

Students taking the Global Health in a Local Context course for academic (PubH) credit should refer to the Syllabus. (WILL ADD A HYPERLINK TO SYLLABUS WHEN THESE ARE UP ON THE WEB.)



Global Health in a Local Context: An experiential course on the social determinants, community engagement, and social action in Minnesota Fall 2017

Meeting Days:	Immersion Day 1: September 16, 2017 Weekly Meetings: September 6 - December 13, 2017 Immersion Day 2: December 16, 2017
Meeting Time:	Immersion Days: 9am – 3pm Weekly Meetings: Wednesdays 5:30pm – 8:30pm
Meeting Place:	Primarily classroom-less, meeting in a variety of community sites throughout St. Paul & Minneapolis and classroom at UMN
Instructor:	Michael Westerhaus MD, MA Adjunct Professor, School of Public Health Assistant Professor, Medical School, Department of Medicine Co-Director, SocMed
Community Instructors:	Jennifer Hines MD Medical Director, Health Partners Midway Clinic Amy Finnegan PhD, MALD Co-Director, SocMed Chair, Justice and Peace Studies University of St. Thomas
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I. Course Description

The University of Minnesota's Center for Global Health and Social Responsibility (CGHSR), in partnership with the organization SocMed, is pleased to again offer *Global Health in a Local Context: Social Determinants, Community Engagement, and Social Action in Minnesota* during the Fall semester of 2017. This course will immerse students in the study of health equity, the social determinants of health, global health in a local setting,

and community-based healthcare. The course curriculum will be modeled on the dynamic SocMed curriculum currently utilized annually in Uganda and Haiti (www.socmedglobal.org), which offers a highly experiential, interdisciplinary, and inter-professional study of these topics.

These topics will be examined through the lens of social medicine, a discipline with a rich and storied history of efforts to address the social determinants of health. Social medicine has been identified by some as a particularly salient approach to engage the current collection of problems encompassed by global health. The practice of social medicine integrates the voice and decision-making power of individuals, families, and communities; is multidisciplinary and multi-sectoral in its approach; ensures an equity agenda; is guided by the local context to inform global policy; and assures a deep understanding of the social determinants of health and social science towards making an immediate difference in the health and lives of individuals. Successfully drawing upon the rich history of social medicine to tackle contemporary global and community health problems requires that the next generation of health professionals reinvigorate and re-imagine the principles and practice of global health and social medicine in partnership with patients and communities.

Global Health in a Local Context will merge unique pedagogical approaches including community engagement; classroom-based presentations and discussions; group and individual reflection; theater, film, and other art forms; and prioritization of narrative to understand patient, community, and health professional experiences. The curriculum promotes a biosocial approach to health and illness, thereby drawing on the disciplines of anthropology, sociology, economics, history, public policy, biomedicine, public health, and the arts. These approaches create an innovative and interactive learning environment in which students participate as both learners and teachers to advance the entire class's understanding of the interactions between the biology of disease and the myriad social, cultural, economic, political, and historical factors that influence illness presentation and social experience of health and well-being.

In order to examine the social determinants of health, this course will engage with local context through in-depth study of particular historical, political, and cultural narratives important to the locale, in this case Minnesota. The course curriculum places considerable importance on building partnerships and encouraging students to reflect upon their personal experiences with power, privilege, race, class, and gender as central to effective partnership building in the health professions and health-related fields. In the spirit of *praxis* (a model of education that combines critical reflection with action) these components of the course give students the opportunity to discern their role as health professionals concerned about health equity and justice through facilitated, in-depth conversations with core faculty, community members, and student colleagues.

II. Course Prerequisites

Open to all UMN graduate and professional students (post-baccalaureate). The course is also open to a select number of members of the Twin Cities community with interest and appropriate training.

All participants must obtain instructor approval in order to register. Once you receive instructor approval, you will be given a permission number to register in either OneStop (if applicable) or learning.umn.edu. Please visit CGHSR's website (<http://globalhealthcenter.umn.edu/education/global-local>) to download the application to receive instructor approval.

III. Course Goals and Objectives

Following this course, students will be able to:

1. Analyze and articulate the social determinants of health that influence health outcomes amongst different communities in the Twin Cities.

2. Differentiate behavioral, societal/cultural, and structural etiologies of health outcomes and explain how and why these etiologies are at times conflated.
3. Evaluate various models of health intervention to respond to health disparities in Minnesota.
4. Engage in critical self-reflection on one's personal relationship with social inequities and one's future role in responding to inequity.
5. Demonstrate the ability to engage in deep listening, perform a root-cause analysis, participate in constructive dialogue, and generate a strategy to act for social change.
6. Utilize an established network of diverse peers, faculty, and community members to dialogue on health challenges and solutions.

