

HLTH AGE 715: CRITICAL PERSPECTIVES IN HEALTH & SOCIETY

Fall 2019

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Lecture: Thursdays 2:30 pm – 5:20 pm

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Course Description

This course provides students with an opportunity to explore different themes related to critical health studies. The main objective of the course is to discuss how health is socially and culturally constructed and how it is contested both within (and outside) the dominant biomedical and public health paradigms. The first part of the course explores fundamental theoretical topics around the nature, production, consequences and management of ill health and the various ways in which it can be understood and interpreted.

The second part will focus on current issues in health studies (based on the students' interests) such as globalization and health and the related frameworks; the intersectionality of race, culture, gender, power and health, the politics of resource allocation in health; the politics of evidence. Students will be encouraged and facilitated to challenge the "mainstream" arguments and to connect their critical analytical skills with the central conceptual and practical issues related to health and health care issues they are interested in.

Course Objectives

By the end of the course students should be able to:

- Articulate and discuss the key concepts in critical health studies
- Discuss the different ways through which health is constructed
- Assess the impact that the different constructions of health might have on the production, consequences and management of ill health
- Identify the factors; individual, societal or global; policy or cultural that influence/ impact people's experiences on health or illness
- Understand critical issues related to the formal health care system such as resource allocation
- Conduct a critical appraisal of the health literature, understanding the politics of evidence
- Understand and discuss the implications of the above for planning in health and healthcare

Required Materials and Texts

1. Duncan, P. (2007). *Critical Perspectives on Health*. Basingstoke, UK: Palgrave Macmillan.
2. Additional readings posted under the respective weeks

Class Format

We will use traditional methods such as lectures and seminars. Lectures will be a minimal part of this course and will be used to highlight the key points related to the

topic of the day. In order to address the learning objectives, we need to do a lot of reading and we will have to make certain that our discussions are organized and focused well so that we understand the readings. For these reasons, there is emphasis on student leadership of the seminar discussions and on participation in the seminars.

Course Evaluation – Overview

1. Critical reflection summaries (15%)
2. Written assignment (20%)
3. Student led presentations and discussions (25%)
4. Final Paper or project (40%)

Course Evaluation – Details

Critical reflection summaries (15%)

This is a seminar based course where all students are expected to read the required material and come ready to contribute to the class discussions. To facilitate this, each student will be required to complete a total **of 5 summaries on specific weeks throughout the semester**. *The summaries will take different formats which will be discussed in class*. For example, students may be asked to write a critical reflection piece on a given text, or respond to the following questions: What are the authors' main points in relationship to this week's topic? How do the readings contribute to your understanding of critical health studies? Do you have any criticisms? Identify one or two issues or questions in the readings that are important and merit more discussion and that you would like to be addressed. *Formulate these as questions which will be discussed in class*. At the end of the respective class, students will submit the 1 page.

Examples will be discussed in class.

Due date: Various

Written Assignment I (20%)

This assignment will enable students to individually think through the material covered during the first part of the course. ***Drawing on the material covered to date***, additional literature and their experiences, students will develop a paper discussing the degree to which they agree (or disagree) with Duncan that studying health requires critical analysis and critical reflection. What might be the pros and cons of using this approach to studying/ understanding health? To do this, students will need to demonstrate understanding of the what, and how of critical analysis and critical reflection; as well as the contributions of the different perspectives (such as philosophy, ethics, sociology and others) to studying health. Page limit: 8-10 double spaced pages.

Due date: October 10th

Student led discussions and reflection (25%)

1. Seminar facilitation (10%)

Students (sometimes working in a pair with another student) will select a seminar topic of particular interest. Based on the selected topic, they will prepare and lead a discussion and prepare a short written paper. For this assignment, the respective student(s) will:

- Identify one additional visual (video clip, film, skit...) source of information relevant to the topic
- Prepare a 30 minutes' presentation based on the readings and the visual source identified above
- Present an overview of the main arguments/themes in all the material, making sure that you provide a balanced perspective of the key issues to be discussed.
- This will be followed by a 30 min. student led discussion on the topic (discussion may be facilitated using a set of questions, key issues/concepts).

