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PSCI 227.01: Issues in Global Public Health

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ISSUES IN GLOBAL PUBLIC HEALTH
(PSCI 227; 3 credits) Spring 2015

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Course Objectives
To function as informed and active citizens in a world suffused by proximate, distant, and transnational health challenges, students are advantaged by developing awareness and sensitivities regarding public-health issues of global concern. PSCI 227 is designed to engage as well as inform. The overarching question we will tackle this semester is: “What transnational, national, and local policies and skills will help us address current and future challenges to global health?” In 2003, the Institute of Medicine’s reported that public-health literacy is an “essential part of the training of citizens” and that it “prepares students to contribute to the health of the public through positive decision-making and constructive action in personal, professional, and civic arenas.” The instructor’s scholarly work on the value of transnational competence for health-care professionals will provide the basis for building skills intended to enable you to participate creatively and effectively when global health challenges arise in the future both as a professional and as a concerned citizen.

Course Description
While exploring big and enduring issues of global public health, we initially will focus on “finding the right questions.” In the process, you will be introduced to diverse perspectives and approaches, constraints and capacities, ethical dilemmas, policy options, and challenges involved in making decisions under conditions of uncertainty. You are encouraged to make and explore interdisciplinary as well as transnational connections.

PSCI 227 treats current public-health challenges in industrialized and low-income countries, including chronic and infectious illnesses. Issues covered include the impact of social and political inequities on the global burden of illness, health impacts of climate change, undernourishment and malnutrition, sanitation and access to clean water, the obesity epidemic, funding disparities, the “fatal flow of expertise” from low-income to wealthy countries, transnational and indigenous health care, medical tourism, health as a human right and development resource, health implications of displacement, migration, travel, and migrant health care, remote (rural) and reservation health challenges, armed conflict and health, public-disaster and health-emergency preparedness and response, quarantines and isolation, and academic preparation for emerging transnational
challenges. In comparative perspective, the course explores the individual, environmental, resource, and governance (national, international, and non-governmental) context of public-health policy, interventions, and outcomes and addresses questions of health equity and justice, regional problematics and contributors, and the concerns of vulnerable populations along with possibilities for health advocacy. Through individual and group research projects, you will prepare to work collaboratively with future partners.

**Learning Outcomes**

The course focuses on skill learning consistent with the transnational-competence framework. You are expected to distinguish and develop analytic, emotional, creative, communicative, and functional competencies. You will learn to frame questions about global public-health challenges, analyze underlying contributing factors, verify and refute, resolve ethical dilemmas, construct transdisciplinary approaches working in teams, and critically assess implementation strategies and policy alternatives. Specific learning outcomes include:

- Demonstrate understanding of the history, principles, and burdens of public health in a global context
- Demonstrate ability to discern interconnections among local and transnational, upstream and midstream, forces that facilitate and constrain global health
- Demonstrate ability to identify and distinguish the multiple and transnationally interconnected social, political, economic, environmental, cultural, biological, and behavioral determinants of individual and population health
- Demonstrate ability to compare health conditions in the Global South with health conditions in the Global North (including remote rural areas and Native American reservations) and awareness of factors that contribute to health vulnerabilities and wide disparities in health opportunity
- Demonstrate ability to analyze the effects on public-health systems of politics and social/economic policies at the local, tribal, state/provincial, national, and international levels
- Demonstrate appreciation for the role of individual capabilities and resilience, contextual resources, community collaboration, and transnational partnership in promoting public health
- Demonstrate ability to identify and critically assess cost-effective approaches aimed at reducing health disparities now and for generations to follow
- Demonstrate ability to identify health-promoting individual lifestyle behaviors and socially responsible local and transnational participation in promoting public health

**Learning Methods**

The course integrates multiple and multidisciplinary learning methods. The emphasis is on student-centered learning. Reading assignments present controversies in transnational perspective and ethical dilemmas.

Most classes will be conducted using the group-discussion approach that promotes student-centered learning. Based on assigned reading that includes work by medical anthropologists, climate-change scholars, public-health specialists, political scientists focused on health policy and transnational governance, physicians, analysts of transnational migration, and others, each of you will serve as a discussion facilitator on an enduring and/or arising issue of global public health (by providing a critical summary of assigned readings and leading small-group discussion centered around one question raised by the instructor and one question of your own construction).
Writing Assignments

Lecture Series Critical Review
Based on at least two presentations by speakers in the Global Public Health lecture series, write and submit a 3-page critical review that identifies the promise and limitations of Northern-inspired approaches to communicable and/or chronic illness in the Global South.

Final Paper/Project
The final paper should be based on applied problem-focused research that addresses a practical transnational public-health challenge. The instructor will provide guidance in the identification of topics and research approaches.

