The Pennsylvania State University
College of Medicine

Academic Year 2013-2014

Socio-Ecological Medicine 711

Course Syllabus

Course Co-Directors

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All questions regarding course requirements should be directed to the course co-directors.

Source: Dahlgren and Whitehead, 1991
Objective
To teach future physicians the principles and application of socio-ecological medicine and public health so as to develop a deeper understanding of the social, political, economic, cultural, and environmental forces that influence health outcomes of individuals and populations.

Goals
The course aims to help students:
• Develop an understanding of principles of socio-ecological medicine and public health.
• Identify complexity in health needs at the patient-, community- and societal-levels.
• Work collaboratively in teams with community organizations, networks, and peers to address health problems with social, cultural, and environmental determinants.
• Experience and appreciate the value of inter-professional collaborations.
• Develop a sense of one's role as both a healer and advocate within a community.
• Transform the principles of the course into a capacity for taking meaningful action in one's professional career.

Learning objectives
I. Public Health

Public Health Overview
• Differentiate between social, biologic, and behavioral influences on health.
• Describe the Public Health Framework for population health.
• Describe the socio-ecological model of medicine.
• Apply the socio-ecological model of medicine to contemporary public health issues.
• Describe how social-based exposures may explain disparities between populations.
• Utilize the life course approach of Healthy People 2020 by identifying relevant exposures, health implications of the exposures, social influences, and potential preventive interventions at the individual and population levels.
• Articulate the value of a life course & social determinants approach in understanding health risks within a population and an individual.
• Recognize and articulate the role of Healthy People 2020 in shaping US health policy.
• Conduct culturally appropriate risk and asset assessment.
• Define key terms: exposures, prevention, life-course approach, and integrate these into public health intervention plans.
• Integrate cultural perspectives of patient, family and community in exploring public health issues.

II. Disparities in Health
• Identify health disparities that exist at the local, state, regional, national, and global levels.
• Enumerate the major health problems and threats facing the world today.
• Recognize that health is not simply the absence of disease, but rather a state of complete physical, mental and social well-being, and that health is a fundamental human right, as defined by the World Health Organization.
• Recognize the role of Healthy People 2020 in guiding US health policy.
• Discuss the role of social policy as health policy.

Poverty and Health
• Describe several linkages between health and wealth.
• Differentiate between different levels of poverty.
• Explain some of the most common causes of poverty.
• List several commonly described measures of a nation’s health such as life expectancy, infant and child mortality, maternal mortality, and DALYs.
• Explain the relationship between health and wealth.
• Explain the effects that diseases like Malaria, TB, and HIV/AIDS have on economic growth and wealth.

III. Health Policy and Health Systems

Health Systems
• Describe key components of health systems.
• Distinguish between an integrated healthcare delivery model and a fragmented model.
• Describe and appraise the role of integrated healthcare models in reducing health disparities in the communities they serve.
• Explain how the integrated health care model is a solution to improving access, quality, and cost.
• Explain the Affordable Care Act and its impact on health systems.

Quality of Care
• Discuss definition of quality with regards to health care.
• List some of the IOM dimensions of health care quality.
• Identify measures of quality of care (HEDIS, report cards).
• Describe how health care systems are monitoring quality or reporting quality to consumers.
• Describe evidence for social disparities in quality of care in the US.

Access
• Describe what is meant by access to health care, use of health care, adherence to health care, and quality health care.
• Describe the distinction in these concepts for the general population and the patient population.
• Distinguish between individual-level predisposing and enabling variables that affect access, use, adherence, and quality of care.
• Describe the distinction between the general and patient population.
Financing
• Describe the financing of common health care systems in the US.
• Describe reasons for growth in health services expenditures.
• Demonstrate how health financing are socially-based issues.
• Define value in health care from an economic perspective.
• Describe ways that medications are financed/paid-for in the US.
• Describe how insurance status (insured, under-insured, and un-insured) is important social exposures to health in the population.
• Describe commonly used measure of evaluation of health care systems.

Comparative Health Systems
• Compare the health systems of several countries with the US.
• Describe how health care often reproduces social inequalities found in society-at-large.
• Illustrate how health policies are socially-based issues.
• Define the Patient Centered Medical Home and its emergent role in US health care.

IV. Culturally Responsive Medicine
Health Equity
• Discuss key issues related to global health equity and social justice.
• Distinguish between what is meant by ‘inequalities’ and ‘inequities’.

