

Patient, Physician and Society: Small Group Seminar

CULTURE, HEALTH, AND HEALTH CARE: CHANGING DEMOGRAPHICS AND THE
IMPACT ON HEALTH IN AN URBAN ENVIRONMENT

Instructor: Madelyn Iris, Ph.D.
Associate Professor
Buehler Center on Aging
Feinberg School of Medicine
Northwestern University
miris@northwestern.edu
(312) 503-5444

Seminar Description: Health is one of the most important domains of life, for all people, regardless of age. Good health is the underpinning of success for all other activities of life. Lack of access to appropriate and affordable health care, the inability to benefit from available health care systems, the threats to health from disease risk, and the burdens imposed by chronic disease, all threaten a good quality of life. This seminar will examine health disparities and health care issues among some of Chicago's ethnic populations. The goal of the seminar is to examine what culture contributes to health, through values, beliefs, health care practices, interaction with the environment, choice, and obstacles and barriers, as well as to take a critical perspective on two key constructs that currently dominate the field of biomedicine and culture: cultural competence and health disparities. As Chicago's demographic profiles changes, particularly through immigration from non-European and developing nations, increased longevity, and the aging of the "baby boomers," as well as the rapid expansion of the Latino community, it will become critically important for health care professionals to seek greater understanding of and sensitivity to the relationships and interplay of culture and health. In this seminar we will question what the limits of this understanding and sensitivity might be and explore how can these overcome, if at all.

This seminar will meet approximately 2 hours per week, for six weeks. In addition, students will be expected to undertake one site visit to a selected program and conduct an interview with a local health care advocate. These site visits will be to community-based organizations, not to health care institutions per se. Whenever possible, students should meet with representatives from the community served by various health care institutions. The seminar utilizes an experiential model of learning, combined with discussion based upon observations and readings. Students will be invited to draw upon their own family and personal experiences as they relate to the intersection of health and culture.

Topics to be addressed in each of the six seminars include:

1. Introduction to the construct of health disparities and how they are approached from a variety of perspectives, including clinical research, participatory action research, and health policy. What are health disparities and why are they so important? This is the critical question we will try to address this week. Our discussion will include a look at

demographic changes in Chicago over the last ten years, including where and how these changes have occurred.

READINGS

Excerpts from: *Health and Behavior: The Interplay of Biological, Behavioral, and Societal Influences*. Committee on Health and Behavior: Research, Practice and Policy, Board on Neuroscience and Behavioral Health, Institute of Medicine, 2001.

Excerpts from: *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Institute of Medicine, 2002.

Handout on Chicago demographics from the 2000 Census.

2. Understanding the role of culture in health and health care (and a little bit of methodology in preparation for site visits). In our discussion this week we will examine the points of interplay amongst culture, health, and health care. We will focus on what we mean by culture, how culture shapes meanings, and the role of meanings in thinking and talking about health.

READINGS

Friedenberg, Judith. *Growing Old in El Barrio*. New York: New York University Press. 2000. Chapter 7 (Los Doctores No Pueden Curar Todas las Enfermedades – Doctors Cannot Cure All Illnesses).

Garro, Linda. *Cultural Knowledge as Resource in Illness Narratives: Remembering Through Accounts of Illness*. In *Narrative and the Cultural Construction of Illness and Healing*. Edited by Cheryl Mattingly and Linda Garro. Berkeley: University of California Press. 2000.

Angel R & Angel J. (1997). Health services use and long-term care among Hispanics. In M Markides & M Miranda (Eds.), *Minorities, aging, and health* (pp. 343-366). Thousand Oaks, CA: Sage Publications.

Kleinman A. (1988a). *The illness narratives: Suffering, healing, and the human condition*. New York: Basic Books.

Gaines, A. (1988-89). Alzheimer's Disease in the context of Black (Southern) Culture. *Health Matrix*, 6, 33-38.

Johnson, J., & Smith, N. (2002). Health and social issues associated with racial, ethnic, and cultural disparities. *Generations*, Fall, 25-32.

