



To : Members of Graduate Council

From : Christina Bryce
Assistant Graduate Secretary

The next meeting of Graduate Council will be held on **Tuesday February 22nd at 9:30 am via Zoom.**

Listed below are the agenda items for discussion.

Please email cbryce@mcmaster.ca if you are unable to attend the meeting.

A G E N D A

- I. Minutes of the meeting of January 18th, 2022**
- II. Business arising**
- III. Report from the Vice-Provost and Dean of Graduate Studies**
- IV. Report from the Graduate Associate Deans**
- V. Report from the Associate Registrar and Graduate Secretary**
- VI. New Graduate Diploma in Community and Public Health**
- VII. Faculty of Humanities Graduate Curriculum and Policy Committee Report**
- VIII. IQAP Final Assessment Reports**

Graduate Council

Tuesday January 18th at 9:30 am via Zoom

Present: D. Welch (Chair), M. Thompson, S. Hanna, M. Horn, G. Mulvale, B. Gupta, J. Gillett, K. White, M. Abouei, J. Kish, T. Chamberlain, W. Farmer, P. McNicholas, N. Kuhathasan, S. Raha, C. Seiler, S. Qian, K. Tsang, S. Baschiera (Associate Registrar and Graduate Secretary), C. Bryce, (Assistant Graduate Secretary)

Regrets: M. Ragny, M. Dion, Z. Samaan, S. Brophy, N. Tan

I. Minutes of the meeting of December 7th, 2021

It was duly moved and seconded, **'that Graduate Council approve the minutes of the meeting of December 7th, 2021.'**

The motion was **carried**.

II. Business arising

There was no business arising

III. Report from the Vice-Provost and Dean of Graduate Studies

Dr. Welch reported on the following items:

- The current Covid context, noting the significant challenge that Omicron has posed;
- Boosters are available for students through Student Wellness;
- Students with an exemption and newly arriving international students can access asymptomatic testing;
- Rapid tests have been purchased and will be distributed to different areas;
- On February 7th most classes are expected to be back in person;
- SGS is still working with comm 100, noting that UTS is planning to pilot a queue management system for other areas;
- The final season of admissions in the old system;
- Senate Executive has approved a selection committee for a new Dean of Graduate Studies.

In response to a question about doing a teaching assistant work online after the return to campus, Dr. Welch noted that this is related to employment and directed them to bring it up with their instructor. If there is a need for accommodation there is a process which can be considered.

In response to another question about booster proof being required, Dr. Welch noted that while folks can upload it there is not currently a change planned that will make the booster mandatory to maintain status.

IV. Report from the Graduate Associate Deans

Dr. Thompson (Faculty of Engineering) reported on the following items:

- A successful recruitment fair with other Canadian universities aimed at primarily domestic students;
- Teaching Assistant training workshop.

Dr. Mulvale (Faculty of Business) reported on the following items:

- MBA students will be returning to in person classes at the Ron Joyce Centre on January 31st;

- Upcoming IQAP review preparation, noting that they are exploring a new field in the program and a potential M.Sc. in Management.

Dr. Hanna (Faculty of Health Sciences) reported on the following items:

- Notes that in-person clinical training has been running and that lessons learned there will be an advantage as the rest of campus returns;
- Hybrid curriculum discussions within the Faculty.

Dr. Gillett (Faculty of Social Sciences) reported on the following items:

- Work on international student recruitment and funding in the Faculty;
- Enrollment management.

Dr. Horn (Faculty of Humanities) reported on the following item:

- February 1st is the application deadline for most programs within the Faculty, noting that the early numbers are encouraging and include a substantial proportion of international applicants.

Dr. Gupta (Faculty of Science) reported on the following items:

- Most courses are being offered remotely and very few in person, noting they are looking at how best to support programs;
- Pilot programs on graduate career and mentorship;
- Professor Hippo-on-Campus Workshops in the last two weeks of February, noting that the program builds awareness around mental health issues and how best to support.

V. Report from the Associate Registrar and Graduate Secretary

Ms. Baschiera reported on the following items:

- Updates on the new admission system, noting no disruptions to the new admission system through peak application time and that at the end of the cycle there will be a user review to confirm what the next steps should be in terms of improvement/enhancements;
- MacCheck, noting the major activity is complete and there are about 100 students affected, many are still working to complete their requirement;
- Policy review and updates, including the policy around continuous enrollment.

VI. New Award

Dr. Welch noted that it had been just over a year since the Ukraine flight crashed and that the award was in memorial to the graduate students and post-doctoral fellow who had died.

It was duly moved and seconded, **‘that Graduate Council approve the new award as set out in the document’**.

The motion was **carried**.

McMaster University



NEW PROGRAM PROPOSAL

[Graduate Diploma in Community
and Public Health]

[November 30, 2021]

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COMPLETING THE NEW PROGRAM PROPOSAL DOCUMENT

This New Program Proposal template is structured to correspond with the evaluation criteria outlined in McMaster's Policies, Procedures and Guidelines: <https://www.mcmaster.ca/policy/AdminAcad/AcadAdmin/AcademicProgramReview.pdf>. For additional information, contacts or guidebooks, departments can visit the IQAP website <https://mi.mcmaster.ca/iqap/> or email iqap@mcmaster.ca.

Please ensure that your department refers to the New Program Proposal Guidebook for clarification and further information on the types of evidence required and, where applicable, what resources are available to assist in retrieval or interpretation of the information required for this proposal.

CHECKLIST FOR NEW PROGRAM PROPOSALS

The following section indicates all the items that are required as part of a *complete* new program proposal package which includes all the necessary documents. Part I, II and III should be submitted as separate files to iqap@mcmaster.ca.

PART I: COMPLETE NEW PROGRAM PROPOSAL DOCUMENT

- ☐ Complete New Program Proposal Template
- ☐ Faculty CVs (can be submitted on CD or USB)

- ☐ Memorandum(s) of Understanding (Letters of Support) (if applicable)

PART II: RESOURCE IMPLICATIONS AND FINANCIAL VIABILITY TEMPLATE

- ☐ Completed
- ☐ Approved

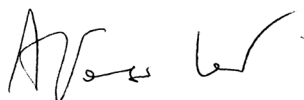
PART III: FEES MEMO

- ☐ Completed
- ☐ Approved

Chair's Declaration of New Program Proposal Completeness:

I, **Alfonso Iorio**, have reviewed the New Program Proposal for **Graduate Diploma in Community and Public Health** and agree that it is complete and satisfies all of the requirements McMaster University's Policy on Academic Program Development and Review.

Signature:



Alfonso Iorio
6 January 2022

Dean's Declaration of New Program Proposal Completeness:

I, **Steven Hanna** (for Susan Denburg), have reviewed the New Program Proposal for **Graduate Diploma in Community and Public Health** and agree that it is complete and satisfies all of the requirements McMaster University's Policy on Academic Program Development and Review.

Signature:



Steven Hanna
5 January 2022

1. Program

1.1 Program Description

The collective experience of the COVID-19 pandemic has led to a growing recognition of a need for more public health training. While there are a variety of Master of Public Health programs available across Canada, many practicing professionals today may not need the depth or breadth of knowledge that Master of Public Health (MPH) programs provide. Therefore, we are proposing a *Graduate Diploma in Community and Public Health* (GDCPH) to address the need for accessible graduate level training for professionals.

The conceptualization of this program is informed by consultations with practicing public health professionals across the country. Through these findings (to be further discussed in [Section 1.6](#)) the GDCPH will differentiate itself from other public health graduate diplomas by specializing in community health. ‘Community health’ is a growing field that has often been used synonymously with public or population health. Despite this, it is a distinct branch of public health, defined as “...a multi-sector and multi-disciplinary collaborative enterprise that uses public health science, evidence-based strategies, and other approaches to engage and work with communities, in a culturally appropriate manner, to optimize the health and quality of life of all persons who live, work, or are otherwise active in a defined community or communities”². As such, community health is a growing field that lies at the intersection of theory, practice, and values^{1,2,3}. Its theory borrows from public health sciences, which include epidemiology, program planning and evaluation, biostatistics, and policymaking. Building upon this foundation of scientific evidence, its practice entails multiple means to collaborate and engage with communities within their unique contexts. Finally, the core of community health rests on the values of health equity and an understanding of how the social determinants of health affect the wellbeing of communities.

