Western Public Health Casebook 2018

As we continue to develop new cases and refine their application in the classroom, we would welcome feedback on these cases and testimonials about how you have used them. Any corrections to this set of cases will also be gratefully received. Please get in touch with us via the program's email: publichealth@schulich.uwo.ca.

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INTEGRATIVE WORKSHOPS

As described in the Preface to this Casebook, the MPH Program holds integrative workshops three times a year for its students. These day-long workshops present students with an opportunity to bring the knowledge they have gained in the Program to bear on a topical issue in public health. The following section provides an outline of each workshop held during 2016/17, with a view to sharing examples for others interested in this type of approach to teaching.

INTEGRATIVE WORKSHOP #1
SYRIAN REFUGEES IN CANADA
FALL 2016

Faculty Leads
Dr. Mark Speechley, Professor
Dr. Lloy Wylie, Assistant Professor

Speakers
Dr. Sherin Hussein*, Community Capacity Building Coordinator,* Cross Cultural Learner Centre

Hoda Herati, MD, MPH'16

Dr. Mohamed Al-Adeimi*, Director, Newcomer Settlement Services,* South London Neighbourhood Resource Centre

Dr. Sahar Atalla*, Strengthening Families Program Coordinator,* Muslim Resource Centre for Social Support and Integration

Ibrahim Marwa, MD, MPH'16

Scenario
On March 15, 2011, an uprising began in Syria. The Syrian regime reacted to this uprising—killing civilians, bombing cities and mass incarcerating protestors—which led to a mass migration and displacement of citizens to other regions of Syria and surrounding countries. Over the past 5 years, more than 7.4 million people have fled Syria to Jordan, Turkey, Lebanon, European countries, and others. Over the last year, Canada has accepted more than 25,000 Syrian refugees. The Canadian government, as well as private sponsors, are responsible to provide basic living requirements, including shelter, salary, education, and other social services to these individuals.

Objectives
Learning teams will be provided with one of five case studies that demonstrates some of the struggles faced by Syrian refugees in Canada. Teams will also be assigned with either a research or practice focus, with which they will complete the following objectives.

1. After discussing your case with your Learning Team (LT), create a **Concept Map** on your Team Board from a practice/research perspective (as assigned) that addresses the public health issues as identified from your case study. Teams will divide in half and simultaneously either 1) *present* their own Concept Map to another team (as assigned) or 2)

evaluate and comment on the Concept Map of another team (as assigned; writing comments directly on the team board). LTs will reconvene in their rooms to complete an online evaluation of their paired team's Concept Map. Team Board snapshots are also to be uploaded to OWL for evaluation by visiting experts.

2. Learning Teams (LTs) will conduct a **Literature Search**, from a practice/research perspective (as assigned) on the public health issues they identified from their case study. While no formal Literature Review is required, students will take notes of important key findings and will consider how these findings can address other relevant public health issues surrounding the topic of Syrian Refugees. Next, students will actively participate in a large group discussion (in the classroom) where they will present insights from their Literature Search to their classmates and visiting experts. *Note: There will be no written requirement or upload for this Deliverable – participation in the large group discussion will be evaluated.*
3. Learning Teams (LTs) will conduct a 5-minute **Presentation** of research/practice recommendations (as assigned), including concrete recommendations that are within the scope of work conducted by the represented community agencies. LTs are to upload their presentation slide(s) to OWL and feedback from visiting experts will be provided following each presentation.

Schedule

8:00-8:15	Arrival – tea and coffee
8:15-8:30	Dr. Wylie: Introduction
8:30-8:50	Dr. Sherin Hussein, Community Capacity Building Coordinator, Cross Cultural Learner Centre
8:50-9:05	Dr. Hoda Herati, MD, MPH
9:05-9:25	Dr. Mohamed Al-Adeimi, Director, Newcomer Settlement Services, South London Neighbourhood Resource Centre
9:25-9:30	Instruction and Distribute Deliverable 1
9:30-9:45	Break
9:45-10:15	Prepare Deliverable 1
10:15-10:45	Present & Assess Deliverable 1
10:45-12:00	Return to LT rooms to prepare for Deliverable 2
12:00-12:45	Lunch
12:45-2:00	Dr. Sahar Atalla, Strengthening Families Program Coordinator, Muslim Resource Centre for Social Support and Integration Deliverable 2
2:00-2:15	Dr. Ibrahim Marwa, MD, MPH
2:15-2:45	Instruction and Prepare Deliverable 3
2:45-3:00	Break
3:00-4:15	Present Deliverable 3
4:15-4:30	Conclusions

