Anthropology of Health and Illness

<table>
<thead>
<tr>
<th>Winter 2022</th>
<th>Pamela Feldman-Savelsberg</th>
</tr>
</thead>
<tbody>
<tr>
<td>T/Th 1:15-3:00 pm</td>
<td>Remote office via Zoom or phone, 651-644-6971</td>
</tr>
<tr>
<td>Gould Library 305</td>
<td>Leighton 233, x4113</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:pfeldman@carleton.edu">pfeldman@carleton.edu</a></td>
</tr>
</tbody>
</table>

**Office Hours:** My office hours will be held by Zoom (Meeting ID: 913 4465 0783; Passcode: 334704) on Mondays 1-3:00pm and on alternating Tuesdays and Thursdays 3:30-4:30pm. Please email me for a special appointment if these times absolutely do not work for you. Please sign up for 15-minute time slots via Google calendar. My office hours will be a Zoom room with a waiting room. Please wait patiently while I finish up with my previous appointment. Thank you!

**ACE TA:** Jill Yanai (she/her)

- TA Office Hours: Tuesdays and Thursdays from 10-12 pm, and Mondays 3-5 pm, in-person in the Libe or Sayles. TA email: yanaij@carleton.edu
- CCCE Associate Director for Academic Civic Engagement and Scholarship: Emily Seru
- Academic Civic Engagement and Scholarship Coordinator: Danielle Trajano

### I. ESSENTIAL SHORT-FORM COURSE DESCRIPTION

**In this course,** you will learn to think like a medical anthropologist by:

- ✓ Reading research articles and blog posts
- ✓ Discussing and debating with your colleagues, in written discussion forums and in our synchronous class sessions
- ✓ Engaging in an Academic Civic Engagement project with one of our community partners and collaborating courses
- ✓ Writing and presenting a term paper based on your ACE project

**Moodle** will be our central hub for communication, readings, assignments, turn-ins. Please check Moodle and your email daily. I will return papers to you via e-mail, using Track Changes to give you comments. (Thus, please write your papers in MS Word if at all possible!) I can also do this in Google Docs, but I prefer to have a downloadable record of your work and my comments.

**In this syllabus,** course requirements and (lots of!) additional information and resources are listed after the day by day, week by week class schedule. The class schedule shows parts of the course, weekly themes, and daily topics.

**Learning in a pandemic,** particularly one that seems to go on and on, is a challenge and an opportunity. Together, we will be active participants in an intellectual adventure, approaching course materials with curiosity. Focus can give us a break from unrelenting news regarding the pandemic, struggle for racial justice, and political upheaval. In our discussions, let's generate compassion for one another. None of us can anticipate all that will happen during this term; we will have to be flexible—and keep communicating to maintain our classroom community.
II. LONG-FORM COURSE DESCRIPTION

Disease may appear to be a simple matter of biological states and symptoms, but health and illness are culturally defined and socially conditioned. As such, they are vital to anthropological attempts to understand the human condition. In what ways are health, illness, and healing matters of interpretation and belief? How are ideas about well-being and affliction connected with other ideas in a meaningful cultural matrix? In what ways are health, illness and healing also matters of social relations and social organization? How do they involve social interactions among individuals and groups? How do they reflect and/or influence political and economic relations?

To answer such questions, this course takes an ethnographic approach to beliefs and practices regarding health and illness in numerous societies worldwide. Through a comparison of cases from the U.S. and other locales, we will reach a deeper understanding of the North American version of allopathic medicine (“biomedicine”) as well as other forms of medical knowledge. By examining patients, practitioners, and the social networks and contexts through which therapies are selected and applied, we aim to better understand medical systems as systems of thought and practice. We also aim to uncover the intellectual and practical significance of the anthropological study of misfortune. A theme tying together the diverse topics of the course is the production of medical knowledge in various settings—as well as the production of anthropological knowledge about health, illness, and medicine. To understand best the production of knowledge and the production of health and illness in our own backyard, very early in the term we examine health and healthcare of uninsured as well as issues surrounding health and wellness on college campuses. You will have a chance to produce knowledge about health and illness through ACE partnerships on and beyond the Carleton campus. We end the term with an examination of the ethics and social structuring of omissions, indirectness, and secrets affecting HIV and cancer risk—in other words, with the production of “not knowing” about the social determinants of health.

III. TERM-AT-A-GLANCE

A. Topics

1. Medical Anthropology and Civic Engagement (1/6-1/20)
2. Birth, Death, Body and Mind (1/25-2/3)
3. Therapy Management, Medical Pluralism, and Cross-Cultural Medical Ethics (2/8-2/15)
5. Student Presentations (3/8-3/10)

B. Due Dates

Applications for final projects: Thursday January 13, 11:59 p.m.
Preliminary annotated bibliographies: Sunday January 30, 11:59 p.m.
Term paper proposals and expanded bibliographies: Sunday February 13, 11:59 p.m.
Final term papers: Friday March 11, 11:59 p.m.
Plus... one ARK paper (response to readings and alumni mini-video) due at 11:59 pm the day of the class on your “unit” (sign up)

C. Grading

Class Participation—In Person & (5:00pm) Discussion Forum 20%
ARK Paper, Linking Reading with Alumni Video 15%
Preliminary Annotated Bibliography 10%
Term Paper Proposal 15%
Final Term Paper 30%
Oral Presentation of Term Paper 10%
D. Student Learning Outcomes

The Sociology and Anthropology Department aims for students to acquire six student learning outcomes (SLOs). In this course, we focus on the following:

- Articulate the complexity of contemporary socio-cultural phenomenon in their many dimensions (e.g. temporal, structural, spatial and symbolic);
- Formulate appropriate sociological and/or anthropological research questions about socio-cultural phenomena;
- Apply sociological and anthropological theory to analyze socio-cultural phenomena;
- Select appropriate sociological and/or anthropological research methods to study socio-cultural phenomena;
- Engage the world by drawing upon your understanding of historical and contemporary socio-cultural phenomena.

In addition, we will pursue the following ACE-specific learning objectives:

- Understanding issues in their real world complexity
- Recognizing and honoring different forms of knowledge that may reside in/with community partners
- Enhancing awareness of your positionality, or who you are as you seek to do civic engagement efforts (such as gender, race, and/or socioeconomic background)
- Doing something with your course content beyond the classroom while learning in the process
- Developing leadership skills, for example within your ACE team
- Nurturing a commitment to life-long civic engagement
**IV. CLASS SCHEDULE: TOPICS AND ASSIGNMENTS**

**Part One: Medical Anthropology and Civic Engagement**

**WEEK I: THE PHYSICAL, THE SOCIAL, AND THE CULTURAL IN HEALTH REVEALED THROUGH ENGAGED MEDICAL ANTHROPOLOGY**

**Th 1–6 Introduction**


Please also read: the entire course syllabus, including the sheets on “Key Concepts,” “What is medical anthropology?” and the ACE project descriptions.

Please watch: the first video from the Alumni Video Project, by Margot Radding, DKI

**WEEK II: FROM SOCIAL DETERMINANTS TO SOCIAL CONSEQUENCES**

**Th 1–11 Medical Humanitarianism and Engaged Medical Anthropology**

Guest speakers: Debby Walser-Kuntz (Biology), Taylor Strelow and Diego Calvario Bravo (Coordinators of Greenvale Park Community School, and the Healthy Ways Program), Krista Danner (CEO, Northfield Area Family YMCA), Hillary Lamberty (Community Engagement Coordinator, Community Action Center of Northfield), Emily Seru (Associate Director for ACE), Danielle Trajano (ACE Coordinator), Jill Yanai (ACE TA)

(N.B. Read the Dilger et al. article to discern themes in ethical considerations of practicing "engaged medical anthropology." You can skip the “contributions” section on pp. 6-7. Read the Tiedje/Plevak article as a case study in engaged medical anthropology. Read the Carney article to think about the effect “projects” [such as CAC’s food shelf] can have on health care access.)

Re-read the ACE project descriptions (end of syllabus, and on Moodle) and come to class prepared with questions for the community partners.