IV. Methods of Instruction and Work Expectations

The course content structure will be divided into the following interwoven parts:

- **Part 1** – Social Determinants of Health: Accounting for Local and Global Context
- **Part 2** – Health Interventions: Paradigms of Charity, Development, and Social Justice
- **Part 3** – Core Issues in Social Medicine: Primary Health Care, Community Health Workers, Health and Human Rights, and Health Financing
- **Part 4** – Making Social Medicine Visible: Writing, Narrative Medicine, Photography, Research, and Political Engagement

The course is “classroom-less” and takes place in a variety of community settings.

The class delivery consists of two components:

- 1) **Experiential Weekly Sessions** – these 3-hour sessions will take place on Wednesday evenings each week (with the exception of the week of September 27, when we will likely meet on September 26). These sessions are held in the community and provide experiential opportunities for exploring neighborhoods and interacting with people and organizations doing work related to the course topics.
- 2) **Full day immersion sessions** – Twice during the semester (Saturday, September 16 & Saturday, December 16), the class will meet for an extended class session. These meetings serve to “open” the class by building community, setting expectations, sharing a unique experience, and cooking food as a group, and then “close” the class by offering an extended period for discussion, reflection, next-steps, putting concepts into practice, and sharing a closing meal.

This unique course structure derives from a philosophical commitment to:

- **Praxis** – inspired by Paulo Freire, we believe that constant interplay between reflection and action generates critical analysis of the world and deepens our ability to effectively respond.
- **Personal** – who we are and where we come from matter deeply in health delivery. Critical self-awareness enhances our ability to undo harmful structural and societal factors of which we are all part.
- **Partnership** – community-building amongst individuals with varied demographic backgrounds offers the most innovative and just means of moving towards health equity.

We will be starting and closing the course with immersive sessions (September 16 and December 16), allowing for a richer engagement with each other and communities to facilitate the unfolding of these dynamics in the course.

V. Course Text and Readings

Text

Farmer, Paul. 2003. *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. Berkeley:

Version: March 15, 2017

University of California Press.

Readings

Course sessions will draw on the following body of literature, which will be uploaded to the course Moodle website:

1. Roberts, Maya. 2006. "Duffle Bag Medicine." *JAMA* 295: 1491-1492.
2. Porter, Dorothy. 2006. "How Did Social Medicine Evolve, and Where Is It Heading?" *PLoS Medicine* 3(10): e399.
3. Commission on the Social Determinants of Health. *Closing the gap in a generation. Health equity through action on the social determinants of health*. Geneva. World Health Organisation. 2008.
http://www.who.int/social_determinants/final_report/csdh_finalreport_2008.pdf
4. Virchow R. Report on the Typhus Epidemic in Upper Silesia. *Am J Public Health*. 2006;96(12):2102-2105. doi:10.2105/ajph.96.12.2102
5. Minnesota Department of Health. 2014. Advancing Health Equity in Minnesota: Report to the Legislature. http://www.health.state.mn.us/divs/chs/healthequity/ahe_leg_report_020414.pdf
6. Kleinman, Arthur and Benson, Peter. "Anthropology in the Clinic: The Problem of Cultural Competency and How to Fix It." *PLoS Medicine* Oct 2006 3(10): 1673-1676.
7. Fanon, Frantz. 1994. "Medicine and Colonialism." In: *A Dying Colonialism*. Grove/Atlantic Press.
8. Kleinman, Arthur. 2010. "Four Social Theories for Global Health." *Lancet* 375: 1518-1519.
9. Foucault, Michel., 1973. *The Birth of the Clinic: An Archaeology of Medical Perception*. Tavistock Publications, pp 3-4.
10. Ta-Nehisi Coates. 2014. "The Case for Reparations." *The Atlantic*.
11. Hardeman, R. 2016. "Structural Racism and Supporting Black Lives – The Role of Health Professionals." *New England Journal of Medicine*.
12. Farmer P, Kim J, Kleinman A, Basilio M. *Reimagining Global Health*. Berkeley: University of California Press; 2013.
13. Keshavjee, Salmaan. 2014. "Epilogue: Reframing the Moral Dimensions of Engagement," In: *Blind Spot: How Neoliberalism Infiltrated Global Health*. University of California Press, pp. 136-144.
14. Farmer, Paul. 1995. "Medicine and Social Justice." *America* 173(2):13-17.
15. Heywood, Mark. 2009. "South Africa's Treatment Action Campaign: Combining Law and Social Mobilization to Realize the Right to Health." *Journal of Human Rights Practice*. 1(1): 14-36.
16. Latour, Bruno. 1979. Selections from *Laboratory Life: The Social Constructions of Scientific Facts*.
17. McEwen, Bruce. 1998. "Protective and Damaging Effects of Stress Mediators." *NEJM* 338(3): 171-179.
18. Cueto, Marcos. 2004. "The Origins of Primary Health Care and Selective Primary Health Care." *American Journal of Public Health* 94(11): 1864-74.
19. Declaration of Alma-Ata. 1978.
20. Bleiker, Roland and Kay, Amy. 2007. "Representing HIV/AIDS in Africa: Pluralist Photography and Local Empowerment." *International Studies Quarterly* 51(4): 1003-1006.
21. Pérez, Leda, and Martinez, Jacqueline. 2008. "Community Health Workers: Social Justice and Policy Advocates for Community Health and Well-Being." *Am J Public Health* 98: 11-14.
22. Aviv, Rachel. 2015. "The Refugee Dilemma." *The New Yorker*. December 7, 2015.
23. Sampson, Robert J., Raudenbush, Stephen W., and Earls, Felton. "Neighborhoods and Violent Crime: A Multilevel Study of Collective Efficacy." *Science* 277(5328): 918-924.