The program is designed to attract a diverse array of individuals from various backgrounds who are interested in an introduction to community health, as well as those seeking to advance the scope of their public health practice. The target audience of this program includes:

- a) Professionals already in the field of public health who may seek specialized training to advance their career.
- b) Professionals outside of public health who seek specialized training to apply to their respective industry (e.g., corporate health and wellness, social services, community outreach, etc.)
- c) Recently graduated students (both local and international) looking to explore opportunities in the field of public health.

It should be noted that this program is not a preparatory program for a Master of Public Health. Graduates of this program will be able to think critically of current public health issues, with specific consideration for community health. Skills gained through completion of the GDCPH will allow graduates to apply public health practices, such as critical analysis of population health issues, knowledge translation, program planning and evaluation, and applying a health equity lens

to their respective careers. It would also allow public health professionals to advance in their current careers, such as epidemiologists who are trying to understand more about community level interventions.

The program will be a part of the Faculty of Health Sciences, within the Department of Health Research Methods, Evidence, and Impact. The program will be course-based and offered over a 16-month period on a part-time basis. The program will consist of four required courses that will be delivered online over four terms.

The program is structured in such a way that courses will build upon content shared in previous courses, resulting in a cumulative experience. The first course, PUBHLTH 717, will provide students with an introduction to the practice of community health and health policy. This course is intended to introduce students to the foundations of policymaking, and their effects on community health. The course structure will follow the practical steps outlined in Bardach & Patashnik (2015)'s "*A Practical Guide for Policy Analysis: The Eightfold Path to More Effective Problem Solving*"¹. PUBHLTH718 provides opportunity for students to learn about basic principles of epidemiology and research methods. As this is not a master's program, content will be tailored toward practice, and will include an overview of the best practices for both qualitative and quantitative health research methodology, as well as basic epidemiological calculations. PUBHLTH719 introduces knowledge translation for community health. Based on the National Collaborating Centre for Methods and Tools (NCCMT)'s Framework for Evidence Informed Decision Making in Public Health, this course will allow students to practice critical appraisal and rapid synthesis. The final course, PUBHLTH720, will be a community-engaged course, in which students will work in collaboration with organizations outside of the institution to both learn and apply best practices for program planning and evaluation. Course content will be based on the PRECEDE-PROCEED model.² For a fulsome description of each course, please refer to [Section 5.2](#).

1.2 Proposal Preparation and Consultation Process

This proposal was developed by a team of faculty instructors, administrators, and graduate students from the Department of Health Evidence and Impact, along with a survey developed that was funded by the MacPherson Teaching and Learning Institute. The team includes Emma Apatu DrPH MPH, Elizabeth Alvarez MD MPH PhD, Laura Anderson MSc PhD, and Le-Tien Duong, MPH, PhD student.

Consultations at McMaster were also held with the following people and groups:

- Graduate Diploma in Clinical Epidemiology (Robby Nieuwlaat and Gabi Watson)
- HEI Education Council (Dr. Mitch Levine, HRM, Dr. Julia Ableson, Health Policy PhD program, Cynthia, Lokker, e- Health health policy)
- National Collaborating Centre for Methods and Tools (Maureen Dobbins)
- Graduate Nursing (Nancy Carter)

¹ Bardach, Eugene, and Eric M. Patashnik. *A Practical Guide for Policy Analysis: The Eightfold Path to More Effective Problem Solving*. CQ Press, 2015.

² Crosby, Richard, and Seth Noar. "What Is a Planning Model? An Introduction To Precede-Proceed." *Journal of Public Health Dentistry* 71 (2011)

1.3 Consistency with McMaster's Mission and Academic Plan

1.3.1. McMaster's Strategic Mandate Agreement:

This program addresses the institution's focus of *Health professions and related programs*. This program will attract individuals from a diverse array of backgrounds with foundational skills that can contribute to public health innovation and leadership both within and beyond the field of health. The interdisciplinary nature of the curriculum provides a unique combination of public health sciences, knowledge translation, and program planning to provide graduates with the specialized skills to fill current gaps in practice, as informed by current professionals. The curriculum will also be informed by Public Health Association of Canada's (PHAC) core competencies of public health ³, which are fundamental to pursue or continue a career in public health. In alignment with best practices of competency-based education⁴, experiential learning will be a key component in the curriculum, taking the form of a community-engaged course. Students will proactively engage with their local community to experience real-world application of course material while also positively contributing to the health and wellbeing of their community. Through the culmination of courses focusing on the most desirable skills as defined by the current workforce and the experience gained from PUBHLTH720, graduates of the GDCPH will be well equipped to contribute positively to society and the economy.

1.3.2. McMaster's current priorities:

The GDCPH aligns with several of the current institutional priorities. The following priorities have been identified through themes and content from President Farrar's most recent strategic framework.

Offering experiential learning experiences, career readiness opportunities and work-integrated learning experiences – as many students are expected to have prior work experience, the skills developed through this program will further build upon prior knowledge, preparing students for leadership roles or career advancements. The experiential learning component of the program (through PUBHLTH720) allows students to gain relevant work experience in the field, making them more employable upon graduation. Content throughout the course will also actively incorporate practical aspects of the profession, such as application of theories in real-world contexts, fostering career readiness in graduates.

Meeting societal and labour market needs through developing innovative multi- and interdisciplinary offerings- With the particular focus on community health this program provides an innovative approach to graduate public health education. This focus on community health has been developed based on the existing strengths of the institution, along with identified skills needed in

³ Public Health Association of Canada. *Core Competencies for Public Health in Canada*. (2008).

⁴ Curry, Lynn, and Marcia Docherty. "Implementing Competency-Based Education." *Collected Essays on Learning and Teaching* 10 (2017): 61-74. <https://doi.org/10.22329/celt.v10i0.4716>.

the current public health workforce. The curriculum is specially tailored to be understood and applied in community contexts to an extent that has not been seen in other similar programs across Canada (to be further elaborated upon in section 1.6).

Accessibility and Equity- one of the goals of the GDCPH is to diversify the public health workforce by providing foundational knowledge to professionals from different industries. The GDCPH will be designed in compliance with AODA standards. Along with this, to accommodate a working cohort, courses are delivered asynchronously on a part-time basis with some live sessions. Equity has also been considered throughout the development of the GDCPH program and its curriculum. As a diploma in community health, equity is a central tenet to its theories and practice. To set the precedent of equity in the program, students will first be required to participate in an online orientation which includes a brief introduction, with an option to take a workshop to receive a certificate of completion. Theories and perspectives on equity will be further established in a foundation of public health and community health course that is also required for all students.

Supporting health and fostering community collaboration for students, faculty and staff - Community engagement is one of the core skills that the GDCPH seeks to develop in its graduates. Courses are tailored to incorporate skills that facilitate respectful and effective community collaboration. Students will then develop relationships within their local community through their final project, in which they will collaborate with community members to create a program and evaluation plan that addresses current community problems. Through these projects, students, faculty, and staff will positively contribute to local communities, within Hamilton and beyond.

1.4. Program Learning Outcomes

Upon completion of the Graduate Diploma, students will be able to:

1. Discuss the determinants of health and their relationship with community health outcomes
2. Identify and implement foundational public health theories and practices in varying contexts
3. Recognize why community engagement is important in public health and community health research and practice
4. Discuss ways to conduct critical evidence appraisal for community health intervention
5. Describe effective knowledge translation principles for various populations
6. Collaborate with multiple stakeholders from a variety of different industries to create programs or policies that improve community wellbeing

1.5. Consistency with Degree Level Expectations

1.5.1 Depth and Breadth of Knowledge

Upon graduation of the GDCPH, students will demonstrate a systematic understanding of public health theories, including social determinants of health, theories and practices of epidemiology, and foundations of knowledge translation and program planning and evaluation. Students will be able to critically analyse current problems facing community health and think of innovative solutions using cutting-edge research and best practices.