Assessment
Discussion facilitator 10%
In-class participation 10%
Mid-term essay exam 20% (March 18)
Critical Review 20% (April 30 latest)
Final paper 30% (May 6)
Toolkit 10% (May 6)

Required Texts
Abraham Verghese, Cutting for Stone (2009)
All other readings are on moodle

Weekly Schedule and Assignments
(assigned readings should be completed by the date listed)

January 28: Introduction to the course

February 4: Introduction to Public Health
Assignment: (1) Johnson, The Ghost Map, pp. pp.231-256
(2) Mcneil, “Clues to Typhoid Mary Mystery” (2013)
(4) Optional: RadioLab podcast: Patient Zero www.radiolab.org/2011/nov/14/ Click on “listen” to open media player or download podcast to your ipod
2-page ungraded essay due
Information literacy workshop with Sue Samson

February 11: Global Health: Why Should We Be Concerned?
February 18: Infections in a Borderless World; Responses to Public Health Crises (Quarantine, Isolation, Closures)

(2) Walsh, “Virus Hunter” (2011)
(3) Onishi and Mouawad, “How Global Travel is Open to the Spread of Disease” (2014)
(4) Dr. Oz, “When Panic Goes Viral” (2011)
(5) Zuger, “Cough that Launched a Hit Movie” (2011)

February 25: Ebola & Malaria

(3) “19 Ways to Beat Malaria” (2014)
(4) “Multisectoral Action Framework for Malaria” (2014) [www.rollbackmalaria.org](http://www.rollbackmalaria.org)
(5) Onishi, “Clashes Erupt as Liberia Sets a Quarantine” (2014)

March 4: Health & Migration; Transnational Competence and Global Public Health

(2) Basu, “A Worker with No ID and Great Medical Need” (2011)
(4) Koehn, “Mental Health and Migration” (2012)

*Communicating Effectively through an Interpreter* DVD (28 minutes)

March 11: Provider-recipient Interactions: The Global North

Assignment: (1) Verghese, *Cutting for Stone* (entire book read by now)
(2) Koehn, “Immigrants and Health” (2012)
(3) Patterson and Gong, “Addressing Health Disparities in Immigrant Populations in the United States” (2009)
(4) Tavernise, “Number of Americans Without Health Insurance Falls” (2012)
(7) Tavernise, “For Americans under 50, Stark Findings on Health” (2013)
(8) Uken, “Montana Ranks as 29th Healthiest State in U.S.” (2012)
(9) Fisher, “Best & Worst to be Born Into” (2013)

In-class film: Sicko DVD 02488 (123 minutes)

March 18: Mid-term exam

March 25: Travel Health
Select and assign final paper topics

April 1: Spring break

April 8: The Fatal (and Reverse) Flow of Expertise

Assignment: (1) J. Dwyer, “What’s Wrong with the Global Migration of Health Care Professionals?” ’07

Writing workshop with Gretchen McCaffrey
Review paper topics

April 15: Global Governance & Public Health Challenges

Assignment: (1) Visit web sites of WHO, MSF, UNHCR, Gates Foundation
(2) Matthew Bishop and Michael Green, “Billanthrophy: Good or Bad?” (2009)
(3) “Inside the Brain of Bill Gates” (2011)
(4) McNeil, “Pharmaceutical Giant to Give $5.7 Million Toward Health Programs in Poor Countries” (2011)
(6) Altman, “How Tiny Errors in Africa Led to a Global Triumph” (2011)

April 22: Chronic Illness, Disabilities, & Mental Health in Global Perspective

(3) UN General Assembly Sept. 2011 Summit on Chronic Illness, “Non-communicable Diseases Deemed Development Challenge of ‘Epidemic Proportions’”
(4) “Mexico Faces Disaster of Diabetes, Obesity” (2012)
(5) Brody, “Numbers Behind an Urgent Fight” (2011)
(7) Brody, “Communities Learn Good Life Can Be a Killer” (2012)
(8) Pollack, “AMA Recognizes Obesity as a Disease” (2013)
(9) Tanner, “2 Suggest State Custody for Severely Obese Kids” (2011)
(10) Yee, “Bloomberg Seeks End to Cheap Cigarettes” (2013)
April 29: Transnational Collaboration

Assignment: (1) Kimani, “Better Health at the Click of a Button” (2008)
(2) Zuger, “Folding Saris to Filter Cholera-contaminated Water” (2011)
(3) Fuller, “Volunteers Forge Better Care in Thailand’s Villages” (2011)
(6) Wisneski and Anderson, “An Eastern Perspective on Stress” and “QiGong” (2005)
(8) Coloma and Harris, “Innovative Low-cost Technologies for Biomedical Research and Diagnosis in Developing Countries” (2004)

In-class film: Triage: Dr. James Orbinski’s Humanitarian Dilemma (DVD 04958; 88 minutes)

May 6: Provider-recipient Interactions: The Global South

Assignment: (1) Review Verghese, Cutting for Stone
(2) “Supporting Surgery for Obstetric Fistula” (2004)
(3) Zhang, “China’s Barefoot Doctor” (2008)

Connecting Global Health & Other “Big Issues”: Armed Conflict, Climate Change, Disasters, Development

(2) Harding and Libal, “War and the Public Health Disaster in Iraq” (2010)
(3) Friel et al., “Urban Health Inequities and the Added Pressure of Climate Change” (2011)
(5) Bradley and Taylor, “To Fix Health, Help the Poor” (2011)
(7) Plotkin, “What the People of the Amazon Know That You Don’t” Ted talk
(9) Cheney, “Neurologist Links ‘Silent’ Hazards of Coal, Health Statistics” (2013)

May 6: Final Paper due

May 13 (5:30-7:30): Final Paper Presentations

Celebration event
Accessibility
The University of Montana assures equal access to instruction by supporting collaboration between students with disabilities, instructors, and Disability Services for Students. If you have a disability that requires an accommodation, contact me at the beginning of the semester so that proper accommodations can be provided. Please contact Disability Services for Students<http://life.umt.edu/dss/> if you have questions, or call Disability Services for Students (DSS) for voice/text at 406.243.2243.

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