Please watch: video from the Alumni Video Project, by Phoebe Chastain, WellShare International and RPCV

**Th 1–13 Pandemic Case Studies of the Social Determinants of Health**


*Please watch:* video from the Alumni Video Project, by Oumar Diallo, MPH, DPH student


**FINAL PROJECT APPLICATIONS Due, Th Jan 13, 11:59 p.m., via Moodle.**

**WEEK III: ACCESS DENIED: POLICY, COMMUNITY, & PERSONAL EXPERIENCE**

**T 1-18 Access Denied: Portals into Health Inequalities**


*Please watch:* video from the Alumni Video Project, by Ebun. O. Ebunlomo, PhD, MPH, MCHES (2) 5:58, or Ebun O. Ebunlomo, PhD, MPH, MCHES (3) 8:09.

**Th 1-20 Contexts and Consequences of Access Denied**

Guest speaker: Kristin Partlo, Liaison Librarian for Social Science, STEM & Data

Sered, S.S. and R. Fernandopulle. 2007. *Uninsured in America: Life and Death in the Land of Opportunity.* Berkeley: University of California Press. Read: Chapters 2 through 9, Afterword (pp. 40-162, 195-216). (I recommend reading as many of these chapters as you have time for and are interested in, but here is your must-read assignment: Ch 2—TBA ; Ch 3—TBA ; Ch 4—TBA ; Ch 5—TBA; Ch 6—TBA ; Ch 7—TBA ; Ch 8—TBA ; Ch 9—TBA).

*Please watch:* video from the Alumni Video Project, by Dawn Thomas, Community Health Caseworker.

**Part Two: Birth, Death, Body and Mind**

**WEEK IV: THE BOOKENDS OF LIFE: GIVING BIRTH & FACING DEATH**

**T 1-25 Authoritative Knowledge and Birth**

Guest speaker: Gwendolyn Neumeister ’12, CNM, M Health Fairview, Minneapolis MN


*If you have time, for an international view regarding obstetric choice:*


*Please watch:* video from the Alumni Video Project, by Gwendolyn Neumeister, CNM
**Th 1-27 Aging and Death: Social Determinants and Medical/Ritual Management**


Culhane-Pera, K. et al. 2003. “Part IV. End-of-Life Care: Case Stories and Commentaries.” In *Healing by Heart: Clinical and Ethical Case Stories of Hmong Families and Western Providers*, 253-294. Nashville: Vanderbilt University Press (cases will be split up among class members; assignment TBA). Please watch: video from the Alumni Video Project, by [Emily Brosius, LSW, gerontology](https://culanth.org/fieldsights/lonely-death-in-pandemic-times) (you may also want to view the three videos by Shayna Gleason, Gerontology PhD Student—listed below under our unit on therapy management groups/processes).

**Sun 1-30 ANNOTATED BIBLIOGRAPHY due 11:59 p.m.**

**WEEK V: THE MINDFUL BODY AND THE EMBODIED MIND**

**T 2-1 The Sentient Body**


Please watch: video from the Alumni Video Project, by [Hannah Aylward ’19 and Shane Burcaw](https://www.pbs.org/newshour/show/30-years-after-ada-inaccessibility-persists-for-the-disabled), Disability and Inter-abled Activists.

**T 2-3 The Embodied Mind: “Somatization” and Trauma**


Midterm Break

Part Three: Therapy Management, Medical Pluralism, and Cross-Cultural Medical Ethics

WEEK VI: THERAPY MANAGEMENT AND EXPLANATORY MODELS

T 2-8 Managing Therapies and Medical Pluralism


Bossart, R. 2003. “‘In the city, everybody only cares for himself’: Social Relations and Illness in Abidjan, Côte d’Ivoire.” Anthropology and Medicine 10(3):343-360.


Please watch: video from the Alumni Video Project, by Shayna Gleason, Gerontology PhD Student—three videos featuring Shayna, her Aunt Tricia (a caregiver), and her friend Rose (resident of an independent living facility for elderly).

Th 2-10 Hmong Metaphors and Medical Metaphors: Explanatory Models and Ethics


Film: Split Horn

Sun 2-13 PAPER PROPOSAL due 11:59 p.m. (1 page text + 1 page bibliography)

WEEK VII: CROSS-CULTURAL MEDICAL ETHICS AND PATHOLOGIES OF POWER

T 2-15 Cross-Cultural Medical Ethics: Hmong Models and Metaphors


Please watch: video from the Alumni Video Project, by Katie Shaffer, MD-MPH student on social construction, explanatory models, and ethics.

Part Four: Pathologies of Power: Social Risk, Social Management, Social Silence, Social Ethics

Th 2-17 Loud Silences: Pathologies of Power from Health Policy to Whispered Explanations and Polite Indirection: Haiti, Cuba, Nigeria, and South Africa

Guest Speaker: Drewallyn Riley ('05), Data and Continuous Quality Improvement Technical Assistance Specialist, Education Development Center (EDC)

Smith, D.J. 2014. “‘Feeding Fat on AIDS’: NGOs, Inequality, and Corruption.” Chapter 4 in *AIDS Doesn’t Show Its Face: Inequality, Morality, and Social Change in Nigeria*. Chicago: University of Chicago Press, pp. 103-120.


**WEEK VIII: HIV/AIDS—SOCIAL RISK, OPPORTUNITY STRUCTURES AND PUBLIC SECRETS**

**T 2-22** Marriage And HIV Transmission: Keeping and Exposing “The Secret”

Block, Ellen and Will McGrath. 2019. *Infected Kin: Orphan Care and AIDS in Lesotho*. New Brunswick: Rutgers University Press. (selections, all in one pdf with green and red start and stop arrows)


**Th 2-24** Concepts and Comparative Projects in new HIV Research

**Guest Speaker:** Harriet Phinney, Associate Professor of Anthropology, Seattle University


**WEEK IX: ETHICS OF APPLIED MEDICAL ANTHROPOLOGY**

**T 3-1** Ethics of Applied Anthropology: Cancer, Health Education, and Cultural Appropriateness


**N.B.:** Pandemic and Infodemic—COVID (Mis)Information and Communities Public Health Lunch: A Collaboration between BIOL 310 and SoAn 262, 12:00, location or Zoom link to be announced

**Th 3-3** Flex Day: Catch-Up and Work in ACE Groups

**Part Five: Collaborative Medical Anthropology: Engaging Our Community Partners**

**WEEK X: CARLETON SOCIETY FOR MEDICAL ANTHROPOLOGY**

**T 3-8** Student presentations: Annual Meeting of the Carleton Society for Medical Anthropology

(With community partners in attendance!)

**Th 3-10** Student presentations: Annual Meeting of the Carleton Society for Medical Anthropology

(Our community partners will join us in the audience for these presentations, organized--just as in professional academic conferences--by groups in sessions with each group member presenting an individual paper that contributes to a unified, coordinated whole.)

**Fr 3-11** TERM PAPERS DUE no later than 11:59 p.m.

*Enjoy your spring break!*
IMPORTANT INFORMATION (lots of it!)

V. COURSE REQUIREMENTS IN OVERVIEW—PRINCIPLES

The requirements for this course include completion of reading assignments by the class meeting for which they are assigned, class attendance and participation, one four page response paper on a topical set of readings from the syllabus, leading discussion on a day's readings as part of a team, and a final research paper (including proposal, bibliography, and oral presentation). There are two options for the final paper: a paper linked to several academic civic engagement opportunities (the default), and a library research paper on a topic of your choice. To make this class successful, there are some principles of positive behavior we must follow:

A. Attendance is important because your presence adds something to class. While not everyone can make it to class for every session, frequent absences will count against you. As a courtesy, please tell me why you were absent; for an “excused” absence, you must give me a legitimate and trustworthy reason before class. I will ask the class for permission to record Zoom sessions for people who need to be absent; to respect everyone’s privacy, remember that what is said in our Zoom room stays in our Zoom room.

B. Listening: I assume and expect that we will all be enthusiastic and respectful participants in class, which means that we learn from our readings and from each other in courteous, constructive debate. We can only do this if we listen to each other.