3. Changing demographics in Chicago, the impact of these changes on health care delivery and systems, and the constraints of the local environment. This week we will focus on how the potential patient population of Chicago is changing (as well as how these changes reflect trends in other urban areas), what imperatives for care these changes

demand, as well as the influence of the very local environment and the role it plays in determining health outcomes.

READINGS:

Klinenberg, Eric. *Heat Wave: A Social Autopsy of Disaster in Chicago*. Chicago: University of Chicago Press. 2002. Prologue, Chapters 1 and 2.

Hall KS, Gao S. Unverzagt FW. & Hendrie HC. (2000). Low education and childhood rural residence: risk for Alzheimer's disease in African Americans. *Neurology* 54(1):95-99.

4. Community empowerment for improvements in community health. While last week's discussion looked at diversity and change in Chicago from a more problematic stance, this week we will look at the contributions of local residents to improving health and health care delivery in their neighborhoods and communities. We will also discuss how partnerships between communities and institutions of higher learning/research, can help further the problem-solving process and what happens when people really listen to what communities want and how they want it.

READINGS

Giachello, Aida, Arrom, Jose, Davis, Margaret, Sayad, Judith, Ramirez, Dinah, Nandi, Chandana, and Ramos, Catalina. *Reducing Diabetes Health Disparities through Community-Based Participatory Action Research: The Chicago Southeast Diabetes Community Action Coalition*. *Public Health Reports/July-August 2003*, Vol. 118.

Singer, Merrill, editor. *The Hispanic Health Council: An Experiment in Applied Anthropology*.

5. Case studies in culture, health, and health care. This week we will discuss two specific ethnographic case studies of how cultural understandings and differences influence outcomes for non-mainstream patients. Questions to consider are: How do health care systems drive the day-to-day experiences of patients and providers? How does the influence of the larger community influence the choices individuals might make about their own health care, or that of their families? How can the gaps across cultural systems be bridged, or can they? How do you factor out the many variables that might be subsumed under the construct of "culture?", i.e., gender, economics, literacy, racism, repression or fear of large systems, previous experiences with non-familiar health settings, etc.?

READINGS

Fadiman, Anne. *The Spirit Catches You and You Fall Down*. NY: Farrar, Straus and Giroux. 1997.

or

Abraham, Laurie Kaye. *Mama Might Be Better Off Dead: The Failure of Health Care in Urban America*. Chicago: University of Chicago Press. 1993.

Taylor, Janelle. *The Story Catches You and You Fall Down: Tragedy, Ethnography, and "Cultural Competence."* *Medical Anthropology Quarterly* 17(2):159-181. June, 2003.

6. Student Presentations: Your presentations will be brief, about 15 minutes, and should include an overview of the community and the organization of interest, what are the key issues confronting residents and where does health fit in, how are community concerns given voice, and what is being done in response.

Examples of Possible Sites (not inclusive). These sites promote health through a variety of programs and services, all delivered in community-based settings. The goal of the visit is to have you step out of the biomedical model and the perspective of the health care provider, and into the shoes of community change agents, at least when it comes to meeting the health care needs of the communities they represent.

ASI, Inc.

Provides home care services to all Hispanics.

El Valor

Multi-service organization serving all Hispanics

Illinois Health Education Consortium

Serving all immigrants and refugees

White Crane Wellness Center

Multi-ethnic, serves seniors (including low-income and at-risk elders)

Asian Human Services, Inc.

Serving all Asians

Casa Central Social Service Corp.

Serving all Hispanics

REQUIREMENTS AND EVALUATION:

Students will be expected to keep an electronic journal of their impressions and experiences and to forward these to the instructor once a week. In addition, each student will give a 15 minute presentation to the group regarding his/her experiences following the site visit. This presentation should be framed within the context of the readings and address specific areas of interest, such as health disparities of greatest concern to the community, issues of access and quality of care confronting the community, cultural factors that impinge upon the ability of community members to obtain quality health care, etc. Presentations should also describe the community setting, the population characteristics, and the overall health issues of interest.

You will be evaluated on the basis of your class participation, the quality of your electronic notes, and how well your presentation addresses the questions posed during the seminar. The course is offered pass/fail. Students must attend all six class sessions and fulfill their site visit obligations.