1. Course Statement

a. **Course description**
This course will survey the distribution, determinants, and biomedical, psychological and behavioral aspects of health inclusive of physical, mental and behavioral health and disease across the life span from pre-birth to death. Social, economic, environmental, structural and cultural variations in and determinants of health, disease, and quality of life will be addressed, including the influence of factors such as race, gender, sexual orientation, geography, ability, biological, genetic and epigenetic factors. Barriers to access and utilization, geopolitical influences, environmental justice, social injustice, oppression and racism, historical trends, and future directions will be reviewed. Health beliefs and models of health behavior (e.g. Health Belief Model, Theory of Planned Behavior,) and structural determinants of health (e.g. Minority Stress Theory) will be presented, including help-seeking and utilization of health services. Stress, allostatic load, coping and social support, adaptation to chronic illness, the influences of privilege, stigma and discrimination, quality of life, and death and dying will also be covered.

b. **Course objectives and competencies**
Upon completion of the course, students will be able to:
1. Analyze the major causes of mortality and morbidity in the United States, and how they differ among various population groups (EPAS 2, 3, 5).

2. Evaluate the impact of diversity dimensions, for example, ability, age, class, color, culture, ethnicity, family structure, gender (including gender identity and gender expression), marital status, national origin, race, geography religion or spirituality, sex, and sexual orientation, etc., and in particular the impact of discrimination and privilege on health across the lifespan (EPAS 2, 3).

3. Explain the influence of social, economic, geopolitical, and environmental factors on mortality and morbidity, and the ethical and social justice implications across the lifespan (EPAS 1, 2, 3, 5).

4. Compare concepts and definitions of health and disease, including their evolution, strengths, and limitations, as well as the implications for health promotion, disease prevention, treatment, rehabilitation, and social work practice (EPAS 2, 3).

5. Examine biological, socioeconomic, cultural, and behavioral risk and protective factors for health, disease, and quality of life across the lifespan (EPAS 2, 3).

6. Apply current theories and models of health behavior (e.g. substance use, smoking, exercise and nutrition) and their implications for health promotion, disease prevention, treatment, rehabilitation, and social work practice across the lifespan (EPAS 4).

7. Distinguish how cultural and religious differences in health beliefs and practices may impact utilization of health services, and barriers to care (EPAS 3, 5).

8. Determine how stress, strain, and chronic illness impact health, coping, and adaptation among individuals in relation to health and disease across the lifespan (EPAS 3, 4).

c. **Course design**
   The course format will include lectures, discussion posts, individual and group projects, and written assignments. Please see our Canvas page for more details.

d. **Intensive focus on PODS**
   This course integrates PODS content and skills with a special emphasis on the identification of theories, practice and/or policies that promote social justice, illuminate injustices and are consistent with scientific and professional knowledge. Through the use of a variety of instructional methods, this course will support students developing a vision of social justice, learn to recognize and reduce mechanisms that support oppression and injustice, work toward social justice processes, apply intersectionality and intercultural frameworks and strengthen critical consciousness, self-knowledge and self-awareness to facilitate PODS learning.
Multiculturalism and Diversity will be addressed throughout this course and will be highlighted in content related to cultural differences in health beliefs and health behavior and the role of protective factors and social support in health status and disease outcomes. Key diversity dimensions will be examined as they relate to health beliefs and health behavior.

Social Justice and Social Change will be addressed in content on differences in mortality and morbidity in population subgroups and access and barriers to care as well as diversity in health outcomes based on health disparities.

Promotion, Prevention, Treatment, and Rehabilitation will be addressed through content on concepts and definitions of health and disease, theories and models of health behavior, and stress, coping, and adaptation as they relate to health and disease across the lifespan.

Students will be encouraged to actively contribute from their experiences, field placement practice, current news and knowledge of readings to considerations of health and health care to:

- help support and develop a vision of social justice,
- learn to recognize and reduce mechanisms that support oppression and injustice,
- work toward social justice processes,
- apply intersectionality and intercultural frameworks
- strengthen critical consciousness, self-knowledge and self-awareness to facilitate PODS learning

My Experience and Teaching Style

I completed my PhD in anthropology and social work here at the University of Michigan in 2018. My main areas of passion and experience include; Disability culture (including the Mad Pride movement, the Neurodiversity movement, and the Disability Justice movement ) and how this connects to other forms of anti-oppressive resistance like intersectional feminism, antiracism, and decolonization. I am currently working as a lecturer here, and I specialize in healing-centered social justice education.

