors to the HCT&P program, including the *Health Care and*

Place International Research Workshop, the interdisciplinary graduate course JNH 5001, *"Health Care Settings: Issues, Concepts, Measures, and Policies,"* and the graduate mentorship activities associated with Co-Director Coyte's Chair in *Health Care Settings and Canadians* (funded by the Canadian Health Services Research Foundation and the Canadian Institutes of Health Research).

COMMON LEARNING EXPERIENCES

Through the HCT&P Program, life sciences based students will learn to think more expansively and theoretically about the implications of the new health care order for social relations, personal identity, and ethical research conduct. Likewise, learning about clinical and laboratory research methods and theories of evidence will enhance the "scientific literacy" of students from the social sciences and humanities.

A key deficiency among many health services graduates with scientific backgrounds is their inexperience in theorizing about individual, group, and institutional behaviours, and about meanings assigned to experience, places, and objects. Similarly, humanities and social sciences graduates often have an underdeveloped knowledge of physiology, engineering, and other sciences. Through the Collaborative Doctoral Program in HCT&P, students will develop a shared understanding of the complexities of a geographically-diffuse, technologically-mediated health care system, a shared exposure to the interesting significance of work, technology, place and bodies in twenty-first century health care, and a shared skill set to undertake and lead transdisciplinary, collaborative health care research projects.

The common learning experiences of the HCT&P Collaborative Program are: (1) exposure to a common set of research issues and methods through one or more of the HCT&P graduate courses; (2) active participation in the monthly HCT&P PhD seminar series; (3) participation in

the Annual International Collaborative Research Workshop; and (4) completion of a dissertation pertinent to the theme of "health care, technology, and place, " written under the supervision of an HCT&P Core Faculty member and a supervisory committee including at least one additional HCT&P Core Faculty.

Requirements: To complete the HCT&P Collaborative Doctoral Program, students must receive credit for at least one HCT&P half course; participate actively in the monthly seminar series throughout the duration of their involvement with HCT&P, and participate in at least one Annual International Collaborative Research Workshop. In addition, students must complete a dissertation under the supervision of a Core Faculty member in the student's home department. The dissertation must address the theme of "health care, technology, and place." It is the objective of this Collaborative Program to enrich the PhD experience without unduly extending the duration of students' graduate education. Every student enrolled in the Collaborative Doctoral Program must complete the requirements of the Collaborative Program *and* the requirements of the doctoral program in their home graduate unit. It will be up to each participating home department to determine whether HCT&P courses are completed *in addition* to the department's customary course requirements *or as a part of* those requirements.

1. Core Courses: All students will be required to complete at least one of the four transdisciplinary half-courses developed and delivered by teams of Core Faculty. The courses will address: (a) *Health Care and Place;* (b) *Health Care Technologies, People, and Places*; (c) *Health Care, Embodiment, and Personhood*; and (d) *The Organization and Provision of Health Care Work.* All four courses will address common themes pertaining to the intersections

of work, place, technology, and selfhood in health care, and will reflect a common emphasis on transdisciplinary perspectives in the analysis of contemporary health care issues. Because the Collaborative Program in the HCT&P offers a choice of four different courses, students can emphasize dimensions of the issues that are most pertinent to their individual programs of study, while sharing in common an exposure to core themes.

2. HCT&P Seminar Series: All students in the Collaborative Doctoral Program are required to participate fully (as speakers, interlocutors, facilitators, and planners) in the monthly HCT&P seminar series. The series is designed to give students opportunities to receive focused, constructive feedback from an expert, attentive audience. The seminar series also offers a forum for students from diverse academic backgrounds to address issues pertaining to health care, technology, and place, and to develop communication and scholarly leadership skills within transdisciplinary peer groups. Students may present work individually or in teams, and may use the sessions to prepare for PhD oral examinations, conference presentations, academic interviews, or simply to gain feedback on particular scholarly projects.

3. Annual International Collaborative Research Workshop: Core Faculty, doctoral students, and decision-makers from government, industry, and community agencies, will engage in sequestered three-day sessions with peers from partner institutions abroad. A diverse participant base will facilitate mentorship across professions and career trajectories. Participants will contribute fully to the workshop and will be responsible for the design and delivery of workshop curriculum and materials. International partners from Sweden, the United Kingdom, Japan, and New Zealand have been approached for future workshops.

4. Dissertation Supervision: Students must meet the program requirements of their respective departments, including specifications pertaining to dissertation research. Students should

complete a dissertation under the supervision of an HCT&P Core Faculty member, and a committee including at least one additional Core Faculty member from the Collaborative Doctoral Program. It is understood that the doctoral thesis will focus on a topic related to the Collaborative Program.

CORE FACULTY AND PARTICIPATING HOME DEPARTMENTS:

All degree programs taking part in a Collaborative Program have at least one graduate faculty member whose interests and research expertise encompass or relate to that of the Collaborative Program subject area. The faculty member or members designated as Core Faculty in the Collaborative Doctoral Program in HCT&P will be available to students registered their home units as advisors or supervisors. Core Faculty contribute to the teaching of the core Collaborative Program courses and participate in the Collaborative Program seminar series and other common learning elements. Faculty are not required to participate every year and, in many cases, may simply remain available to interested students. Some faculty may teach courses in the subject area of the Collaborative Program in the home program.

Three academic divisions (Life Sciences, Physical Sciences, and Humanities) at the University of Toronto will participate in the Collaborative Program in Health Care, Technology and Place, represented by the following PhD programs: Biomedical Engineering; English; Health Policy, Management, and Evaluation; Nursing; and Public Health Sciences. The Social Sciences Division at University of Toronto is anticipated to join the Collaborative Program in Fall 2003, represented by the Faculty of Social Work, which has expressed keen interest in this program. Seven University of Toronto faculty members, holding academic positions across five faculties and eight disciplines have been selected to: (1) design and deliver the HCT&P courses;

(2) supervise students; and (3) participate on Admissions, Curriculum, and Program Evaluation Sub-Committees. These Core Faculty are: P. C. Coyte (Dept. Health Policy, Management, and Evaluation, Faculty of Medicine) and P. McKeever (Faculty of Nursing); E.D. Harvey (Dept. of English, Faculty of Arts and Sciences); A. Jadad (Dept. Health Policy, Management and Evaluation, Faculty of Medicine); G. Fernie (Biomaterials and Biomedical Engineering, Faculty of Applied Science and Engineering); R. Gray, PhD (Public Health Sciences, Faculty of Medicine); L. MacKeigan (Pharmaceutical Sciences, Faculty of Pharmacy); and B. Poland, PhD (Public Health Sciences, Faculty of Medicine). Additional Core Faculty may join the Collaborative Program at the discretion of the Program Committee. The home departments will credit Core Faculty participation in HCT&P when assigning and evaluating teaching and supervisory loads, and where appropriate, facilitate access to department equipment and research facilities for HCT&P students.