INTEGRATIVE WORKSHOP #2
POLICY MEETS PRACTICE: SUGAR SWEETENED BEVERAGES
WINTER 2017

Faculty Leads
Dr. Jacob Shelley, Assistant Professor
Dr. Shannon L. Sibbald, Assistant Professor

Speakers
Linda Stobo, *Program Manager,* Middlesex-London Health Unit

Dr. Mats Junek*, Global Coordinator,* NCD Free

Joe Belfontaine*, Executive Director (Ontario Mission),* Heart & Stroke Foundation

Elizabeth Holmes*, Policy Analyst,* Canadian Cancer Society

Scenario
Sugar sweetened beverages (SSBs) are classified as any drink that contains added sugar, including soft drinks, such as soda or pop, tea and coffee drinks, sport drinks, fruit juices and energy drinks.[1] SSBs are considered a public health issue due to the alarmingly high rates of obesity and type 2 diabetes associated with the intake of added sugars in sugary drinks and other high calorie foods.[1,2] High rates of obesity and type 2 diabetes in young children and adolescents are of particular concern.[2] Children who consume high intakes of sugar are 55% more likely to develop obesity and type 2 diabetes compared to those who consume low intakes of sugar.[1,3] Moreover, obesity may heighten the risk of developing other chronic diseases.[3]

Given the problem that SSBs pose, many argue that government intervention is required. For example, evidence based studies demonstrate that the implementation of a tax on sugared sweetened beverages may lead to decreases in consumption and improvements in body mass index, specifically in high income countries.[1] An excise tax on sugared beverages would be applied before the point of purchase and is expected to reduce consumption by 13%.[1] It is likely that reductions in consumption would be significant in low income communities where the risk of developing type 2 diabetes is higher.[1] Furthermore, some public health communities have said the revenue from an excise tax could be used to fund anti-hunger, obesity prevention, and other health initiatives.[1]

References:
[1] Dietitians of Canada. (2016, February). Taxation and Sugar-Sweetened Beverages. Retrieved from http://www.dietitians.ca/Downloads/Public/DC-Position-SSBs-and-taxation.aspx
[2] Brownell, K., Frieden, T (2009, April 30). Ounces of Prevention— The Public Policy Case for Taxes on Sugared Beverages (2009) 360 NEJM 1806.
[3] Lustig, R. H., Schmidt, L. A., & Brindis, C. D. (2012). Public health: the toxic truth about sugar. Nature, 482(7383), 27-29.
[4] BBC News (2016, October 11). Tax on sugary foods and drinks backed by World Health Organization. Retrieved from http://www.bbc.com/news/health-37620087

Objectives
The purpose of this workshop is to introduce you to the concepts of policy development, analysis, and implementation. You will be using the skills and knowledge you have gained in the MPH Program to analyze a situation which involves the sugar sweetened beverage industry.

Each Learning Team (LT) will be assigned a specific stakeholder position (identified below). Each LT will be provided with some basic information about the stakeholder they have been assigned, and the LT will have an opportunity to familiarize themselves with the stakeholder's interests and views concerning SSBs. The LT will be required to represent the interests of their particular stakeholder before the Standing Committee on Health Promotion.

During the IW, LTs receive a memo stating that the Standing Committee has called a "Town Hall" (round table discussion) to address the issues at hand. Students are given one hour to prepare for the Round Table discussion and must determine which individual from their team will represent their team at the round table discussion.