C. There are many ways of participating: questioning, commenting, listening carefully when other students ask questions or propose a new or different way to think about the materials we are studying, eye contact, nodding, active note-taking. Remember to ask questions, email me, or come to my office hours if anything is unclear to you or if you want to discuss something related to this class.

D. Respect, including pronouns: I am dedicated to making our classroom a respectful environment where everyone can participate comfortably. One part of this is that we should all refer to everyone by their chosen name, the correct pronunciation of their name, and their chosen pronouns. Another aspect of respect is recognizing that this course necessarily deals with difficult topics, and that what might be an obvious trigger for you may not be so for others, and vice versa.

E. Punctuality: Please hand in assignments and be prepared for oral presentations on time. Deadlines are deadlines. Nonetheless, if you talk to me beforehand about extenuating circumstances, I am not an ogre and will accommodate your needs within the realm of fairness. Departmental policy is to subtract one letter grade for each day an assignment is late. Final papers more than 3 days late will be accepted only if you have been granted an "EXT" by the Dean of Students Office (your class dean).

F. Academic honesty: Cite correctly and do not plagiarize. Please consult the College's policy on Academic Integrity, which can be found here.

G. Citation norms: The American Anthropological Association decided in September 2015 to move to the Chicago Manual of Style (CMOS)’s author-date option. A brief description of this citation style is found at the end of this syllabus. A more extensive style sheet is found on our departmental website at: http://apps.carleton.edu/curricular/soan/resources/citation/. You are required to follow CMOS author-date citation style. This is part of practicing writing like an anthropologist.
H. Writing portfolio: You may find one or more of the writing assignments in this course to be appropriate for your writing portfolio, which is due at the end of your sixth term. I will work with you to revise, if necessary. For more information on the portfolio, consult the folder you received as a first-year student, talk with your advisor, or read about it on the web at: http://www.acad.carleton.edu/campus/wp/.

Please see the “Helpful Information” section below to find out about the Writing Center and Writing Assistance for Multilingual Writers.

I. Accommodations/Special Needs: Please see the “Helpful Information” section for a statement about accommodations for students with disabilities and how to contact Chris Dallager, Director of Disability Services (507-222-5250; cdallager@carleton.edu) to arrange a confidential discussion regarding equitable access and reasonable accommodations. Carleton faculty are strongly encouraged to wait for official notification of accommodations before modifying course requirements for students. I appreciate it if you seek accommodations so I can be notified early in the term. Students with any other concerns needing special consideration should also bring this to my attention early in the term.

These principles of positive behavior are strategies to help you learn and to help you do what anthropologists do: participate, observe, discuss, analyze, write, learn details, contextualize in the big picture, and make sense of things.

VI. COURSE REQUIREMENTS IN DETAIL

A. Required Reading

Readings should be completed before the class session for which they are assigned. Think about the issues raised, how they relate to issues in previous readings, to your own life, and to the lives of those you know and care about. Jot down your questions and confusions, and use these to contribute to class discussions. See the “General guide to reading” at the end of this syllabus for a useful reading strategy.

Readings consist of book length ethnographic monographs (available in the bookstore), and scholarly articles. All assigned articles will be uploaded to or linked through Moodle.

Required texts (available through the bookstore) are as follows (please ask if purchasing these books is a financial burden):


Further &/or Recommended readings are supplemental texts for those of you with special interest in a particular subject, to use in papers and/or class presentations, or for future perusal. Some are entire books, and some are articles. I do not expect you to read them for class. The references are for you to look up if you are interested.

B. Class Participation, Discussion Forum, and Discussion Starting (20% of grade)

This is a primarily discussion-based focused around discussion of readings, films or slides, and concepts. Part of each class session will involve some brief lecture material, to provide background information or clarify terms, and part will be discussion “sparked” by Discussion Starters and guided by the professor.

As Discussion Forum participants, you will post a response to the readings—between 100 and 150 words—at least once a week on our Moodle Discussion Forum. If I have posted a prompt to guide your reading and discussion, please let that guide your response. Everyone will have to read ahead to do this in a timely fashion, please no later than 5:00pm the afternoon before our class session. If your last name begins with the letter A-K, you must post for Tuesday’s classes; if your last name begins with the letter L-Z, you must post for Thursday’s classes. (You are welcome to post more frequently if you are so moved!)

As Discussion Starters, you will curate the Discussion Forum for your assigned day, drawing out the main points. During our synchronous class session, you will share a brief summary of these main points. Based on your curation of your peers’ comments, reading of assigned texts, and the way you relate these
to other readings or issues, prepare a small set of questions, comments, and/or activities to start our synchronous class discussion for a day. **Often one really good, searching question is enough!** Each student will do this at least two times. Sometimes you will do this with a partner.

Student participation in all discussions is essential both for your own learning and for that of the other students in class. This requires that you have read and thought about the readings for the day, and that you listen carefully when other students ask questions or propose a new or different way to think about the materials we are studying. In grading class participation, I will take into consideration class attendance, and most importantly, discussing readings and issues in a thoughtful and prepared way.

### C. ARK Paper (15% of grade)

Write a one-page single-space ARK (abstract-response-keywords) paper on one class topic’s set of readings, relating at least one from that set of readings to a corresponding alumni mini-video. You will sign up for a particular topic/date. ARK papers include: 1) a 200 word abstract of the reading(s); 2) your 200-250 word intellectual response, that also draws connections between the reading and a corresponding mini-video from an alum explain the effect of COVID and/or the current struggle for racial justice to their current work; and 3) four or five keywords. ARK papers are always due at 11:59 on the last day of your assigned unit (for example, if we finish discussing the topic on a Thursday, your paper is due 11:59 Thursday night). Please upload your paper onto Moodle as an MS-Word e-mail attachment, including your name in the document filename (e.g. pfeldmanARKpaper.docx). Please also remember to cite your sources, using anthropological (Chicago Manual of Style AUTHOR-DATE) citation style.

### D. Final Term Project (total of four components: 65% of grade)

For the final term project, you may choose between two options: Option A consists of a paper linked to one of the academic civic engagement (ACE) opportunities, and Option B is a library research paper on a topic of your choice. **All options require an application,** due early in the term. Option A, participation in one of several ACE projects, is the “default” option, meaning that I assume and greatly encourage students to take one of the ACE options. This is particularly important this term, because we need enough people to create strong teams for each ACE option. For Option B, you must have a specific topic in mind that you are burning to investigate. I encourage everyone to come to office hours (of the prof as well as of the ACE TA) to explore their interests and the various final project options with us. Our ACE TA, Jill Yanai, is happy to consult with you about the application process and about conceiving and carrying to fruition a successful ACE project. A further explanation of ACE Option A is attached to this syllabus.

Both of these options consist of four components: 1) A Preliminary Annotated Bibliography (10% of grade); 2) a Term Paper Proposal (15% of grade); 3) a Final Term Paper (30% of grade); and 4) an Oral Presentation (10% of grade).

**Final Project Options A1, A2, A3 & A4** will result in a ten-page paper and oral-presentation based upon an academic civic engagement project with a variety of community partners (Northfield Historical Society [in collaboration with members of HIST 200, the Northfield Community Action Center, HealthFinders Collaborative, and the CCCE with members of IDSC 235]). You can find descriptions of each project at the end of this syllabus. Most of these projects ask that you prepare some sort of write-up or project summary for the community partners in addition to the more academic term paper employing medical anthropological concepts that you will turn in for this class. The summary and/or any other materials made for the community partners will be considered in the grade of the final paper.

**Final Project Option B** is a ten-page library research paper on a topic of your choice within the area of medical anthropology. You should clear your topic with me (don’t forget office hours!), and should have a good reason to choose this option over one of the many ACE options. The topic should allow you to refer to concepts and readings we will have discussed in class in your final paper and presentation.

**The four components of the final project:**

By Thursday, **January 13, 11:59pm** (Week II) all students should hand in their application indicating their preferences for final project options. Please hand your applications in electronically via Moodle (or mail to pfeldman@carleton.edu, yanaij@carleton.edu, dtrajano@carleton.edu, and eseru@carleton.edu).