1.5.2 Research and Scholarship

As the GDCPH is a course-based graduate diploma, it does not require students to complete a research internship, scholarly paper, or thesis. Therefore, this does not apply to the GDCPH.

1.5.3 Application of Knowledge

Throughout the GDCPH, students will be expected to apply knowledge and learning from course content through a variety of different means. This can include scholarly discussion with peers through online discussion forums, exams, class assignments and final papers. Students will also be expected to apply their learnings in real-world contexts through their coursework by contributing to solutions to a current health problem within the community.

1.5.4 Communication Skills

Communication is central to the GDCPH. Students will be offered many opportunities to practice and improve both written and verbal communication through class debates and discussions, assignments, and papers. Course content will also reflect the centrality of communication. Communication will be consistently assessed throughout the GDCPH by instructors and teaching assistants.

1.5.5. Awareness of Limits of Knowledge

Through the GDCPH, students will understand the complexity of social and structural determinants of health. As experts in the field, faculty will be exposing students to the latest theories and understandings of these topics, thereby giving students a sense of the growing knowledge base. As students are encouraged to think critically in their own work, students are expected to pursue the latest research available on such topics and continue to learn as more becomes known.

1.5.6 Autonomy and Professional Capacity

The GDCPH is intended to provide graduates with the core skills that are needed to develop solutions for achieving equitable health outcomes. Through the specific lens of community health, students will learn various theories and how to apply them in community contexts. The competencies that will be developed in graduates of the GDCPH are desirable in candidates for current and future public health positions, as the goals of health equity grow in urgency.

1.6 Demand for Program

1.6.1 Evidence of Societal/Labour Market Need

COVID-19 has put pressure on an already overwhelmed public health system, resulting in unequal distributions of poor health outcomes, particularly amongst marginalized populations⁵. As such, strengthening these systems has become a priority as Canadians move forward past the pandemic. A nationwide survey was conducted amongst public health practitioners with 187 responses. The sample included epidemiologists (n=23), planners (n=17), nurses (n=22), health promoters (n=12), physicians (n=11), health analysts (n=11), and public health educators (n=10), amongst others that had an average about 10 years of experience. When asked what a graduate diploma should address, health communication (M =6.37, SD =0.74) and community engagement (M =6.32, SD 0.93) were identified as the most pertinent to current and future public health practice. The GDCPH has used this information to determine the direction of the program. Based on the strengths of current faculty within the Department of HEI, community health was chosen as a focal point of the program.

⁵ CIHR Institute of Population and Public Health. *Building Public Health Systems for the Future*. Canadian Institutes of Health Research (2021).

The need for a GDCPH has also been demonstrated in a 2021 report released by the Canadian Institutes of Health Research (CIHR), which describe the challenges that have become apparent during the pandemic. One of the challenges put forth is the insufficient public health capacity, particularly a lack of public health practitioners as well as weak links between public health science and practice³. The GDCPH will address these challenges by (a) providing foundational public health training for individuals interested in practice, (b) training students to actively apply public health sciences to their practice, and (c) address the growing need for innovative public health training. While GDCPH graduates may not have the same skill set as MPH graduates, GDCPH graduates will be able to take foundational public health knowledge and apply them to their respective sectors, thereby making public health practice more widespread.

The particular focus of the GDCPH on Community Health is also indicative of the future of public health practice, as a need for more community-centred approaches has been demonstrated throughout the pandemic^{3,6}.

1.6.2 Evidence of Student Demand

McMaster University is home to one of the leading Master of Public Health programs in the country. With an upward trend in applications, there is a clear demand for graduate level public health training. Since inception of the MPH in 2015 at McMaster we have steadily received an increasing number of applications that far exceeded our enrolment capacity. From 2016-2020 there have been hundreds of applications per year for 35 seats. Most of whom met the minimum requirements. Amidst the pandemic, for the 2021-2022 academic year, the MPH received over 600 applications. Thus, there is clearly demand from students for public health training that they are not currently able to fulfill. The GDCPH may appeal to a subgroup of these applicants due to its practice-oriented nature and its flexibility.

Since 2019, the Department of HEI's online Graduate Diploma for Clinical Epidemiology (GDCE) has invited students who have not been admitted to the MPH program to apply to their program. For the 2021-2022 academic year, the GDCE has invited all MPH applicants with a B+ average or above with complete applications (n=219), and 10 of them received and accepted the GDCE offer. The expectation is that many more of the 219 applicants, including the students currently choosing GDCE, would prefer to be considered for the GDCPH.

The GDCPH also provides an accessible entry into the practice of public health for professions that may not have traditionally been associated with the field, such as individuals in corporate administration roles that seek to incorporate more public health practices into their own private organization. More individuals from diverse backgrounds will be requiring a foundational understanding of public health knowledge as intersectoral collaboration becomes part of public health practice⁷.

⁶ "The Future of Public Health: Personalized, Participatory, Predictive, Precise." Insights, Deloitte, 2021, 2021, <https://www2.deloitte.com/xe/en/pages/about-deloitte/articles/back-to-work/the-future-of-public-health.html>.

⁷ "Call for Applications: The Intersectoral Action Fund." 2021, <https://www.canada.ca/en/public-health/services/funding-opportunities/grant-contribution-funding-opportunities/call-for-applications-intersectoral-action-fund.html#s4>.

1.6.3 Justifiable Duplication

The GDCPH is a stand-alone type three graduate diploma. However, the content of the GDCPH may relate with the content of the MPH. This is because public health training in Canada closely follows PHAC's Core Competencies of Public Health. However, the GDCPH will take a more generalized approach to public health knowledge, with a particular focus on practice within the community. Due to this practice orientation, the GDCPH will not include in-depth content that covers research methodology that one would typically find in a graduate-level university degree.

1.7 Degree Nomenclature

Graduate Diploma in Community and Public Health is the appropriate title for this program.

Graduate Diplomas (GDip) are direct-entry programs that require a degree for admissions. They provide specialized graduate level content for individuals, typically professionals, who may not have the time or interest in traditional graduate programs⁸. Some individuals with a graduate degree may choose to pursue a GDip to further specialize in a particular area of interest.⁵ The practice of public health is reflected in the course content, allowing academics and employers to easily understand the general focus of the program. The addition of 'community health' reflects the unique perspective that this program takes to public health education by inviting students from various backgrounds to learn public health practices that can be applied to various settings. The term 'community' itself is also variable depending on its source and is continuously evolving in both the literature and practice⁹. A common definition put forth is from MacQueen et al. (2001), "*a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings*"¹⁰. As such, 'community' encompasses a variety of environments and contexts, from which the GDCPH will attract capable individuals who seek to improve health outcomes of their individually defined 'community.' By having this concept woven into the course content, students will be encouraged to approach course content from their unique perspectives as members of their respective communities.

2. Admission Requirements

GDCPH admission requirements will align with current admissions criteria for the Department of Health Research Methods' Master of Public Health program.

⁸ "Graduate Diplomas." 2021, <https://futurestudents.yorku.ca/graduate/diplomas>.

⁹ Goodman, Richard A., Rebecca Bunnell, and Samuel F. Posner. "What Is "Community Health"? Examining the Meaning of an Evolving Field in Public Health." [In eng]. *Preventive medicine* 67 Suppl 1, no. Suppl 1 (2014): S58-S61. <https://doi.org/10.1016/j.ypmed.2014.07.028>. <https://pubmed.ncbi.nlm.nih.gov/25069043>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5771402/>.