Schedule(s)
Initial Schedule (provided to students day before IW):

Time	Activity	Location
8:30-8:45	Introductions & Overview of Workshop Day	Classroom
8:45-10:00	Expert Panel on SSBs 1. Linda Stobo 2. Mats Junek 3. Joe Belfontaine 4. Elizabeth Holmes	Classroom
10:00-10:15	Summary & Instructions Assignment of Stakeholder Positions	Classroom
10:15	Break	Foundation Lounge
10:15-11:00	LT Stakeholder Analysis & Strategic Planning	LT Rooms
11:00-12:00	Concurrent Sessions 1. Linda Stobo – Student Lounge A 2. Mats Junek – Student Lounge B 3. Joe Belfontaine – Boardroom 4. Elizabeth Holmes – Classroom	
12:00-12:45	Lunch	Foundation Lounge
12:45-13:45	LT Preparation for Standing Committee (Policy Brief – max 1 page)	LT Rooms
13:45	Policy Brief Due	OWL
14:00-15:45	Presentations to Standing Committee	Classroom
15:45-16:15	Reflection/Question Period	Classroom
16:15-16:20	Conclusion & Close of Workshop *Assignment for MPH 9009 released*	Classroom

Alternate Schedule (announced to students at IW at 1pm):

Time	Activity	Location
8:30-8:45	Introductions & Overview of Workshop Day	Classroom
8:45-10:00	Expert Panel on SSBs 1. Linda Stobo 2. Mats Junek 3. Joe Belfontaine 4. Elizabeth Holmes	Classroom
10:00-10:15	Summary & Instructions Assignment of Stakeholder Positions	Classroom
10:15	Break	Foundation Lounge
10:15-11:00	LT Stakeholder Analysis & Strategic Planning	LT Rooms
11:00-12:00	Concurrent Sessions 1. Linda Stobo – Student Lounge A 2. Mats Junek – Student Lounge B 3. Joe Belfontaine – Boardroom 4. Elizabeth Holmes – Classroom	Various Rooms
12:00-12:45	Lunch	Foundation Lounge
12:45-13:45 **13:00**	LT Preparation for Standing Committee (Policy Brief – max 1 page) **MEMO RELEASED TO LEARNING TEAMS**	LT Rooms
13:45	Policy Brief Due	OWL
14:00-16:15	**Standing Committee Round Table**	**1150**
16:15-16:20	Conclusion & Close of Workshop *Assignment for MPH 9009 released*	

INTEGRATIVE WORKSHOP #3
"BOTTOMS UP!" DRINKING WATER AND THE RISK TO PUBLIC HEALTH
SPRING 2017

Faculty Leads
Dr. Gerald McKinley, Assistant Professor
Dr. Charles Trick, Professor

Speakers
Mustafa Hurji, *Associate Medical Officer of Health,* Niagara Region Public Health

Bill Hunter, *Manager, Environmental Health,* Niagara Region Public Health

Victoria Colling, *Scientist,* Walkerton Clean Water Centre

Scenario

1. The average daily water use for Canadians is ~330 L/day. This is the tap to the drain use in your home (showers, baths, drinking, toilets, washing dishes, etc.). If you were to add the amount of water needed to grow your food or to manufacture goods that you bring into the house, "your true water footprint", then this number increases 10-fold. So, Canadians are a thirsty bunch. In comparison, citizens in Doha (the capital of Qatar) use an average of 1,200 L/day for home use and if you followed the use of Singaporeans, you would use less than 150 L/day. 330 L? vs 1200 L? vs 150 L? Help me understand the difference? Do Dohaeans (I may have made up this word) need excessive liver & kidney flushing? Do Singaporeans have zero-water use toilets and vaporizing showers? What regulates how much water we use? And is there a role of Public Health Professionals in "gatekeeping" water use?
2. Canada is a land of plenty when it comes to water – we are in many ways the most blessed country based on water supply. The Great Lakes contains 18% of the **global** freshwater supply – and there it is on our doorstep. Yet, the facts are an eye-opener. Even here in southern Ontario, we use over 50% of the yearly supply of water from rain and snow. An increase in water use or population will exhaust this surplus quickly (think I=PAT) unless we heavily treat and control our waters. There are great regional differences in the supply of water across Canada and we are presently in one of the areas with the best ratio of supply/need. The prairies are in a nearly constant drought condition. This is a reminder that water use must be related to precipitation and evaporation – this is the supply function.
3. But Public Health responsibilities increase when the concept of "availability" enters the discussion. What separates "supply" from "availability"? Would you drink water from the Medway Creek (that runs under the bridge on the path to main campus/hospital)? What about a glass of water directly from Lake Huron or Lake Erie (London's drinking water sources)? Or a water fountain at the gym? Or why is there a fancy water supply station in your MPH building? Is it just industrial Brita water? Or why do you buy bottled water? Is surface water "available" or is only well water "available"?

