

MCMASTER UNIVERSITY
DEPARTMENT OF HEALTH, AGING AND SOCIETY
HLTH AGE 715 (Fall 2017)
Critical Perspectives in Health Studies

Instructor: Lydia Kapiriri

Class Meets: Thursdays 2.30 p.m. – 5.20 p.m.

Class Location: KTH 732

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Office: KTH 236; ext. 27203

Office hours: By Appointment

Purpose

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.

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

- 1) Articulate and discuss the key concepts in critical health studies
- 2) Discuss the different ways through which health is constructed
- 3) Assess the impact that the different constructions of health might have on the production, consequences and management of ill health
- 4) Identify the factors; individual, societal or global; policy or cultural that influence/ impact people's experiences on health or illness
- 5) Understand critical issues related to the formal health care system such as resource allocation.
- 6) Explain the role of the current global economic policies and technological development in health
- 7) Conduct a critical appraisal of the health studies literature, understanding the politics of evidence
- 8) Understand and discuss the implications of the above for future planning in health and healthcare

Teaching 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 Requirements

1) Readings

The course has various readings which are posted under the respective weeks. All students are expected to read the required text and come ready to contribute to the class discussion.

2) Reading summaries (20%)

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 10 summaries from the week's reading. This one pg. summary should be typed and mainly focus on your understanding of the reading; and what it contributes to your understanding of the seminar topic; as opposed to criticism (although this can be part of the summary). Each summary should also 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. This might be discussed in class, time permitting. *Formulate these in the form of a question.* You will have to be present in class to submit your summary.

3) Written Assignment I: (20%)

This assignment will enable students to apply any of the critical analysis approaches (Week 2) to independently analyze on the different perspectives on health (Week 3). Based on the *literature and their experiences*, students will choose and expound on one perspective on either the nature, the value or the production of health which they found most interesting; they will expound on the perspective, based on clear critical analysis method(s).
Page limit: 6-8 double spaced Pgs.

4) Student led presentations and discussions (20%)

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. There are 5 possible topics and classes to choose from. For this assignment, the respective student(s) will;

- a) Identify one additional source of information relevant to the topic (this can either be a video clip, an additional paper, or a book chapter)
- b) Prepare a 30 minutes presentation based on the provided readings, in addition to the one identified in a) above
- c) 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.
- d) This will be followed by a structured (30 min.) discussion led by the student (s) on the topic (discussion may be facilitated using a set of questions, key issues/ concepts).

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

(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.)

5) Final Paper or Project (40%)

The final paper presents the students with an opportunity to apply their learning to a real world problem. Based on the available evidence (The course material and at least 10 additional references); Students will have 2 options:

Option 1) Students will choose a *contemporary health issue* they are interested in and will apply a critical lens to discuss the conceptualization of the health problem in the main stream literature and 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) Students will identify a *health program* they are interested in. They will critically analyze; from their understanding of the program; the perspective(s) they think influenced the conceptualization of the health 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 health program.

Course Evaluation

- 1) Weekly reading summaries (20%)
- 2) Written Assignment I (20%)
- 3) Student led presentations and discussions (20%)
- 4) Final Paper or project (40%)

ASSIGNMENT SUBMISSION

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**

LATE PENALTY POLICY

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. 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.

ACADEMIC DISHONESTY: 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 <http://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 who require academic accommodation must contact Student Accessibility Services (SAS) to make arrangements with a Program Coordinator. Academic accommodations must be arranged for each term of study. 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 Policy for Academic Accommodation of Students with Disabilities: <http://www.mcmaster.ca/policy/Students-AcademicStudies/AcademicAccommodation-StudentsWithDisabilities.pdf>

Alternate/Accessible Format for Course Outlines: If you require this information in an alternate/accessible format, please contact the Department of Health, Aging & Society at 905-525-9140 ext. 27227 | e-mail: hasdept@mcmaster.ca

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.

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 plagiarism. Students will be expected to submit their work electronically to Turnitin.com and in hard copy so that it can be checked for academic dishonesty. Students who do not wish to submit their work to Turnitin.com must still submit a copy to the instructor. No penalty will be assigned to a student who does not submit work to Turnitin.com. All submitted work is subject to normal verification that standards of academic integrity have been upheld (e.g., on-line search, etc.). To see the Turnitin.com Policy, please go to: <http://www.mcmaster.ca/academicintegrity>

Please note that the University reserves the right to change any aspect of this outline.

- ***Please NOTE:***

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 their McMaster email and course websites weekly during the term and to note any changes.

