



Center for Global Health & Social Responsibility

Global Health in a Local Context: An experiential course on the social determinants, health equity, and leading change in Minnesota

Fall 2018

Meeting Days:	Weekly Meetings: Wednesdays, September 5 - December 12, 2018 Immersion Day 1: September 22, 2018 Immersion Day 2: October 6, 2018 Immersion Day 3: December 15, 2018
Meeting Time:	Immersion Days: 9am – 2pm (4-5 hours maximum) 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 (Medical Anthropology) 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
Office Address:	Mayo Building C-311, University of Minnesota, Minneapolis, MN 55455
Office Phone:	651-647-2100
E-mail:	west0591@umn.edu
Office Hours:	Weekly, Fridays from 11am-Noon, Weekly, Fridays from 11am-Noon, Virtual via WebEx with course faculty.

I. Course Description

Global Health in a Local Context: An experiential course on the social determinants, health equity, and leading change in Minnesota immerses students in the study of health equity, the social determinants of health, the principles and practice of global health in a local setting, and community-based healthcare. The discipline of social medicine provides a theoretical and practical framework to explore these topics. This course draws on the social sciences and social epidemiology to forge understandings of the social determinants of health; integrates the voice and decision-making power of individuals, families, and communities; is multidisciplinary and multi-sectoral in its responses; ensures an equity agenda; and is guided by deep, multi-faceted encounters with local contexts.

In this course, learners focus on the history, politics, and social and cultural narratives of Minnesota, with particular attention paid to refugee and immigrant experiences. Learners explore the concepts, theory, and practice of global health and of social medicine. The curriculum, which promotes a biosocial approach to health

and illness, is informed by the disciplines of anthropology, sociology, economics, history, public policy, biomedicine, public health, and the arts. The course is divided into the following interwoven parts:

- **Part 1** – Social Determinants of Health: Accounting for Local and Global Contexts
- **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

Health equity requires community-building, social cohesion, leadership, and action. To create a learning environment that fosters these dynamics, course faculty and facilitators maintain a rigorous 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.

The course integrates considerable reflection upon personal experiences with power, privilege, race, class, and gender; incorporates assignments that are action-oriented and focused on learning skills to lead change; and seeks to expand social cohesion in the communities of participants. These aspects of the course provide rich opportunities to develop the leadership, advocacy, and communication skills that are important for advancing health equity in partnership with communities.

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 experience in health-related careers.

Given the intensity of the course and strong enrollment demand, all participants must complete a brief application in order to receive instructor approval to register. Please visit CGHSR's website (<http://globalhealthcenter.umn.edu/education/global-local>) to complete the application.

This is an intensive course that requires hands-on, continual in-person participation. If you anticipate the need to miss more than two class sessions, we discourage you from applying for this course.

III. Course Goals and Objectives

Following this course, students will be able to:

1. Describe and analyze the social determinants of health that influence health outcomes amongst different communities in the Twin Cities, with particular attention paid to refugee and immigrant communities.
2. Apply global health social theories and frameworks to evaluate various models of health intervention that respond to health inequities in Minnesota.
3. Engage in critical self-reflection on one's personal story and how that relates to one's future role leading efforts to advance health equity.
4. Demonstrate the ability to engage in deep listening, perform a root-cause analysis, effectively work as a member of a diverse team, describe one's own story, and build social cohesion.
5. Describe policies that affect refugee and immigrant health and use that knowledge to identify a strategy to advocate for social change.
6. Apply communication strategies with a diverse network of peers, faculty, and community members on health challenges and solutions.

IV. Methods of Instruction and Work Expectations

The course is “classroom-less” and takes place in numerous community settings. Approximately half of the learners in this course are UMN students and half are members of the broader community who are interested in and engaged with health equity work.

The course prioritizes experiential pedagogy 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. 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.

The class delivery consists of:

- **Experiential Weekly Sessions** – these 3-hour sessions will take place on Wednesday evenings each week. With a few exceptions, 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.
- **Full day immersion sessions** – Three times during the semester (Saturday, September 15, Saturday, October 6th, & Saturday, December 15), the class will meet for an extended class session. These meetings serve to facilitate community-building, development of leadership skills and allow for deeper discussion and activities related to course topics.

As a course connected to current events and lived realities, facilitators strive to be flexible and nimble during the course in order to incorporate content and conversations related to current events. While course concepts and themes do not change, some course experiences and guest speakers are subject to the needs of the class and individual and organizational availability as the semester progresses.

V. Course Text and Readings

Text

Farmer, Paul. 2003. *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. Berkeley: University of California Press. Selected Chapters: 1, 2, 4, 5, 6, 8, & 9.