(Criteria for marking the presentation: relevance of added material, evidence of understanding of the readings linked to this session, clarity of presentation, ability to lead a discussion, ability to summarize the key points raised in the discussion and organize them succinctly.)

2. Critical Reflection paper (15%)

After the class, the facilitators will develop a short (4-6 double spaced) paper reflecting on the seminar topic as well as their facilitation experience. The reflection should be guided by a critical reflection lens.

Due date: Various

Final Paper or Project (40%)

The final paper presents the students with an opportunity to apply their learning to the topic/ issue that they plan to develop their Major Research Paper (MRP) or Thesis on. Based on the available evidence (The course material and at least 10 additional references);

Option 1) Students will apply a critical lens to discuss the predominant perspective (philosophical, biomedical, sociological...) used to conceptualize and discuss the issue they are planning to explore in their MRP or thesis in the main stream literature. Using examples, discuss the consequences of using the described perspective. They will then discuss an alternative/ complimentary perspective and discuss the contributions the proposed conceptualization may have with regard to our understanding of the identified health issue.

Option 2) If applicable; Students will identify a *program* that is relevant to the issue they plan to explore in their MRP or thesis. Based on the literature, they will critically analyze;

the perspective(s) they think influenced the conceptualization of the program. Critically analyze the consequences that might be associated with using that perspective in program development; propose and discuss an alternative/ complimentary perspective and discuss the contributions the proposed conceptualization may make with regard to designing the program.

Due date: December 5th

Weekly Course Schedule and Required Readings

Week 1 (September 12th)

Course overview

Readings:

No class – individual assignment on Avenue to Learn

Week 2 (September 19th)

Professional experience, Academic study and health

Readings:

Duncan P. (2007) Critical Perspectives on Health. *Chapters 1-4*

Week 3 (September 26th)

Critical Analysis and Reflection in Health Studies

Readings:

1. Stephanie A. Nixon Euson Yeung James A. Shaw Ayelet Kuper & Barbara E. Gibson. Seven-Step Framework for Critical Analysis and Its Application in the Field of Physical Therapy. *Physical Therapy*, Volume 97, Issue 2, 1 February 2017, Pages 249–257, <https://doi.org/10.2522/ptj.20160149>
2. Higgins, D. (2011). Why reflect? Recognizing the link between learning and reflection. *Reflective Practice*, 12(5), 583-584. doi:10.1080/14623943.2011.606693
3. Fook, J., White, S., & Gardner, F. (2006). Critical reflection: a review of contemporary literature and understandings. *Critical reflection in health and social care*, 3-20

4. Duncan P. (2007) Critical Perspectives on Health. *Chapters 5 & 6*. Pgs. 91- 120

Week 4 (October 3rd)

Critical Perspectives on Health: The Nature and Value of Health

Readings:

1. Goosens, WK. (1980) *Values, Health, and Medicine Philosophy of Science*, 47:1, 100-115.
2. Nordenfelt, L. (1986) Health and disease: two philosophical perspectives. *Journal of Epidemiology and Community Health*, 41, 281-284.
3. Duncan P. (2007) Critical Perspectives on Health. *Chapters 7- 8*

(Additional readings may be provided)

Week 5 (October 10th)

Critical Perspectives on Health: The production of health

Readings:

1. Conrad P. & Barker KK. (2010). The Social Construction of Illness: Key Insights and Policy Implications. *Journal of Health and Social Behavior*. 51 (1): S67-S79.
2. Brown P. Naming and Framing: The social construction of illness and diagnosis. *Journal of health and social behavior* 1995 (additional issue) 34- 52.
3. Freund, P. E. S., McGuire, M. B., & Podhurst, L. S. (2003). Health, illness, and the social body: A critical sociology. Upper Saddle River, New Jersey: Prentice Hall.
4. Duncan P. (2007) Critical Perspectives on Health. *Chapter 9*.