Weekly Schedule

Week 1; Sept 14th : Course overview

Course overview; No readings assigned

Week 2; Sept 21st : Critical Analysis and Reflection in Health Studies

- 1) Lay, K., & McGuire, L. (2010). Building a Lens for Critical Reflection and Reflexivity in Social Work Education [Article]. *Social Work Education*, 29(5), 539-550. doi:10.1080/02615470903159125
- 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. *Chapter 5 & 6*. Pgs. 91- 120

Week 3; Sept 28th : Critical Perspectives on Health

- 1) The Nature, Value and Production of Health: Critical perspectives from Philosophy, Ethics and Sociology respectively.
Duncan P. (2007) Critical Perspectives on Health. *Chapters 7- 9*. Pgs. 145- 190

(Additional readings may be provided)

Week 4; Oct 5th : Frameworks for understanding health, its determinants and distribution within societies

- 1) Conrad P. & Barker KK. The Social Construction of Illness: Key Insights and Policy Implications. *Journal of Health and Social Behavior 2010 vol. 51 no. 1 suppl S67-S79*
- 2) Michael Marmot. Social determinants of health inequalities *Lancet* 2005; 365: 1099–104

Additional readings to be assigned

BREAK: Monday, October 9 to Sunday, October 15

Week 5; Oct 19th : The political economy of Health and development

- 1) Chung H.J. & Muntaner C. (2007). Welfare state matters: A typological multilevel analysis of wealthy countries. *Health Policy* 80(2):328- 339.
- 2) Subramanian, S.V. (2002). "The macro-economic determinants of health." *Annual Review of Public Health* 23: 287-302
- 3) Anderson I., Hipgrave D., & Midori Sato M. (2015). Analysis of the political economy of health, particularly reproductive, maternal, newborn and child health, in four countries of south and east Asia
https://www.unicef.org/videoaudio/PDFs/UNICEF_Working_Paper_on_political_economy_analysis_in_the_health_sector_-_27Aug15.pdf
- 4) 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*.

Optional:

Navarro V & Shi L. (2001). The political context of social inequalities and health. *Social Science and Medicine* 52(3):481- 491.

ASSIGNMENT 1 DUE IN CLASS

Part II: Critical perspectives on selected issues in Health Studies

Week 6; Oct 26th : Culture and Health

- 1) Langdon EJ. & 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) Sanjay Chaturvedi, Narendra K. Arora, Rajib Dasgupta, & Ashok K. Patwari (2011). Are we reluctant to talk about cultural determinants? *Indian J Med Res.* 133(4): 361–363.
- 4) Gregg, J., & Saha, S. (2006). Losing culture on the way to competence: The use and misuse of culture in medical education. *Academic Medicine*, 81, 542-547.

Optional:

Shell- Duncan, B., McDade, 2006. The cultural ecology of Iron-deficiency among Northern Kenyan School children. *Journal of Human Ecology*, Special issue 14: 107- 116

Week 7; Nov 2nd : Health Institutions: Organization and Impact on Health

- 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) Wade DT, Halligan PW. Do biomedical models of illness make for good healthcare systems? *BMJ*2004;329:1398
- 3) Wiktorowicz, ME. Evolution of Health Care policy: Deconstructing divergent approaches. In: Staying Alive Critical perspectives on Health, illness and health care. Bryant T., Raphael D., & Rioux (eds.) Canadian Scholars. *Chapter 11*
- 4) 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*

Week 8; Nov 9th : Critical analysis of the health systems “tools”: Evidence and its politics

- 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) 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.
- 4) 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>

Week 9; Nov 16th : Critical analysis of the health systems “tools”: The economics of Health care and Resource Allocation (Guest Lecture)

- 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 11*
- 2) Klein R. (1998) Puzzling out priorities Why we must acknowledge that rationing is a political process. *BMJ*, 317(7164): 959–960.
- 3) Daniel and Sabin (2002) Shall we learn to share resources fairly? Pgs 149- 174
- 4) Kapiriri L, Norheim OF, Martin DK. Priority setting at the micro-, meso- and macro-levels in Canada, Norway and Uganda *Health Policy*. 2017 Jun; 82(1):78-94.

Week 10; Nov 23rd Globalization and Health

- 1) Chernomas R. & Sepehri A. (2002) Is globalization a reality, a tendency or a rationale for neoliberal economic policies? *Globalization* 2(2): 1-27.
- 2) 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.
- 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 7; Pgs 309-364.*

Optional

Huynen, Martens, Hilderink (2005) “The health impacts of globalization: a conceptual framework.” *Globalization and Health* 1(14) doi:10.1186/1744-8603-1-14.

Week 11; Nov 30th : The political economy of disease epidemics

- 1) M Sparke, D Anguelov H1N1, globalization and the epidemiology of inequality, *Health Place*. 2012 Jul;18(4):726-36. doi: 10.1016/j.healthplace.2011.09.001.
- 2) Adam Kamradt- Scott. 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. Epidemics and the politics of knowledge: contested narratives in Egypt's H1N1 response. [Med Anthropol](#). 2014;33(3):240-54. doi: 10.1080/01459740.2013.842565.

- 4) 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/>
- 5) Obilade T.T. The Political Economy of Ebola Virus Disease (EVD)in West African Countries. *International Archives of Medicine* 2015 Vol. 8 No. 40
- 6) 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 12; Dec 7th : Review and discussion of final paper

Week 13; Dec 14th : Final Paper due date: December