

# HLTH AGE 715: CRITICAL PERSPECTIVES IN HEALTH & SOCIETY

## Term 2022

**Instructor:** Dr. Lydia Kapiriri

**Email:** kapirir@mcmaster.ca

**Lecture:** Tuesday 11:30 AM – 2:20 PM

**Office:** KTH 236

**Office Hours:** by appointment

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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 to challenge the "mainstream" arguments and use a critical lens when discussing 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 contributions and relevance of critical analysis and critical reflection to health studies
- Discuss the different disciplinary perspectives on health and assess the impact that the different constructions of health might have on the production, consequences and management of ill health
- Use critical analysis, critical reflection and disciplinary understanding to review and discuss the literature on various aspects of health and healthcare systems such as; healthcare priority setting and resource allocation, the politics of evidence and disease outbreaks and other topics that are of interest to the students
- Identify the factors; individual, societal or global; policy or cultural that influence the distribution and experiences of health and illness within communities and society
- Understand and discuss the implications of the above objectives, for healthcare research, policy and programming

## **Required Materials and Texts**

1. Duncan, P. (2007). *Critical Perspectives on Health*. Basingstoke, UK: Palgrave Macmillan.

Also Available at: <https://www.macmillanihe.com/page/detail/critical-perspectives-on-health-peter-duncan/?k=9781403994523>

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. Class Participation (10%)
2. Group Student led presentations (25%)
3. Critical analysis and critical reflection review of disciplinary contributions (25%)
4. Final Paper or project (40%)

## **Course Evaluation – Details**

### **Class Participation (10%)**

This is a seminar based course where all students are expected to read the required material and make meaningful contributions to the seminar discussions. Students will also be expected to use the critical analysis and reflection tools to articulate their learning. To facilitate shared learning, students will be expected to participate in the seminar discussions- based on various strategies.

Students will be evaluated according to the quality of their contributions: degree to which they reflect on the topic at hand and the materials covered during the session, the degree to which they integrate prior learning and experiences, their ability to employ a critical lens in their discussions.

### **Student led discussion and Group CR and CA (25%)**

#### ***Presentations***

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. For this assignment, the respective student(s) will:

- Identify one additional media representation relevant to the topic
- Prepare a 30 minutes' presentation based on the readings and the media

representation identified above. This should include 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 based on CA and CR principles and tools)), during the synchronous session

The material should be posted online on the Friday before the seminar you are facilitating.

Presentations will be graded according to the: relevance of added material, evidence of understanding of the readings linked to this session, ability to summarize the key points raised in the readings and organize them succinctly, clarity of the presentation, ability to lead a discussion and level of student engagement.

### **Group CA and CR**

After their presentation, the presenters will use CA and CR approaches to develop a short paper summarizing their learning, including a reflection on the discipline they think has mainly informed the literature on their topic. This paper will be submitted a week after the presentation.

Maximum Pgs.: 6 (double spaced), 6 peer reviewed references.

**Due date: Various**

### **Individual Assignment 1: Critical Analysis (CA) and critical reflection (CR) on the contributions of the different discipline to health studies (25%), Due date: November 1<sup>st</sup> @ 11: 59p.m**

This assignment will enable students to individually think through the material covered during the first and second part of the course. ***Drawing on the material covered to date***, additional literature and their experiences, students will (i) demonstrate an understanding of what critical analysis and critical reflection is; their contributions to health studies and the different approaches/ frameworks used to conduct systematic CA and CR, identifying one CA and one CR approach they believe is most appropriate for use in health studies. (ii) Apply the CA and CR approaches identified in the first part of the essay to engage in a discussion of the contributions of the various disciplines to health studies. For this part of the assignment, students will provide a brief overview of the contributions of the different disciplines. Based on the critical analysis and critical reflections on the contributions of the different disciplines, students will identify one discipline which you think contributes the most to health studies.

