



# CUGH Faculty Development Webinar Series

## Teaching Global Health Through an Interprofessional Lens

Moderated by: Jessica Evert, MD  
Child Family Health International (CFHI)  
Department of Family and Community Medicine

Executive Director,  
Assistant Clinical Professor, UCSF  
Affiliate Faculty, UCSF Global Health Sciences

Child Family Health International





Consortium of  
Universities  
for Global Health



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### Teaching Global Health Through an Interprofessional Lens

*Global Health is fundamentally an interprofessional pursuit, yet educators are often more familiar with their own discipline and can be challenged to teach global health through an interprofessional lens. This CUGH webinar series aims to equip educators with a basic understanding of the need-to-know aspects of different disciplines approaches and contributions to global health. Webinars will include key learning objects, vocabulary, and resources to bring multiple professional approaches to your global health course. This is especially useful for educators who do not have content area experts in other disciplines available to co-teach. Please join us for this important faculty development offering- attend one , several or all webinars in the series. Series runs October 2016-May 2017.*

#### **Global Health & Law**

Featuring Virginia Rowthorn JD, University of Maryland  
Thursday, October 20, 2016  
10am PST/1pm EST

#### **Global Health & Anthropology**

Featuring Peter Brown PhD, Emory University  
Wednesday, December 7, 2016  
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#### **Global Health & Engineering**

Featuring Shannon Marquez PhD MEng, Drexel University  
Tuesday, January 31, 2017  
10am PST/1pm EST

Global Health & Economics, Global Health & Public Health,  
Global Health & One Health/Veterinary Medicine  
Dates/Times To Be Announced

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**ORIGINAL RESEARCH**

## Identifying Interprofessional Global Health Competencies for 21st-Century Health Professionals

Kristen Jogerst, BS, Brian Callender, MD, Virginia Adams, RN, PhD, Jessica Evert, MD, Elise Fields, PharmD, Thomas Hall, MD, DrPH, Jody Olsen, PhD, MSW, Virginia Rowthorn, JD, Sharon Rudy, PhD, Jiabin Shen, M.Ed, Lisa Simon, DMD, Herica Torres, MSN, Anvar Velji, MD, Lynda L. Wilson, MSN, PhD

*Hanover, NH; Chicago, IL; Washington, DC; San Francisco, Martinez, and Elk Grove, CA; Baltimore, MD; Birmingham, AL; Cambridge, MA; Albuquerque, NM*

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**Abstract**

**BACKGROUND** At the 2008 inaugural meeting of the Consortium of Universities for Global Health (CUGH), participants discussed the rapid expansion of global health programs and the lack of standardized competencies and curricula to guide these programs. In 2013, CUGH appointed a Global Health Competency Subcommittee and charged this subcommittee with identifying broad global health core competencies applicable across disciplines.

**OBJECTIVES** The purpose of this paper is to describe the Subcommittee's work and proposed list of interprofessional global health competencies.

**METHODS** After agreeing on a definition of global health to guide the Subcommittee's work, members conducted an extensive literature review to identify existing competencies in all fields relevant to global



# Teaching Global Health Through an Interprofessional Lens

## Global Health & Anthropology



*Professor, Departments of Anthropology and Global Health, Emory University*

Peter Brown is a medical anthropologist who holds a joint faculty appointment as professor in Anthropology at Emory College as well as in the Department of Global Health at the Rollins School of Public Health at Emory University. . As the founder of a successful interdisciplinary undergraduate Global Health at Emory, he is interested in the pedagogical challenges and opportunities of teaching “Foundations of Global Health.” Along with colleague Svea Closser, he is currently completing an interdisciplinary textbook/reader for similar undergraduate courses to be published by Oxford University Press. He served as editor-in-chief of the journal *Medical Anthropology* for a decade and has won several national teaching and mentoring awards. His research interests have been in culture and disease ecology, with particular interest in malaria and obesity. He has co-edited: *Applying Anthropology*; *Applying Cultural Anthropology*; *The Anthropology of Infectious Diseases: Emerging Illnesses and Society*, and three editions of *Understanding and Applying Medical Anthropology*. He serves as senior academic advisor to the Emory Global Health Institute and has served on a malaria-related Scientific Advisory Committee for the World Health Organization