Resources: Resources to support the operation and administration of the Collaborative Program are amply provided by the Canadian Institutes of Health Research through the award of a 6 year grant (2002-2008) to McKeever and Coyte for "Health Care, Technology, and Place: A Transdisciplinary Research Training Program." Under the terms of this grant, which has been awarded at the University of Toronto, $90, 000 per annum is available to cover HCT&P operating expenses (e.g. administrative support, workshop activities and travel, and technology). In addition, support from participating home units has been demonstrated through the provision of staff office space (Faculty of Nursing); and through the provision of a site for the HCT&P Seminar Series, webcasting and videoconferencing facilities (Faculty of Medicine). In addition, The Faculty of Nursing and the Department of Health Policy, Management & Evaluation have agreed to contribute jointly $10,000 per annum towards the salary of the HCT&P administrative

coordinator. Many of the University's health research partners have strongly endorsed HCT&P with generous commitments to provide applied field research opportunities for doctoral students at University Health Network; Toronto Rehabilitation Institute; and The Telehealth Program at the Hospital for Sick Children. The CIHR will provide $1.26M for student fellowships.

Governance and Administration: The Collaborative Program will be administered by a Program Committee. The Program Committee is composed of one graduate faculty member from each participating graduate unit, each to be recommended by the unit Chair. The Program Committee will be chaired by the Program Director(s). The function of the Program Committee shall include: (a) review of student applications and admissions to the Collaborative Program, via a Recruitment Subcommittee; (b) recommendation of new Directors; and (c) program evaluation.

All Collaborative Programs at the University of Toronto have a Director(s) whose appointment is approved by the Dean of the School of Graduate Studies. Directors' terms are usually three years in duration. The Program Committee recommends Directors or Co-Directors to the SGS Dean after consultation with the Chairs and Directors of participating programs.

The Co-Directors and the Program Committee are responsible for approval of admissions to the Collaborative Program and are responsible for approving doctoral students' completion of Collaborative Program requirements, including the granting of the Collaborative Program designation. The Co-Directors will provide intellectual and administrative leadership through all aspects of the curriculum, student supervision, and collaborative research activities and shall supervise the Program staff. They will report annually to the School of Graduate Studies on the activities of the Collaborative Program, including admission, progress and graduation of students. The Co-Directors will be responsible for certifying that Program requirements have been fulfilled by each graduating student, on the recommendation of the Core Faculty supervisor.

It is expected that a Collaborative Program core faculty member in the student's home department will confirm that the student has incorporated the collaborative program subject area into the thesis. The home graduate unit is solely responsible for the approval of the student's home degree requirements and the home graduate unit shall recommend the granting of the degree.

Collaborative Doctoral Program Co-Directors: Patricia McKeever (Faculty of Nursing) and Peter C. Coyte (Dept. of Health Policy, Management, and Evaluation, Faculty of Medicine).

COLLABORATIVE GRADUATE PROGRAM IN

HEALTH CARE, TECHNOLOGY, AND PLACE

MEMORANDUM OF AGREEMENT

Memorandum of Agreement concerning a Collaborative Doctoral Program in Health Care, Technology, and Place (hereafter, Collaborative Program or Program) in which the following graduate units will participate:

- Faculty of Nursing (PhD in Nursing)
- Dept. of Health Policy, Management, and Evaluation (PhD in Health Administration)
- Dept. of English (PhD in English)
- Dept. of Public Health Sciences (PhD in Social Sciences and Health);
- Dept. of Pharmaceutical Sciences (PhD in Pharmaceutical Sciences);
- Institute for Biomaterials and Biomedical Engineering (PhD in Engineering)**.**

1. In order to develop cooperative and joint graduate education and research in the analysis of the dynamic health care interactions of bodies, places, technologies, and modes of work, the collaborating units agree to participate in a Collaborative Program at the PhD level.

2. The objectives of the Collaborative Program are (a) to prepare doctoral students to understand, explain and improve health outcomes associated with geographically-dispersed and technologically-mediated health care; (b) to bridge knowledge gaps among doctoral students working in the life sciences, social sciences, and the humanities who are concerned with health care-related constellations of human bodies, technologies, settings,

and modes of work; and (c) to provide mentorship in transdisciplinary research and scholarship, including leadership skills, negotiation and collaboration, grant writing, and knowledge transfer.

3. Resources ($90,000 per annum) to support Collaborative Program operation and administration (e.g. secretarial support, workshop activities, technology demands) will be provided via a 6 year (2002-2008) Canadian Institutes of Health Research Strategic Training Initiative grant awarded to Patricia McKeever and Peter C. Coyte at the University of Toronto.

4. During the period of the CIHR grant (2002-2008), the Faculty of Nursing and the Department of Health Policy, Management, and Evaluation (HPME) will each provide $5,000 per annum to support the salary of a Program Coordinator. During the period of the grant, the Faculty of Nursing will provide office space to the Collaborative Program as per space allocations made to HCERC. During the period 2003-2008, the Faculty of Nursing will co-sponsor a CIHR Partnership Appointment at the rank of Assistant Professor to advance the Program. Coyte's CHSRF/CIHR Health Services Chair, based at HPME, will provide office space for the CIHR Partnership Appointment. The Faculty of Medicine will provide an electronic website and technical support (videoteleconferencing and webcasting) for the HCT&P Seminar Series, as well as space for the CHSRF/CIHR Health Services Chair. The Faculty of Nursing and Department of HPME face no additional financial obligations related to the operations of the Collaborative Program (e.g. Annual International Collaborative Workshop).

5. Doctoral students in the Program shall register in the School of Graduate Studies through their home units. They shall:

a. meet all respective degree requirements of the School of Graduate Studies and the participating graduate units;

b. meet the course requirements of the Collaborative Program.

6. It is the objective of this Collaborative Program to enrich the PhD experience without unduly extending the duration of students' programs. Home departments will determine whether these Collaborative Program requirements are included as part of the department's academic requirements or will be completed in addition to those requirements.

7. The requirements and common elements of the Collaborative Program are:

a) completion of at least one Collaborative Program half-course;

b) participation in the monthly HCT&P Seminar series;

c) participation at least once in the Annual International Research Workshop in Health Care, Technology, and Place;

d) completion of dissertation pertaining to the theme of "health, care technology, and place," under the supervision of a Core Faculty member in the home department.

8. It is agreed that the Collaborative Doctoral Program in Health Care, Technology, and Place shall be administered by a Program Committee. The Chair of each participating graduate unit will recommend a Program Committee member from that department. The Program Director(s) will chair the Program Committee. The function of the Program Committee shall include: a) review of student applications, via a Recruitment Subcommittee; b) recommendation of new Director(s), as required; and c) program evaluation. The Program Committee shall normally meet quarterly.

9. Directors or Co-Directors are recommended to the SGS Dean by the Program Committee after consultation with the Chairs and Directors of participating programs. The term of appointment is three years, renewable upon approval of the SGS Dean.

10. The Co-Directors shall provide intellectual and administrative leadership through all aspects of the curriculum, student supervision, and collaborative research activities and shall supervise the Program staff. They shall submit a report annually to the School of Graduate Studies, reflecting program activities, including admission, progress and graduation of students.

11. During the first three years, the Program will be Co-Directed by Patricia McKeever (graduate faculty, Faculty of Nursing) and Peter C. Coyte (graduate faculty, Department of Health Policy, Management, and Evaluation, Faculty of Medicine).