Page limit: 12- 15 double spaced pages. Use at least 6 sources in addition to the course material.

**Final Paper or Project (40%), Due date: December 12<sup>th</sup> @ 11: 59p.m**

The final paper presents the students with an opportunity to apply their learning to a topic/ issue of interest or their major research paper (MRP) or thesis topic.

Option 1:

Students will apply CA and CR principles and tools to discuss how, their Major research paper/ thesis research topic or any other topic/issue of interest, is conceptualized and discussed in the literature. This will also involve identifying and analyzing the predominant discipline (philosophy, biomedicine, sociology...) that has influenced how the issue is mainly conceptualized and discussed in most of the relevant literature. Using examples, students will discuss the consequences of using the above discipline in conceptualizing their research topic. They will then propose an alternative/ complimentary discipline and explain how the alternative discipline would contribute to our understanding of their research topic.

Option 2:

Students will apply their learning through the course to understanding a health program. To accomplish this, students will identify a *health program* of interest. They will provide a detailed description of the program, the goals, the health issue they work on, the determinants of that problem and their understanding of the theoretical basis of the program. They will then critically analyze the program to identify which disciplinary approach influenced the conceptualization of the health program. Using examples, students will discuss the consequences of using the above discipline in conceptualizing the health program. They will then propose an alternative or complimentary discipline and explain how the alternative discipline would contribute to the health program.

**Weekly Course Schedule and Required Readings**

**Week 1 (September 13<sup>th</sup>)**

**Professional experience, Academic study and health**

Readings:

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

## **Week 2 (September 20<sup>th</sup>)**

### **Critical Analysis**

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. Duncan P. (2007) Critical Perspectives on Health. *Chapter 5*.

## **Week 3 (September 27<sup>th</sup>)**

### **Critical Reflection in Health Studies**

Readings:

1. Higgins, D. (2011). Why reflect? Recognizing the link between learning and reflection. *Reflective Practice*, 12(5), 583-584. doi:10.1080/14623943.2011.606693
2. 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
3. Mary Ryan (2013) The pedagogical balancing act: teaching reflection in higher education, *Teaching in Higher Education*, 18:2, 144-155, DOI: 10.1080/13562517.2012.694104
4. Duncan P. (2007) Critical Perspectives on Health. *Chapter 6*.

## **Week 4 (October 4<sup>th</sup>)**

### **Critical Perspectives on Health: The Nature**

Readings:

1. Nordenfelt L. (1986) Health and disease: two philosophical perspectives. *Journal of Epidemiology and Community Health*, 41, 281-284.
2. Duncan P. (2007) Critical Perspectives on Health. *Chapter 7*.
3. <http://www.datapacrat.com/Opinion/Philosophy/FiveBranchesMain.html>

## **Week 5 (October 11<sup>th</sup>)**

### **Reading Week**

## **Week 6 (October 18<sup>th</sup>)**

### **Critical Perspectives on Health: The value of health**

Readings:

1. Goosens, WK.(1980) *Values, Health, and Medicine Philosophy of Science*, 47:1, 100-115.
2. Duncan P. (2007) *Critical Perspectives on Health. Chapter 8.*
3. <http://www.datapacrat.com/Opinion/Philosophy/FiveBranchesMain.html>  
<https://www.ethicssage.com/2018/08/what-are-values.html>

## **Week 7 (October 25<sup>th</sup>)**

### **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. McCartney, G., Dickie, E., Escobar, O. and Collins, C. (2021), Health inequalities, fundamental causes and power: towards the practice of good theory. *Sociol Health Illn*, 43: 20-39. <https://doi.org/10.1111/1467-9566.13181>
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.*