By Sunday night, **January 30, 11:59 pm** (Week IV) all students should hand in a preliminary annotated bibliography of 5 to 10 anthropological sources. In your bibliography, be sure to include
articles from scholarly journals as well as books, cited in the CMOS author-date citation style now used by professional anthropologists. Annotations should be about two sentences long, indicating what the article or book is about and how it will contribute to your final project. For example, does it explore or illustrate a concept that you might use to interpret your findings, does it serve as a model for the type of work you plan to do, or does it give background data necessary for understanding the social and/or historical context of your topic? This annotated bibliography counts for 10% of your final grade. Please hand your bibliographies in electronically via Moodle (or mail to pfeldman@carleton.edu and yanaij@carleton.edu).

By Friday February 13, 11:59 pm (Week VI) all students, regardless of final term project option, should hand in a one-page topic proposal and an additional page with a list of at least ten bibliographic sources (no need for annotations for this assignment). Paper proposals should include a description of your topic, its substantive significance for medical anthropology, its significance in terms of applying or developing medical anthropological theory, and some sense of how you plan to structure your argument. Because many paper topics will require you to use Minitex or other interlibrary loan services, I expect you to get started weeks before the proposal deadline. Use this proposal as a tool to sharpen the focus of your research projects and link them to medical anthropological concepts and literature. This proposal counts for 10% of your final grade. Please hand your topic proposals in electronically via Moodle (or mail to pfeldman@carleton.edu and yanaij@carleton.edu).

All Final Papers are due Friday March 11 by 11:59 pm. (plan ahead; see conditions for lates above). Please save a copy for yourself for paper presentations, which will occur during the last two class meetings of term. These presentations will be conducted like presentations at professional academic meetings. We will organize a series of panels for the Carleton Society for Medical Anthropology, with time to discuss at the end of each panel. Presentations (which are graded) will be strictly timed; they may be read, but are much more effective when freely spoken from an organized outline. Refreshments included!

VII. HELPFUL INFORMATION and FREE RESOURCES FOR STUDENTS

A. Office Hours
Please make use of my scheduled office hours. I’m there for you! Please use the Google Calendar appointment function in gmail to sign up for office hours. The link is in several places, including my email signature and here. If you absolutely cannot attend my normal office hours, please e-mail me about scheduling another time.

Due to the pandemic, and that it is too cold to meet in person outdoors, I will be holding office hours by Zoom (Meeting ID: 913 4465 0783; Passcode: 334704), using a waiting room. Please wait patiently while I finish up with my previous appointment. Remember, please click here to sign up for 15-minute time slots via Google calendar. Thank you!

B. Inclusion and Course Materials Assistance
I strive to create an inclusive and respectful classroom that values diversity. Our individual differences enrich and enhance our understanding of one another and of the world around us. This class welcomes the perspectives of all ethnicities, genders, religions, ages, sexual orientations, disabilities, socioeconomic backgrounds, regions, and nationalities. I also recognize the potential financial burden of course expenses such as printing (no required books for this class!). If you need assistance to cover course expenses, please speak with me, preferably during the first week of class.

Please note that the CCCE can cover travel costs for students to work with community partners for ACE projects.

C. Ask a Librarian
Ask a librarian—especially our social science superhero specialist librarian Kristin Partlo—for help with your research in this class. You can drop by the library’s Research/IT desk to ask any question you have, at any point in your process. Librarians help students find and evaluate articles, books, websites, statistics, data, government documents, and more. For more information on hours and librarians, visit the Gould Library website at go.carleton.edu/library. Don’t forget to look at the course guide Kristin has made
specifically for our class: http://gouldguides.carleton.edu/soan262, as well as the general anthropology guide: https://gouldguides.carleton.edu/anthropology!

**D. Accommodations and Assistive Technologies**

If you have any challenge that you think may pose obstacles to your successful completion of the course, please discuss this with me at the beginning of the term so that we may accommodate your situation. Like the rest of Carleton College, I am committed to providing equitable access to learning opportunities for all students. Please be aware that Carleton faculty are strongly encouraged to wait for official notification of accommodations before modifying course requirements for students. The Office of Accessibility Resources (Henry House, 107 Union Street) is the campus office that collaborates with students who have disabilities to provide and/or arrange reasonable accommodations. If you have, or think you may have, a disability (e.g., mental health, attentional, learning, autism spectrum disorders, chronic health, traumatic brain injury and concussions, vision, hearing, mobility, or speech impairments), please contact OAR@carleton.edu or call Sam Thayer (’10), Director of the Office of Accessibility Resources (x4464), to arrange a confidential discussion regarding equitable access and reasonable accommodations.

In addition, Carleton also provides technological resources for students with disabilities. The Assistive Technologies program brings together academic and technological resources to complement student classroom and computing needs, particularly in support of students with physical or learning disabilities. Accessibility features include text-to-speech (Kurzweil), speech-to-text (Dragon) software, and audio recording Smartpens. If you would like to know more, contact aztech@carleton.edu or visit go.carleton.edu/aztech.

**E. The Writing Center**

I urge all students to utilize The Writing Center, located in 420 4th Libe; it has peer writing consultants who can work with you during any stage of the writing process (brainstorming to final proofreading). Hours and more information can be found on the writing center website. You can reserve specific times for conferences by using their online appointment system.

**F. The Term-Long Program for Multilingual Writers**

If English is not your first language or you are a multilingual writer and you believe you might benefit from working regularly with a writing consultant this term, email Melanie Cashin, Multilingual Writing Coordinator, at mcashin@carleton.edu. She can arrange once- or twice-a-week meetings between you and a specific writing consultant throughout the term.

**G. Student Well-Being**

Your health and well-being should always be your first priority. At Carleton, we have a wide-array of health and wellness resources to support students. It is important to recognize stressors you may be facing, which can be personal, emotional, physical, financial, mental, or academic. Sleep, exercise, and connecting with others can be strategies to help you flourish at Carleton. For more information, check out Student Health and Counseling (SHAC) or the Office of Health Promotion.

**H. Title IX**

Carleton is committed to fostering an environment free of sexual misconduct. Please be aware all Carleton faculty and staff members, with the exception of Chaplains and SHAC staff, are “responsible employees.” Responsible employees are required to share any information they have regarding incidents of sexual misconduct with the Title IX Coordinator. Carleton’s goal is to ensure campus community members are aware of all the options available and have access to the resources they need. If you have questions, please contact Laura Riehle-Merrill, Carleton’s Title IX Coordinator, or visit the Sexual Misconduct Prevention and Response website: https://www.carleton.edu/sexual-misconduct/.

**K. On-Campus Public Health Resources**

Carleton College maintains two public health web pages of interest: the Academic Public Health Page, and the Public Health Pathways Page. You might also be interested in the Pre-Health Advising Page.
VIII. RELEVANT STUDY SKILLS AND MECHANICS

Guidelines for Reading and Preparation for General Class Discussion

A. Pre-reading

Look at the book or article reference. Ask yourself: What does the title tell me? Do I recognize the author? What other knowledge do I have about this topic or author? Looking at the date of publication, can I place this piece in the recent history of ideas (this is hard to do, especially early in the term)?

B. Reading

Your first goal is to understand what the article or monograph is about, what the author is trying to say, and how s/he goes about doing so. What questions does the author investigate? Is the article mainly theoretical or descriptive? What theories does the author propose or rely upon, with what implications? What data or evidence does the author use to make his or her argument? Are these well-suited to the questions posed?

C. Post-reading

Evaluate how this reading relates to our discussion topic, and to other readings or discussion topics. How could we analyze this further? What is your reaction to this reading (e.g. intellectually, emotionally)? Reading in this way will make you prepared to participate actively and meaningfully in class discussions.

Guidelines for Writing Papers

Goals for college-level writing include attention to: Audience and purpose; Clarity of prose; Clear organization; Effective use of evidence; Appropriate attribution and citation; Effective use of Standard English. Papers you write in this course will give you practice in reading, writing, and analysis. Use feedback from one paper to improve your approach and writing in the next paper. While you cannot re-write a paper for a better grade, I will read and comment on a draft of a particularly thorny section of a paper, before it is due, if you give me sufficient time. Office hours are good for this.