Healing-Centered Teaching: As a Mad/neurodivergent woman who is deeply committed to Disability Justice, radical accessibility is very important to me. I aim to co-create accessible and healing-centered learning communities. I will go through this in our first class, but in brief, my healing-centered teaching practice involves:

1) Choice – I believe it is important for students to have agency and to feel ownership over their learning journeys. Therefore, I offer you choices in this class; firstly, the "pre-work" for each Module features a list of materials designed to support your learning, and though you're invited to use them all, depending on your capacity you can also choose which to prioritize (there are written descriptions of each material, which can help you prioritize); secondly, for the Discussion Posts, you are often given multiple prompts to choose from; and thirdly, in recognition of the fact
that life often throws unexpected barriers our way, you are only expected to complete four of the six Discussion Posts throughout the semester, and you can email me any time if you need to miss a Zoom session so we can arrange a way to make up what is missed.

2) **Flexibility** – radical accessibility means making room for all the unexpected barriers life throws our way, everything from the limitations of our own body-minds to the barriers we face because we live in a white-supracentric imperial-capitalist cis-hetero-patriarchy. My classes are "punishment-free zones," which means that course expectations and deadlines are flexible, and all you need to do is be open with me about your needs and barriers so that I can support your learning. I do not believe in "laziness" or "not-working-hard-enough" (see this article titled "Laziness does not exist: unseen barriers do"), I believe everyone learns at their own pace and that life in our oppressive culture can create barriers to learning. These barriers are easier to move through when there is honest communication about them.

3) **Transparency / Radical Authenticity** – speaking of honest communication, I aim to co-create learning communities that feature transparent and authentic communication. I bring my full and vulnerable self into our class, and I invite this from you. With authenticity, we can challenge the hidden curriculum of academia and the oppressive norms that ask us to be inauthentic. For example, you don’t need to pretend “I have a technology issue, so I can’t come to class” when you really feel overwhelmed and stressed - you can be honest, and I can reassure you that your need for rest and self-care is valid! Or, you don’t need to pretend you agree with what I or other students believe - you can be honest, and an exploration of our differences might lead to deepened empathy! In sum: in my classes, students are invited to speak their truths. Not only does this help us connect better as a learning community, but it also supports healing and anti-oppression, and generally makes our time together more enjoyable!

**f. Additional Course Logistics**

1. **Announcements**: On every day that we meet for Zoom Class, you will receive a “Plan of the Day” Announcement on Canvas, which will tell you what to expect for our meeting that day. You will also receive a “Debrief” Announcement after the Zoom session has ended, where I will share the slides from the class.

2. **Content warnings**: in the service of our collective learning and growth, this course digs into a variety of potentially activating topics. It would be prohibitively labor-intensive for me to provide specific content warnings for each assigned piece, but I urge you to take care of yourselves however and whenever necessary, and please feel free to reach out to me if you need to process anything that comes up for you.

3. **Expected Time Commitment**: at our school a 3-credit class amounts to 135 hours of expected time commitment over the semester. This includes all synchronous and asynchronous work, such as Zoom classes, exploring assigned materials, and assignments. For our class, this averages to approximately 10 hours per week.

4. **Accommodations for Disabled students / my fellow "spoonies"**: as mentioned in the previous page about my Healing-centered teaching practice, I am committed to radical
accessibility in my learning communities. Please let me know if you have any specific needs or accommodations. We can work together informally, or if you wish, you can include the Services for Students with Disabilities Office/SSD.

5. Religious observations: please let me know if you have any religious observations that I should be aware of (for example, if you need to miss a Zoom class).

6. Paywalls: some of the readings for this course may be on websites (like New York Times, or a peer-reviewed journal) that have paywalls. If you find that you can't access one of the links to a reading due to a paywall, please search the title on our Library website, as our school has paid subscriptions!

2. Class Requirements

a. Text and class materials


Additional required and recommended readings, as well as multimedia including podcasts, Ted Talks, Youtube videos, etc. are posted on Canvas. Please let me know if any of the materials are inaccessible (e.g., articles are not compatible with a screen reader or videos do not include closed captions).

b. Class schedule

This syllabus is a working document. Changes to the schedule and any additional/changes to the readings will be announced via Canvas. Be sure that you have canvas announcements enabled (in Canvas under Account → Notifications → Announcement).