¹⁰ MacQueen, K. M., E. McLellan, D. S. Metzger, S. Kegeles, R. P. Strauss, R. Scotti, L. Blanchard, and R. T. Trotter, 2nd. "What Is Community? An Evidence-Based Definition for Participatory Public Health." [In eng]. *American journal of public health* 91, no. 12 (2001): 1929-38. <https://doi.org/10.2105/ajph.91.12.1929>. <https://pubmed.ncbi.nlm.nih.gov/11726368> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446907/>.

³ "Why Community Health Is Important for Public Health." Tulane University: School of Public Health and Tropical Medicine Blog, 2021, 2021, <https://publichealth.tulane.edu/blog/why-community-health-is-important-for-public-health/>.

2.2 Enrolment Planning and Allocations

Academic Year	Cohort Year	Total Enrolment	Maturity
2022-23	20 PT	20 PT	20 PT
2023-24	30 PT	50 PT	50 PT
2024-25	35 PT	65PT	65 PT
2025-26	40 PT	75 PT	75 PT
2026-27	40 PT	80 PT	80 PT

2.3 Alternative Requirements

N/A

3. Structure

3.1 Administrative, Governance and Communication

The administrative home of the diploma will be the Department of HEI. Oversight of GDCPH will be led by a new program director who will devote approximately 75% of their time to the program. The GDCPH director will report jointly to the vice-dean and associate dean of graduate studies (Health Sciences), and the Chair of HEI. The GDCPH director will be a member of the HEI Education Council and consults the Director of MPH program as appropriate.

. The program director will be responsible for:

- Oversight of the program delivery, course instruction and coordination for three courses, scheduling of instructors, instructional recruitment, evaluation, and instructional support
- Reports to Associate Dean of Graduate Studies when appropriate
- Enforcement of program admissions requirements and regulations
- Leading and/or contributing to strategy and ongoing quality improvement of the program to meet the evolving needs of public and community health and students
- Leading student recruitment and admission, academic counselling, curriculum planning and implementation
- Providing regular updates at HEI's Education Council meetings as well as participating in Graduate Executive and Graduate Program Curriculum Council meetings as necessary

Curriculum and program policies are approved by the FHS Graduate Curriculum and Policy Committee (GPCC) of which the GDCPH is a member. Curriculum is approved by Graduate Council on the recommendation of FHS GPCC.

The MPH program and curriculum coordinators will devote 20% of their time to oversee the administration of the diploma program. They will also serve as the main administrative contacts for admissions, calendar changes, and coordination of other activities. A full TA will also be hired support the program director.

In year 1 & 2 the Department of HEI's online Graduate Diploma in Clinical Epidemiology coordinator will provide 40% of their time to assist with the online course set-up of the program. It is expected that in year 3, a digital pedagogical specialist will be hired to support with online curriculum development across both online diplomas in the department.

3.2 Structure and Regulation

This stand-alone type three diploma program (GDip) will require completion of four graduate online courses, each worth 3 units for a total of 12 units.

Mandatory Courses and descriptions:

PUBHLTH717: Foundations of Community Health and Policy

Students will be introduced to foundational concepts in community health and health policy. This will include discussion of social determinants of health and its impacts on community health outcomes. Students will also be given a brief overview of the field of public health and health policy, such as understanding the different actors involved in public health and health policy, important federal policies, and the different levels of jurisdiction. Finally, students will review the policymaking cycle, agenda setting, and practical steps to policymaking.

PUBHLTH718: Epidemiology and Research Methods in Community Health

This course provides students with a brief overview of analytical skills that are required in public health practice in the community. Basic epidemiological calculations such as prevalence and incidence, and their interpretation, will be taught to students. Quantitative and qualitative research methods will also be introduced, including the process of how to create a research question, how to create research proposal, and methods of data collection. Principles of ethical practices will also be discussed.

PUBHLTH719: Knowledge Translation for Community Health

Students will recognize the importance of community engagement in practice, along with best practices on how disseminate knowledge to a wide variety of audiences. This will include identifying high quality literature using critical appraisal, and its collection through rapid synthesis. The course will follow the NCCMT's steps to evidence informed decision making in public health practice.

PUBHLTH720: Planning and Evaluation for Population and Community Health

Students will participate in a unique learning experience in which they will be paired with community organizations to collaborate with over the course of the semester. Students will be able to practice the skills and theories of program planning, implementation, and evaluation in

real time as they work with community organizations to create a program and evaluation plan that addresses a real-world problem that communities are facing.

3.2.1 Progression through the Program

Starting in the fall term of each year, incoming students will take one course each term sequentially over the duration of 16 months (Fall, winter, Spring/Summer, Fall). The course progression will follow the table below.¹¹

Fall	Winter	Spring/Summer	Fall
PUBHLTH717: Foundations of Community Health and Policy	PUBHLTH718: Epidemiology and Research Methods for Community Health	PUBHLTH719: Knowledge Translation for Community Health	PUBHLTH720: Planning and Evaluation for Population and Community Health

3.2.2 Enrolment Policy

The GDCPH diploma program will cap its admissions incrementally as seen in [Section 2.2](#) (page 8). Students in GDCPH will be given priority for enrollment in the four required courses. If there are fewer students than the expected yearly cap, other McMaster graduate students will be permitted to enroll. GDCPH courses will be operated separately from the MPH program's courses. Enrollment in GDCPH courses will be limited to GDCPH students unless space is available. It will be required that non-GDCPH students will need approval from the GDCPH program Director if they want to enroll in a GDCPH course. Graduate students in other programs will be considered for GDCPH admissions but will only be granted if the primary program allows.

The intention of GDCPH is not to duplicate the educational experience of the MPH program. The GDCPH program is projected to have appeal to working professionals who may work in various fields from public health, social services, industry who are interested in upskilling by taking a program that provides more flexibility. GDCPH tuition will be comparable with other online diplomas offered by the HEI department.

GDCPH students will not be given priority for admissions considerations to other FHS graduate programs at McMaster University. Interested applicants will be encouraged to consult each program's admissions requirements.

3.3 Graduate Programs - Program Length

It is expected that students will finish their studies in the program in 16 months. Students will take one course per term (fall, winter, spring, summer; fall).

¹¹ Should a student fail a course remediation will be required and a recommendation may be made for the student to withdraw from the program

4. Curriculum and Teaching

4.1 Program Content

“The health and safety of our community members is our greatest priority.” During the COVID-19 pandemic variations of the above quote were ubiquitously placed on local organizations websites and publications. Along with provincial Public Health, various employees at hospitals, social services, schools, non-profits, and local businesses had to pivot their operations and develop plans to ensure the safety of community members and customers, to minimize the spread of the disease and support well-being. Many of these individuals were put in these positions without having formal training in public health. This situation is not unique to the pandemic. Many people that work in various fields such as education, business, social services, healthcare, and even public health are not formally trained in public health. As such, GDCPH is designed around the idea that people from diverse backgrounds deserve an educational experience that will teach them about the fundamentals of public health through a lens that will help them better serve their community. GDCPH will attract health care professionals, persons working in non-profits, and early- to mid-career professionals from various fields. The program curriculum will be delivered by public health faculty and professionals in the field. Case studies and guest lectures will also be integrated into the online program delivery. Course content of the GDCPH will be on general concepts that could be applied to various settings, though examples will draw heavily from Canadian context.

4.2 Program Innovation

Currently there are only two other diplomas in Community Health offered in Canada. Memorial University offers one through its faculty of Medicine which requires completion of five courses (Introduction to Community Health, Epidemiology I and three electives) and 2 seminars. It also is typically offered on-campus and requires 1-2 years of completion. The Graduate Department of Public Health Sciences at the Dalla Lana School of Public Health offers a Master of Science in Community Health that is targeted towards health professionals or individuals that have extensive experience in the health care field. Under special situations, students can be granted a diploma of Community Health if they have completed 70% of the MSc requirements. Both diplomas seem to cater more towards health professionals rather than a diverse workforce and neither place emphasis on program planning nor application of theory into practice.

A market scan was also conducted to see if there are similar diploma or certificate programs in public health or relevant disciplines. While there are a small handful of such programs, none of them provide the same breadth, flexibility, or accessibility (from fields beyond health) as the proposed GDCPH. For a table showing results, please refer to [Appendix 2](#).