Assignment 1 due in class

Reading Week October 14th- October 20th

Week 6 (October 24th)

Frameworks for defining health and illness and its determinants, including Globalization

Readings:

1. Birn AE., Pillay Y., Holtz TH. (2009). Textbook of International Health: Global Health in a Dynamic World. Third Edition. New York Oxford. Oxford University Press. *Chapter 4; Chapter 7; Pgs 309-364.*
2. Conrad P. & Barker KK. The Social Construction of Illness: Key Insights and Policy Implications *Journal of Health and Social Behavior Journal of Health and Social Behavior* 2010 vol. 51 no. 1 suppl S67-S79.
3. Michael Marmot Social determinants of health inequalities *Lancet* 2005; 365: 1099–104 health." *Annual Review of Public Health* 23: 287-302.
4. Labonte, R. & Torgerson, R. (2005) "Interrogating globalization, health and development: Towards a comprehensive framework for research, policy and political action." *Critical Public Health* 15(2): 157-179.
5. Zahra A, Lee EW, Sun LY, Park JH. Perception of lay people regarding determinants of health and factors affecting it: an aggregated analysis from 29 countries. *Iran J Public Health*. 2015;44:1620–31. [[PMC free article](#)] [[PubMed](#)] [[Google Scholar](#)]
6. Bourassa, Carrie. & McKay-McNabb, Kim., Hampton, Mary. (2004). Racism, Sexism, and Colonialism: The Impact on the Health of Aboriginal Women in Canada. *Canadian Women's Studies*. 24(1). (pp. 23-29).

Part II: Critical perspectives on selected issues in Health Studies

Week 8 (October 31st)

The "traditional" Health care systems: Medicalization of Health and the politics

Readings:

1. Bourgeault, IL. The provision of care: Professions, Politics, and profit. In. *Staying Alive Critical perspectives on Health, illness and health care.* Bryant T., Raphael D., & Rioux (eds.) Canadian Scholars. *Chapter 12*
2. Baars EW and Hamre HJ. (2017) Whole Medical Systems versus the System of Conventional Biomedicine: A Critical, Narrative Review of

Similarities, Differences, and Factors That Promote the Integration Process. <https://doi.org/10.1155/2017/4904930>

3. Hofmann B. & Svenaeus F. How medical technologies shape the experience of illness *Life Sciences, Society and Policy* volume 14, Article number: 3 (2018)
<https://lssjournal.biomedcentral.com/articles/10.1186/s40504-018-0069-y>
4. Princeton DM. (2015). The Critical Theoretical Perspectives and the Health Care System. *Review of Arts and Humanities* 4, No. 1, pp. 72-79
5. Wade DT, Halligan PW. (2004) Do biomedical models of illness make for good healthcare systems? *BMJ*; 329:1398

Week 9 (November 7th)

A Critical analysis of the health system “tools”: Evidence and its politics

Readings:

1. Packwood A. (2002) Evidence- based Policy: Rhetoric and Reality. *Social Policy and Society*, 1(3): 267- 272.
2. Dobrow, M,J, Goel, V, Lemieux-Charles, L, & Black N,A, 2006,The impact of context on evidence utilization: a framework for expert groups developing health policy recommendations. *Soc Sci Med*. 63,7, 1811-24.
3. Greenhalgh T, & Russell J. (2006). Reframing Evidence Synthesis as Rhetorical Action in the Policy Making Drama. *Health care policy*, 1(2): 34-42
4. Kafiriri L., Sinding C., & Arnold E. (2016) How do Development Assistance Partners conceptualize, and prioritize evidence in Priority Setting for Health programs relevant to Low income countries? A qualitative study. <https://doi.org/10.1332/174426416X14636037877986>
5. Anderson, Chris. (2016) “The Colonialism of Canada’s Metis Health Population Dynamics: Caught between bad data and no data at all” *Journal of Population Research*. March. Volume 33. Issue 1. 67-82.