Each paper should have a title page, with an interesting and descriptive title, your name, the date, and the course number and title. Papers should be 12 font with 1-inch margins, with the text section double spaced. (Think papers are 3 pages. In your final paper, aim for 10 pages. I will stop reading after 12 pages.) The text should be followed by a “references cited” section (the bibliography of works you cite in the paper) in anthropological citation style (see below). Make sure you have an introduction, a logically organized body of the paper, and a conclusion. Section headings provide useful guideposts to the way you organize your thoughts, and are particularly important for longer papers.

Here are some tips on writing well:

- Write from the top down. Start with your most important point, then develop it. Don’t keep your reader guessing. Don’t save the punch line for the end!
- Use good topic sentences. Topic sentences should tell your reader the point of the paragraph. New thoughts generally require new paragraphs. Use transition sentences for flow between paragraphs and sections. When you turn to a new thought, be sure your reader can connect backward and forward to other parts of the text.
- Use your topic paragraph effectively. Good titles are nice. So are zippy first sentences.
- Eschew the passive voice. “Jenny wrote the book” is better than “The book was written by Jenny.” This is particularly important in the social sciences, because use of passive voice masks agency.
- Vary sentence structure to enliven your writing. Avoid run-on sentences.
- Watch your spelling, grammar, and punctuation. Look out for singular/plural agreement. (Note: the word “data” is plural.) Use semicolons appropriately (that is, to separate complete sentences).
- Avoid unclear referents (like “it” without an obvious connection to what “it” is). Also avoid indirect wording. As much as possible, eradicate the phrases “there are,” “it is,” and the like from your writing.
- Watch for dangling clauses. The sentence, “Hot from the oven, I ate the pizza,” implies that I (not the pizza) am hot from the oven.
- Use parallel phrases. “I like to swim, read, and eat” is better than “I like swimming, to read, and food.”
- Learn the difference between “because” and “since.” “Since” refers to time: “Since 1940, women’s hemlines have crept up.” Know the difference between “that” and “which.” Generally, if you can use “that,” do so. Master the correct usage of “affect” and “effect,” whose meanings as nouns differ from their meanings as verbs!
- Plain English is best. Don’t be wordy. For example, you rarely need to use the term “in order to.”
- Cite your sources with author, date, and page number for quotations, as well as for specific ideas or any short, paraphrased segments. When in doubt, cite it! See section on “Anthropological Citation Style” below.
- Consider your audience. Use the appropriate tone and style; above all, don’t be boring!
- Rewriting is the key to writing well.
Anthropological Citation Style  
(*Chicago Manual of Style* Author-Date Version)

In papers for this and other anthropology classes, you should use the correct citation style, following the major anthropological professional journals. This means you need to cite, both in the text and in a section titled “References Cited” following the text, works from which you have drawn ideas as well as works you quote. The various journals published by the American Anthropological Association use the author-date style in the *Chicago Manual of Style*, which can be located on their website. (Remember to use the author-date tab!)

**In the course of your text**, you should cite authors whose ideas you use with their last name and the date of publication; you can even include more than one citation if you got the idea from more than one source (Ginsburg 1989; Ginsburg and Rapp 1991). If you quote an author, e.g. that “the powers of village women... [do not] provide women with the last word” (Harding 1975, 308), you include the page number(s). Note the placement of punctuation, and that the citation and period/comma are outside of the quotation marks.

**References Cited** (please, not “Bibliography” or “Works Cited”), placed starting on a new page at the end of your text, includes only publications cited in the text. All entries must be listed alphabetically by last name of author, and chronologically arranged for two or more titles by the same author. The layout should be as follows:

1a) for a **journal article**, showing the volume and issue numbers, and page numbers:


1b) If you find and read/download the **journal article from an online source**, include the DOI (Digital Object Identifier) if the journal lists one. A DOI is a permanent ID that, when appended to http://dx.doi.org/ in the address bar of an Internet browser, will lead to the source. If no DOI is available, list a URL, including an access date.


2) for a **chapter in a book of collected essays** (Author. date. “chapter title.” In *Book Title*, edited by Editors, pages. Place of Publication: Publisher):


3) for a **book** (title is capitalized; date, place of publication [use the first one listed], and publisher all included):


4) for an **article in a newspaper or popular magazine**:


5) for **website content**, include as much of the information you’d need for a printed publication’s citation as possible (including author’s name, date of publication, title, publisher), followed by the URL of the site you are citing. Because such content is subject to change, include an access date or, if available, a date that the site was last modified. In the absence of a date of publication, use the access date or last-modified date as the basis of the citation.:


**Following this style is a requirement. Ask if you have questions.**
IX. KEY CONCEPTS IN MEDICAL ANTHROPOLOGY

- **disease-illness-sickness** is the widely used tripartite scheme of anthropologist Allan Young; disease is the Western biomedical practitioner’s category, and refers to biological states and symptoms. Illness is the lived experience of sufferers and their families and significant others, and involves the cultural ways in which we define signs as “symptoms.” Sickness is the category that links illnesses and diseases to large-scale economic, political, and social matters, shaping who gets sick as well as healer-patient interactions. **Medicalization** is a related term referring to the process whereby conditions come to be viewed and interpreted as diseases and hence as amenable to biomedical intervention.

- **the social context of healing** is the social setting in which healing takes place and the consequent social ramifications. Social relations are often made and unmade, strengthened and weakened, maintained and changed in the course of healing.

- **the cultural construction of the human body** is the culturally-specific ways in which the human body is made meaningful in given human communities and linked to other domains of social life, such as religion and politics, often by means of metaphors and other symbols. Recent anthropological work relates ideas about the body to anthropologies of emotions and the senses. Related terms include **somatization** and **psychosomatic illness**.

- **ritual and symbolism** are key fields of study more broadly in anthropology, and crucial to understanding culturally-specific ideas about health and illness as well as forms of healing.

- **explanatory models** include folk models (e.g. Kongo “disease of man,” Haitian “sent sickness” or Latin American nervos), popular models (e.g. lay American models of hypertension or cancer), or, strictly speaking, **biomedical** (allopathic medicine) models of health and illness conditions. In each healer-patient interaction, each person brings their own explanatory model to the encounter, and consultation is often a negotiation among these models. This concept was particularly developed by Arthur Kleinman. A somewhat distantly related concept is that of **culture-bound syndromes**.

- **authoritative knowledge** is the knowledge that counts in a particular situation. Decisions, such as when to push during childbirth or whether or not a feverish child needs a spinal tap to check for meningitis, are made by those with authoritative knowledge. Whose knowledge gains authority may change from situation to situation (e.g. a hospital vs. a home setting). This concept was particularly developed by Brigitte Jordan.

- **medical pluralism** is a mixture of different types of health care institutions, each with their own ideas and practices, co-existing in a particular locale. Sometimes these different institutions compete with each other, and sometimes they cooperate. This common state of affairs is affected by history and by power relations within society. Colonial and postcolonial policies, for example, often recognize, legitimate, and professionalize certain types of traditional practitioners and not others, while introducing new forms of medial and spiritual healing. A related concept is **plural medicine**, which refers to a mixture of types of diagnoses, therapies, and practitioners within a particular type of medicine (such as “Traditional Chinese Medicine”).

- **therapy management** is a social process that pulls significant others in the lives of sufferers into the processes of interpreting affliction and of taking therapeutic action on the basis of these interpretations. Dissension within the therapy management group leads to consultation of multiple healers. The therapy management group helps to interpret the type of illness, decide on the timing, type and sequencing of therapies, and to escort and support the sufferer. This concept was particularly developed by John Janzen.

- **cross-cultural medical ethics** is a growing field that deals with bridging possible misunderstandings and differences in explanatory models and assumptions about who should be involved in therapy management. It is particularly important in situations of cultural pluralism, for example when immigrant or refugee populations interact with the biomedical health care system in the United States. Related concepts include **cultural competence** and **cultural responsiveness**.