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. Lindeke, Bill. 2015. “The Seward Friendship Store sparks return of the co-op war.” *Twin City Daily Planet*: <https://www.tcdailyplanet.net/the-seward-friendship-store-sparks-return-of-the-co-op-war/>
3. Ganz, Marshall. 2010. “Leading Change: Leadership, Organization, and Social Movements.” In: *The Handbook of Leadership Theory and Practice*, Edited by Nitin Nohria and Rakesh Khurana; Danvers: Harvard Business School Press, pp 509-550.
4. Porter, Dorothy. 2006. “How Did Social Medicine Evolve, and Where Is It Heading?” *PLoS Medicine* 3(10): e399.
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. Pages 26-34. http://www.who.int/social_determinants/final_report/csdh_finalreport_2008.pdf
6. 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
7. Minnesota Department of Health. 2014. *Advancing Health Equity in Minnesota: Report to the Legislature*. Pages 3-8. http://www.health.state.mn.us/divs/chs/healthequity/ahe_leg_report_020414.pdf
8. Fanon, Frantz. 1994. “Medicine and Colonialism.” In: *A Dying Colonialism*. Grove/Atlantic Press.
9. Kleinman, Arthur. 2010. “Four Social Theories for Global Health.” *Lancet* 375: 1518-1519.
10. Foucault, Michel., 1973. *The Birth of the Clinic: An Archaeology of Medical Perception*. Tavistock Publications, pp 3-4.

11. Ta-Nehisi Coates. 2014. "The Case for Reparations." *The Atlantic*.
12. Hardeman, R. 2016. "Structural Racism and Supporting Black Lives – The Role of Health Professionals." *New England Journal of Medicine*.
13. Jones C. 2000. "Levels of racism: a theoretical framework and a gardener's tale" *Am J Public Health* 90(8): 1212-5.
14. Farmer P, Kim J, Kleinman A, Basilio M. *Reimagining Global Health*. Berkeley: University of California Press; 2013. Chapter 4, pp. 74-110.
15. Farmer, Paul. 1995. "Medicine and Social Justice." *America* 173(2):13-17.
16. McEwen, Bruce. 1998. "Protective and Damaging Effects of Stress Mediators." *NEJM* 338(3): 171-179.
17. Cueto, Marcos. 2004. "The Origins of Primary Health Care and Selective Primary Health Care." *American Journal of Public Health* 94(11): 1864-74.
18. Declaration of Alma-Ata. 1978.
19. Bleiker, Roland and Kay, Amy. 2007. "Representing HIV/AIDS in Africa: Pluralist Photography and Local Empowerment." *International Studies Quarterly* 51(4): 139-163.
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.
22. 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 – Note that some sessions may shift to other locations if needed due to host availability or to take advantage of timely opportunities in the community.

Hours	Activity/Theme	Location	Readings
Week 1 (September 5th)			
3 hours	<ul style="list-style-type: none"> - Introduction and Welcome - Getting to Know One Other: Partner Pairs - Neighborhood Block Walk/Political Tour –Honing Our Observation Skills - Class Structure, Content, and Ground rules - Social Medicine: What is it and Why Does it Matter? 	Center for Social Healing/Frogtown Farm	Porter (2006); Virchow (2006)
Week 2 (September 12th)			
3 hours	<ul style="list-style-type: none"> - Connecting the Local and The Global: Refugee and Immigrant History in Minnesota - Changing Neighborhoods, Migration, and Gentrification 	East Side Freedom Library	Farmer (Chapter 2)
Week 3 (September 19th) – Journal due			
3 hours	<ul style="list-style-type: none"> - The Social Determinants of Health and Health Inequities in Minnesota (including mental health) - Refugee Resettlement: Health in Minnesota 	Minnesota Department of Health – Refugee Health Office	WHO (2008); MDH (2014); Aviv (2015)
Immersion Day 1: September 22 (9am-1pm)			
4 hours	<ul style="list-style-type: none"> - Attending to History: Structural Violence and the American Indian Experience (with Healing Minnesota Stories) - Colonialism and Health: Viewing the "Other" 	Bdote/Fort Snelling State Park	Fanon (1994); Farmer (Chapter 1)
Week 4 (September 26th)			
3 hours	<ul style="list-style-type: none"> - Community Engagement: Insiders and Outsiders - Neighborhood Stories and Structure - Skill-Building: Constructive Dialogue 	Sabathani Community Center/Seward Coop Friendship Store	Roberts (2006); Lindeke 2015.