## **Week 8 (November 1<sup>st</sup>)**

### **Understanding health inequalities**

#### Readings:

1. Gee, G.C., Wasleman, K.M. & Brondolo, E. (2012). A life course perspective on how racism may be related to health inequities. *American Journal of Public Health*, 102(5), 967-974.
2. Elstad J. (1998). The Psycho-social Perspective on Social Inequalities in Health. *Sociology of Health & Illness*, 20 (5): 598-618
3. 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; Pgs 132-148.*
4. Peterson A, Charles V, Yeung D, Coyle K. The Health Equity Framework: A Science- and Justice-Based Model for Public Health Researchers and Practitioners. *Health Promotion Practice*. 2021;22(6):741-746. doi:[10.1177/1524839920950730](https://doi.org/10.1177/1524839920950730)
5. Hatch, SL.(2005) Conceptualizing and Identifying Cumulative Adversity and Protective Resources: Implications for Understanding Health Inequalities. *J Gerontol B Psychol Sci Soc Sci* 60 (Special Issue 2): S130-S134
6. Phelan J.C. & G. Link B.G.(2015). Is Racism a Fundamental Cause of



Inequalities in Health? *Annu. Rev. Sociol.* 2015. 41:311–30  
doi: 10.1146/annurev-soc-073014-112305

7. Lopic S. Charlotte Reading C. & Sarah de Leeuw S. Indigenous experiences with racism and its impacts <https://www.nccih.ca/docs/determinants/FS-Racism2-Racism-Impacts-EN.pdf>

Optional:

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 7; Pgs 309-364.*

### **CA and CR of the disciplinary contributions assignment due**

### **Part II: Critical perspectives on selected issues in Health Studies (to be finalized in class)**

#### **Week 9 (November 8<sup>th</sup>)**

##### **The “traditional” Health care systems: Medicalization of Health and the politics**

Readings:

1. Princeton DM. (2015). The Critical Theoretical Perspectives and the Health Care System. *Review of Arts and Humanities* 4, No. 1, pp. 72-79
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. Wade DT, Halligan PW. (2004) Do biomedical models of illness make for good healthcare systems? *BMJ*; 329:1398
4. 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>
5. <https://www.cfr.org/background/comparing-six-health-care-systems-pandemic>

#### **Week 10 (November 15<sup>th</sup>)**

##### **A Critical analysis of the health systems “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. Greenhalgh T, & Russell J. (2006). Reframing Evidence Synthesis as Rhetorical Action in the Policy Making Drama. *Health care policy*, 1(2): 34-42
3. Kapiriri 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>
4. 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 11 (November 22<sup>nd</sup>)**

#### **Priority setting and resource allocation in healthcare**

##### Readings:

1. 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
2. Kapiriri 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.
3. Smith N., Mitton C., Davidson A. & Williams I. (2014) A politics of priority setting: Ideas, interests and institutions in healthcare resource allocation *Public Policy and Administration*, 29(4) 331–347
4. David Wasserman, Govind Persad, Joseph Millum, Setting Priorities Fairly in Response to Covid-19: Identifying Overlapping Consensus and Reasonable Disagreement, *Journal of Law and the Biosciences*, <https://doi.org/10.1093/jlb/ljaa044>
5. Mannelli C. (2020) Whose life to save? Scarce resources allocation in the COVID-19 outbreak *Journal of Medical Ethics*, 46:364-366.

### **Week 12 (November 29<sup>th</sup>)**

#### **The political economy of disease epidemics: COVID-19, H1N1, Ebola**

##### Readings:

1. Blanco ML. & Rosales A., (2020) Global Governance and COVID-19: The Implications of Fragmentation and Inequality <https://www.e-ir.info/pdf/83300>
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. Obilade T.T. (2015) The Political Economy of Ebola Virus Disease (EVD) in West African Countries. *International Archives of Medicine*. 8 (40).
4. Kafiriri L. & Ross A. (2018) The Politics of Disease Epidemics: a Comparative Analysis of the SARS, Zika, and Ebola Outbreaks. *Global Social Welfare*, 1-13
5. Ontario Agency for Health Protection and Promotion (Public health Ontario). COVID-19 – What we know so far about... social determinants of health. Toronto, ON: Queen's Printer for Ontario; 2020  
<https://www.publichealthontario.ca/-/media/documents/ncov/covid-wkxsf/2020/05/what-we-know-social-determinants-health.pdf?la=en>