- **the social determinants of health**, as defined by the World Health Organization, are “the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics” (WHO 2011, n.p.).

- **social inequality** is a key concept in the social sciences, with enormous impact on health care inequities, on the interaction between patients and healers, and on illness models and health education efforts that blame the victim. It affects each of the ideas and processes mentioned above.

- **the socio-ecological model** is utilized in public health to understand the dynamic interrelations and interactions of personal and environmental factors; modeled as a series of concentric circles, working outward from individual to interpersonal, community, institutional, and macro-/public policy levels.
X. DEFINING MEDICAL ANTHROPOLOGY

The Society for Medical Anthropology website (http://www.medanthro.net/definition.html) poses the definitorial question, “what is medical anthropology?” Here is their answer:

What is medical anthropology?

• Medical Anthropology is a subfield of anthropology that draws upon social, cultural, biological, and linguistic anthropology to better understand those factors which influence health and well-being (broadly defined), the experience and distribution of illness, the prevention and treatment of sickness, healing processes, the social relations of therapy management, and the cultural importance and utilization of pluralistic medical systems. The discipline of medical anthropology draws upon many different theoretical approaches. It is as attentive to popular health culture as bioscientific epidemiology, and the social construction of knowledge and politics of science as scientific discovery and hypothesis testing. Medical anthropologists examine how the health of individuals, larger social formations, and the environment are affected by interrelationships between humans and other species; cultural norms and social institutions; macro and micro politics; and forces of globalization as each of these affects local worlds.

Medical anthropologists study such issues as:

• Health ramifications of ecological "adaptation and maladaptation"
• Popular health culture and domestic health care practices
• Local interpretations of bodily processes
• Changing body projects and valued bodily attributes
• Perceptions of risk, vulnerability and responsibility for illness and health care
• Risk and protective dimensions of human behavior, cultural norms and social institutions
• Preventative health and harm reduction practices
• The experience of illness and the social relations of sickness
• The range of factors driving health, nutrition and health care transitions
• Ethnomedicine, pluralistic healing modalities, and healing processes
• The social organization of clinical interactions
• The cultural and historical conditions shaping medical practices and policies
• Medical practices in the context of modernity, colonial, and post-colonial social formations
• The use and interpretation of pharmaceuticals and forms of biotechnology
• The commercialization and commodification of health and medicine
• Disease distribution and health disparity
• Differential use and availability of government and private health care resources
• The political economy of health care provision.

SOME MEDICAL ANTHROPOLOGICAL BLOGS

ACCESS DENIED: A Conversation on Unauthorized Im/migration and Health, http://accessdeniedblog.wordpress.com/
Voices from Medical Anthropology (SMA), http://socmedanthro.wordpress.com/
Somatosphere: Science, Medicine and Anthropology collaborative website: http://somatosphere.net/
Growing Up Healthy: Connecting the Families of Rice County, Minnesota, http://growinguphealthy.org/
HealthFinders Collaborative, http://healthfindersmn.org/
Rural Immigration Network, http://ruralimmigration.net/
XI. FURTHER READINGS

For your future reference, organized by class topics & weeks

Week 1

Week 2


**Weeks 2, & 3**


Week 4


Week 5


**Week 6 & 7**


**Recommended films**: [Between Two Worlds: The Hmong Shaman in America; Threads of Life](http://members.aol.com/hmongstudiesjrnl/HSJ-v2n2_Yang.html).
**Week 7 & 8**


**Week 9**

Students in Anthropology of Health and Illness have the opportunity to choose from a number of Academic Civic Engagement (ACE) projects with local community partners. This year, our projects address both access and barriers to food, housing, and mental health services, and health consequences of these and other stressors. The projects emphasize participants’ points of view, and build bridges between Carleton College and various non-Carleton communities. Your work employing anthropological concepts and methods to understand the issues at hand can help our partner organizations to improve living conditions and well-being. These issues include: the economically and socially uneven effects of the coronavirus pandemic on local immigrant, refugee, and/or food insecure families living in Rice county; the combined social determinants of incarceration and pandemic vulnerability; the social and cultural impacts of the pandemic-linked move to telehealth; and what we can learn from (and contribute to) the history of viral pandemics in Northfield, MN. Each of these ACE final projects will result in a ten-page paper and oral presentation. Please read the following descriptions carefully before applying for these ACE projects.

**A1: Carleton College Public Health Lunch Project: Pandemic and Infodemic—COVID (Mis)Information and Communities (with BIOL 310)**

**Background:**

This project will be undertaken in collaboration with BIOL 310: Immunology, taught by Prof. Debby Walser-Kuntz. For several years, professors Debby Walser-Kuntz and Pamela Feldman-Savelsberg have noticed that many students take both our courses, either simultaneously or in subsequent years. As co-curators of Carleton’s Public Health Pathways page, they were interested in providing further opportunities for collaboration. With support from CCCE, in 2015 they decided to turn the winter term Public Health Lunch into a public teach-in, organized and presented by students from their Immunology and Anthropology of Health and Illness courses. The theme that year was “Ebola: An Interdisciplinary Conversation,” focusing on various ideas of self and not-self in the biology and social relations of the 2014-15 Ebola outbreak. In 2016, students focused on the cultural and social dimensions of vaccines and vaccine refusal, and in 2017 on “pathologies of power” in the Zika outbreak. In 2018, with a new Ebola vaccine developed, they revisited the topic of the Ebola virus to investigate “Lessons Learned from Epidemics Past and Present.” In Winter 2020 the classes explored the biological, cultural, and social determinants and consequences of Type 2 Diabetes Mellitus. Seeking to center issues of racial justice and the novel coronavirus pandemic, in Fall 2020 students investigated the sociocultural and public health dimensions of the intersection of mass incarceration, racial justice, and the SARS-CoV-2 pandemic. This year, we continue the focus on our long-lasting current pandemic to interrogate and respond to COVID on the Internet in terms of the biological science of SARS-CoV-2 and vaccines as well as the cascade of social and cultural consequences of our current “infodemic.”

**The Project:**

SOAN 262 students who choose this option will write their ten-page term paper on some aspect of the motivations, culture, community-building, and consequences of the flow of information,
misinformation and emotion regarding COVID-19 on the Internet. You should choose a topic that allows you to apply medical-anthropological concepts. This paper will inform the collaboratively planned and executed Public Health Lunch that you will lead along with students from BIOL 310. While not a requirement, students conducting public health lunches in the past have found the socioecological model to be helpful in urging your audience to think about different layers of context and the connections among them.

The hope is that anthropology and biology students would find postings on the internet, and then respond to them in terms of immunological science and the cascade of social and cultural causes and consequences of this form of medical communication. The possibilities are vast. We envision that you would concentrate on three main areas of inquiry: chronicity, vaccines, and masking. When working collaboratively, your group will decide whether to address each of these areas, or to focus on just one of them. We trust your academic detective skills and creativity, but to help you get started, here are some ideas you could choose to explore:

- **Chronicity**: anthropological studies of chronicity; chronicity and “interrupted biographies” concept; chronicity and stigma (for example, regarding “malingering” and the “realness” of chronic vs. acute and visible illness); long-COVID in relation to long-Lyme, chronic fatigue syndrome; Internet communities making sense of chronic disease, and playing a role in social support and self-diagnosis; concepts of medical and/or therapeutic citizenship

- **Vaccines**: anthropological studies of vaccine hesitancy, and the vastly different groups who are vaccine hesitant; social networks and trust regarding vaccine supporters and opponents; the global spread of vaccine hesitancy and role of rumor as alternative knowledge in authoritarian states; the relationship between vaccine (lack of) supply, vaccine hesitancy, and development of new variants (including blaming the bearers of bad news—responses to South Africa’s surveillance system and global transparency)

- **Masking**: attitudes and practices about masking, in relation to notions of "liberty," "altruism," and "face" (face in terms of honor, and face in terms of communication); similar issues about social networks and trust as with vaccines; the development of pro-masking, masking-negligent, and anti-masking communities (including the development of Internet communities)

The ACE portion of this project results in a panel discussion in the context of a “Public Health Lunch,” informing the Carleton public about how immunologists and anthropologists simultaneously respond to Internet communications regarding COVID and vaccines and learn about the social phenomena revealed through this Internet discourse. This Public Health Lunch will allow anthropology and biology students to exchange insights from their respective projects and engage the audience in public health thinking.