12. The composition of the Core Faculty may change over time. Candidates for the position of Core Faculty in the HCT&P Collaborative Program must reflect the following eligibility criteria:

    (a) Graduate Faculty Appointments at the University of Toronto;

    (b) Superlative experience in transdisciplinary scholarship and academic mentorship as demonstrated by academic cross-appointments, supervision of students from diverse disciplines, and collaborative research accomplishments;

    (c) Demonstration of a unique perspective on the dynamic interplay of health care, technology, and place; and

    (d) Capacity to bring authority and prestige to the Collaborative Program locally, nationally, and/or internationally.

13. The participating graduate units will ensurethat there is at least one qualified graduate member active in the Collaborative Program at any given time.

14. Responsibilities of Core Faculty may include:

    a) Active participation in the creation of core courses;

    b) Active participation in the team teaching of core courses;

    c) Active participation in the Collaborative Program monthly seminar series;

    d) Direct (and committee level) supervision of Collaborative Program students; and

    e) Participation on administrative subcommittees for the Collaborative Program.

15. Each participating graduate unit shall retain its statutory control over admissions and program content, and its statutory duty to provide adequate research supervision by a member of the graduate faculty in the unit. Students shall be enrolled in the graduate unit in which his or her research is conducted, which is known as the home graduate unit.

16. Each participating graduate unit shall recognize and reward faculty participation in teaching, and committee work associated with the Collaborative Program when evaluating faculty progress and when assigning teaching and committee responsibilities within the unit.

17. The home graduate unit shall recommend the granting of the doctoral degree.

18. The Co-Directors of the Collaborative Program shall be responsible for certifying that each graduating student has fulfilled the requirements of the Collaborative Program.

19. Upon certification that all requirements of the Collaborative Program have been fulfilled, the designation “Completed the Collaborative Doctoral Program in Health Care, Technology, and Place” shall be shown on the transcript.

Memorandum of Agreement, Collaborative Doctoral Program in
Health Care, Technology, and Place

SIGNATURE PAGE: UNIT AGREES TO PARTICIPATE

Faculty of Nursing

Signature _____ Date: _____

Department of Health
Policy, Management,
and Evaluation

Signature _____ Date: _____

Institute for Biomaterials and
Biomedical Engineering

Signature _____ Date: _____

Department of Public Health
Sciences

Signature _____ Date: _____

Department of English

Signature _____ Date: _____

Dept. of Pharmaceutical Sciences

Signature _____ Date: _____

Co-Director,
Collaborative Doctoral
Program: Health Care,
Technology,
and Place Signature _____ Date: _____

Co-Director,
Collaborative Doctoral
Program: Health Care,

Technology,
and Place Signature _____ Date: _____

Vice-Dean,
School of Graduate Studies Signature _____ Date: _____
University of Toronto

Dean,
School of Graduate Studies Signature _____ Date: _____
University of Toronto

Appendix 1

Core Faculty Academic Affiliations

Peter C. Coyte PhD (Department of Health Policy, Management, & Evaluation) ***Collaborative Program Co-Director**

Geoff Fernie. P.Eng (Institute for Biomaterials and Biomedical Engineering);

Ross Gray, PhD (Department of Public Health Sciences);

E.D. Harvey, PhD (Department. of English);

Alex Jadad, MD, PhD (Department of Health Policy, Management, and Evaluation)

Patricia McKeever, RN, PhD (Faculty of Nursing) ***Collaborative Program Co-Director**

Linda MacKeigan, PhD (Faculty of Pharmacy)

Blake Poland, PhD (Department of Public Health Sciences).

Appendix 2

Pertinent Publications

Coyte

Li, L., Coyte, P.C., Lineker, S.C., et al. (2000) "Ambulatory care or home-based treatment? An economic evaluation of two physiotherapy delivery options for people with rheumatoid arthritis." *Arthritis Care & Res*., 13(4): 183-190, 2000.

Coyte, P.C., Young, W., (2000) "Regional variations in the use of home care services in Ontario, 1993-1995." *Canadian Medical Association Journal*, 161 (4): 376-380, 1999.

McKeever

Coyte, P.C. & McKeever, P. (2002). "Home care in Canada: Passing the buck" *Canadian Journal of Nursing Research*, 33(2).

McKeever, P., O'Neill, S. and Miller, K-L. (2002). Managing space and marking time: Mothering severely ill infants in hospital isolation. *Qualitative Health Research 12* (8), 1071-1083.

Fernie

Pippin, K. & Fernie, G.R. (1997). Designing devices that are acceptable to frail elderly: A new understanding based upon how older people perceive a walker. *Technology and Disability*, 7(1-2): 93-102.

Mihailidis, A., Fernie, G. and Cleghorn, W.L. (2000). The development of a computerized cueing device to help people with dementia to be more independent. *Technology and Disability*, 13: 23-40.

Gray

Gray, R.E., Sinding, C., & Fitch, M. (2001). Navigating the social context of metastatic breast cancer: Reflections on a project linking research to drama. *Health, 5(2):* 233-248.

Fergus, K.D.; Gray, R.E.; Fitch, M.I.; & Phillips, C. (2002). Active consideration: Conceptualizing patient-provided support for spouse caregivers. *Qualitative Health Research 12*, 492-514.

Harvey

Harvey, E. (2002). "Entering the Body: Allegorical and medical modes of knowing interiority" in *On Touch: Early modern tactilities*, ed. Elizabeth D. Harvey, University of Pennsylvania Press.

Harvey, E. (2002) Anatomies of rapture: Clitoral politics/medical blazons. *Signs: Journal of Women in Culture and Society, 27 (2).*

Jadad

Jadad A.R., Gagliardi A. (1998) Rating health information on the Internet. Navigating to knowledge or to Babel? *Journal of the American Medical Association*, 279: 611-614

Jadad A.R. (1999) Promoting partnerships: Challenges for the Internet age. *British Medical Journal*, 319: 761-764.

MacKeigan

MacKeigan LD, Marshman JA, Romanus-Kruk D, Milovanovic DA, et al. (2002). Clinical pharmacy services in the home: Canadian case studies. *Journal Amer. Pharm Assoc*; 42:735-742.

MacKeigan LD, McCullough CA, Naglie G, Marshman JA. (Submitted Jan 2003). Medication problems in frail elderly home care clients: A qualitative analysis with a systems perspective. *The Gerontologist*.

Poland

Poland B.D., Green, LW. & Rootman, I. (2000) *Settings for Health Promotion: Linking Theory and Practice*. Sage Publications.

Poland B. (2000). "The 'considerate' smoker in public space: the micro-politics and political economy of 'doing the right thing'." *Health and Place* 6(1): 1-14.

Appendix 3

Core and Elective Courses
Proposed for the Collaborative PHD Program in Health Care, Technology, and Place

Course A: Health Care and Place (Offered Winter 2003)
Course B: Health Care Technologies, People, and Places (First Offered Fall 2003)
Course C: Health Care, Embodiment, and Personhood (First Offered Winter 2004)
Course D: The Organization and Provision of Health Care Work (First Offered Fall 2004)

Core Courses

Designed and delivered by subgroups of the Collaborative Program Core Faculty, these courses will allow intensive exploration of the four nodes of the contemporary, geographically diffused, technology mediated health care order. Each course will be designed to stand alone, but analogous content, format and evaluation techniques will ensure that they form a coordinated, integrated, and coherent whole. Students will be required to enroll in at least one of these courses based on their primary research interest and in accordance with the requirements of their home departments. The overarching goal of each course will be to emphasize the implications of transdisciplinary knowledge for health research design and conduct, clinical practice, and relevant policy. Students will be exposed to diverse historical and contemporary schools of thought and disciplinary/professional perspectives that address issues and problems central to the particular course focus.