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Agenda</th>
<th>Required Readings &amp; Assignments</th>
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</table>
| Week 1    | Module 1: Definitions of Health | READ/WATCH/LISTEN  
- Syllabus  
- Text, Chapter 1: “The Conceptual Underpinnings of Social Work in Health Care”  
- Article 1: "Narrative Health: Using Story to Explore Definitions of Health and Address Bias in Health Care”  
- Recorded Lecture: “The History of Health Social Work”  
COMPLETE  
- Discussion titled “Social Work in Health Care” |
<table>
<thead>
<tr>
<th>Week 2</th>
<th>Module 2: Social Work Practice in Healthcare: Integrated Health and Interprofessional Practice Models</th>
<th>READ/WATCH/LISTEN</th>
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<td>● Text, Chapter 9: &quot;The Implementation of Integrated Behavioral Health Models&quot;</td>
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<td>● Online Resource: &quot;Institute for Healthcare Improvement&quot;</td>
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<td>● TED Talk: &quot;Integrated care: Connecting medical and behavioral care&quot;</td>
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<td>● Case Study: &quot;The Mendocino Community Health Clinic Case Study&quot;</td>
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<td>COMPLETE</td>
<td>● Personal Reflection on &quot;Narrative Health&quot;</td>
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<td>● Case Study (in class) on &quot;Applying Concepts of Interprofessional Practice and Integrated Health&quot;</td>
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<tr>
<th>Week 3</th>
<th>Module 3: Epidemiology: Recognizing Patterns and Distributions of Health, Disease, and Health Disparities in Populations</th>
<th>READ/WATCH/LISTEN</th>
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<tr>
<td></td>
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<td>● Article 1: &quot;What are Health Disparities and Health Equity? We Need to be Clear&quot;</td>
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<td>● Text, Chapter 3: &quot;Epidemiology: The Study of Disease, Injury, and Death in the Community&quot;</td>
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<td>● Podcast Choice 1: &quot;Black Mothers Keep Dying After Giving Birth, Shalon Irving’s Story Explains Why&quot; OR Podcast Choice 2: &quot;Why is the Pandemic Killing so Many Black Americans?&quot; OR Podcast Choice 3: &quot;Improving LGBTQ Health With Brian Mustanski, PhD&quot;</td>
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<td>COMPLETE</td>
<td>● Discussion titled “What are Health Disparities and Health Equity? We Need to be Clear”</td>
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<tr>
<th>Week 4</th>
<th>Module 4: Multi-level Stigma and Health Disparities</th>
<th>READ/WATCH/LISTEN</th>
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<tr>
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<td>● Article 1: &quot;Stigma as a Fundamental Cause of Population Health Inequities&quot;</td>
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<td>● Article 2: &quot;A Systematic Review of Allostatic Load, Health, and Health Disparities&quot;</td>
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<td>● Essay: Sick Woman Theory</td>
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<td>● Recorded Lecture: Overview of “How Does Sexual Minority Stigma ‘Get Under the Skin’? A Psychological Mediation Framework”</td>
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<td>COMPLETE</td>
<td>● Discussion titled “Consequences of Stigma / Oppression”</td>
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<tr>
<th>Week 5</th>
<th>Module 5: Implicit Bias in Healthcare and Evidence-Informed Stigma Reduction Interventions</th>
<th>READ/WATCH/LISTEN</th>
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<td>● Article 1: &quot;From Mastery to Accountability: Cultural Humility as an Alternative to Cultural Competence&quot;</td>
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<td>● Article 2: &quot;Examining the Presence, Consequences, and Reduction of Implicit Bias in Health Care: A Narrative Review&quot;</td>
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<td>● For activity, you will read one of the following based on group number. Group 1 Article: &quot;The TRANScending Love Arts-Based Workshop to Address Self-Acceptance and Intersectional Stigma Among Transgender Women of Color in Toronto, Canada: Findings From a Qualitative&quot;</td>