### **Potential additional topics (To be considered)**

1. Culture and Health
2. Gender and Health
3. Environment and Health

## **Week 13 (December 6<sup>th</sup>)**

## **Week 14 (December 13<sup>th</sup>)**

**Final Paper due (Monday, December 12<sup>th</sup>)**

## **Course Policies**

### **Submission of Assignments**

You should adhere to the following criteria for assignments 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**.

### **Grades**

Grades will be based on the McMaster University grading scale:

<b>MARK</b>	<b>GRADE</b>
90-100	A+
85-90	A

<b>MARK</b>	<b>GRADE</b>
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 on Avenue to Learn 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.

### **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.

### **Turnitin.com**

In this course we will be using a web-based service (Turnitin.com) to reveal authenticity and ownership of student submitted work. Students will be expected to submit their work electronically either directly to Turnitin.com or via Avenue to Learn (A2L) plagiarism detection (a service supported by Turnitin.com) so it can be checked for academic dishonesty. Students who do not wish to submit their work through A2L and/or Turnitin.com must still submit an electronic and/or hard copy to the instructor. No penalty will be assigned to a student who does not submit work to Turnitin.com or A2L.

**All submitted work is subject to normal verification that standards of academic integrity have been upheld** (e.g., on-line search, other software, etc.). To see the Turnitin.com Policy, please go to [www.mcmaster.ca/academicintegrity](http://www.mcmaster.ca/academicintegrity).

## **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. **It is your responsibility to understand what constitutes academic dishonesty.**

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.

For information on the various types of academic dishonesty please refer to the [Academic Integrity Policy](https://secretariat.mcmaster.ca/university-policies-procedures-guidelines/), located at <https://secretariat.mcmaster.ca/university-policies-procedures-guidelines/>.

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 credit has been obtained.
2. Improper collaboration in group work.
3. Copying or using unauthorized aids in tests and examinations.

### **Conduct Expectations**

As a McMaster student, you have the right to experience, and the responsibility to demonstrate, respectful and dignified interactions within all of our living, learning and working communities. These expectations are described in the [Code of Student Rights & Responsibilities](#) (the “Code”). All students share the responsibility of maintaining a positive environment for the academic and personal growth of all McMaster community members, **whether in person or online.**

It is essential that students be mindful of their interactions online, as the Code remains in effect in virtual learning environments. The Code applies to any interactions that adversely affect, disrupt, or interfere with reasonable participation in University activities. Student disruptions or behaviours that interfere with university functions on online platforms (e.g., use of Avenue 2 Learn, WebEx, or Zoom for delivery), will be taken very seriously and will be investigated. Outcomes may include restriction or removal of the involved students’ access to these platforms.

### **Academic Accommodation of Students with Disabilities**

Students with disabilities who require academic accommodation must contact [Student Accessibility Services \(SAS\)](#) at 905-525-9140 ext. 28652 or [sas@mcmaster.ca](mailto:sas@mcmaster.ca) to make

arrangements with a Program Coordinator. 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 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.

### **Copyright and Recording**

Students are advised that lectures, demonstrations, performances, and any other course material provided by an instructor include copyright protected works. The Copyright Act and copyright law protect every original literary, dramatic, musical and artistic work, **including lectures** by University instructors.

The recording of lectures, tutorials, or other methods of instruction may occur during a course. Recording may be done by either the instructor for the purpose of authorized distribution, or by a student for the purpose of personal study. Students should be aware that their voice and/or image may be recorded by others during the class. Please speak with the instructor if this is a concern for you.

### **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, A2L and/or McMaster email.