Course A: Health Care and Place: The centrality of "place" in human life is highlighted in a growing number of disciplines. Places have recursive relationships with other social and cultural entities because they simultaneously shape and are shaped by human practices and institutions. Places have three defining features: location, material form, and meaningfulness. Fiscal, demographic, and social pressures, together with technological, medical and pharmacological advances have reconfigured the settings for health care in various ways. The structure and function of many traditional settings, like hospitals and long-term care institutions, have been modified and many health care services currently are provided in places where people live, work, and attend school. Furthermore, because it has become increasingly unnecessary for providers and recipients to be proximal in space and/or time, the socio/spatial/political relations of health care have been altered irrevocably. This course will address the geographical, psychological, socio-cultural, ethical, economic, legal, and political consequences of settings in which health care is provided and received. The implications of permeable boundaries and the interconnections and relationships between and among various types of care providers, recipients and places will be emphasized. Offered Winter 2003. Course No. **JNH 5001H**

Course B: *Health Care Technologies, People, and Places:* Technologies have been central to the evolution of the new health care order. In addition to changing how health care is organized, sought, provided, received and perceived, technologies have also altered the form and range of settings and communication methods used for health care. Technological applications, interfaces

and interconnections have altered or erased many boundaries between the human body and technology, nature and culture, and time and space. Devices have rendered many bodily organs and functions replaceable, and many diagnostic, intervention and monitoring procedures minimally invasive and/or robotic. Health informatics and knowledge technologies have changed the tempo and form of health care transactions, communication, record keeping, and management. Finally, adaptive and assistive technologies can reduce many environmental barriers and can connect places at scales ranging from the local to the global. While health technologies have solved a range of problems, they have often had paradoxical effects and an array of unintended consequences. Technologies are derived from, and extend, human capacities; and the study of technology has scientific, clinical, political and social relevance. Hence, it is essential that scholars understand *both* the underlying engineering and scientific principles of devices *and* the social processes that create, sustain and result from them. This course will address: the historical trajectory of technological applications to health care; the nature of new applications and their effects on care recipients, care providers, communication flows and settings; and the ethical, legal, psychological, clinical, social and economic consequences of where and how health care technologies are used. First offered Fall 2003.

Course C: ***Health Care, Embodiment, and Personhood****:* The human body constitutes a key theme in many contemporary academic disciplines and is receiving revitalized attention in the health sciences. New body-enhancing capabilities and advances in knowledge have led scholars to question the body's legal, social and biological status as well as the nature of embodiment and identity. In industrialized countries, the characteristics of health care recipients and the nature of interventions have changed significantly in recent decades. Most notably, the rates of people receiving care pertaining to chronic illnesses, disabilities and the frailties of old age have increased dramatically. Advances in biotechnology, genetic engineering, pharmaceutical and medical sciences have led to diagnostic, therapeutic, prosthetic and adaptive possibilities that were hitherto unimaginable. Furthermore, information, communication, robotic, and remote technologies increasingly have made it unnecessary for care providers and recipients to be proximal in space. This course will address: historical and contemporary conceptualizations of the body in the health and social sciences, and in the humanities; the nature of new health care interventions and their effects on various types of care recipients; and the ethical, psychological and social issues associated with where and how health care transactions occur. First offered Winter 2004.

Course D: ***The Organization and Provision of Health Care Work*****:** The movement of a wide array of health care services from traditional settings of care to other places is an important manifestation of the new economy. Scientific advances in technology and in the health sciences, together with fiscal concerns, have dramatically increased the types and range of settings used for health care, and thereby transformed traditional health care worksites. Many physical and symbolic boundaries separating professional, alternative, allied, and unpaid health care providers have been disrupted, and those between actual and virtual sites of health care work have been blurred. Consequently, the socio-spatial-discursive organization of health care work has been profoundly changed, new human and technological networks have evolved, and complex, hierarchical configurations of authority and accountability have developed. This course will address: the organization and management of health care work from multiple perspectives; its effects on an array of care providers and recipients; and the implications of using places and

resources designed for other purposes for the provision of health care work. First offered Fall 2004.

Elective Courses

Students Collaborative Doctoral Program in Health Care Technology, and Place must complete the course requirements of their home department, in addition to at least one core course delivered through the HCT&P program. Home departments will determine if HCT&P core courses will be designated as elective courses or included among required departmental courses. Home departments will determine if HCT&P core courses will be cross-listed within the department. Students in the Collaborative program will be encouraged to fulfill departmental course requirements and elective course requirements through enrolment in courses salient to the priorities of HCT&P. HCT&P Collaborative Program Faculty will provide guidance and mentorship in selection of appropriate elective courses and will endeavour to provide appropriate course offerings within the home department.

Appendix 4: Course Outline

Health Care and Place: Issues, Concepts, Measures and Policies

(CIHR Strategic Training Program in Health Care, Technology and Place)

JNH 5001H
(Graduate Departments of Health Policy, Management and Evaluation & Nursing)
WINTER, 2003

Lecture Location: **Medical Sciences Building, Room 3283**
Day & Time: **Tuesday 1pm-4pm**
Instructors: **Drs. Gavin Andrews, Peter C. Coyte & HCT&P Faculty: C. Philo, N. Hansen, B. Poland, J. Dunn, P. Lehoux, A-M. Adams, A Jadad.**

Office Location: **Room 143, Fitzgerald Building (PC)**
Room 222, Faculty of Nursing, 50 St. George St. (GA)
Office Telephone: **416-946-8165 (GA) & 416-978-8369 (PC)**
Office Fax: **416-978-8222 (GA) & 416-978-7350 (PC)**
Email Address: **g.andrews@utoronto.ca & peter.coyte@utoronto.ca**

Course Description

This research seminar outlines conceptual and methodological frameworks in order to assess the consequences of changing health care settings and the way in which health care services are provided to Canadians. Motivated by a paucity of research and educational infrastructure to train the next generation of scholars focused on health care settings, this course offers a graduate-level, multi-disciplinary, research-based curriculum that reflects the array of settings in which health care is currently sought, received, provided and perceived. Teaching will, by necessity and by design, rely on new research methods and findings as the field is at an embryonic stage of development.

The course privileges "Place". It emphasizes the centrality of "Place" for contemporary health care and for the framing of many health research questions.

Prior knowledge of health services research, disciplinary training in the social sciences and/or applied clinical sciences would facilitate, but are not essential to attaining the course objectives. On completion, participants will have acquired conceptual and analytical skills that are applicable to a wide range of important health-related issues and an appreciation of the central role of "Place" in both health care and health research.

Course Objectives

This course is designed to facilitate attainment of three general objectives as well as a series of specific competency objectives.