VI. Course Outline/Weekly Schedule

Schedule of class sessions

Hours	Activity/Theme	Location	Readings
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Version: March 15, 2017

Week 1 (September 6)			
3 hours	<ul style="list-style-type: none"> - Introduction and Welcome - Getting to Know One Other: Partner Pairs - Neighborhood Block Walk Experience –Honing Our Observation Skills - Class Structure, Content, and Ground rules 	Center for Social Healing	Pre-reading: <i>Pathologies of Power</i>
Week 2 (September 13)			
3 hours	<ul style="list-style-type: none"> - Community Engagement: Insiders and Outsiders - Perception and the Conceptualization of Health Problems and Assets 	Sabathani Community Center/Seward Coop Friendship Store	Roberts (2006)
Immersion Day 1 (September 16)			
6 hours	<ul style="list-style-type: none"> - Culture, Health, and Healing - Our Stories: Who Are We and Where do We Come From 	Hmong Farm	None
Week 3 (September 20) – Journal due			
3 hours	<ul style="list-style-type: none"> - The Social Determinants of Health in Minnesota - The Context of Health Inequities - Introduction to the Refugee Resettlement Experience 	Minnesota Department of Health/Center for Health Equity	Porter (2006); WHO (2008); Virchow (2006); MDH (2014)
Week 4 (September 26/27)			
3 hours	<ul style="list-style-type: none"> - Attending to History: Structural Violence and the American Indian Experience - Colonialism and Medicine: Viewing the “Other” 	Minnesota History Museum and/or Franklin Corridor	Fanon (1994)
Week 5 (October 4) – Journal due			
3 hours	<ul style="list-style-type: none"> - Global Health Social Theories - Connecting the Local and The Global: Refugee and Immigrant Health in Minnesota 	Brian Coyle Center	Kleinman (2010); Aviv (2015); Foucault (1973)
Week 6 (October 11)			
3 hours	<ul style="list-style-type: none"> - Race and Racism as a Structural Determinant of Health - The Story of Rondo Neighborhood - Allostatic Load 	West Minnehaha Community Center/Rondo Library	Coates (2014); Hardeman (2016); McEwen (1998)
Week 7 (October 18) – Journal due			
3 hours	<ul style="list-style-type: none"> - Neoliberalism and Global/Community Health - Alma Ata and the Bamako Initiative - Skill-building: Performing a Root Cause Analysis 	HealthPartners Conference Center	Farmer (2013); Keshavjee (2014)
Week 8 (October 25)			
3 hours	<ul style="list-style-type: none"> - Reflective Pause – Where We’re at and Where We’re Headed 	Center for Social Healing	Farmer (1995)

