



UNIVERSITY OF MINNESOTA
Driven to DiscoverSM

Center for Global Health and Social Responsibility

Program Details Document – For non-credit participation

Those registered for academic credit through PubH 7200-101 should see the full syllabus.

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

Fall 2016

Meeting Days:	Immersion Initiation: September 17, 2016 Weekly Meetings: September 7-December 14, 2016 Course Conclusion: December 17, 2016
Meeting Time:	Immersion Initiation: 8am – 5pm Weekly Meetings: Wednesday's, 5:30 pm – 8:30 pm Immersion Closing: 8am – 5pm
Meeting Place:	Community Sites and Home Classroom at UMN
Instructor(s):	Michael Westerhaus MD, MA Adjunct Professor, School of Public Health Assistant Professor, Medical School, Department of Medicine Community Faculty (multiple TBD)
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I. Description

The University of Minnesota's Center for Global Health and Social Responsibility (CGHSR) in partnership with the organization SocMed is pleased to offer, *Global Health in a Local Context: Social Determinants, Community Engagement, and Social Action in Minnesota*, a new course in the Fall semester of 2016. 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' 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.

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 solution

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

This course content will be delivered through numerous pedagogical approaches including community engagement; classroom-based presentations and discussions; group and individual reflection; theater, film, and other art forms; and prioritization of story-telling narrative to understand individual, community, and health

professional experiences. A combination of UMN-based and community-based faculty will facilitate the learning experience. Many aspects of the course will happen off-campus in a variety of community settings, such as the Center for International Health, the Center for Social Healing, the Minnesota Department of Health, and the Community University Health Care Center.

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;
- **Partnership** – community-building amongst individuals with varied demographic backgrounds offers the most innovative and just means of moving towards health equity;
- **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.

We will be starting and closing the course with more intensive sessions (2 days at the beginning and 1 day at the end), 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

Prior to the course, we recommend that all students read:

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

Course sessions will draw on the following body of literature (others will likely be added by the time the course commences):

1. Porter, Dorothy. 2006. "How Did Social Medicine Evolve, and Where Is It Heading?" *PLoS Medicine* 3(10): e399.
2. Farmer P, Kim J, Kleinman A, Basilio M. *Reimagining Global Health*. Berkeley: University of California Press; 2013
3. Freire P. *Pedagogy Of The Oppressed*. New York: Continuum; 2000
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. 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
6. Foucault, Michel., 1973. *The Birth of the Clinic: An Archaeology of Medical Perception*. Tavistock Publications, pp 3-4.
7. Roberts, Maya. 2006. "Duffle Bag Medicine." *JAMA* 295: 1491-1492.
8. Kleinman, Arthur. 2010. "Four Social Theories for Global Health." *Lancet* 375: 1518-1519.
9. Okuonzi, Sam. 2004. "Dying for economic growth? Evidence of a flawed economic policy in Uganda." *Lancet* (364): 1632-37.
10. 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.
11. 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
12. Farmer, Paul. 1995. "Medicine and Social Justice." *America* 173(2):13-17.
13. 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.
14. McEwen, Bruce. 1998. "Protective and Damaging Effects of Stress Mediators." *NEJM* 338(3): 171-179.
15. Cueto, Marcos. 2004. "The Origins of Primary Health Care and Selective Primary Health Care." *American Journal of Public Health* 94(11): 1864-74.
16. Coates, Ta-Nehisi. 2015. "The Black Family in the Age of Mass Incarceration." *The Atlantic*. October 2015.
17. Declaration of Alma-Ata. 1978.
18. United Nations. 1948. "UN Declaration of Human Rights." On-line at: <http://www.un.org/Overview/rights.html>

19. Bleiker, Roland and Kay, Amy. 2007. "Representing HIV/AIDS in Africa: Pluralist Photography and Local Empowerment." *International Studies Quarterly* 51(4): 1003-1006.
20. 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.
21. Aviv, Rachel. 2015. "The Refugee Dilemma." *The New Yorker*. December 7, 2015.

VI. Course Outline/Weekly Schedule

Hours	Activity	Location
September 17th, 2016		
8 hours	<ul style="list-style-type: none"> - Introduction to Social Determinants of Health, Social Medicine and Health Equity - The Context of Health Inequities in Minnesota - Our Stories: Who Are We and Where do We Come From - Culture, Health, and Healing - Pathologies of Power Discussion - Films: <i>Unnatural Causes</i> and <i>The Danger of a Single Story</i> 	All locations TBD (will involve combination of community sites and classroom at UMN, but no matter where class is held, it will be 3 hours of instruction time)
Week 1 (September 7th)		
3 hours	<ul style="list-style-type: none"> - Community Engagement: Insiders and Outsiders - Perception and the Conceptualization of Health Problems and Assets - Introduction to Group work/Advocacy Project/Class as Advocacy 	
Week 2 (September 14th)		
3 hours	<ul style="list-style-type: none"> - Global Health Social Theories - Connecting the Local and The Global: Refugee and Immigrant Health in Minnesota (follow family for 3 months and observe their story unfold through deep listening using StoryCorps model) - Film: <i>American Heart</i> 	
Week 3 (September 21st)		
3 hours	<ul style="list-style-type: none"> - Race and Racism as a Structural Determinant of Health - Allostatic Load Theory - Privilege Walk - Introduction to Social Movements and Advocacy - Film: <i>Eyes on the Prize</i> 	
Week 4 (September 28th)		
3 hours	<ul style="list-style-type: none"> - Attending to History: Structural Violence and the American Indian Experience - Colonialism and Medicine: Viewing the "Other" - Community Partner Walk (student pairs partner with community members for a "tour") 	
Week 5 (October 5th)		
3 hours	<ul style="list-style-type: none"> - Neoliberalism and Global/Community Health - Asking Why: Performing a Root Cause Analysis - Alma Atta, the Bamako Initiative, and the World Trade 	