General Objectives:

This course is designed to:

1. Identify, apply and extend theories, concepts and methods pertinent to understanding the settings within which health care is sought, received, delivered and perceived;

2. Identify, measure and compare the dynamic interplay between health care settings and the well-being of Canadians; and

3. Present methods to assess the consequences of health care settings at multiple levels.

Specific Course Objectives:

Upon completion of this course, students will:

1. Understand the range and complexity of theoretical approaches and research methods applicable to studying the settings where health care is delivered and received;

2. Be familiar with qualitative and quantitative methods applicable to the study of health care settings; and

3. Be able to conduct policy analyses and performance evaluations at levels commensurate with their backgrounds and training.

Course Content

1. Introductions, Overview and the History of Medical Geography

2. Policy Developments in the Organization and Finance of Health Care

3. Insiders and Outsiders in Health Care: Mental Health

4. Theoretical Perspectives on Health Capital & Health Care Settings

5. Places for Ageing and Caregiving

6. Methodological Perspectives to Economic Evaluation

7. Disciplinary Perspectives on Ageing and Place

8. Housing, Neighbourhoods, Community Aids and Socio-Economic Status

9. A Sampler of Research Topics in Place

Method of Instruction

The course is organized in two-, three- and four-hour modules. Both lectures and integrated tutorials are used to attain the course objectives. The lectures are designed to present the conceptual and methodological frameworks for analysis, while the tutorials are designed to demonstrate how these methods might be applied to particular issues. Students are **expected** to inform the instructors if they are having difficulty with the course material, and these difficulties are to be addressed in the tutorials through discussion and further applications. Readings are assigned. Students are **expected** to read the required readings before class.

Student Evaluation Objectives

Three student evaluation techniques are used in this course: a term paper proposal; an oral seminar presentation; and a completed term paper. The evaluation techniques enable students to apply and extend the conceptual and methodological discussions in the course to issues pertinent to the consequences of service provision in various health care settings.

The assigned readings complement the lectures and tutorials. For the required readings, students are **expected** to know the issues addressed, the methods adopted, the empirical and theoretical results as well as the policy implications that flow from the analysis.

Assignment #1: Term Paper Proposal (15% of Final Grade)

The purpose of the term paper is to provide an evaluation of the student's understanding of the concepts, measures, issues and/or policies pertinent to the study of health care settings. The term paper provides students with an opportunity to demonstrate an ability to apply and extend the methods and conceptual frameworks discussed in the course.

All term paper proposals must address issues related to health care settings and should NOT be conducted as a group assignment.

A partner from the field of practice or policy may be identified if that is congruent with the objectives of the term paper proposal. Students are to discuss the topic(s) to be covered in their term paper with the instructors. **A WRITTEN OUTLINE** of the scope, the approach and the literature to be reviewed is to be given to the instructors by **TUESDAY FEBRUARY 11, 2002** or earlier. The outline must be no more than **3 pages**, typed, double-spaced, in 12 point with standard 1" margins, and exclusive of references, in which the student:

1. Identifies the issue to be addressed;

2. Develops a rationale for analysis;

3. Outlines the perspective and approach to be taken;

4. Outlines the literature to be reviewed; and

5. Describes the data sources to be employed.

Assignment #2: Oral Seminar Presentation (20% of Final Grade)

Students are expected to present a "paper" for about 15 minutes and to lead a tutorial discussion of that issue for a further 45 minutes relevant to the content of the course.

The seminar **may** be conducted as group assignment, with **two** students comprising a group and the division of labour clearly delineated in writing prior to the tutorial. The instructors will determine the grade for this assignment.

The tutorial leader(s) will:

1. Provide their fellow participants with an **outline of the issue(s)** to be addressed at least one week prior to the tutorial presentation;

2. **Distribute reading materials** that relate to the issue at least one week prior to the tutorial;

3. Provide a brief presentation (15 minutes) that outlines and motivates the issue, concept and/or method pertinent to the course that will be addressed in the tutorial; and

4. **Lead the discussion** of that issue from pertinent angles, with a primary emphasis on issues pertinent to the costs and consequences of service provision in various health care settings.

Assignment #3: Final Term Paper (65% of Final Grade)

Students are expected to complete the term paper proposed in Assignment #1 taking into account the written feedback received from the instructors. The term paper provides students with an opportunity to apply and extend the methods and conceptual frameworks discussed in the course to a specific issue under the rubric of health care settings and Canadians. The term paper must include:

1. Clearly articulated question(s) that guide the analysis and data collection.

2. A systematic (or evidence-based) review of the literature.

3. Discussion of the literature and data collected to answer or address the research question(s).

4. An explanation of where or from whom the data were obtained, including issues concerning potential data bias.

5. Discussion of the major findings, including the rational for any conclusions drawn from the analysis.

The body of the written term paper, that is excluding appendices, figures and tables, must be no more than 18 pages, typed, double-spaced, in 12 point with standard 1" margins, exclusive of references and appendices. The term paper should include a ONE-PAGE abstract. You must retain a copy of the term paper in

the event the original is lost. The DEADLINE for receipt of the completed term paper is TUESDAY April 8, 2002. Term Papers submitted after the due date will be penalized at the rate of two percentage points per day.

Summary of Course Grade:

Term Paper Proposal	15%
Oral Seminar Presentation	20%
Final Term Paper	65%
Total	100%

Classes:

T Jan. 7 Introductions, Overview and the History of Medical Geography

T Jan. 14 Policy Developments in the Organization and Finance of Health Care
HCT&P Seminar—Nancy Hansen

T Jan. 21 Insiders and Outsiders in Health Care: Mental Health

T Jan. 28 Theoretical Perspectives on Health Capital & Health Care Settings

T Feb. 4 Places for Ageing and Caregiving

T Feb. 11 Methodological Perspectives to Economic Evaluation
HCT&P Seminar—Clinician Scientist

Term Paper Outline Due

T Feb. 18 Reading Week

T Feb. 25 Disciplinary Perspectives on Ageing and Place

T Mar. 4 Housing, Neighbourhoods, Community Aids and Socio-Economic Status

T Mar. 11 A Sampler of Research Topics in Place
HCT&P Seminar—Dave Holmes

T Mar. 18 Seminar Topic #1

T Mar. 25 Seminar Topic #2

T Apr. 1 Seminar Topic #3

T Apr. 8 Seminar Topic #4
HCT&P Seminar—Nancy Halifax
Completed Term Paper Due

Reading List: (Recommended readings are indicated with an asterisk).

SESSION 1: Introductions, Overview and the History of Medical Geography
Tuesday January 7: 1:00 - 4:00pm

Health Research and the Concept of Place:

*Andrews GJ Towards a more place-sensitive nursing research: an invitation to health geography Nursing Inquiry 2002 (in press)

Agnew JA, Duncan JS: The Power of Place: Bringing Together Geographical and Sociological Imaginations, Boston: Unwin Hyman, 1989.

*Braithwaite J, Vining RF, Lazarus L: The Boundaryless Hospital. Australian-New Zealand Journal of Medicine 1994; 24, 565-571.

*Coyte PC, McKeever P, Behrens D, et al: Place in Health Care: Sites, Roles, Rights and Responsibilities. Report Prepared under the Auspices of a SSHRC/CHSRF Health Institute Design Grant, 1999.