CUGH Faculty Development Webinar Series:  
“Teaching Global Health  
through an Interprofessional Lens”

# Global Health & Anthropology

Wednesday 12/7/1016

**Peter J. Brown**

Depts of Anthropology and Global Health

Emory University, Atlanta, Georgia

[antpjb@emory.edu](mailto:antpjb@emory.edu)



**EMORY**  
UNIVERSITY



# OUTLINE

## 1. INTRODUCTION

- Goals for presentation
- What is Anthropology?
- How does Anthropology intersect with GH?
- Anthropology *In* and *of* Global Health

## 2. KEY TERMS FOR UNDERSTANDING MEDICAL ANTHROPOLOGY

- Concepts
- Vocabulary
- Assumptions
- Methodologies

## 3. Examples of Anthropology and Global Health

- Anthropology *In* Global Health –
  - malaria, TB, smoking, mental health
- Anthropology *of* Global Health Programs –
  - polio, HIV/AIDS

## 4. CONCLUSIONS

- The importance of Culture on both sides of the equation
- ***Resources for teaching***

# PART 1

## INTRODUCTION

- Objectives for presentation
- What is Anthropology?
- How does Anthropology intersect with GH?
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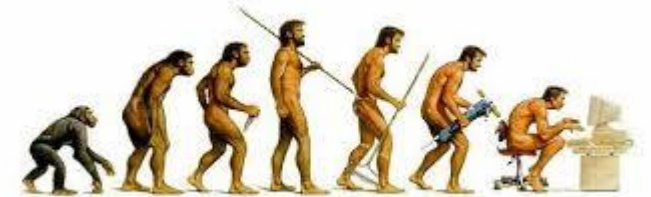


### 3 Simple Objectives

1. Define Anthropology as it relates to Global Health
2. Describe an example of Anthropology applied **within** a GH intervention
3. Describe an example of critical medical anthropology analyzing the “culture of GH” itself.

# What is Anthropology?

- The study of human similarities and differences
- Holistic approach that emphasizes:
  - CULTURE
  - CONTEXT
  - COMPLEXITY
  - CROSS-CULTURAL COMPARISON
  - CHANGE
- Simultaneously bioscience, social science, and humanity



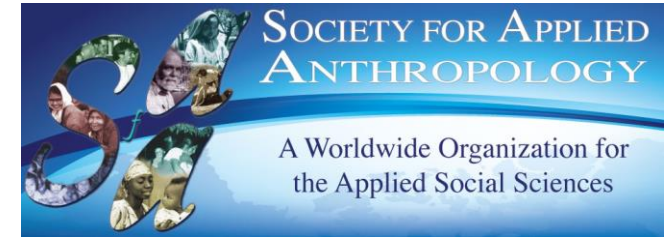
# What is Anthropology?

- American Anthropology is multidisciplinary. 4 field approach
  - British – Social Anthropology
  - USA – four-field approach
- Anthropology's aim is understanding humans in the broadest possible perspective
  - Biological – the human animal and our evolution
  - (Pre)Historical -- how cultures have changed over time
  - Linguistically – how language and culture interact
  - Cultural – the distinctive human trait

This traditional  
4 field  
approach is  
prone to fission

# Who are Anthropologists?

- Both basic research and applied research/action
- Majority of practitioners are sociocultural anthropologists
- Medical anthropologists work/teach in universities as well as institutions like CDC
- No longer = “Eccentrics who study exotics”



# Anthropology does NOT assume that:

1. Individuals are the best level of analysis for understanding health behaviors
2. Individuals freely choose their personal behavior
3. The “environment” is fixed and not the product of human behavior
4. All “real” data must be quantitative



# Anthropology DOES assume that:

1. Culture is important
2. Human behavior makes sense when seen from the people's own perspective
3. Interacting social, political and economic factors constrain behavior and choice
4. Societies have become more unequal over time

# Approaches to Medical Anthropology

Anthropological theories and methods applied to questions of health, disease, illness and curing.