Culture
• Develop a sense of one’s civic professional role as an advocate on behalf of a community.
• Identify key factors of culturally responsive medicine for addressing the healthcare needs of diverse patients.
• Demonstrate willingness to assess the impact of one’s own culture, assumptions, stereotypes, and biases on the ability to provide culturally competent care and service.
• Discuss the role of individual cultural factors and biases in the physician-patient interaction.
• Demonstrate the application of patient-centered concepts in medical practice.
• Articulate the role of social networks in supporting lifestyle changes.
• Articulate the role of reflection, self-assessment, and cultural humility in ongoing professional growth.
• Appreciate how cultural competence contributes to the practice of medicine and public health.
Assessment

Successful completion of SOEM will be based on meeting expectations in all of the following areas*:

- **Written assignments**: Demonstrate effective written communication skills in a wide range of medical, cultural, and humanistic topics by meeting expectations on required assignments.
- **Reflective journal**: Integrate course content with observations from field site visits.
- **Small group sessions**: Contribute to all sessions, demonstrating: (1) knowledge base and critical thinking skills regarding contemporary socio-ecological issues and health systems (2) verbal and non-verbal communication that represent professionalism based on PSCOM standards, and (3) command of ethical, legal, professional and social issues required for scholarly inquiry.
- **Field site visits**: Demonstrate a capacity for analyzing cognitive and affective experiences, and an ability to work effectively and professionally within various health care systems and community organizations to advocate and provide quality patient care.

*In the event that students do not meet course expectations, they are required to follow guidelines for remediation as described in the Policies for the Pre-clinical Curriculum handbook.

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**WRITTEN ASSIGNMENTS**

Assignments are intended to develop a variety of skill sets that will be critical to maintaining a broad socio-ecological perspective as a professional. All assignments will be submitted to your small group facilitator via ABLE, and will be graded pass-fail based on “Meets expectations” criteria found on the individual assignments, which are located in the “Written assignments” folder on ABLE. Students who receive essays that do not meet expectations will have the opportunity to contact their facilitator to bring their work in alignment with expectations for the assignment. Students are expected to submit assignments on time; a failure to submit assignments in a punctual manner will be reflected in the student’s course evaluation.

- **Assignment 1**: Evaluating your personal health story (Due: August 22nd)
- **Assignment 2**: Thinking ecologically: Fracking and doctoring in Central Pennsylvania (Due: September 19th)
- **Assignment 3**: Thinking ecologically: Medicine’s role in Western food environments (Due: October 10th)
- **Assignment 4**: Transforming health systems: A deeper consideration of the Affordable Care Act (Due: October 31st)
- **Assignment 5**: Thinking ecologically: Your professional role (Due: November 21st)
- **Final project** (Due: December 6th)

**REFLECTIVE JOURNAL**

The reflective journal provides an opportunity for you to capture impressions from your field site visits and apply course content to understanding/interpreting what you observe. This reflective exercise requires you to think about concepts of socio-ecological medicine discussed in large and small group discussions, and reason how these concepts fit within the context of your field sites and the people/patients you encounter and observe. The writing assignments and the journal assess different learning domains. The assignments look at knowledge, understanding and/or comprehension of the core content area of the lectures/readings, and evaluate creative application of course content. The journal reflects the integration of course content areas with the field site experience.
There will be a total of **three different journal entries** assigned to reflect your learning process; you are required to write reflectively after each field site visit. The strongest journal entries will define concepts and explore their importance in the context of your field site and the modern healthcare landscape, while capturing a sense of place and people served by your organization.

To meet expectations, students must submit 3 entries that include:

- A summary of your field notes.
- Direct or paraphrased quotations from persons encountered at your field sites.
- Reflections on the experience relative to your expectations and assumptions.
- Reference to course concepts evoked by the experience.
- A delineation of what was learned and what questions you might pursue in future visits.

Journals must be submitted to your small group facilitator as Word Documents via the “Reflective Journal” dropbox in ABLE by **November 1**. If you have additional questions, please do not hesitate to contact the course directors. Your questions are very important.

**SMALL GROUP PARTICIPATION**

*Small group sessions will be held on the following dates:*

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<td>8-8-13</td>
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*To meet expectations, students must:*

- Attend all small group sessions.
- Demonstrate punctuality in attending all small group sessions.
- Effectively facilitate one small group session as a student leader.
- Contribute to group discussions, referencing, applying, and analyzing themes from plenary lectures and assigned readings.
- Demonstrate respect, tolerance, and professionalism in discussions with peers and build on the comments of others.
- Demonstrate collegiality, teamwork, and collaborative spirit with peers that enhance the group dynamic and learning environment.
- Synthesize concepts, themes, and experiences from the SOEM course, demonstrating command of course learning objectives/goals.

**Small Group Attendance Policy**

Please refer to the Academic Participation and Attendance Procedure Foundation Phase 1 posted on SOCRATES.
*Added learning opportunities:* In order to support the commitment and professional growth of students, we are offering added learning opportunities in the course. Students may write short reflections (1-2 double-spaced pages) on a topic that relates to themes from the SOEM course. This can include anything from lectures at the Medical Center to books, films, television shows, or other media that evoke SOEM themes or resonate personally with you. Added learning opportunities should be labeled within students’ reflection journals and submitted to small group facilitators along with the journal on November 1; they will not be graded but will be considered by your facilitator as a demonstration of your ability to “synthesize concepts, themes, and experiences from the SOEM course”.