Dyck I. and Kearns R A. Transforming the relations of research: towards culturally safe geographies of health and healing Health and Place 1995 1 137-147

Eyles J. Litva A. Theory calming: you can only get there from here. Health and Place 1996 2 (1) 41-43

Eyles J, Litva A: Place, Participation and Policy: People in and for Health Care Policy. In Kearns R, and Gesler N (Eds) Putting Health into Place: Landscape, Identity, and Well-Being, Syracuse: Syracuse University Press, 1998.

Fox DM, Raphael C: Home-based Care for a New Century, New York: Blackwell Publishers, 1997.

*Gesler WM: Therapeutic landscapes: medical issues in light of the new cultural Geography. Social Science and Medicine 1992; 34:7, 735-746.

Hall E: Blood, Brain, and Bones: Taking the Body Seriously in the Geography of Health and Impairment. Royal Geographical Society (with the Institute of British Geographers) 1999; 32:1, 21-29.

Hanlon NT, Rosenberg MW: Not-so-new Public Management and the Denial of Geography: Ontario Health-Care Reform in the 1990s. Environment and Planning C: Government and Policy 1997; 16, 559-572.

Howell P: Public Space and the Public Sphere: Political Theory and the Historical Geography of Modernity. Environment and Planning D: Society and Space 1993; 11, 303-322.

Hurley J, Birch SJ, Eyles J: Geographically-Decentralized Planning and Management in Health Care: Some Informational Issues and Their Implications for Efficiency. Social Science and Medicine 1995; 41:1,3-11.

Jones K, Moon G: Medical Geography: Taking Space Seriously. Progress in Human Geography 1993; 17:4, 515-524.

*Kearns R: Place and Health: Towards a Reformed Medical Geography. Professional Geographer 1993; 45, 139-147
Kearns R, Putting health and health care into place: an invitation accepted and declined. The Professional Geographer 1994: 46 111-115

Kearns R, To reform is not to discard: a reply to Paul. The Professional Geographer 46 1994: 505-507

Kearns R, Medical geography: making space for difference. Progress in Human Geography. 1995 19 251-259

Kearns R, AIDS and medical geography: embracing the other? Progress in Human Geography 1996 20 123-131

Kearns R, Narrative and metaphor in health geographies. Progress in Human Geography 1997 21 269-277

Kearns R, Joseph AE: Space in its Place. Social Science and Medicine 1993; 37:6, 711-718.

*Kearns R A, Moon G: From medical to health geography: novelty, place and theory after a decade of change. Progress in Human Geography 2002; 25, 5, 605-625

Litva A. and Eyles J. Coming out: exposing theory in medical geography. Health and Place 1995 1 5-14

Liaschenko J. The moral geography of home care. Advances in Nursing Science 1994 17 (2): 16-.

Liaschenko J. A sense of place for patients: living and dying. Home Care Provider 1996 1 (5): 270-272.

Liaschenko J. Ethics and the geography of the nurse-patient relationship: spatial vulnerable and gendered space. Scholarly Inquiry for Nursing Practice 1997 11 (1): 45-59

Mayer J D, and Meade M S. A reformed medical geography reconsidered. The Professional Geographer 1994 46 103-106

Mayer J D. The political ecology of disease as one new focus for medical geography. Progress in Human Geography 1996 20 441-456

Meade M, Earickson R: Medical Geography New York: The Guildford Press

Milligan C: Service Dependent Ghetto Formation - A Transferable Concept? Health & Place 1996; 2:4, 199-211.

Moon G, Brown T: Place, Space, and Health Service Reform. In Kearns RA, and Gesler WN (Eds.) Putting Health into Place: Landscape, Identity, and Well-Being, Syracuse: Syracuse University Press, 1998

*Risse GB: Mending Bodies, Saving Souls: A History of Hospitals, New York: Oxford University Press, 1999. (Introduction)

Parr H: Medical geography: diagnosing the body in medical and health geography, 1999-2000 Progress in Human Geography, 2002 26, 2, 240-251

Paul B K. Commentary on Kearn's 'Place and health: toward a reformed medical geography'. The Professional Geographer *1994* 46 504-505

Philo C. Staying in? Invited comments on 'Coming out: exposing social theory in medical geography'. Health and Place 1996 2 (1): 35-40

Philo C. Across the water: reviewing geographical studies of asylums and other mental health facilities. Health and Place 1997 3 (2): 73-89

Philo C. Post-asylum geographies: an introduction. Health and Place 2000 6 (3): 135-136.

*Rosenberg MW: Medical or Health Geography? Populations, Peoples and Places. International Journal of Population Geography 1998; 4, 211-226.

Sibley D: Geographies of Exclusion: Society and Difference in the West. London: Doubleday, 1995.

Steelve LW: And the Walls Came Tumbling Down. Technology in Society 1996: 18:3, 261-284.

Stone D: Care and Trembling. The American Prospect 1999; 43, 61-67.

Verhasselt Y: Geography of Health: Some Trends and Perspectives. Social Science and Medicine 1993; 36:2, 119-123.

SESSION 2: Policy Developments in the Organization and Finance of Health Care
Tuesday January 14: 1:00 - 5:00pm

Evolution of Health Finance and Policy Development:

*Rachlis M, Kushner C: Is medicare Affordable? In Strong Medicine: How to Save Canada's Health Care System. Toronto: Harper Collins, 1994, Ch 2, 29-58.

Coyte PC, Landon S: Cost-Sharing Versus Block-Funding in a Federal System: A Demand Systems Approach. Canadian Journal of Economics 1990; 23:4, 817-838.

Vayda E, Deber RB: The Canadian Health Care System: An Overview. Social Science and Medicine 1984; 3, 191-197.

LeClair M: The Canadian Health Care System. In National Health Insurance: Can We Learn from Canada? Andreopoulas S (Ed.) New York: John Wiley & Sons, 1975.

Evans RG, Lomas J, Barer ML et al: Controlling Health Expenditures: The Canadian Reality. New England Journal of Medicine 1989; 320:9, 571-577.

*Coyte PC: Expanding the Principle of Comprehensiveness from Hospital to Home. Report to the Standing Committee on Social Affairs, Science and Technology,

July 2002.

Shifting Responsibilities to Home:
*Coyte PC, McKeever P: Home Care in Canada: Passing the Buck. Canadian Journal of Nursing Research, 33:2, 11-25, 2001.

*McKeever P: Home Care in Canada: Housing Matters. Canadian Journal of Nursing Research, 33:2, 3-4, 2001.

*****McKeever P, Coyte PC: Here, There and Everywhere. University of Toronto Bulletin, A16, March 25, 2002.

*Williams AM: The Development of Ontario's Home Care Program: A Critical Geographical Analysis. Social Science and Medicine 1996; 42:6, 937-948.

Chappell NL: Home Care Research: What Does it Tell Us? The Gerontologist 1994; 34:1, 116-120.

SESSION 3: Insiders and Outsiders in Health Care: Mental Health
Tuesday January 22: 1:00 - 4:00pm

SESSION 4: Theoretical Perspectives on Health Capital and Health Care Settings
Tuesday January 28: 1:00 - 4:00pm

Investments in Health Capital:
*Mushkin SJ: Health as an Investment. Journal of Political Economy 1962; 70:2, Supplement, 129-157.