**Key Responsibilities:**

The Public Health and Anthropology COVID (Mis)Information teams will meet together twice with both professors—on Monday or Wednesday of Week 3, and during Week 6. The first meeting is for initial brainstorming. We will conduct a Doodle or When2Meet Poll to set these meetings once the two sub-teams have been set up. The final, public presentation will be during Common Hour on Tuesday March 1: we will discuss together if this should be in person or via Zoom.

In addition to meeting with the professors, the anthropology and public health teams will meet both separately and together as many times as they see fit to prepare the Public Health Lunch, an exercise in health education, one of the main sub-disciplines of Public Health. Students working on this project are expected to read beyond assigned works, and to do so in time to develop ideas to share with their BIOL 310 collaborators.

**Learning objectives and give-backs:**

- Understand key medical anthropological and public health concepts (e.g. the socio-ecological model, therapy management, explanatory models, chronicity, and gender/racial stereotyping) that inform the current responses to the COVID pandemic.
Understand key medical anthropological and public health concepts regarding medical citizenship, the social construction of reality/knowledge, and the creation of Internet communities.

Collaborate across disciplines to deepen understanding of the interdisciplinary nature of public health, and to practice team learning.

Translate for a broader audience the research completed as a team as well as the research each student completes for their term paper.

**Final paper:** Students are required to write a ten-page paper for the class on a health, COVID and the Internet topic, based on library research using primarily medical-anthropological sources.

**A2: Understanding and Mitigating Families’ Barriers to Health-Promoting Food and Exercise: Healthy Communities Initiative and Healthy Ways at Greenvale Community School Project**

**Background:**
This project involves the intersection of two programs, a community school and an evidence-based program aiming to prevent childhood obesity and its short- and long-term health consequences.

The Greenvale Park Community School is both an elementary school and a community resource, with an integrated focus on academics, health, social services, youth development and community engagement. This leads to a better learning environment for all of our students, stronger families, and a healthy lifestyle.

The school provides before school, after school, and evening programming for students grades K-12, as well as adult and early childhood programming. Community School partners with a number of community organizations to provide a variety of services: academic enrichment, extracurricular activities, and family education. Greenvale Park’s programming is available to all Northfield families and is provided free of charge.

The Healthy Ways Program began in 2005, when the Harlem Children’s Zone (HCZ) made a commitment to confront childhood obesity — a public health crisis that was threatening our children’s long-term health, happiness, and success. As part of that commitment, HCZ created a healthy living initiative to serve the community at scale. The initiative was designed to encourage children and their families to incorporate healthy food choices and physical activity into their daily lives.

Seeking to deepen the work in this area, HCZ then created a best-in-class childhood obesity prevention program and launched Healthy Ways (formerly Healthy Harlem) in 2012. Healthy Ways aims to prevent childhood obesity and to address youth affected by overweight and obesity. The initiative integrates healthy eating and physical activity into school HCZ programs as an all-encompassing approach to reinforce healthy lifestyles.

The Healthy Ways goals are to:
1. Prevent unhealthy weight gain in children by increasing healthy eating, nutrition knowledge, and physical activity.
2. Address childhood obesity by providing targeted interventions for children affected by overweight and obesity.
3. Create a culture of health and wellness in the broader community.

**The Project:**
The implementation of Healthy Ways at Greenvale Park Community School is set to begin in January. The goal of this program is to not only address needs seen within the school district, but to also address input given by families. Many families, especially Hispanic families, have advocated for more education around healthy life choices.

As Greenvale Park Community School begins the implementation of Healthy Ways, coordinators hope to find answers to some bigger questions—not only to provide the most comprehensive and effective programming as possible, but also to see what areas of need this program could work to address.
The “big questions” for this project are:
1. Students’ perspective on healthy eating & physical activity
2. Family perspectives on healthy eating & physical activity (using interview-based surveys before the program is fully underway, focus groups and individual interviews during its first six weeks of implementation, and suggestions for post surveys)
3. Socioeconomic, sociocultural, physical barriers to accessing education, healthy foods, physical activity (using participant observation in the program, focus groups, and interviews)
4. Assessing what resources are needed in terms of programming, education, transportation, communication, access to food

For this project, students will work closely with the coordinators of Healthy Ways (Diego Calvario Bravo) and Greenvale Park Community School (Taylor Strelow) to address these four questions. In collaboration with the coordinators, students will develop short pre-assessment surveys for students and their family members. Students will then administer these surveys in-person or over the phone as oral interviews, allowing space for the interview to unfold in conversational style to possibly reveal unexpected insights. Following these individual interviews, students might also conduct focus group interviews to explore certain issues in greater depth. Students will also observe the early implementation of the Healthy Ways program, to gain ethnographic evidence regarding how interpersonal interactions and their immediate social context might either mitigate or unintentionally reproduce socioeconomic, sociocultural, and physical barriers to accessing education, healthy foods, and physical activity. In the end, students will consult with the coordinators about elements they might wish to include in an assessment tool after the Healthy Ways program has been in place long enough to show effects.

Learning Goals:
- Develop research questions and methods design to assess Greenvale Park Community School’s implementation of the evidence-based Health Ways program
- Practice creative and varied data collection methods that keep in mind the needs and structure of the community partner
- Analyze qualitative data, connect it with library research including medical anthropology concepts, and synthesize the important findings into public scholarship.

Key Responsibilities:
- Development of pre-assessment interview questionnaires to survey students & families
- Conduct these pre-assessment interviews with students & families, in-person with students, and in-person or virtual/phone encounters with families.
- Follow-up with focus groups and participant and/or non-participant observation of the Healthy Ways program
- Keep good records of interview, focus group, and observational fieldwork, sharing them among the research team
- Report findings back to team, through final papers, oral presentations, and an executive summary

Contacts: Diego Calvario Bravo, Coordinator of Healthy Ways Program, 507-489-2047 or diego@healthycommunityinitiative.org; and Taylor Strelow, Coordinator of Greenvale Park Community School, 507-645-3522 or tstrelow@northfieldschools.org.

Final paper: Students are required to write a ten-page paper for the class, simultaneously based upon their fieldwork and library research, and utilizing medical anthropological concepts. Students will share data but write individual papers, each with their own focus.
Background:
The Northfield Area Family YMCA is a non-profit leader with the mission of building strong kids, strong families and strong community. The Y focuses on programs that support youth development, healthy living, and social responsibility. The leadership of the YMCA is provided by a staff team of 55 employees and governed by the Northfield YMCA board of directors. The Y ensures that everyone in the community regardless of race, religion, age or economic status has access to all Y programs and services that can improve their health in spirit, mind and body.

The Northfield Area Family YMCA facility opened in 2014. The opening of the YMCA in Northfield was made possible by many volunteers and philanthropic support in the amount of $10 million to finance the entire building. Today, the YMCA has over 2,000 members involved in the YMCA. (This number has decreased due to COVID; 2019 membership was closer to 4,000 members.) In addition to membership, the YMCA provides a variety of programs and services including: swim lessons, personal training, youth sports, youth leadership programs, summer camp, child care programs, summer camp and a variety of other programs.

In 2021 the Northfield Area Family YMCA strategic plan included a specific strategy to intentionally address community needs for diversity, inclusion, and social equity. One of the goals of the strategic plan was to facilitate an internal audit of diversity and inclusion gaps and opportunities within the Y organization. They YMCA contracted with the YMCA of the North Equity Center team for support to best achieve the strategy and goals. The Equity Center conducted an extensive Equity Opportunity Assessment. This assessment included a comprehensive view of organization, use of surveys, interviews and focus groups. This assessment involved staff and board members. The outcome of this assessment is an Equity Agenda which includes a strategic roadmap for DEI work with measurable success indicators.