**FIELD SITE VISITS**

*Requirements:*

- Sign up for 3 site visits via the Google Doc located in the “Field site experience” folder on ABLE before August 15th.
- Read the article in the Field Site folder, “Building’ a History Rather Than ‘Taking’ One” prior to field site visits to have a useful framework for collecting client information.
- Complete 3 site visits, and conduct yourself in a professional manner with personnel, clients, and peers. Submit documentation for all 3 visits to Elizabeth Hamen in OME by November 1.
- Compose a reflective journal entry after each field site visit (see above).
- Provide formal thank you letters and final project materials to field sites at the end of the semester. (Letters should be professional, and students are encouraged to attach a copy of their final project as is relevant to the field site. At their own discretion, students may also schedule meetings with contact persons at their field sites to share their final projects in-person).

**SOCIAL MEDIA**

We may integrate a social media component into the course to make large group sessions more interactive and give students more control of their flow and content. During select large group sessions, Google Docs and SurveyMonkey may be used to collect student responses to speakers, provide question prompts that solicit student feedback, and invite students to generate their own questions/reflections to course content. The Google Doc may also be used to share materials (links, videos, etc.) relevant to SOEM. Usage of the Google Doc and SurveyMonkey is not mandatory, but we encourage students to take advantage of these potentially valuable resources. As in lectures, small groups, and field site visits, professionalism is expected.
LARGE GROUP SESSIONS
All large group sessions take place on Thursdays in Lecture Room B. Please note that there are 5 large group sessions/panels denoted “mandatory” (*); for these sessions, all students are expected to be present and to wear their white coats.

1. August 8, 1-2pm: Introduction to Socio-Ecological Medicine
   Danny George, PhD & Martha Levine, MD

2. August 15, 1-2pm: Public health: The First 5,000 Years
   Darryl Wilkinson, PhD

3. August 22, 1-2pm: A Socio-Ecological Approach to Health Promotion and Disease Prevention
   Liza Rovniak, PhD & Jennifer Kraschnewski, MD, MPH

4. September 5, 1–2pm: Smoking: The Single Largest Cause of Premature Death in the United States
   Jonathan Foulds, PhD, Danny George, PhD & Martha Levine, MD

5. September 12, 1-2pm: Human Health and the Environment: Marcellus Shale Energy Development as a Case Study
   Dave Yoxtheimer, PhD

   Wenke Hwang, PhD

7. October 3, 10-12am: Integrated Health Systems: Stories about the Future of Health Care*
   Dean Hal Paz, MD, Danny George, PhD & Martha Levine, MD

8. October 10, 10-11am: Physician Panel: Health Care’s Blind Side*
   Harjit Singh, MD; Robin Wittenstein, PhD & William Curry, MD, MS

9. October 17, 10-12pm: The Social Context of Patient Care*
   Paul Haidet, MD, MPH

10. October 31, 10-11am: Caring For Our Community: Community Health Needs Assessment and Implementation Plan
    Judy Dillon, MSN, MA, RN

11. November 7, 10-11am: Socio-ecological Perspectives of Global Health
    Ben Fredrick, MD

12. November 14, 10-12pm Implicit Social Biases: Patient Stories*
    Deb Davis, PhD & Shanin Gross, MD

13. November 21, 10-11am Health Care Financing
    Doug Leslie, PhD

14. December 5, 10-12pm: What Does it all Mean? Exploring your Professional Role*
    Paul Haidet, MD, MPH; Danny George, PhD & Martha Levine, MD
**Academic Integrity**

**Academic Year 2013-2014**

Academic Integrity at Penn State is defined by Faculty Senate Policy 49-20 as “the pursuit of scholarly activity in an open, honest, and responsible manner.”

The University Code of Conduct states, “all students should act with personal integrity; respect other students’ dignity, rights, and property; and help create and maintain an environment in which all can succeed through the fruits of their efforts. Academic integrity includes a commitment not to engage in or tolerate acts of falsification, misrepresentation, or deception. Such acts of dishonesty violate the fundamental ethical principles of the University community and compromise the worth of work completed by others.”

Academic dishonesty (including, but not limited to cheating, plagiarism, or falsification of information) will not be tolerated and can result in academic or disciplinary sanctions such as a failing grade (F) in the course.

**Disability Statement**

**Academic Year 2013-2014**

Penn State welcomes students with disabilities into the University's educational programs. If you have a disability-related need for reasonable academic adjustments in this course, contact Heather Manning, the College of Medicine Disability Services Coordinator at hmanning@hmc.psu.edu

For further information visit the Office for Disability Services Web site at [http://equity.psu.edu/ods/](http://equity.psu.edu/ods/).

In order to receive consideration for course accommodations, you must contact the College of Medicine Disability Services Coordinator (DSC) and provide documentation (see the documentation guidelines at [http://equity.psu.edu/ods/guidelines/documentation-guidelines](http://equity.psu.edu/ods/guidelines/documentation-guidelines)). If the documentation supports the need for academic adjustments, the DSC will provide a letter identifying appropriate academic adjustments. The DSC coordinator will work with your instructors to ensure the accommodations are provided.