*Evans RG, Stoddart GL: Producing Health, Consuming Health Care. Social Science and Medicine 1990; 31:12, 1347-1363.

*Coyte PC, Stabile M: Household Responses to Public Home Care Programs. National Bureau of Economic Research, Inc., Working Paper No. 8523, 2001.

Grossman M: On the Concept of Health Capital and the Demand for Health. Journal of Political Economy 1972; 80:223-255

Grossman M: The Demand for Health: A Theoretical and Empirical Investigation. National Bureau of Economic Research: New York, 1972.

Muurinen J-M: Demand for Health: A Generalized Grossman Model. Journal of Health Economics 1982; 1, 5-28.

Wagstaff A: The Demand for Health: A Simplified Grossman Model. Bulletin of Economic Research 1986; 38:1, 93-95.

Dardanoni V: A Note on a Simple Model of Health Investment. Bulletin of Economic Research 1986; 38:1, 97-100.

Wagstaff A: The Demand for Health: Some New Empirical Evidence. Journal of Health Economics 1986; 5:3, 195-233.

Behavioural Model of Health Service Utilization:

Andersen R, Newman JF: Societal and Individual Determinants of Medical Care Utilization in the United States. The Milbank Quarterly 1973; 51: 95-124.

Aday LA, Andersen R: A Framework for the Study of Access. Health Services Research 1974; 9, 208-220.

*Andersen R: Revisiting the Behavioural Model and Access to Medical Care: Does it Matter? Journal of Health and Social Behaviour 1995; 36: 1-10.

Phillips KA, et al: Understanding the Context of Health Care Utilization: Assessing Environmental and Provider-Related Variables in the Behavioural Model of Utilization. Health Services Research 1998; 33:3, 571-596.

The Setting for Service Provision: The Role of Gender:

*Sindelar JL: Differential Use of Medical Care by Sex. Journal of Political Economy 1982; 90:5, 1003-19.

Sindelar JL: Behaviorally Caused Loss of Health and the Use of Medical Care. Economic Inquiry 1982; 20:3, 458-471.

Rosenberg MW, Wilson K: Gender, Poverty and Location: How Much Difference do they Make in the Geography of Health Inequalities? Social Science and Medicine 2000; 51, 275-287.

Parsons DO: Health, Family Structure and Labor Supply. American Economic Review 1977; 67:4, 703-712.

Penning MJ, Keating NC: Self, Informal and Formal Care: Partnerships in Community-Based and Residential Long-Term Care Settings. Canadian Journal on Aging 2000; 19:Suppl 1, 75-100.

SESSION 5: Aging in Place: Contextualizing Dementia
Tuesday February 4: 1:00 - 4:00pm

Kitwood, T., & Bredin, K. (1992). Towards a Theory of Dementia Care: Personhood and Well-being. Ageing and Society, 12, 269-287.

Kontos, P. (1998). Resisting Institutionalization: Constructing Old Age and Negotiating Home. Journal of Aging Studies, 12(2), 167-184.

Lyman, K. (1989). Bringing the Social Back In: A Critique of the Biomedicalization of Dementia. The Gerontologist, 29(5), 597-605.

SESSION 6: Methodological Perspectives to Economic Evaluation
Tuesday February 11: 1:00 - 5:00pm

Economic Evaluation of Place:
*Stoddart GL: Economic Evaluation Methods and Health Policy. Evaluation of the Health Professions 1982; 5:4, 393-414.

Drummond MF, O'Brien B, Stoddart GL, Torrance: Methods for the Economic Evaluation of Health Care Programmes. Oxford University Press: Oxford, 2nd Edition, 1997.

Gold MR, Siegel JE, Russell LB, Weinstein MC: Cost-Effectiveness in Health and Medicine, Oxford University Press: Oxford, 1997.

*Coast J, Richards SH, Peters TJ et al: Hospital at Home or Acute Hospital Care? A Cost Minimization Analysis. British Medical Journal 1998; 316, 1802-1806.

*Coast J, Hensher M, Mulligan J-A, et al: Conceptual and Practical Difficulties with Economic Evaluation of Health Services Developments. Journal of Health Services Research and Policy 2000; 5:1, 42-48.

Health Services Utilization and Research Commission: Hospital and Home Care Study. Saskatoon: HSURC, 1998.

Health Services Utilization and Research Commission: The Impact of Preventive Home Care and Seniors Housing on Health Outcomes. Saskatoon: HSURC, 2000.

Weissert W: Seven Reasons Why it is so Difficult to Make Community-based Long-Term Care Cost-effective. Health Services Research, 20:4, 423-433, 1985.

Costing Informal Caregiving:
Brouwer WBF, Koopmanschap MA, Rutten FFH: Patient and Informal Caregiver Time in Cost-Effectiveness Analysis. International Journal of Technology Assessment in Health Care 1998; 14:3, 505-513.

Netten A: Costing Informal Care. In Netten A, Beecham J (Eds) Costing Community Care: Theory and Practice, Arena: Aldershot, 1993.

Smith K, Wright K: Informal Care and Economic Appraisal: A Discussion of Possible Methodological Approaches. Health Economics 1994; 3, 137-148.

Glendinning C: The Cost of Informal Care: Looking Inside the Household. HMSO: London, 1992.

Episodes of Care:
Hornbrook MC, Hurtado AV, Johnson RE: Health Care Episodes: Definition, Measurement and Use. Medical Care Review 1985; 42, 163-218.

Stoddart GL, Barer ML: Analysis of Demand and Utilization Through Episodes of Medical Service. In van Der Gaag J, and Perlman M (eds) Health, Economics, and Health Economics, North Holland: New York, 1981.

Brooten D: Methodological Issues in Linking Costs and Outcomes. Medical Care 1997; 35:11 Supplement, NS87-95.

Coyte PC, Young W, Croxford R: Cost and Outcomes Associated with Alternative Discharge Strategies Following Joint Replacement Surgery: Analysis of an Observational Study Using a Propensity Score. Journal of Health Economics 2000; 19:6, 907-929.

Empirical Assessment of Costs and Consequences:

Rice N, Leyland A: Multilevel Models: Applications to Health Data. Journal of Health Services Research and Policy 1996; 1:3, 154-164.

Rice N, Jones A: Multilevel Models and Health Economics. Health Economics 1997; 6:6, 561-575.

SESSION 7: Disciplinary Perspectives on Ageing and Place
Tuesday February 25: 1:00 - 4:00pm

Altman I, Lawton MP, Wohlwill JF: (eds.) Elderly people and the environment. 1984 New York: Plenum.

Andrews GJ, Phillips, DR: Moral dilemmas and the management of private residential care homes: the impact of care in the community reforms in the UK. Ageing and Society *2000* 20, 599-622.

*Andrews GJ, Phillips DR: Changing local geographies of private residential care 1983-1999: lessons for social policy in England and Wales. Social Science and Medicine 2002 55 63-78

*Baldwin S, Harris J, Kelly D: Institutionalisation: why blame the institution? Ageing and Society 1993 13, 1, 69-81.

Bartlett H: Nursing Homes for elderly people: questions of quality and policy. 1993 Harwood, Reading.