Week 5 (October 3rd) Journal Due			
3 hours	<ul style="list-style-type: none"> - Global Health Social Theories - Refugee Resettlement: Structures and Supports in Minnesota 	Brian Coyle Center	Kleinman (2010); Foucault (1973) Ganz (2010)
Immersion Day 2 (October 6 –Tentative date) – 9am-2pm			
5hours	<ul style="list-style-type: none"> - Culture, Health, and Healing - Story of Self: Who Are We and Where Do We Come From? - Introduction to “Knowing Yourself and Others – Building Social Cohesion” with Wing Young Huie 	Hmong Farm	Ganz (2010)
Week 6 (October 10th)			
3 hours	<ul style="list-style-type: none"> - The Story of Rondo Neighborhood - Race, Racism, and Oppression as a Structural Determinant of Health - Allostatic Load (<i>Unnatural Causes</i> Film) 	MLK Rec Center/Rondo Library	Coates (2014); Hardeman (2016); McEwen (1998); Jones (2000)
Week 7 (October 17th) – No Class Journal Due			
Week 8 (October 24th)			
3 hours	<ul style="list-style-type: none"> - Neoliberalism, Cost-Effectiveness, and Global Health - Skill-building: Performing a Root Cause Analysis 	HealthPartners Conference Center	Farmer et al (2013); Farmer (Chapter 4 & 6)
Week 9 (October 31st) – Journal Due			
3 hours	<ul style="list-style-type: none"> - Reflective Pause – Where We’re at and Where We’re Headed - Global Health on the Move: Charity, Development, and Social Justice - Story of Us (Leadership for Change) 	TBD	Farmer (1995); Farmer (Chapter 5)
Week 10 (November 7th)			
3 hours	<ul style="list-style-type: none"> - Social Movements and Advocacy - Skill-Building: Using the Social Change Wheel for Strategic Action 	Urban Research and Outreach-Engagement Center	None
Week 11 (November 14th) – Journal due			
3 hours	<ul style="list-style-type: none"> - Primary Care and Community Health Workers as a Social Change Strategy - Alma-Ata and Health for All - Skill-building: Narrative Health 	CUHCC	Alma-Ata (1978); Cueto (2004); Pérez and Martinez (2008)
(November 21st)			
	No Class – Thanksgiving Week		
Week 12 (November 28th) - Journal due			
3 hours	<ul style="list-style-type: none"> - Hippocrates Café or Theatrical Production: The Arts in Understanding and Responding to the Social Determinants of Health 	Location and Exact Date TBD	Bleiker (2007)
Week 13 (December 5th)			

3 hours	<ul style="list-style-type: none"> - Community-Based Participatory Action Research - Skill-building: Asset-Based Approaches 	SoLaHmo/West Side Community Health Center	Farmer (Chapter 8)
Week 14 (December 12th)			
3 hours	<ul style="list-style-type: none"> - Building Social Cohesion to Foster Health - Story of Now and Zine Sharing 	The Third Place Studio	Sampson (1996)
Immersion Day 3 & Closing: December 15th			
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, Harboring Optimism, and Leading Change 	Center for Social Healing	Farmer (Chapter 9)

Expectations

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:** 20% of grade: 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 miss no more than two class sessions.**
3. **Assignments:** Students expected to complete all the assignments associated with the type of credit sought:
 - **ALL STUDENTS must complete: Bi-Weekly Journal; Knowing Yourself and Others – Building Social Cohesion**
 - **Students seeking credit under PubH 6713 (3 credits): Must complete all assignments listed below.**
 - **Course is under review for credit approval by other schools. For each approval granted, the student expectations may vary but will be clearly articulated here**

Assignments

1. **Bi-Weekly Journal:** 15% of grade: 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, due on Sept 19; October 3, 17, & 31; Nov 14 & 28. Journal prompts are provided one week in advance (during the course prior to due date).

Journal Grading Rubric

Exemplary (Full Points)	Satisfactory (High partial points)	Unsatisfactory (Low partial points)	Unacceptable (0 Points)
All questions in the prompt were answered and demonstrate a deeper level of engagement and critical thinking with the questions posed;	Responses do address the journal prompt but remain at a superficial level; responses incorporate ideas from class but don't push the ideas further, include	not all questions in the journal prompt were answered; responses do touch on the themes of the course but feel incomplete and unorganized;	Responses are inappropriate

	personal reflection, or raise further questions.		
Responses connect with specific examples from class (readings, speakers, or experiences are referenced);	There is only slight reference to course readings, speakers, and class experiences.	No reference to any readings, speakers, or class experiences is included.	Responses do not relate to topic.
Responses include some element of personal reflection (not required but this definitely is viewed favorably).	Limited inclusion of personal reflection	No inclusion of personal reflection	

2. **Knowing Yourself and Others – Building Social Cohesion:** 25% of grade: Each student will participate in a series of guided activities that deepen knowledge of self and others. These activities, inspired by the work of street photographer Wing Young Huie, aim to provide a framework for deepening familiarity with the space in which you reside and thereby 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 sharing your experience of these activities with the class.