1. Biological
2. Ecological
3. Ethnomedical
4. Critical

epistemological ~ Biomedicine

Political-economic

5. Applied



# Medical Anthropologists and GH

- Nearly all anthropologists that GH people will interact with are medical anthropologists
- But not all medical anthropologists are interested in GH
- Applied medical anthropologists can act as cultural brokers cultural interpreters
  - Interested in local communities

Part 2

## How Anthropology Intersects with Global Health





# International Health VS Global Health

- Global Health emphasizes
  - Partnerships
  - Community involvement
  - Multidisciplinarity
  - Both Public Health and Health Care Delivery
  - No “silver platter” of technical assistance
  - Link between research/evidence and action
  - Roles for NGOs and FBOs
  - Respect

Anthropology is relevant  
to the red ones

# HEALTH CARE DELIVERY IN LOW-RESOURCE SETTINGS IS CHALLENGING

- Understatement
- PF: GH Delivery needs “stuff, space and staff” + strategy
- Local context is important – no “one size fits all”
- Scaling up is hard to do

# ➤ Some useful aphorisms

- For teaching



➤ “Every global health intervention is a cross-cultural interaction”



Public Health often involves  
trying to get people to do  
things that are good for them,  
but they don't want to do.





“If you want to kill mosquitoes, you have to think like a mosquito”

William Gorgas

The background of the slide is a solid blue color. In the lower half, there are several faint, concentric white circles that resemble ripples on water, scattered across the bottom right and center.

*“I like it if somebody comes with an idea and says, ‘ok, I have this idea, how can we work on this?’ You see? Then we work together on developing the proposal. Then I take part in that, and take part in everything.*

*But if you come and you say, ‘ok, I have this idea and this is my proposal, so are you interested or not--?’ Well, you are holding the money!”*

*--Ugandan physician-researcher, 2009*

We need to understand the importance of cultural beliefs and practices on BOTH sides of the equation



“The fact that any sort of religion was so distained at Harvard and so important to the poor – not just in Haiti but elsewhere, too—made me even more convinced that faith must be something good.”

Paul Farmer

From Tracy Kidder's *Mountains Beyond Mountains* p85

*A critical distinction*

➤ Anthropology 'in' Global Health

➤ Anthropology 'of' Global Health

➤ “



# Part 3: Basic Vocabulary

four areas:

# Basic vocabulary:

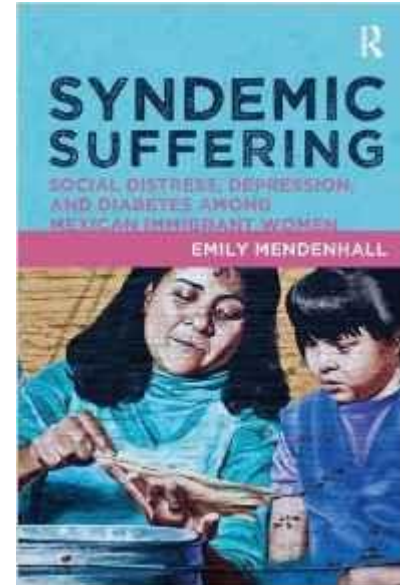
- Culture
  - Learned patterns of thought and behavior characteristic of a social group
- Society
- Ethnocentrism

# Basic vocabulary: medical systems

- Medical Pluralism
- “Fallacy of the Empty Vessel”
- Ethnomedicine and Biomedicine
- Idioms of distress
- Explanatory models

# Basic vocabulary: sociopolitical

- Structural Violence
- Social determinants of health
- Myth of “Race” and the realities of Racisms
- Syndemic



# Basic vocabulary: methods

- Ethnography
- Participant observation
- Mixed methods -- qualquant
- Cultural adaptations of standardized measurement tools

# Part 4: SOME EXAMPLES

- a) Anthropology IN Global Health research and programs
- b) Anthropology OF GH programs and institutions

# An Old Topic in Medical Anthropology: Communities



◆ Ben Paul (1955) Harvard School of Public Health

## ◆ *Health, Culture and Community*

- 16 Case studies in public reactions to international health progra



# Cultural gaps

## ◆ Examples –

(a) water boiling in a Peruvian town;

(b) resistance to giving blood samples;