The project:
Carleton students from SOAN 262 would help the Northfield Area Family YMCA take the next steps in implementing its Equity Agenda to enhance the health and well-being of the Northfield area’s diverse communities. Students will use medical anthropological concepts and methodologies to:
1. Review past actions taken to identify and remove barriers to Y participation
2. Conduct/facilitate focus groups with culturally diverse Y members to identify programmatic needs and opportunities to serve the community better.
3. Conduct and facilitate focus groups with diverse groups of community members who do not participate with the Y.
4. Review the tools currently utilized in membership (forms, marketing, processes) – how do they make current members feel and how do they make those who do not participate feel?
5. Include a variety of questions in focus groups/interviews to determine how people feel when they come to Y, why they come, and what programs or things that the Y has in place are particularly appealing? For those who don’t attend Y programming, explore the Y’s reputation out in various Northfield area communities?
6. Explore whether different communities or individual hold differ views regarding the Y’s scholarship program

Learning objectives:
- Understand and apply key medical anthropological concepts (e.g., the socio-ecological model, social determinants of health, therapy management groups, humanitarian vs. human rights approaches to health and well-being)
- Develop research questions and methods designed to assess the Y’s Equity Agenda and the DEI implications of its programs
• Practice creative and varied data collection methods that keep in mind the needs and structure of the community partner
• Analyze qualitative data, connect it with library research including medical anthropology concepts, and synthesize the important findings into public scholarship.

Key responsibilities and give-backs:
1. Work closely with Krista Danner, CEO of the Northfield Area Family YMCA, to review past findings and to identify interview partners (members/participants, and non-participants). Gain insights from the Y’s Health and Wellness Director and Group X Coordinator.
2. Arrange and undertake interviews and focus group discussions, addressing questions four through six under “The Project,” above.
3. Share data (fieldnotes, audio recordings, partial transcripts) among all members of the research team.
4. Give-backs include a full review of your findings/discoveries through your individual papers and presentations.
5. If possible, the CEO of the YMCA would appreciate it if you could create an action plan to remove barriers to Y participation and identify internal barriers to implementing the action.

Contact: Krista Danner, CEO, 612-716-9516 or ceo@northfieldymca.org / www.northfieldymca.org

Final paper: Students are required to write a ten-page paper for the class based on their fieldwork at the Northfield Area Family YMCA as well as on library research using primarily medical-anthropological sources and concepts.

A4: Community Action Center of Northfield: Addiction, Recovery, and Solidarity in Social Services Project

Background:
The Community Action Center (CAC) is a community-based nonprofit organization focused on supporting the basic needs of low-income individuals and families. This includes food access programming (food shelf, mobile distributions), emergency financial assistance, emergency shelter, clothing, housing, transportation, employment, youth services, and so much more. CAC has been intentional about changing the way services are offered, prioritizing a relational model over more traditional and transactional models. Rather than just offering charity, it strives to stand in solidarity with those who participate in its programs. With 7,000+ community members accessing its services each year, CAC’s ultimate goal is to build a healthy, caring, and just community.

Recently, the CAC has started to provide some addiction and recovery services. It currently has two staff AmeriCorp Recovery Navigators, who support community members with substance use issues. Those who come to the CAC for food or housing assistance can participate in its recovery programs, and vice versa. But because this program is relatively new, we at the CAC are still figuring out how it can best embody our values and serve our community most effectively.

The Project:
In this proposed project, students will both investigate the larger social and theoretical questions surrounding addiction and treatment and explore opportunities and best practices in the field to support CAC’s work. One of CAC’s goals is to provide more power and voice to low-income individuals. However, the success of achieving that goal needs to be measured, assessed, and understood through rigorous research.

Students will conduct research on issues like the demographics of substance use, the relationship between drug use and poverty, the various models for understanding addiction and recovery (e.g., medical model vs. personal failing), and the best practices for person-centered recovery programs. They will also speak to CAC staff, members of our Community Advocacy
Council, and, if possible, participants about our recovery programs, and about the organization's larger, perhaps implicit understanding of addiction. They will ask questions like:

- What are the demographics of addiction and/or substance in Rice County? What are the demographics of CAC’s recovery participants? (If there is a discrepancy, why is it there?)
- What is the relationship, if any, between substance use and/or abuse and poverty?
- What are the various models for understanding addiction and recovery? (Medical model vs personal failing, etc.)
- What assumptions or stigmas are attached to addiction, and how might that affect or undermine recovery?
- According to available research, what are the best-practices for community based recovery programs?
- Are different programs more/less effective in different environments? (Especially: urban vs rural)
- What recovery or treatment options are already available in Rice County? How does CAC’s offerings fit into this broader picture?
- How does it feel to receive recovery support from CAC?
- How does CAC’s approach to recovery compare to other organizations? (Are there any best-practices CAC should be adopting from its peers?)
- What is the relationship between CAC’s recovery programs and its other services? How well integrated are they? Are there any points of tension?
- What would solidarity look like in a recovery program? Would it differ from charity? If so, how?

**Learning Goals:**

- Develop research questions and methods designed to assess CAC’s recovery programs
- Practice creative and varied data collection methods that keep in mind the needs and structure of the community partner
- Analyze qualitative data, connect it with library research including medical anthropology concepts, and synthesize the important findings into public scholarship.
- Analyze and report on analysis of data around predictors related to demographics such as family size, age, and race.

**Key Responsibilities:**

- Connect with CAC staff leadership and Client Services Staff on learning about CAC’s recovery programs
- Arrange interviews or observation opportunities with staff, and Community Advocacy Council members or program participants (facilitated by CAC staff) *Note: this is contingent on Council members/participants being willing to sit for interviews*
- Develop more clear research questions that sync with best practices for qualitative research related to this field.
- Report on findings, identify themes/trends, and highlight any findings that reveal inequities along demographics such as family size, age, and/or race.

**Contacts:**

Hillary Lamberty, CAC Community Engagement Coordinator, 507-573-2626, or lamberty.hillary@communityactioncenter.org; Anika Rychner, CAC Senior Director, 612-644-4308 or rychner.anika@communityactioncenter.org

**Final paper:** Students are required to write a ten-page paper for the class, simultaneously based upon their fieldwork and library research, and utilizing medical anthropological concepts. Students will share data but write individual papers, each with their own focus.

**ACE Student Learning Outcomes**

Participating in these projects will allow you to gain the following ACE Program SLOs directly: a) understanding issues in their real-world complexity; b) recognizing and honoring different forms of knowledge that may reside in/with community partners; c) doing—taking your course content to do something with it beyond the classroom while learning in the process. Indirectly,
and depending upon how you approach the project and what may grow out of it beyond this term, you may *indirectly*: d) enhance awareness of your positionality, or who you are as you seek to do civic engagement efforts (such as gender, race, and/or socio-economic background); e) develop your leadership skills; and f) nurture a commitment to life-long civic engagement.

**ACE TA and nitty-gritty details**

Jill Yanai, our wonderful SOAN 262 ACE TA, will help you with nitty-gritty details that emerge, as well as with conceptual issues regarding your projects. Jill is a double major in SOAN and Music, and is a MMUF fellow, working on a project in medical ethnomusicology (ask her!), and autoethnographic methods in a public health project in South Africa. While a student in SOAN 262 in Winter 2020, Jill participated in an ACE project with the Office of Health Promotion, studying stress and resilience among student athletes. Jill is here to support you in your collaboration with our community partners, brainstorming ideas regarding your projects and your final papers, and checking in regarding how you are connecting your ACE project to concepts you are learning in the course. Jill’s TA office hours are: Tuesdays and Thursdays from 10-12 pm, and Mondays 3-5 pm, in-person in the Libe or Sayles. You can best reach her via email at yanaij@carleton.edu. Other ACE-specific resources include Emily Seru, Associate Director for Academic Civic Engagement and Scholarship Lecturer in Ethical Inquiry (eseru@carleton.edu), and Danielle Trajano, Academic Civic Engagement and Scholarship Coordinator (dtrajano@carleton.edu).