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<tr>
<th>Week</th>
<th>Module</th>
<th>Read/Watch/Listen</th>
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<tr>
<td>Week 6</td>
<td>Module 6: Social Determinants of Health, Environmental Health, and Social Policy</td>
<td><strong>COMPLETE</strong>&lt;br&gt;• Case Study in class: Stigma-Reduction Intervention&lt;br&gt;&lt;br&gt;<strong>READ/WATCH/LISTEN</strong>&lt;br&gt;• Text, Chapter 8: &quot;Community and Health&quot; &lt;br&gt;• Article: &quot;Evaluating Strategies for Reducing Health Disparities by Addressing the Social Determinants of Health&quot;&lt;br&gt;• Online resource: Social Determinants of Health&lt;br&gt;• Article: Structural Competency Meets Structural Racism&lt;br&gt;• Video (Pre-Work for Week 7): &quot;Epigenetics research at the human early learning partnership&quot;&lt;br&gt;&lt;br&gt;<strong>COMPLETE</strong>&lt;br&gt;• Personal Reflection on &quot;Implicit Association Test&quot; or &quot;Inner Oppressor&quot;</td>
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<tr>
<td>Week 7</td>
<td>Module 7: Social Ecological Risk and Protective Factors for Health and Disease</td>
<td><strong>COMPLETE</strong>&lt;br&gt;<strong>READ/WATCH/LISTEN</strong>&lt;br&gt;• Article 1: &quot;How Does the Social Environment ‘Get Into the Mind?’ Epigenetics at the Intersection of Social and Psychiatric Epidemiology&quot;&lt;br&gt;• Article 2: &quot;Targeting Health Disparities: A Model Linking Upstream Determinants to Downstream Interventions&quot;&lt;br&gt;• Article 3: &quot;After the Biomedical Technology Revolution: Where to now for a Bio-Psycho-Social Approach to Social Work&quot;&lt;br&gt;• Recorded Lecture: “Pre-exposure Prophylaxis for the Biomedical Prevention of HIV: Implications for Social Work Practice”&lt;br&gt;• Video: &quot;Epigenetics research at the human early learning partnership&quot;&lt;br&gt;&lt;br&gt;<strong>COMPLETE</strong>&lt;br&gt;Discussion Post titled “Environmental Health Disparities&quot;</td>
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<td>Week 8</td>
<td>Module 8:</td>
<td><strong>READ/WATCH/LISTEN</strong></td>
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● Text, Chapter 7: "Theories of Health Behavior"  
● Article 1: "Health by Design: Interweaving Health Promotion into Environments and Settings"  
● Video: "FNH 473 Video 1: Introduction to Health Behaviour Theories"  
● Case Study: "Theories of Health Behavior Case Studies"  
**COMPLETE**  
|---|---|
| Week 9 | Module 9: Trauma and Trauma-informed Care  
**READ/WATCH/LISTEN**  
● Online workbook: Community Resiliency Model Workbook  
● Video: four part series of video lectures on Canvas “Media Gallery”  
**COMPLETE**  
● Case Study “Humanizing a Fictional Villain” |
| Week 10 | Module 10: Social Construction of Illness, Meaning-Making, and Community-based Interventions  
**READ/WATCH/LISTEN**  
● Article 1: "The Social Construction of Illness: Key Insights and Policy Implications"  
● Article 2: "Disability Through a Native American Lens: Examining Influences of Culture and Colonization"  
● Blog post: Why Person-First Language Doesn’t Always Put the Person First  
**COMPLETE**  
● Case Study “Resisting Dominant Discourses of Illness” |
| Week 11 | Module 11: Religion and Spirituality in Healthcare and End-of-Life Decision-Making  
**READ/WATCH/LISTEN**  
● Article 1: "The Influence of Spirituality on Decision-Making in Palliative Care Outpatients: A Cross-Sectional Study"  
● Text, Chapter 13: "Religion, Belief, and Spirituality in Health Care"  
● Text, Chapter 23: “End-of-Life Care”  
● Video: "The Spirituality of Whole-Person Healthcare"  
● Video lecture: Guest Lecture: Dr. Sophia Fantus on End-of-life Decision-Making and Moral Distress among Social Workers (on Canvas)  
**COMPLETE**  
● Discussion titled “Religion and Spirituality in Healthcare and End-of-Life Decision-Making” |
| Week 12 | Module 12: Chronic Disease and Social Work Practice- Part 1  
**READ/WATCH/LISTEN**  
● Article 1: “The Role of Social Work in Managing Chronic Illness Care”  
● Text, Chapter 15: “Families, Health, and Illness” section titled “Overview of the Family Systems-Illness Model” (pp.
### Week 13: Chronic Disease and Social Work Practice - Part 2 and Course Wrap-up