(c) adherence antibiotics and cold/cold theory

(d) “Worms are necessary for good digestive health”

# Lost in Translation

- ◆ Low Immunization Coverage
  - Measles ≠ rash illness (Judith Brown)
- ◆ *Malaria, Homa Malaria, and Degegede*
  - Peter Winch, Vinay Kamat, Caroline Jones
- ◆ *"Weak Lungs"* and TB
  - Mark Nichter

# Mental health instrument development: the questions did not make sense

Transcultural Psychiatry 50(4) 532–558 © The Author(s) 2013

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DOI: 10.1177/1363461513502697 [tps.sagepub.com](http://tps.sagepub.com)



**transcultural  
psychiatry** 

*Article*

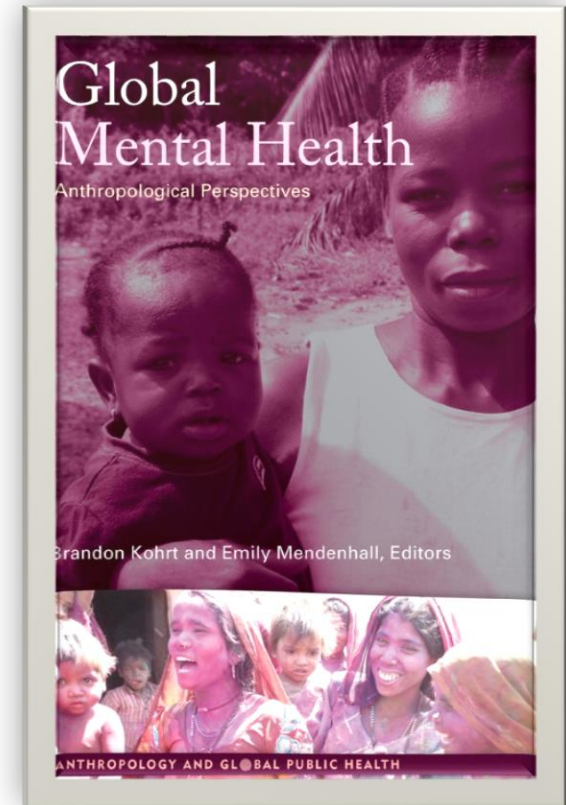
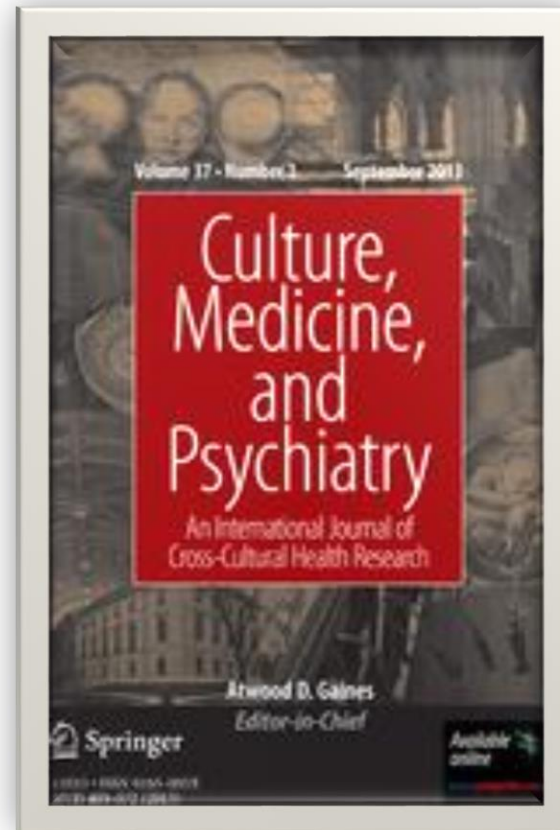
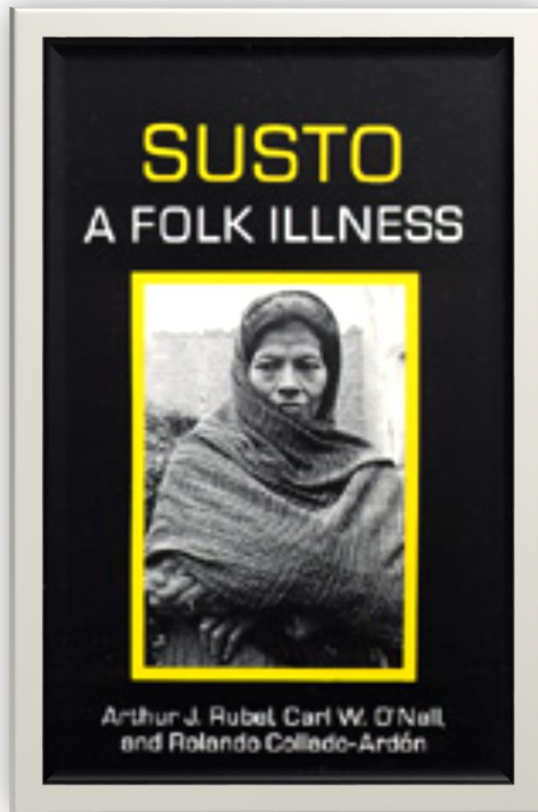
## **Strategies for assessing mental health in Haiti: Local instrument development and transcultural translation**

