LEARNING
ABROAD
CENTER

UNIVERSITY OF MINNESOTA

In Partnership With

FOM
FUNDACIÓN JOSÉ ORTEGA Y GASSET - GREGORIO MARAÑÓN

Diversity & Global Health

Course Details

Course Designator & Number: TLDO 3009

Number of Credits: 3

Language of Instruction: Spanish

Contact Hours: 45

Instructor: Prof. Alvaro Alconada Romero

Course Description

This course will dive into sociological diversity and existing culture in order to reflect on the influence of global and local dynamics on the health of different populations.

Beginning with a historical overview that will bring us to the paradigm of social determinants of health and its successive reformulations (Dahlgren & Whitehead, 1991; Acheson, 1998; OMS, 2005), we will begin to study the topic of equity in health, defined as "the absence of potentially remediable, systematic differences in one or more aspects of health across socially, economically, demographically, or geographically defined population groups or subgroups." (Maconko & Starfield, 2002). At the same time, we will study the topic of health inequities, which consist of "health differences between different populations that are important, systematic, avoidable, and unjust" (Whitehead, 1992).[1]

We will learn about the ecological and sociological dimensions using models like Sustainable Development Goals or questioning supposedly universal constructs like the Human Development Index, while remembering to reflect on concrete social situations and the cultural setting in which they develop.

The concept of health will be approached from its widest and most holistic dimension to introduce the contribution of the social sciences, from a global perspective on health to more specific contexts, and the differentiation between disease, discomfort, and illness. We will debate on the importance of terms like health care systems, pluralism, and alternative

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[1] *Quotation translated from Spanish by translator. Original English quotation could not be found and may differ somewhat from translation above.*

therapies and, finally, we will be introduced to a socio-cultural perspective to help us rethink concepts like health, hygiene, or care.

The health care mechanism, the institutionalization of care, and the functioning of these institutions will be another focus of our attention, analyzing the characteristics of teamwork, leadership or the formation of stereotypes. In this sense, we will try to bring together a dual perspective which includes a reflection on society and patients, and the continual questioning of our function as professionals in the area of health care and research.

In a more practical sense, we will analyze perspectives on determinants of health in groups made vulnerable by their condition or stigmatization in a determined society (we will focus on the local situation but also extend the comparison and reflection to other places), also questioning the acceptance of terms which we hear often as health care professionals and in coordination with other disciplines such as "dependency" or "normality."

Course Objectives

General:

1. Understand health from a bio-psycho-social perspective.

2. Introduce the cultural dimension to reflect on the meaning of terms like health, hygiene, nutrition, illness, healing, or care.

3. Identify different psycho-social processes that emerge in teamwork so as to facilitate the achievement of group objectives.

4. Analyze situations of inequality in health care and understand the importance of a multi-disciplinary approach.

Specific:

1. Identify the human person from an ecological perspective, as a human ecosystem and, at the same time, an organism within and ecosystem in which different types of necessities are satisfied.
2. Understand ideas of social epidemiology and learn the primary models of social determinants of health and identify them as structural or intermediate.
3. Navigate situations of inequality in health care and analyze their associated circumstances in order to reflect on holistic intervention.
4. Understand the processes of stigmatization, group performance, leadership, communication, etc. in order to analyze and optimize teamwork.
5. Reflect on the type of attention needed by different groups and what is provided, as well as the possible consequences of labeling.
6. Differentiate between health care entities and the health care system.
7. Differentiate between discomfort, disease, and illnesses.
8. Learn about global health indices, entering into a critical debate about said indices.

9. Learn about and reflect on alternative therapies that coexist with the health care system.
10. Reflect on different understandings of health. Analyze the role of different health care professionals, such as healing derived from other non-scientific knowledge that is at times in conflict with the health care system.

Methodology

This course is designed to be a highly participatory course in which we will strive to have open debate and interaction in the classroom, and also be open to introducing external elements to the program. To this end, we will also take advantage of the opportunities that the city of Toledo has to offer and be able to identify case studies and diverse experiences therein. Students will work in teams and will recreate situations through "role-playing" with the goal of interiorizing the course content in an experiential and empathic manner.