	<ul style="list-style-type: none"> - Global Health on the Move: Charity, Development, and Social Justice - Class Potluck 		
Week 9 (November 1) – Journal due			
3 hours	<ul style="list-style-type: none"> - Social Movements and Advocacy - Skill-Building: Constructive Dialogue 	Neighborhoods Organizing for Change	Heywood (2009)
Week 10 (November 8)			
3 hours	<ul style="list-style-type: none"> - Community Health Workers in Action in Minnesota - Partners in Health: Pragmatic Solidarity, Bearing Witness, and Accompaniment 	Community Site/WellShare	Pérez and Martinez (2008)
Week 11 (November 15) - Journal due			
3 hours	<ul style="list-style-type: none"> - Community-Based Participatory Action Research - Skill-building: Asset-Based Approaches 	SoLaHmo/West Side Community Health Center	Latour (1979)
(November 22)			
No Class – Thanksgiving Week			
Week 12 (November 29) - Journal due			
3 hours	<ul style="list-style-type: none"> - The Arts in Understanding and Responding to the Social Determinants of Health 	Mixed Blood/Penumbra Theatre	None
Week 13 (December 6)			
3 hours	<ul style="list-style-type: none"> - Primary Care as a Social Change Strategy - The Social Determinants of Mental Health - Skill-building: Narrative Health 	CUHCC	Alma-Ata (1978); Cueto (2004)
Week 14 (December 13) - Journal due			
3 hours	<ul style="list-style-type: none"> - Building Social Cohesion to Foster Health - Share Chalktalk Experiences (Based on Wing's Assignment up front) 	The Third Place Studio	Bleiker (2007); Sampson (1996)
Immersion Day 2 & Closing (December 16)			
6 hours	<ul style="list-style-type: none"> - Final Exam - The Ethics of Action and Moral Frameworks: Why We Do What We Do and How We are Going to Do It - Community Meal: What We've Learned - Where Do We Go From Here: Staying Engaged, Maintaining Energy, and Harboring Optimism 	Center for Social Healing	None

Assignments, expectations, and approximate time commitments

Required of ALL learners:

1. Students are expected to communicate with the lead instructor if they will need to miss a week of class. Missing more than two class meetings will result in a conversation with the lead instructor about participation expectations, obstacles to full participation, and determining whether it makes sense to continue in the course.
2. **Class Participation:** Each student will earn participation credit through full attendance, being on time, participating regularly in class discussions and activities, bringing course readings into discussion, acting courteously towards others, and through following directions. Being respectful of different learning styles, we are mindful to not distribute participation points solely on how often you speak in class but

rather the quality of your engagement. Students are expected to communicate with the lead instructor if they will need to miss a week of class and are expected to not miss more than two class sessions.

3 hrs/week class + 1hr/week discussion

- a. Small Discussion Groups – Each student will be assigned a partner to work with throughout the semester on various activities in class and on assignments. Partner pairs will then be combined into small groups (4-6 students). Each week, the instructors will provide groups with 1-3 discussion questions connected to the week’s readings. Groups are expected to meet (in person or remotely) and discuss the readings/discussion questions. Groups should come to class prepared to share their discussion summaries if called upon to do so.
3. **Bi-Weekly Journal:** Each student will respond to journal prompts provided by the course instructors that promote deeper reflection on course themes. Students will submit journal reflections every two weeks. *30 minutes every two weeks, outside of class*
4. **Knowing Yourself and Others – Building Social Cohesion:** Each student will participate in a series of guided activities that deepen knowledge of self and others. These activities, drawing on the work of street photographer Wing Young Huie, aim to provide a framework for increasing social cohesion, which has been shown to strengthen neighborhood health. Activities related to this component of the course will take place both in and outside of class. Evaluation will be based on full participation in the activities, the ability to identify how the social determinants of health and social cohesion interact, and the ability to creatively share your experience of these activities with the class. *6-8 hours total outside of class.* Concrete deliverables include:
 - a. Photograph of something familiar and something unfamiliar in your neighborhood, each with a one-paragraph description (Due Sept 16)
 - b. “Chalk talk” photograph in your neighborhood with two-paragraph description and in-class sharing (Due Dec 13)
 - c. Final Reflective Paper (max 1000 words, due Dec 16)

A Certificate of Completion will be issued for participants that complete the requirements. Aside from the readings, it is expected that non-credit participants will be able to meet most other requirements during the meeting times for the course.

Activities that are optional for non-credit learners and required for students completing the ECM/PHHP project:

1. **Refugee Health and Advocacy Project** (Team-based): Students will be connected to refugee resettlement agencies to witness the refugee resettlement experience. This activity will provide the opportunity to participate in supporting newly arrived refugees (airport pick-ups, housing set-up, cultural orientation classes, etc.) as well as health-related experiences related to refugee care (visit to refugee clinic, visit to the MN State Refugee Health Office). Based upon those experiences, students will work in teams to analyze the impact of one social determinant of health on refugee health and develop an advocacy strategy based on that analysis. *12- 15 hours outside of class*
2. **Final Exam:** Each student will take a multiple choice and short-answer exam at the end of class, immediately preceding the Immersion Day 2 on December 16. The purpose of the exam is to evaluate your acquisition of the body of knowledge associated with social medicine. *1.5 hours in class*

VII. Course Evaluation

CGHSR will administer a student evaluation of the course through GoogleForms. These evaluations are used for continued quality improvement of the course each time it is offered. The CGHSR evaluations delve deeper into gathering feedback on course topics, methods of instruction, group dynamics, etc. Please take the time to

complete this additional evaluation, as CGHSR staff and course instructors do carefully review them and consider the feedback while planning future iterations of the course.