Bartlett H: Phillips DR: Policy issues in the private health sector: examples from long-term care in the UK Social Science and Medicine. 1996 43, 5, 731-737.

Bartlett H Phillips DR: Age in Pacione, M (ed) 1997 Britain's Cities, Routedge, London.

Blaikie A: Photographic images of age and generation. Education and Ageing. 1995 10, 1, 5-15

*Blaikie A: Beside the sea: visual imagery, ageing and heritage. Ageing and Society, 1997 17, 629-648

Bond J, Coleman P, Peace S: eds Ageing in Society: an introduction to social gerontology.1993 SAGE, London

Carter SE, Campbell EM, Sanson-Fisher RW, Redman S, Gillespie WJ: Environmental hazards in the homes of older people. Age and Ageing, 1997 26, 195-202.

Featherstone M, Wernick A(eds): Images of ageing: cultural representations of later life. 1995 Routledge, London.

Gant RL, Smith, J: Journey patterns of the elderly disabled in the Cotswolds: a spatial analysis. Social Science and Medicine, 1988 27, 2,173-180.

Golant SM: A place to grow old: the meaning of environment in old age. 1984 New York: Columbia University Press.

Golant SM: The suitability of old people's residential environments: insights from the geographical literature. Urban Geography, 1986 7, 437-447.

Golant SM, Rowles GD, Meyer JW: Aging and the aged. In Gaile, G.L. and Willmott, C.J. (eds.) 1988 *Geography in America*. Columbus, OH: Merrill Publishing Co., 451-466.

Greenwell L, Bengtson V: Geographic distance and the contact between middle-aged children and their parents. Journal of Gerontology, 1997 52B, 13-26

*Gubrium J, Holstein J. The nursing home as a discursive anchor for the ageing body. Ageing and Society, 1999 19, 519-538.

*Harper S, Laws G: Rethinking the geography of ageing. Progress in Human Geography, 1995 19, 199-221.

Harrop A, Grundy MD: Geographical variations in moves into institutions among the elderly in England and Wales. Urban Studies, 1990 28, 1 65-86

Higgs P, MacDonald L, MacDonald J, Ward M: Home from Home: residents' opinions of nursing homes and long-stay wards. Age and Ageing, 1998 27, 199-205.

Joseph A, Cloutier D A: framework for medelling the consumption of health services by the rural elderly. Social Science and Medicine, 1990 30, 1, 45-52

Joseph A, Chalmers A: Restructuring long-term care and the geography of ageing: a view from rural New Zealand. Social Science and Medicine. 1996 42 (6): 887-896.

Joseph A, Hallman BC: Over the hill and far away: distance as a barrier to the provision of assistance to elder relatives. Social Science and Medicine, 1998 46, 6, 631-639

King R, Warnes T, Williams, A: Sunset lives: British retirement migration to the Mediterranean. 2000 New York: Berg

Kontos PC: Resisting institutionalization: constructing old age and negotiating home. Journal of Aging Studies, 1998 12(2), 167-184.

Knipscheer C, Gierveld D, van Tilburg T, Dykstra P. Living arrangements and social networks of older adults. *1995* VU University Press, Amsterdam

Lawton MP: Environment and aging. 1980 Monterey, CA: Brooks-Cole.

Lawton MP, Windley PG, Byerts TO: (eds.) Aging and environment: theoretical approaches. *1982* New York: Springer.

Noro A, Aro S: Returning home from residential care? Patient preferences and their determinants. Ageing and Society. 1997 17, 305-321.

*Oldman C, Quilgars D: The last resort? Revisiting ideas about older people's living arrangements. Ageing and Society. 1999 19, 363-384.

Pastalan LA: Aging in place: the role of housing and social supports. 1990 New York: Haworth Press.

Pastalan LA, Cowart ME: (eds.) Lifestyle and housing of older adults: the Florida experience. 1989 New York: Haworth.

Peace S, Kellaher L, Willcocks D: Re-evaluating residential care. *1997* Open University Press, Buckingham.

Phillips DR, Yeh A: Environment and Ageing: environmental policy, planning and design for elderly people in Hong Kong. 1999 University of Hong Kong: Hong Kong.

Reed J, Roskell-Payton V: Constructing familiarity and managing the self: ways of adapting to life in nursing and residential homes for older people, Ageing and Society 1996 16, 543-560.

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SESSION 8: housing, Neighbourhoods, Community Aids and Socio-Economic Status
Tuesday March 4: 1:00 - 4:00pm

SESSION 9: A Sampler of Research Topics in Place
Tuesday March 11: 1:00 - 5:00pm

SESSION 10: Seminar Topic #1
Tuesday March 18: 1:00 - 4:00pm

SESSION 11: Seminar Topic #2
Tuesday March 25: 1:00 - 4:00pm

SESSION 12: Seminar Topic #3
Tuesday April 1: 1:00 - 4:00pm

SESSION 13: Seminar Topic #4
Tuesday April 8: 1:00 - 5:00pm

Additional General Reading:

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Appendix 6

Annual International Collaborative Research Workshop

The HCT&P International Collaborative Research Workshop was launched in 2001 with funding from the Canadian Health Services Research Foundation (CHSRF) and the following five Institutes of the Canadian Institutes of Health Research (CIHR): Institute of Health Services and Policy Research; Institute of Population Health; Institute of Aging; Institute of Gender and Health; and Institute of Human Development, Child and Youth Health. In 2002 the Workshop was funded by CHSRF, CIHR, and Health Canada. Subsequent Workshops will be funded through the CIHR Research Training Grant Program. The Annual Workshop will constitute an integral component of the Collaborative Program curriculum. Faculty, trainees, and other invitees, including prospective trainees and decision-makers from government, industry, and community agencies, will engage in sequestered two- or three-day intensive sessions with peers from partner institutions from abroad. A diverse participant base will facilitate mentorship across professions and career trajectories. Enrolment will be limited to support intensive exchange and involvement. Participants will contribute fully to the workshop and will be responsible for the design and delivery of workshop modules and materials. Co-sponsorship agreements have been reached for 2002 between the University of Toronto, the Karolinska Research Institute, and Ersta Skondal Hogskola, Sweden. International partners from the United Kingdom, Japan, and New Zealand have been approached for future workshops.

The workshop will provide a forum to link issues and research approaches developed through the four core courses, present new research, and generate insights through creative dialogue. Each workshop will be structured around a specific theme, for example, "Regional and International Variations in Health Care Settings: Consequences for Practice"; or "Information and Communications Technology in the New Health Care: Surveillance, Accountability and Choice." Invited papers by mentors, trainees, and internationally acclaimed scholars will introduce new theories and methods to the HCT&P Program. The event will also include panel discussions and open sessions to stimulate informal networking and bridge building. Participants will develop collaborative working relationships with international scholars and decision-makers, which will culminate in joint grant applications, publications, and knowledge transfer and uptake activities. Workshop presentations will be webcast, and papers and ensuing reports will be disseminated using electronic media. The June 2002 Workshop launched the HCT&P Research Training Program by showcasing the Mentors' research initiatives to prospective faculty and trainees, and by unveiling the curricular components of the program, including research placement opportunities. The event was introduced by Michael Marrus, Dean of SGS, University of Toronto.