On a practical level, the first part of the class will serve to introduce the topic, relying on various previously distributed resources (literary, statistical, audiovisual, presentations, etc.) to encourage reflection and the debate which hopefully will arise from student participation. Personal experiences and viewpoints enrich classroom learning, which is at all times open to orderly student participation.

There will be ample time for independent work and lab sessions, where complementary activities and materials will be suggested to allow the students to round out their formation, going deeper into the topics that they wish to learn more about and share what they have learned.

Required Reading / Materials

As this course takes on various topics, we will refer to the materials proposed in the general bibliography. In addition, other suggestions will be incorporated throughout the semester, in accordance with the interests of the students.

Complementary Bibliography
- Alconada Romero, A. *Ressano García, villa y frontera*. Studia Africana, revista interuniversitària d´estudis africans, 24 (2013): 107-116.
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- Contreras Hernández, J. y Gracia Arnáiz, M. (2005) *Alimentación y Cultura. Perspectivas antropológicas*. Editorial Ariel. Barcelona.
- Etxebarría, L. (2013). *Tu corazón no está bien de la cabeza*. Paidós: Barcelona.
- Fernández, JM. "La construcción social de la pobreza en la sociología de Simmel." Revistas UCM (2000). Madrid.
- Gea-Sánchez, M., Blanco-Blanco, J., Alconada, A., Soler, J. "Inmigración, género y prácticas de salud" En: Molina-Luque, F., Gea-Sánchez, M. (Coords.) (2017) Educación, salud y calidad de vida: nuevas perspectivas interdisciplinares e interculturales. Graó. Barcelona.
- Gea-Sánchez, M.; Alconada-Romero, A.; Briones-Vozmediano, E.; Pastells, R.; Gastaldo, D.; Molina, F. *Undocumented Inmigrant Women in Spain: A Scoping Review on Access to and Utilization of Health and Social Services*. Journal of Immigrant Minority Health, volume 18, number 1, February 2016.
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- Hernández-Aguado, I et al. (2011). *Manual de Epidemiología y Salud Pública para Grados de Ciencias de la Salud*. Editorial Médica Panamericana. Madrid.
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- Latouche, S. (2009) *Farewell to Growth*. Polity Press. Cambridge.
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- Lynch, B., McCormack, B. and T. McCance. "Development of a model of situational leadership in residential care for older people" Journal of Nursing Management, 19 (2011): 1058-1069.
- Maes et al. "Listening to Community Health Workers." American Journal of Public Health, May 2014, Vol. 104, No.5.
- Martínez, M. y Salvador, M. (2005) *Aprender a trabajar en equipo*. Paidós. Barcelona.
- Moreno-Altamirano, Laura (2007). *Reflexiones sobre el trayecto salud-padecimiento-enfermedad-atención: una mirada socioantropológica*. Salud Pública de México, vol. 49, nº 1. UNAM, México.
- Moreno, M. (2018). *Enfermería cultural*. Una mirada antropológica del cuidado. Garceta: Madrid.
- Morris, B. "Herbalism and Divination in Southern Malawi." Social Science & Medicine, 1986, Vol. 23, No. 4, pp. 367-377.
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- Salvador Hernández, P.P. (2015) "El mal de ojo en Toledo" Tesis doctoral. UCLM, Facultad de Humanidades: Departamento de Filosofía, Antropología, Sociología y Estética. Toledo.
- Sierra López, A et al. (Dir) (2008). *Medicina Preventiva y Salud Pública.* Masson. Barcelona.
- Spector, R.E. y Muñoz, M.J. (2003) *Las culturas de la salud.* Pearson Education. Madrid.
- The sociological perspective: http://www.healthknowledge.org.uk/public-health-textbook/medical-sociology-policy-economics/4a-concepts-health-illness/section1
- Wikman, A., Marklund, S. & K. Alexanderson. *Illness, disease and sickness absence: an empirical test of differences between concepts of ill health.* J Epidemiol Community Health, 2005, 59:450-454. doi: 10.1136/jech.2004.025346