The GDCPH also packages the various strengths of McMaster University’s departments and faculties. For example, the Knowledge Translation course will draw heavily from the NCCMT’s work, which is a national gold standard for evidence-informed decision making. The NCCMT attracts many working professionals to their own workshops, and the GDCPH intends to incorporate the same intensive training into PUBHLTH718. The program planning and

evaluation course will also be informed by the various experts in the field from McMaster University, while also providing a unique learning experience for students through the real-time practical application of course content in community settings.

4.3 Mode(s) of Delivery

The GDCPH courses will be offered fully online. Avenue to learn (A2L) and Zoom will be used to support interaction among students and faculty. A2L is McMaster's learning management system that provide a robust platform for asynchronous and synchronous course instruction. Additionally, Zoom will be used to complement A2L, to further strengthen the student experience for lectures, classroom discussions, and chats. The Department of HEI GDCE's program currently uses these tools successfully to run their program. Also, the Macpherson Institute provides support for these platforms.

A course instructor will lead each course. Course instructors will be full or part-time HEI faculty members.

4.4 Experiential Learning

Experiential learning in the diploma will occur throughout the duration of the program, in which students will be given assignments that emulate real world practice. Community collaboration will also be incorporated into the program through the final course, in which students will work with community organizations.

4.5 Accessibility & Inclusion

Admissions & Structure: GDCPH will support a facilitated admissions process for Indigenous applicants. Further, the admissions committee will look to admit applicants from a variety of professional backgrounds who are interested in serving different communities. Regarding the structure of the program, it will be offered online which will expand the reach of the type of learners that participate in the program. Most courses will run asynchronously further supporting student flexibility and to accommodate those working full-time.

Curriculum & Teaching: All courses in GDCPH will integrate a wide range of case studies and guest lectures, including those from Indigenous and historically underrepresented backgrounds to better reflect the diversity of community health issues that persist across Canada. Course instructors will also create online-course environments that facilitates a sense of belonging for all students through actively facilitating discussions through online forums, or synchronously through class time. The method of engagement will be dependent on the teaching faculty involved, though course content itself will be delivered asynchronously. Furthermore, students and instructors will work with the Student Accessibility Office to support students who may require accommodations. Instructors will set clear student expectations for course assignments and instructors will work with students one-on-one to deal with unexpected situations. The program director and instructors will work with the MacPherson Institute to make sure that courses are designed and delivered in a way that reflects universal design.

Compliance with AODA: GDCPH will ensure that course delivery meets the standards by the Accessibility for Ontarians with Disabilities Act (AODA) and the McMaster University Accessibility Plan 2011-2015.

4.6 Research Requirements (If Applicable)

N/A

5. Assessment of Learning

5.1 Methods for Assessing Students

Students will be assessed in various ways in courses to ensure that learning outcomes are met. For example, quizzes, term papers (development of program plans) will be implemented in courses. Additionally, in the capstone course mid-term and final evaluations will be used to assess student progress in practice.

Grades in GDCPH courses will be reported as letter grades using the following scale:

Grade	Percent
A+	90-100
A	85-89
A-	80-84
B+	77-79
B	73-76
B-	70-72
F	Fail

5.2 Curriculum Map

Course	Learning Outcomes	Assessment
PUBHLH 717 Foundations of Community Health and Policy	<ol style="list-style-type: none">1. Discuss the determinants of health and their relationship with community health outcomes2. Identify major actors, organizations, and policies in Public Health and related systems3. Describe how policies are made4. Apply steps to create policy recommendations	<ul style="list-style-type: none">• Students will demonstrate their learnings by writing a policy briefing, following the steps of Bardach & Patashnik (2015)¹, as well as Wong et al. (2017)¹²

¹² Wong, Shale, Larry Green, Andrew Bazemore, and Benjamin Miller. "How to Write a Health Policy Brief." *Families, Systems & Health* 35, no. 1 (2017): 21-24. <https://doi.org/http://dx.doi.org/10.1037/fsh0000238>.

PUBHLTH 718 Epidemiology & Research Methods in Community Health	<ol style="list-style-type: none"> 1. Calculate common descriptive measures (e.g., prevalence, incidence, etc.) 2. Discuss quantitative and qualitative research methods to capture community health data 3. Distinguishing ethical practices in research methods such as OCAP (Ownership, Control, Access, Possession) principles for working with First Nation groups 	<ul style="list-style-type: none"> • Students will demonstrate their understanding through quizzes and a written research/grant proposal
PUBHLTH 719 Knowledge Translation for Community Health	<ol style="list-style-type: none"> 1. Recognize why community engagement is important in public health and community health 2. Identify databases, sources of information, peer-reviewed literature that provide health status indicators for communities 3. Describe effective communication principles for community health intervention 4. Describe the 7 steps of Evidence Informed Decision Making in Public Health 5. Critically Appraise literature using critical appraisal tools 	<ul style="list-style-type: none"> • Students will practice conducting a rapid synthesis of literature and develop a KT plan
PUBHLTH 720 Planning and Evaluation for Population and Community Health*	<ol style="list-style-type: none"> 1. Describe the various steps in the PRECEDE-PROCEED model 2. Identify appropriate stakeholders to engage in planning process 3. Differentiate between types of evaluation 4. Apply principles of community-based research and participatory action research 	<ul style="list-style-type: none"> • Student will collaborate with community organizations to develop a program plan and evaluation

*This is a community-engaged course in which the instructor will work the office of community engagement to identify organizations and other public health organizations that will collaborate with students

5.3 Demonstrating Student Achievement

The overarching aim of the GDCPH program is to increase learners' understanding of how to implement foundational public health practices to improve community health outcomes. It is believed that learners will come from a variety of professions and disciplines; and therefore, by learning how to apply a public health approach to their work could further the impact that they have in the jobs and members that they serve. The learning scaffolding that undergirds this program follows a sequential growth model where the students learn the basics in the first course and progressively move to application of course material. The final course is where students will showcase the extent to which they have learned the prior course principles. Each student will be paired with a community organization or will be able to create a program plan for their current place of work or community that they serve.

6. Resources

Note: Please be sure to complete the appropriate section based on whether you are proposing a New Undergraduate or Graduate Program.

Please note that departments should have already completed their New Undergraduate or Graduate Program Resource Implications and Financial Viability template. Ensure that this template is complete and ready to be submitted. Departments may find it helpful to refer to their budget proposal when addressing the sections below. For additional information, contact Linda Coslovi, Associate Vice-President Finance and Administration (Academic): coslovi@mcmaster.ca. Please provide evidence that there are adequate resources to sustain the quality of scholarship produced by undergraduate/graduate students' scholarship and research activities.

GRADUATE PROGRAMS

6.1 Administrative, Physical and Financial Resources

Administrative resources: GDCPH proposes to have a complement of one program director who will be hired into a 0.75 FTE position along with 0.2 FTE support each from two MPH coordinators and one 0.2 FTE GDCE coordinator. The three coordinators will be responsible for providing administrative support. The GDCPH admissions and curriculum coordination will be supported by current faculty members who participate in the MPH program. The administrative coordinators will also support the curriculum and program related duties as needed. The program director will have oversight of the program and will serve as a course instructor. It is expected when the program reaches its third year, a 1 FTE pedagogical digital specialist will be hired to provide ongoing support in course content delivery and development for GDCPH and the other departmental online diploma GDCE.

Physical Resources: The GDCPH courses will be offered online; therefore, no new space is needed. Since the GDCPH director will be hired from the Department, they will already have accessible workspace in HEI. Similarly, the coordinators already have their own workspaces within the Communication Research Library where the MPH offices are. Further, HEI supports flexible work, and some work may be done from home.

Financial Resources: GDCPH will be a self-funded program. Domestic and international part-time tuition will make up the bulk of the revenues. The largest expense for the program is the salary for the program director and future pedagogy specialist who will be expected come on board in year 3. This cost though would be split between the Department's online diplomas. Departmental and Central University costs are the next greatest expense, and this will be determined with respect to the program's operational demands.