Week 10 (November 14th)

Financing of health systems: (How) Should we set limits?

Readings:

1. WHO Report on financing for UHC:
https://www.who.int/whr/2010/10_summary_en.pdf?ua=1
2. Kulesher, R.R., & Forrestal, E.E. (2014). International models of health systems financing. *Journal of Hospital Administration*, 2014, Vol. 3, No. 4
3. Keliddar, I., Mosadeghrad, A. M., & Jafari-Sirizi, M. (2017). Rationing in health systems: A critical review. *Medical journal of the Islamic Republic of Iran*, 31, 47. doi:10.14196/mjiri.31.47
4. Kipiriri L, Norheim OF, Martin DK. (2017) Priority setting at the micro-, meso- and macro-levels in Canada, Norway and Uganda *Health Policy*; 82(1):78-94.
5. Kipiriri L. Razavi D. (2017) How have systematic priority setting approaches influenced policy making? A synthesis of the current literature. *Health Policy*. 121(9):937-946. doi: 10.1016/j.healthpol.2017.07.003. Epub 2017 Jul 12.

(Additional readings may be recommended)

Week 11 (November 21st)

Culture and Health

Readings:

1. Langdon JE. & Wiik FB. (2010) Anthropology, Health and Illness: an Introduction to the Concept of Culture Applied to the Health Sciences Rev. Latino-Am. Enfermagem; 18(3):459-66 www.eerp.usp.br/rlae
2. Ritter LA. & Hoffman NA.(2010). Multi- cultural Health; Cross- cultural concepts of health and illness. Jones & Bartlett publishers. Toronto. *Chapter 2*.
3. Chaturvedi S., Arora NK., Dasgupta R., & Patwari AK. (2011). Are we reluctant to talk about cultural determinants? *Indian J Med Res*. 133(4): 361–363.
4. Ciann. W., Oliver V. et al (2016) “Culture as HIV Prevention” *Gateways: International Journal of Community Research and Engagement*. Volume 9. No. 1., (pp. 74-88).

5. Jones J. Ebola, Emerging: The Limitations of Culturalist Discourses in Epidemiology, *Journal of Global Health* <http://www.ghjournal.org/ebola-emerging-the-limitations-of-culturalist-discourses-in-epidemiology/>

Week 12 (November 28th)

The political economy of disease epidemics

Readings:

1. Sparke M, & Anguelov D. (2012) H1N1, globalization and the epidemiology of inequality. *Health Place*;18(4):726-36. doi: 10.1016/j.healthplace.2011.09.001.
2. Adam Kamradt- Scott.(2013) The politics of medicine and the global Governance of pandemic influenza. *Int J Health Serv January 2013 vol. 43 no. 1 105-121*
3. Leach M, & Tadros M. (2014) Epidemics and the politics of knowledge: contested narratives in Egypt's H1N1 response. *Med Anthropol*;33(3):240-54. doi: 10.1080/01459740.2013.842565.
4. Obilade T.T. (2015) The Political Economy of Ebola Virus Disease (EVD) in West African Countries. *International Archives of Medicine*. 8 (40).
5. Kindhauser MK, Allen T, Frank V, Santhana RS & Dye C. Zika: the origin and spread of a mosquito-borne virus [Submitted]. *Bull World Health Organ* E-pub: 9 Feb 2016. doi: <http://dx.doi.org/10.2471/BLT.16.171082>

Week 13 (December 5th)

Final Paper due

Course Policies

Submission of Assignments

You should adhere to the following criteria for assignment preparation:

1. All assignments must include **a title page** with all relevant course information, adhere to the page limits specified, be formatted with 12 pt. font and standard margins, and be stapled;
2. The citations and references in all assignments (if applicable) must use **APA style**.

Details of each written assignment will be discussed in class.