Grading

Grading Rubric

Letter Grade	Score or Percentage	Description
A	93–100	Achievement that is outstanding relative to the level necessary to meet course requirements.
A-	90–92	Achievement that is significantly above the level necessary to meet course requirements.
B+	87–89	
B	83–86	
B-	80–82	Achievement that meets the course requirements in every respect.
C+	77–79	
C	73–76	
C-	70–72	Achievement that is worthy of credit even though it fails to fully meet the course requirements.
D+	67–69	
D	60–66	
F	0–59	Represents failure (or no credit) and signifies that the work was either (1) completed but at a level of achievement that is not worthy of credit or (2) was not completed and there was no agreement between the instructor and the student that the student would be awarded an I.

Summary of How Grades Are Weighted

Assignments	Percentage of Grade
Midterm Exam	30%
Final Exam	30%
Attendance and participation	10%
Group project	30%
Overall grade	100%

Assessment Details

Exams:

The exams will consist of a series of questions to which students will respond. The session prior to each exam will be dedicated to answering students' questions.

Projects:

- Topic: Analysis of a case study from the perspective of social determinants of health, keeping in mind a cultural perspective. One part is empirical, the other theoretical.
- Structure:
    1. Introduction
    2. Overview of case study
    3. Critical commentary supported by bibliographical sources
    4. Conclusions
    5. Bibliography

- Formal Characteristics:
    1. Group project
    2. The report will be four pages long, single spaced
    3. Arial font, size 11
    4. For citations and bibliography, the Vancouver reference style will be used

Course Content

Unit 1

Introduction to a holistic understanding of health
- Historical overview and evolution of the concept of health.
- Ecology of health.
- Context of health care and diverse needs. Access to food and water.

Unit 2

Social determinants of health
- Structural and intermediate determinants.
- Gender: sexual diversity and gender diversity.
- Age: Loneliness and the health care system.

Unit 3

The cultural dimension
- Concepts of health.
- Religion and health, the division of mind and body.
- Different healthcare professionals, legitimacy, and functionality.

Unit 4

Teamwork
- The group and its functionality.
- Group performance.
- Leadership.
- Multi-disciplinary modality and interpersonal communication.

Unit 5

Health care in diverse societies
- Labeling, stereotypes, and discrimination
- Migration and health.
- Illness and society. Addictions.

Policies

Attendance Policy

Students are expected to be on time and attend all classes while abroad. Many instructors assess both attendance and participation when assigning a final course grade. Attendance alone does not guarantee a positive participation grade; the student should be prepared for class and engage in class discussion. See the on-site syllabus for specific class requirements.

University of Minnesota Policies & Procedures

Academic integrity is essential to a positive teaching and learning environment. All students enrolled in University courses are expected to complete coursework responsibilities with fairness and honesty. Failure to do so by seeking unfair advantage over others or misrepresenting someone else's work as your own can result in disciplinary action. The University Student Conduct Code defines scholastic dishonesty as follows:

Scholastic Dishonesty
Scholastic dishonesty means plagiarizing; cheating on assignments or examinations; engaging in unauthorized collaboration on academic work; taking, acquiring, or using test materials without faculty permission; submitting false or incomplete records of academic achievement; acting alone or in cooperation with another to falsify records or to obtain dishonestly grades, honors, awards, or professional endorsement; altering forging, or misusing a University academic record; or fabricating or falsifying data, research procedures, or data analysis.

Within this course, a student responsible for scholastic dishonesty can be assigned a penalty up to and including an "F" or "N" for the course. If you have any questions regarding the expectations for a specific assignment or exam, ask.

Student Conduct
The University of Minnesota has specific policies concerning student conduct. This information can be found on the Learning Abroad Center website.