6.2 Library, Technology, and Laboratory Resources

The Health Sciences library at McMaster has an extensive repository of relevant public health literature. It is anticipated that library usage will not dramatically increase support from the library. Electronic search databases and resources through the library for MPH students will also be accessible to GDCPH students. GDCPH programming will be offered solely online so the technology platforms such as Zoom, Avenue to learn, Camtasia will be used. The University currently has licenses for all McMaster instructors.

6.3 Faculty

The GDCPH director will instruct 3 of the 4 courses. This will include development of course material and teaching. One additional new HEI hire will be involved in teaching. The MPH core faculty (n=3) members from the MPH program will contribute to GDCPH courses by helping to construct and deliver course material in some of the GDCPH course modules. The MPH core faculty have extensive expertise in public health and training of graduate students.

6.4 Student Financial Support

Given that this is a fully self-funded program, there is no financial support.

6.5 Faculty Research Funding

The Table provided below is intended to show the amount of funding available to support faculty research and potentially available to support students' work, either through the provision of stipends or materials for the conduct of the research.

N/A ---GDCPH is not a research focused program.

Operating Research Funding by Source and Year				
	Source			
Year ¹	Granting Councils ²	Other Peer Adjudicated ³	Contracts	Others ⁴

Totals				

- ^{1.} Year may be academic year or calendar year, as appropriate for the institution [specify].
- ^{2.} *Do not* include equipment grants, conference grants, or grants allocated by the university such as SSHRC minor grants in this column.
- ^{3.} Explain source and type in footnote.
- ^{4.} University allocated grants (such as SSHRC minor grants).

6.6 Supervision

There are two different tables that must be completed as part of this section.

Faculty Name & Category of Appointment	Home Unit ¹	Supervisory Privileges ₂
<i>Category 2</i>		
Dr. Emma Apatu	HEI	Full
Dr. Laura Anderson	HEI	Full
Dr. Elizabeth Alvarez	HEI	Full
<i>Category 3</i>		
<i>Category 6</i>		
Dr. Monica Bienefeld, part-time	HEI	
Dr. Ayesha Siddiqua, part-time	HEI	
Dr. Behnam Sadeghiard, part-time	HEI	
Dr. Sandra Millicic, part-time	HEI	
Dr. Nancy Santesso, full-time	HEI	Full

- ^{1.} This is the budget unit paying the salary: department, school, research centre or institute, or other.
- ^{2.} Indicate the level of supervisory privileges held by each faculty member: e.g., full, master's only, co-supervision only, etc.,
- ^{3.} Either give the field name or a footnote reference to it.
- ^{4.} List faculty members under the categories suggested, as applicable

Category 1: tenured or tenure-track core faculty members whose graduate involvement is exclusively in the graduate program under review. For this purpose the master's and doctoral streams of a program are considered as a single program. Membership in the graduate program, not the home unit, is the defining issue.

Category 2: non-tenure-track core faculty members whose graduate involvement is exclusively in the graduate program under review.

Category 3: tenured or tenure-track core faculty members who are involved in teaching and/or supervision in other graduate program(s) in addition to being a core member of the graduate program under review.

Category 4: non-tenure track core faculty members who are involved in teaching and/or supervision in other graduate program(s) in addition to being a core member of the graduate program under review.

Category 5: other core faculty: this category may include emeritus professors with supervisory privileges and persons appointed from government laboratories or industry as adjunct professors. Please explain who would fall into this category at your institution.

Category 6: non-core faculty who participate in the teaching of graduate courses.

Note: Academic units can opt to include additional columns with demographic information about their faculty members, as appropriate.

Completed and Current Numbers of Master Thesis and Practicum Supervisions by Faculty Member						
Member	Completed			Current		
	Thesis	Practicum		Thesis	Practicum	
Dr. Emma Apatu	1	4			-	
Dr. Laura Anderson	3	17		1	-	
Dr. Elizabeth Alvarez	3	14		3	-	

1. *If desired, columns (or an additional table) may be added to reflect the supervision of major research papers at the master's level. Do not include supervisory committee activity in this table.*
2. *Indicate the current number of students being supervised by the faculty members and, in parentheses, the total number of past students that the faculty member has supervised.*

7. Quality and Other Indicators

7.1 Academic Quality of the Program

GDCPH will draw on methods used by the MPH program to assess quality of its programming. Course evaluations will be administered at the end of each course and faculty will discuss as necessary in program meetings for quality improvement. Metrics such as enrollment and time-to-completion will be tracked to inform program administration.

7.2 Intellectual Quality of the Student Experience

The MPH program at McMaster has been running for six years and continues to provide students with a dynamic learning experience through its course offerings and local, provincial, and international partners collaborations. Students have completed practicum placements and thesis projects with organizations and supervisors affiliated with local public health units across Ontario and in other provinces, as well as the Public Health Agency of Canada, Canadian Public Health Association, British Columbia Centre for Disease Control, and World Health Organization. The program has also built a relationship with the Office of Community engagement and City Lab Hamilton which helps instructors facilitate learning experiences that allow students to work on [community-based projects](#). Also, faculty have extensive experience working in public health practice and research which helps to enliven the classroom experience for learners. Further, the Applied Research division at the Public Health Agency of Canada has

expressed interest in supporting learning experience for students to engage in community-focused planning evaluation projects.

GDCPH will leverage the MPH program's success and ensure that courses include a range of case studies and guest lectures to illustrate the diversity and complexity of public health. The program will allow learners to explore their individual interests in each course through courses assignments and the capstone course.

Please note that if the program is approved, some additional information will be requested:

- Brief program description which can be posted on the Quality Council website (1-2 paragraphs)
- Program details for OSAP eligibility purposes / NA

TRACKING THE APPROVALS PROCESS FOR NEW GRADUATE PROGRAMS

PLEASE NOTE: This table must be appended to the New Program Proposal Document and updated as each step in the approvals process is completed.

STEP IN THE NEW PROGRAM APPROVALS PROCESS	NAME OF COMMITTEE/ INDIVIDUAL PROVIDING CONSULTATION	DATE OF DOCUMENT APPROVAL
Preparation of the Resource Implications & Financial Viability Template (Budget)	Linda Coslovi, Associate Vice-President, Finance & Planning (Academic)	

University Students Fees Committee Approval of Budget		
Departmental & Faculty Approvals of Proposal		

Please note that approvals from the following internal committees is also required before the New Program Proposal can be sent to Quality Council & MTCU: *Graduate Council, University Planning Committee* and *Senate*.

Appendices

1. Proposed Budget (see attached)

2. Market Scan of Diplomas or Certificates for Public Health and Related Disciplines

		Name	Program Overview	Admissions	Duration	Mode of Delivery	Link
British Columbia, CAN	University of Victoria	Graduate Diploma in Public Health	<p>Courses include general core PH courses and a specialization in one of the following:</p> <ul style="list-style-type: none"> • Indigenous Peoples' Health • Public Health Nursing • Social Policy <p>Courses include:</p> <ul style="list-style-type: none"> • PH Epidemiology • PH Interventions • Supportive Health Environments & Health Public Policy • Constructions of Health and Principles of Health Promotion • Culmination Project • Practicum 	<ul style="list-style-type: none"> • Undergraduate degree with a minimum B+ (6.0) average (77-79%) in the last two years • Undergraduate statistics course with a minimum grade of B within 10 years of admission 	12 units/ 2 years	Mostly online; with 3 on-campus events	https://www.uvic.ca/hsd/publichealthsocialpolicy/future-students/graduate/diploma/index.php
Ontario, CAN	University of Guelph	Graduate Diploma in Public Health	<p>Courses include:</p> <ul style="list-style-type: none"> • Applied Public Health Research • Two of: <ul style="list-style-type: none"> ○ Infectious Diseases ○ Epidemiology I ○ Community Health Promotion ○ Introduction to Epidemiology ○ Health Communication ○ Environmental Public Health ○ Policy & Systems ○ Practicum ○ Capstone ○ Administration • Elective 	<ul style="list-style-type: none"> • Eligible applicants include those with an honours BSc in Biomedical Sciences, Biological Sciences, or Public Health, or those with a DVM, BScN or MD professional degrees (or equivalents). 	4 courses/ unspecified time	On Campus	https://www.uoguelph.ca/registrar/calendars/graduate/2017-2018/gradprog/sec_d0e25850.shtml