Grades

Grades will be based on the McMaster University grading scale:

MARK	GRADE
90-100	A+
85-90	A
80-84	A-
77-79	B+
73-76	B
70-72	B-
0-69	F

Late Assignments

DEADLINES ARE FIRM. Assignments are to be submitted in class on, or before, the due date indicated. All assignments must be completed in order to pass the course. A **3% reduction** will be applied **each day** (i.e., Monday - Sunday) after the due date. Weekends will be treated as one day late. Assignments that are not submitted within a week after the due date will automatically receive a grade of zero. Late assignments should be submitted to the Department of Health, Aging & Society (KTH/226) where they will be date/time stamped.

Absences, Missed Work, Illness

Please note that no extensions will be permitted for reasons other than a documented illness. If you are unable to hand-in a paper because of illness, please consult with the course instructor.

Avenue to Learn

In this course we will be using Avenue to Learn. Students should be aware that, when they access the electronic components of this course, private information such as first and last names, user names for the McMaster e-mail accounts, and program affiliation may become apparent to all other students in the same course. The available information is dependent on the technology used. Continuation in this course will be deemed consent to this disclosure. If you have any questions or concerns about such disclosure please discuss this with the course instructor.

University Policies

Academic Integrity Statement

You are expected to exhibit honesty and use ethical behavior in all aspects of the learning process. Academic credentials you earn are rooted in principles of honesty and academic integrity.

Academic dishonesty is to knowingly act or fail to act in a way that results or could result in unearned academic credit or advantage. This behavior can result in serious

consequences, e.g. the grade of zero on an assignment, loss of credit with a notation on the transcript (notation reads: “Grade of F assigned for academic dishonesty”), and/or suspension or expulsion from the university.

It is your responsibility to understand what constitutes academic dishonesty. For information on the various types of academic dishonesty please refer to the Academic Integrity Policy, located at www.mcmaster.ca/academicintegrity.

The following illustrates only three forms of academic dishonesty:

1. Plagiarism, e.g. the submission of work that is not one’s own or for which other credit has been obtained.
2. Improper collaboration in group work.
3. Copying or using unauthorized aids in tests and examinations.

Academic Accommodation of Students with Disabilities

Students with disabilities who require academic accommodation must contact [Student Accessibility Services \(SAS\)](#) to make arrangements with a Program Coordinator. Student Accessibility Services can be contacted by phone 905-525-9140 ext. 28652 or e-mail sas@mcmaster.ca. For further information, consult McMaster University’s [Academic Accommodation of Students with Disabilities](#) policy.

Academic Accommodation for Religious, Indigenous or Spiritual Observances (RISO)

Students requiring academic accommodation based on religious, indigenous or spiritual observances should follow the procedures set out in the RISO policy. Students requiring a RISO accommodation should submit their request to their Faculty Office normally within 10 working days of the beginning of term in which they anticipate a need for accommodation or to the Registrar’s Office prior to their examinations. Students should also contact their instructors as soon as possible to make alternative arrangements for classes, assignments, and tests.

Please review the [RISO information for students in the Faculty of Social Sciences](#) about how to request accommodation.

Faculty of Social Sciences E-mail Communication Policy

Effective September 1, 2010, it is the policy of the Faculty of Social Sciences that all e-mail communication sent from students to instructors (including TAs), and from students to staff, must originate from the student’s own McMaster University e-mail account. This policy protects confidentiality and confirms the identity of the student. It is the student’s responsibility to ensure that communication is sent to the university from a McMaster account. If an instructor becomes aware that a communication has come from an alternate address, the instructor may not reply at his or her discretion.

Course Modification

The instructor and university reserve the right to modify elements of the course during the term. The university may change the dates and deadlines for any or all courses in extreme circumstances. If either type of modification becomes necessary, reasonable notice and communication with the students will be given with explanation and the opportunity to comment on changes. It is the responsibility of the student to check his/her McMaster email and course websites weekly during the term and to note any changes.

Extreme Circumstances

The University reserves the right to change the dates and deadlines for any or all courses in extreme circumstances (e.g., severe weather, labour disruptions, etc.). Changes will be communicated through regular McMaster communication channels, such as McMaster Daily News, Avenue to Learn and/or McMaster email.