**Bonnie N. Kaiser**

Emory University

# Idioms of distress:

“socially and culturally resonant means of experiencing and expressing distress in local worlds”





Hôpital Universitaire de Mirebalais (Partners in Health)

<b>1</b>	Santi ou de la la.
<b>2</b>	Santi kè sere.
<b>3</b>	Kalkile twòp.
<b>4</b>	Kriye oubyen anvi kriye
<b>5</b>	Santi anyen preske pa enterese ou.
<b>6</b>	Santi ou kagou, dekouraje ak lavi, oubyen pèdi espwa nèt ale.
<b>7</b>	Gen difikilte pou dòmi pran ou.
<b>8</b>	Santi ou fatige oubyen ou manke fòs.
<b>9</b>	Pèdi apeti ou.
<b>10</b>	Ou santi lavi-w pase mal oubyen ou santi-w pa alèz ak tèt-w.
<b>11</b>	Fè mouvman oubyen pale tèlman dousman, menm lòt moun wè sa.
<b>12</b>	Ou di nan tèt ou: Pito-w te mouri, oubyen ougen lide pou fè tèt-w mal.
<b>13</b>	Gen difikilte pou rete dòmi jouk li jou.



# Building Communities of Practice: a Missing Dimension to Health Service Strengthening

Lessons from Stop Buruli Ulcer  
A Case for Transdisciplinary  
Problem Solving



Mark Nichter, Ph.D., MPH, School of Anthropology  
University of Arizona  
Research Funded by Optimus Foundation, Geneva

# Outreach Education: Cornerstone to Building a Community of Practice

- **Bottom up approach**
- **Question: Answer driven**
- **Based on formative research**
  - What do people want to know – in addition to what we in public health feel they need to know
  - Addressing doubt's and misconceptions
  - Translational research: presenting information in ways people can understand
- **Visuals important**