Ontario, CAN	University of Ottawa	Graduate Diploma in Health Risk Assessment & Management	<p>Designed for individuals interested in population health analysis and risk assessment.</p> <p>Courses include:</p> <ul style="list-style-type: none"> Population Risk Assessment I Population Risk Assessment II Risk Management in Gov. Elective/Practicum 	<ul style="list-style-type: none"> Undergraduate degree with a minimum B+ (6.0) average (77-79%) in the last two years Have successfully completed core study in biostatistics and epidemiology, covering topics including regression analysis, the primary study designs, confounding and similar concepts 	15 units/ 8 months	On Campus	https://catalogue.uottawa.ca/en/graduate/graduate-diploma-population-health-risk-assessment-management/
Ontario, CAN	Carleton University	Graduate Diploma in Health: Science, Technology and Policy	<p>Designed for both current graduate students and those seeking professional development.</p> <p>Courses include:</p> <ul style="list-style-type: none"> For professionals <ul style="list-style-type: none"> Knowledge Translation (Required) Three electives For current graduate students: <ul style="list-style-type: none"> Knowledge Translation (Required) Research Methods (Required) Policy (Required) Elective 	<ul style="list-style-type: none"> 4-year (honours) bachelor's degree or equivalent professional degree minimum B- (70%) average over the last 2 years of study (or last 20 one-term courses) One (1) university-level course in statistics 	2 credits/ unspecified time (within a year)	On Campus	https://carleton.ca/healthsciences/graduate-diploma-in-health-science-technology-and-policy/
Ontario, CAN	University of Western Ontario	Graduate Diploma in Applied Health Sciences	<p>This degree provides learners with the opportunity to develop both a comprehensive understanding of health systems and in-depth knowledge in one area of concentration:</p> <ul style="list-style-type: none"> Determinants of Health and Health Equity Health across the Lifespan Health Leadership: Toward Enhancing Health Services, Systems and Policy <p>Courses include:</p> <ul style="list-style-type: none"> Critical thinking in health sciences (required) 2 courses (from area of concentration) 2 electives 	<ul style="list-style-type: none"> Undergraduate degree (or equivalent) in health sciences Minimum B average base on last two years Demonstrated English language proficiency Advanced computer skills 	5 courses/ 12-20 months	Online	https://www.uwo.ca/hs/programs/ahs/diploma.html

Alberta, CAN	University of Lethbridge	Graduate Certificate in Public Health Program and Policy Planning and Evaluation	<p>This Graduate Certificate program prepares students to design, implement, and evaluate health programs and learn how to analyze and consider the ethical implications of health policy</p> <p>Courses include:</p> <ul style="list-style-type: none"> Applied PH Research Methods (Required) Program Planning, Implementation and Evaluation (Required) Health Policy & Ethics (Required) Elective 	<ul style="list-style-type: none"> Hold a baccalaureate degree (i.e. undergraduate degree) in a related discipline from a recognized degree-granting institution Have a minimum grade point average of 3.00 (based on the uLethbridge 4.00 scale) on the last 20 graded university-level term courses (60.0 credit hours) Completed 3.0 credit University-level statistics course Demonstrate English Language Proficiency (ELP) for graduate students 	4 courses/ up to 36 months	On Campus	https://www.ulethbridge.ca/future-student/graduate-studies/graduate-certificate-public-health-program-and-policy-planning-and-evaluation
Manitoba, ON	University of Manitoba	Diploma in Population Health (DipPH)	<p>The DipPH program is course-based and aims to provide health care professionals, clinicians and managers in provincial and regional health authorities with core knowledge and skills in population health sciences, including epidemiology and biostatistics. Graduates will become more effective in their own institutions, and better-informed consumers of health research data.</p> <p>Courses include:</p> <ul style="list-style-type: none"> Biostatistics (Required) Epidemiology (Required) Organization and Financing of Canadian Healthcare System (Required) One of: <ul style="list-style-type: none"> Core Concepts in PH Methods and Concepts for Community Health Sciences Two electives 	<ul style="list-style-type: none"> Graduates in medicine holding M.D. or equivalent (e.g. M.B. Ch.B.). Honours arts or science graduates and graduates of 4-year degree programs with a major in the arts or sciences are eligible. Graduates of 4-year health or health-related professional university programs such as dentistry, veterinary medicine, nursing, medical rehabilitation, nutrition, pharmacy, social work, and education 	18 credit hours	On Campus	https://umanitoba.ca/faculties/health_sciences/medicine/units/chs/educational_programs/graduate.html#DipPH
Newfoundland, CAN	Memorial University	Graduate Diploma in Community Health	<p>The diploma program may be attractive to students hoping to expand on their current skill set in the community health arena or wishing to learn about community health in general.</p> <p>Courses Include:</p> <ul style="list-style-type: none"> Introduction to Community Health Epidemiology 3 Electives 2 Graduate Seminars 	<ul style="list-style-type: none"> Undergraduate degree with a minimum 75% average over the last two years of fulltime study English proficiency Post-secondary statistics 		On Campus	

Ontario, CAN	Ryerson University	Certificate in Health Studies	<p>The Health Studies certificate will provide flexibility to choose courses that meet your professional development needs while allowing the opportunity to earn a certificate. This certificate comprises of courses from:</p> <ul style="list-style-type: none"> • Health Informatics • Health Services Management • Ethics • Psychology • Aging & Gerontology 	<ul style="list-style-type: none"> • Ontario Secondary School Diploma or equivalent • Related Professional Development Award • Mature Student Status 	6 credits/ 4 years	?	https://continuing.ryerson.ca/public/category/courseCategoryCertificateProfile.do?method=load&certificateId=197617
Ontario, CAN	Queen's University	Graduate Diploma in Aging & Health	<p>Students will develop multi-disciplinary knowledge of individual aging processes, the effect of aging on social systems, and the policies needed to support healthy aging.</p> <p>Courses include:</p> <ul style="list-style-type: none"> • Two of: <ul style="list-style-type: none"> ◦ Evaluating Age-Related Programs & Services ◦ Ethics and Biomedical ethics of Aging ◦ Normal Aging Processes • Two Electives 	A B+ average or above from any four year undergraduate degree program or equivalent.	5 courses/ 8 months	On Campus	https://www.queensu.ca/sgs/programs-degrees/aging-and-health



SCHOOL OF GRADUATE STUDIES

RECOMMENDATION FOR CHANGE IN GRADUATE CURRICULUM - FOR CHANGE(S) INVOLVING COURSES

IMPORTANT: PLEASE READ THE FOLLOWING NOTES BEFORE COMPLETING THIS FORM:

1. This form must be completed for ALL course changes. Sections of this form pertaining to your requested change must be completed.
2. An electronic version of this form (must be MS WORD not PDF) should be emailed to the Assistant Secretary, School of Graduate Studies (cbryce@mcmaster.ca).
3. A representative from the department/program is required to attend the Faculty Curriculum and Policy Committee meeting during which this recommendation for change in graduate curriculum will be discussed.