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<th>Assignment</th>
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<td>Discussion</td>
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<td>Reflection</td>
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<tr>
<td>Case Study</td>
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<tr>
<td>Anatomy of An Illness Paper</td>
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#### READ/WATCH/LISTEN
- **Article 1:** "Grieving Chronic Illness and Injury -- Infinite Losses"
- **Text, Chapter 20:** "Chronic Disease and Social Work: Diabetes, Heart Disease, and HIV/AIDS" ONLY pp. 465–466 (multiple chronic conditions) and “The Relationship Between Mental Health and Chronic Disease” (pp. 482–489)
- **Report:** "NASW Standards for Social Work Practice in Health Care Settings"

#### COMPLETE
- Discussion titled “Standards for Social Work Practice in Health Care Settings”
- Anatomy of an Illness Paper, Part II: Experience of Illness

### b. Assignments
See our Canvas Site for more details about assignments (instructions, due dates, rubrics, etc.)

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<td>Reflection</td>
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<td>Case Study</td>
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<td>Anatomy of An Illness Paper</td>
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<tr>
<td>Part I: Understanding Your Health Condition</td>
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<tr>
<td>Part II: Experience of Illness Research Paper</td>
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</table>
c. Attendance and class participation

Please review the Policy on Class Attendance found in the MSW Student Guide. Students are responsible for all content of this course, including the content provided in the live, synchronous sessions. The program has an 80% attendance requirement for live, synchronous sessions. This means that students who miss more than 20% (3 live, synchronous sessions) are risking their learning journey – however, as I said in the earlier section about “My Experience and Teaching Style,” all you need to do if you need to miss a class is email me to let me know, so we can arrange a way for you to make up any missed content.

d. Grading

From MSW Student Guide policies on Grades in Academic Courses and in Field Instruction:

Letter grades from A through E are given for class performance. Grades of A are given for exceptional individual performance and mastery of the material. The use of A+, A, and A– distinguishes degrees of superior mastery. B grades are given to students who demonstrate mastery of the material: B+ is used for students who perform just above the mastery level but not in an exceptional manner; B– is used for students just below the mastery level. C grades are given when mastery of the material is minimal. A C– is the lowest grade which carries credit. D grades indicate deficiency and carry no credit. E grades indicate failure and carry no credit.

Final grades are based on 100 percentage points.

100 - 94 = A
93 - 90 = A-
89 - 87 = B+
86 - 84 = B
83 - 80 = B-
79 - 77 = C+
76 - 74 = C
73 - 70 = C-
69 - 67 = D+
66 - 64 = D
63 - 60 = D-
59 and below = E

Late Assignment Policy: Please communicate with me as soon as possible if you anticipate problems with a due date. As I said in the earlier section about “My Experience and Teaching Style,” I am happy to grant extensions to any deadline, but you are expected to communicate with me about it in advance. Grade deductions may occur if you fail to meet the expectation of adequate communication.

e. Class Recording and Course Materials

Audio and video recording of in-class lectures and discussions is prohibited without the advance written permission of the instructor. Students with an approved accommodation from the Office
of Services for Students with Disabilities permitting the recording of class meetings must present documentation to the instructor in advance of any recording being done. The instructor reserves the right to disallow recording for a portion of any class time where privacy is a special concern. If the instructor chooses to record a class, they will decide which classes, if any, are recorded, what portion of each class is recorded, and whether a recording is made available on the course management website. On days when classes are recorded, students will be notified a recording is occurring. Class recordings and course materials may not be reproduced, sold, published or distributed to others, in whole or in part, without the written consent of the instructor.

Additional information on class recordings can be found the Recording and Privacy Concerns FAQ.

f. Health-Related Class Absences

Please evaluate your own health status regularly and refrain from attending class and coming to campus if you are ill. You are encouraged to seek appropriate medical attention for treatment. School of Social Work students who miss class due to illness of any kind will be given opportunities to access course materials online or provided with alternative learning opportunities. Please notify me by email about your absence as soon as practical, so that I can make accommodations. Please note that documentation (a doctor’s note) for medical excuses is not required.

Additional School and University policies, information and resources are available here: https://ssw.umich.edu/standard-policies-information-resources. They include:

- Safety and emergency preparedness
- Mental health and well-being
- Teaching evaluations
- Proper use of names and pronouns
- Accommodations for students with disabilities
- Religious/spiritual observances
- Military deployment
- Writing skills and expectations
- Academic integrity and plagiarism