Project Steps	Knowing Yourself and Others (100 points total for Project)
Explore the demographics of where you live 1. Review the County Health Rankings and Roadmap website: http://www.countyhealthrankings.org/ 2. Review the Minnesota Compass Website: http://www.mncompass.org/	0
Familiar/Unfamiliar Photos and Assignment – Due October 17th Photograph of something familiar and something unfamiliar in your neighborhood. Submit the two photos with a short description and explanation.	10 points

<p>Chalk Talk – Due November 14th</p> <ul style="list-style-type: none"> • “Chalk talk” photograph in your neighborhood with two-paragraph description of the photo and how you got it. • Two paragraph description should include reflection on each of these elements: <ul style="list-style-type: none"> i. Reflection on how you felt as you prepared to approach strangers and why you think you felt that way. ii. Anything that was a barrier or made things easier for this part of the assignment. iii. A description of the chalk talk and what prompt/question you used for it. iv. How your chalk talk connects to health and themes of this course. 	<p>20 points Total</p> <ul style="list-style-type: none"> • 15 points for two photos with descriptions • 5 points for incorporating all elements of reflection
<p>"Zine" Creation and Presentation – Due December 12th Create a 4-page “zine” and present to class at Wing Young Huie’s studio. Zine criteria:</p> <ul style="list-style-type: none"> i. Identifies social and structural determinants of health in the area you reside ii. Demonstrates newfound understandings of the place/people where you reside iii. Make suggestions about how (i) & (ii) might be beneficial or detrimental to health iv. Suggest opportunities for building social cohesion in your neighborhood v. Incorporate your intellectual and emotional experience of completing this assignment. What did you learn about yourself and society by walking through these steps? How does this connect to health? 	<p>50 points total</p> <ul style="list-style-type: none"> • 30 for zine creation • 15 for incorporating criteria • 5 points presentation
<p>Reflective Essay – Due December 15th In 1000 words or less, please reflect on this longitudinal assignment and how social cohesion connects to health. What did you learn in the process of doing the assignment? What was surprising? What was challenging? Attempt to link the lessons of this assignment to other course activities, themes, or experiences.</p>	<p>20 points</p>

3. **Refugee Health and Advocacy Project** (Team-based): 25% of grade: 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. Teams of 4-6 learners will be assigned by the lead instructor. Team members will not be required to attend refugee resettlement activities together, but will draw on their individual experiences to generate a collective understanding of the social/structural determinants of refugee health.

Project Steps	Refugee Health & Advocacy Project Rubric (100 points total for Project)
Read the course resources on refugee resettlement that have been posted on the website at the top of the Moodle site under “General” with the label “Refugee Health Experience Resource”.	0
Visit at least one Refugee Voluntary Resettlement Agency and participate in two refugee resettlement activities. As you participate in these activities, think about how what you are hearing connects to refugee health. What factors promote refugee health? What factors might hurt refugee health? Ask lots of questions to get answers to those things. (Individual activity)	25 points
Social Determinants of Health (SDOH) Ring Chart & Root Cause Analysis – Due October 31st Draw a one-page SDOH Ring Chart for one health condition associated with Refugee Health (i.e., hypertension, PTSD, parasitic infection, Hepatitis B, etc.). Identify the biological, behavioral, social, and structural determinants of health for that particular condition. Perform a root cause analysis as a way to deepen your identification of the root causes of these determinants.	25 points <ul style="list-style-type: none"> • 5 points – picked one health condition associated with refugee health • 10 points –correctly identifying biological, behavioral, social, and structural determinants of health • 10 points – root cause analysis utilized to identify root causes
Develop Plan – Due December 5th Use the social change wheel to identify one action step you propose taking to address one of the structural determinants of health for that particular condition and develop an advocacy strategy.	30 points <ul style="list-style-type: none"> • 5 points – Action step • 20 points – Advocacy Strategy
Class Presentation	20 points

Please note that the opportunities available and exact assignment is highly dependent on the state of refugee resettlement in the fall of 2018 which is highly unpredictable in the current political context. Modifications to the assignment may be made.

4. **Final Exam:** 15% of grade: Each student will take a multiple choice and short-answer exam at the end of class, immediately preceding the Immersion Day 2 on Dec 15th. The purpose of the exam is to evaluate your acquisition of the body of knowledge associated with social medicine.