The answer to most of these question is "it depends" and your job as Public Health Professionals is to drink knowledge and ACTIONS into solving "it depends" problems.

This Integrative Workshop will introduce you to the state of the environment with regards to water and, as the day progresses, variations in the **human water cycle** with regards to Public Health Risk. It is a cycle that involves these terms: drinking water, surface water, potable water, sewage systems, septic systems, catchment, ecological services, "Consider a Spherical Cow," shopcraft, choice, I=PAT, and risk. Many of these terms you have seen before in a different context.

You will be invited to bring your Public Health skill set into a community-at-risk. The community is Wainfleet, Ontario. Located between Port Colborne, Ontario, near the shores of Lake Erie, this is a very active community of ~6,000 inhabitants (but certainly more in the summertime when the beach attracts visitors). The community (http://www.wainfleet.ca/) is composed of about 3500 buildings (2300 are residential).

Members of the Niagara Region Public Health will outline their concern about a water/sewage/health issue. These individuals will serve as a conduit of information from stakeholders to you.

A specialist from the Walkerton Clean Water Center (https://www.wcwc.ca/), Ontario's technical and training center on water and sewage management and risk, will be your mentor on solutions and other technical ideas you may develop. She may introduce this information to you, but just in case: Walkerton was the location of a serious health outbreak of *highly dangerous O157:H7 strain of E. coli* exposure (http://www.cbc.ca/news/canada/inside-walkerton-canada-s-worst-ever-e-coli-contamination-1.887200). There were 7 deaths and thousands of illnesses (some very long lasting). The short story is that mismanagement of the water purification system contaminated the drinking water. The *E. coli* O157:H7 strain originated in the bovine population.

Objectives:

1. Show that your Learning Team (LT) can organize an assessment, evaluation, and investigation of a community-at-risk problem through development of an **Influence Diagram**, to be presented as a team to the visiting experts.
2. Show that your Learning Team (LT) can represent your findings to the community in a **Risk/Bowtie Action Plan**, to be presented to the larger group as a presentation.
3. Learning Teams (LTs) will take the gathered information and develop a **Commentary** for a wider audience, educating either the greater public or other Public Health Practitioners of the issues and actions required to reduce the real or perceived risk. LTs are to upload their Commentaries to OWL for review by visiting experts.

Schedule

Time	Activity	Location
8:15-8:45	LT meetings to review the purpose and plans for the day.	LT rooms
8:45-9:00	Summary of the day's activities and responsibilities	Classroom
9:00-10:00	Wainfleet Stakeholder presentation	Classroom
10:00-10:15	Walkerton Water Center presentation	Classroom
10:15-10:30	Break	Lounge
10:30-11:45	Stakeholder discussions/mentoring	LT Rooms/Lounge
11:45-12:30	Lunch	
12:30-1:00	Prepare "Goal and **Influence Diagram**" for presentation	LT Rooms/post at 1:00
1:00-2:00	Stakeholders visit your LT room for 5 min presentation	
2:00-3:00	Prepare **Risk/Bow Tie/Action plan** – 1 PowerPoint slide	LT Rooms
3:00-4:00	Present PowerPoint Risk/action slide (5 mins max)	Classroom
4:00-5:00	Finish "**Commentary**" for submission (due at 5:00)	