	<ul style="list-style-type: none"> Organization - Film: <i>Life and Debt</i> 	
Week 6 (October 12th)		
3 hours	<ul style="list-style-type: none"> - The Politics of Food, Diabetes, and Obesity - Listening for the Social Determinants of Health: Deep Listening and Mini-Ethnography - Narrative Medicine for All Professions 	
Week 7 (October 19th)		
3 hours	<ul style="list-style-type: none"> - Global Health on the Move: Charity, Development, and Social Justice - Gender, Sexuality, and Health Equity 	
Week 8 (October 26th)		
3 hours	<ul style="list-style-type: none"> - Group Project Presentations & Project Selection - Moving Towards Equity in Minnesota 	
Week 9 (November 2nd)		
3 hours	<ul style="list-style-type: none"> - Health Financing: Health as Human Right or Commodity? 	
Week 10 (November 9th)		
3 hours	<ul style="list-style-type: none"> - Community Health Workers in Action in Minnesota - Partners in Health: Pragmatic Solidarity and Approach to Care 	
Week 11 (November 16th)		
3 hours	<ul style="list-style-type: none"> - Constructive Dialogue - Decision-making, Power, and Accountability in Community-Based Work 	
Week 12 (November 23rd)		
3 hours	<ul style="list-style-type: none"> - Community-Based Participatory Action Research - Map Your Neighborhood/Get to Know Your Neighbors - Assets Based Approach 	
Week 13 (November 30th)		
3 hours	<ul style="list-style-type: none"> - Capturing Community Experience: Deep listening and Imagery - Biosocial Understandings: Bringing in the Social Sciences 	
Week 14 (December 7th)		
3 hours	<ul style="list-style-type: none"> - Primary Care as a Social Change Strategy - Global Health Delivery – Primary Care Case - Multicultural Care Models - Assumptions and Racism in Care Delivery 	
Week 15 (December 14th)		
3 hours	<ul style="list-style-type: none"> - Narrating Transition: Stories of Refugee Resettlement (share stories of resettlement and meal together) - Multidisciplinary and Inter-professional Care Models - The Ethics of Action and Moral Frameworks: Why We Do What We Do and How We are Going to Do It - Discerning Intentional Careers: Panel and One-on-One Consultations 	

December 17 th , 2016 - Closing		
8 hours	<ul style="list-style-type: none"> - Evaluation - Community Meal: What We've Learned - Group Presentations - Where Do We Go From Here: Staying Engaged, Maintaining Energy, and Harboring Optimism 	

VII. Certificate of Completion

A Certificate of Completion will be issued for participants that complete the following 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. (Those registered for Academic Credit should see the full syllabus for requirements.)

Required activities

a. **Class Participation**

You 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.

b. **Team-based Global Health Delivery Case-Study**

Groups will be presented with a case-study related to the delivery of primary care in the Twin Cities. Each group will be given one week to respond to the case by developing an innovative model of response to the problem posed. Evaluation will be based upon group communication, integration of concepts discussed in class into the model posed, and creativity of the model developed. This will be conducted during class time

Optional activities for non-credit participants

Students that are participating for graduate credit will also be completing the two projects below. If you are participating for non-credit, you will **not** be required to fully participate in these projects. You will, however, be encouraged to be partially involved. Possibilities include, serving as a consultant on an aspect of a project, connecting others to resources from your professional network, providing feedback along the way, etc.

- **Listening and Storytelling Project**

This project will involve learning from a person with refugee status living in Minnesota and gathering him/story over the course of the semester. Near the end of the course, the student will present his/her interpretation of the story both to the class and to individual followed during the course. Evaluation will be based upon the student's ability to demonstrate deep listening, ability to identify the impact of the social determinants of health on the person's life, demonstrating respect for the individual followed, and the ability to creatively share the individual's story with the class.

- **Team-based Advocacy Project**

The purpose of this group project is to give you an opportunity to constructively and collaboratively apply some of the concepts, tools, and insights of social medicine into an action-related project. Specifically, you will develop a health advocacy project that builds on themes from the class and provides an opportunity for continued partnership with the community. Carrying out the group work successfully will involve strong interpersonal communication, mastery of concepts related to social medicine, and analytical skills to examine social problems that could be addressed in a new advocacy campaign and/or already ongoing campaign to which students could contribute.