DEPARTMENT		English & Cultural Studies		
COURSE TITLE		Queer, Two-Spirit, & Trans- Indigenous Writings		
COURSE NUMBER	ENGLISH/ CULTRST 712	COURSE CREDIT		
		6 Unit Course ()	3 Unit Course (X)	1.5 Unit Course ()
REQUISITE(S) (Pre/Co/Anti or program enrollment requirement)				
NATURE OF RECOMMENDATION (PLEASE CHECK APPROPRIATE BOX)				
Is this change a result of an IQAP review? <input type="checkbox"/> Yes <input type="checkbox"/> No				
NEW COURSE	<input checked="" type="checkbox"/>	DATE TO BE OFFERED (FOR NEW COURSES ONLY): Sept 2022		WAS THE PROPOSED COURSE OFFERED ON DEAN'S APPROVAL?
WILL THE COURSE BE CROSS-LISTED (COMBINED SECTIONS) WITH ANOTHER DEPARTMENT? IF YES, PLEASE NOTE WHICH DEPARTMENT:				
ATTACH TO THIS FORM ANY RELEVANT CORRESPONDENCE WITH THE OTHER DEPARTMENT(S). NOTE: CROSS-LISTING OF COURSES REQUIRES WRITTEN APPROVAL FROM EACH DEPARTMENT AND FACULTY CONCERNED. IF YOU WOULD LIKE TO REMOVE A CROSS-LISTING YOU MUST INCLUDE A WRITTEN EXPLANATION AGREED UPON BY BOTH DEPARTMENTS AFFECTED.				
CROSS-LISTED WITHIN THE DEPARTMENT OF ENGLISH & CULTURAL STUDIES				
CHANGE IN COURSE TITLE		PROVIDE THE NEW COURSE TITLE:		

CHANGE IN COURSE DESCRIPTION		600-LEVEL COURSE (Undergraduate course for graduate credit) Please see #4 on page 2 of this form
COURSE CANCELLATION	PROVIDE THE REASON FOR COURSE CANCELLATION: PLEASE NOTE: CROSS-LISTED (COMBINED SECTIONS) COURSES CAN ONLY BE CANCELLED BY THE DEPARTMENT WHO OWNS THE COURSE.	
OTHER CHANGES	EXPLAIN:	
BRIEF COURSE DESCRIPTION FOR CALENDAR - Provide a brief description (<i>maximum 6 lines</i>) to be included in the Graduate Calendar. This course takes an intersectional, decolonizing approach toward settler gender/sexuality; students will consider thematic and transnational contexts to explore multiple intersections of gender, race, class, sexuality, Indigeneity, and settler colonialism. <i>Most importantly, we will also explore how Indigenous two-spirit/queer/trans writings open space for imagining and realizing futures free from enduring forms of colonial violence – futures of radical resurgence, Indigenous sovereignty, and decolonial love.</i>		
CONTENT/RATIONALE - Provide a brief description that explains how the new course or changes to an existing course are related to the program learning objectives, including a list of tentative topics to be covered." (Course proposed by Kaitlin Debicki) As the stories, writings, and literatures of Indigenous peoples of Turtle Island span centuries, vast geographic areas, and hundreds of unique nations, this will be a special topics course focusing on contemporary, Indigenous queer, two-spirit, and trans writings. It has been well established in the field of Indigenous literatures and Indigenous studies more broadly that uplifting, liberating, and centering Indigenous queer/two-spirit/trans folx is fundamental to any effort for decolonization. This course takes this fact as its basis as it moves through the current outpouring of poetry, nonfiction, fiction, short stories, memoir, and theory of young, queer Indigenous scholars, artists, writers, storytellers, and activists. This course takes an intersectional, decolonizing approach toward settler gender/sexuality; students will consider thematic and transnational contexts to explore multiple intersections of gender, race, class, sexuality, Indigeneity, and settler colonialism. Most importantly, we will also explore how Indigenous two-spirit/queer/trans writings open space for imagining and realizing futures free from enduring forms of colonial violence – futures of radical resurgence, Indigenous sovereignty, and decolonial love.		

1. STATEMENT OF PURPOSE (How does the course fit into the department's program?) This course adds to the current English & CSCT offerings in the field of Cultural Studies and Indigenous Literature.
2. EXPECTED ENROLMENT: 15
3. DESCRIBE IN DETAIL THE METHOD OF PRESENTATION OF COURSE MATERIAL (i.e., lectures, seminars): Seminars and Presentations

4. DESCRIBE IN DETAIL THE METHOD OF EVALUATION (percentage breakdown, if possible): (For 600-level course, indicate the Extra Work to be required of graduate students, i.e., exams, essays, etc. Please also note if a lab or tutorial will be included.)

Evaluation Components:

Participation & Engagement 15%

Reading Notes 15%

Discussion Starters 20%

Editing a Partner's Paper 10%

Final Paper Complete 40%

**5. TO PREVENT OVERLAP, IS A COURSE IN THE SAME OR A RELATED AREA OFFERED IN ANOTHER DEPARTMENT?
IF YES, PLEASE ATTACH TO THIS FORM ANY RELEVANT CORRESPONDENCE WITH THE OTHER DEPARTMENT(S).**

N/A

**6. IF THE COURSE IS INTENDED PRIMARILY FOR STUDENTS OUTSIDE YOUR DEPARTMENT, DO YOU HAVE THE
SUPPORT OF THE DEPARTMENT/PROGRAM CONCERNED?**

N/A

PLEASE PROVIDE THE CONTACT INFORMATION FOR THE RECOMMENDED CHANGE:

Name: Dr. Amber Dean Email: deanamb@mcmaster.ca Extension: 23725 Date submitted: Nov. 10, 2021

If you have any questions regarding this form, please contact the Assistant Secretary, School of Graduate Studies,
cbryce@mcmaster.ca.



TO: Graduate Council

FROM: Doug Welch
Vice-Provost and Dean of Graduate Studies
Co-Chair, Quality Assurance Committee

RE: 2020 - 2021 IQAP Cyclical Program Reviews

INTRODUCTION

The purpose of Institutional Quality Assurance Process (IQAP) program reviews is to assist academic units in clarifying their objectives and to assess curriculum and pedagogical policies, including desirable changes for future academic development. Although the primary objective for these reviews is the improvement of our academic programs, the processes that we adopt are also designed to meet our responsibility to the government on quality assurance. The process by which institutions meet this accountability to the government is outlined in the Quality Assurance Framework (QAF), developed by the Ontario Councils of Academic Vice-Presidents (OCAV). Institutions' compliance with the QAF is monitored by the Ontario Universities Council on Quality Assurance, also known as the Quality Council, which reports to OCAV and the Council of Ontario Universities.

The goal of McMaster's IQAP is to facilitate the development and continued improvement of our undergraduate and graduate academic programs, and to ensure that McMaster continues to lead internationally in its reputation for innovation in teaching and learning and for the quality of its programs. McMaster's IQAP is intended to complement existing mechanisms for critical assessment and enhancement, including departmental reviews and accreditation reviews. The uniqueness of each program emerges through the self-study.

All program review reports (including self studies, review team recommendations, departmental responses, and dean's implementation plans) are submitted to McMaster's Quality Assurance Committee, a joint committee of Undergraduate and Graduate Councils. The Quality Assurance Committee assesses all submitted reports and prepares a Final Assessment Report (FAR) for each program review conducted during the previous academic session. Each FAR:

- Identifies significant strengths of the program;
- Addresses the appropriateness of resources for the success of the program;
- Identifies opportunities for program improvement and enhancement;
- Identifies and prioritizes the recommendations;

Undergraduate Council and/or Graduate Council will review this report to determine if it will make additional recommendations.

2020-2021 IQAP CYCLICAL PROGRAM REVIEWS

The following programs were reviewed during 2020-21:

Graduate Programs

Biomedical Engineering M.A.Sc., Ph.D.
Chemistry and Chemical Biology M.Sc., Ph.D.
Classics M.A., Ph.D.
eHealth M.SC.
Electrical and Computer Engineering, M.Eng, M.A.Sc., Ph.D.
Engineering Physics M.Eng, M.A.Sc., Ph.D.
French M.A., Ph.D.
Health Policy Ph.D.
Rehabilitation Sciences M.Sc., Ph.D.
Social Work M.S.W., Ph.D.
UNENE M.Eng.
Water Without Borders G.Dip