# Formative research in clinics and community settings



## Working with Healer Groups to form collaborative relationships: collaboration confers respect



**Healers sign a contract : clear roles, responsibilities, privileges**



# Initiating a community based smoke-free household movement in Indonesia



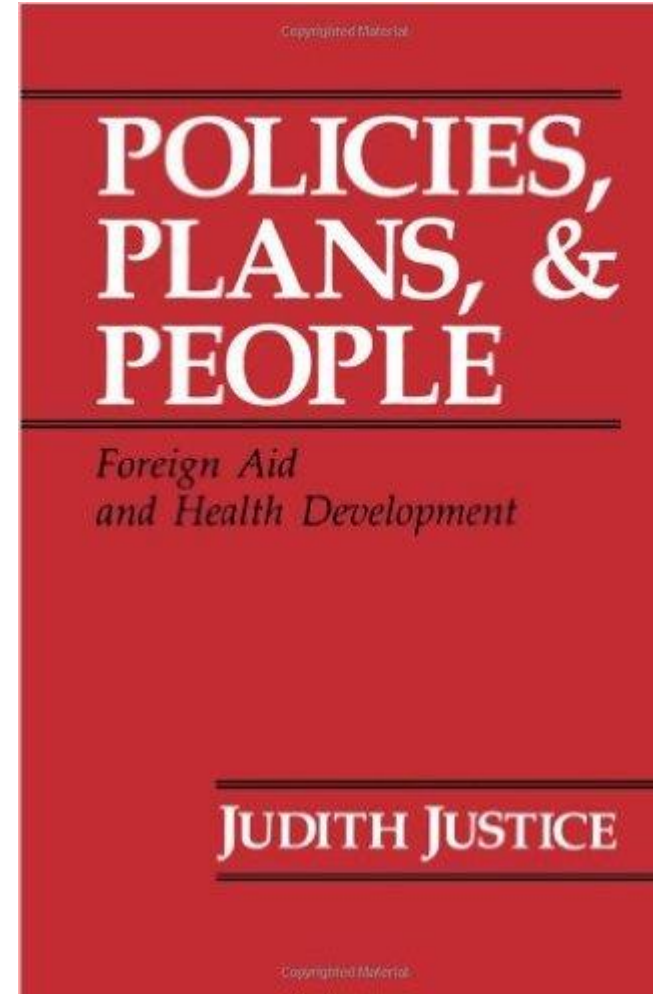
Community leaders sign smoke free community declaration

# Anthropology OF Global Health:

examples

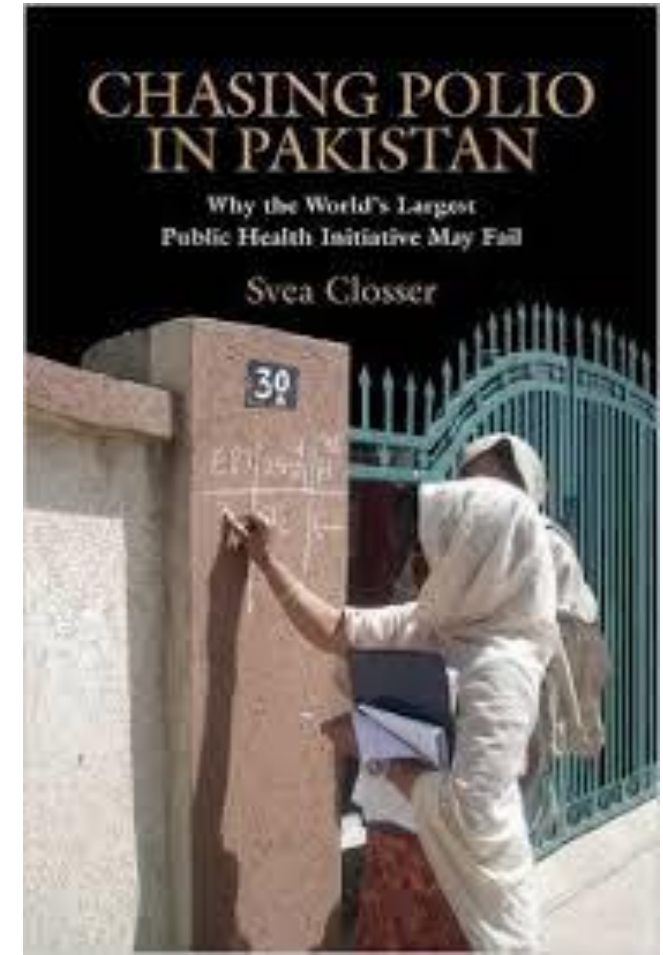
# A “classic” on Health Bureaucracy

- Nepal – how a program looks on the ground and different levels
- One way flow of information
- Health center “peon” provides health care in clinic
- Judith Justice



# Chasing Polio in Pakistan: why the world's largest global health program may fail

- “Culture of optimism”
- Multi-sited
- Cultural beliefs in “eradicationists”
  
- The F word



Discourses and experiences of  
**community health worker** status,  
motivation, and well-being: local  
labor and global health in rural  
Ethiopia

Kenny Maes, Oregon State Univ  
Svea Closser, Middlebury College



Middlebury





# Paid and unpaid community health workers in rural Ethiopia

Health Extension Worker

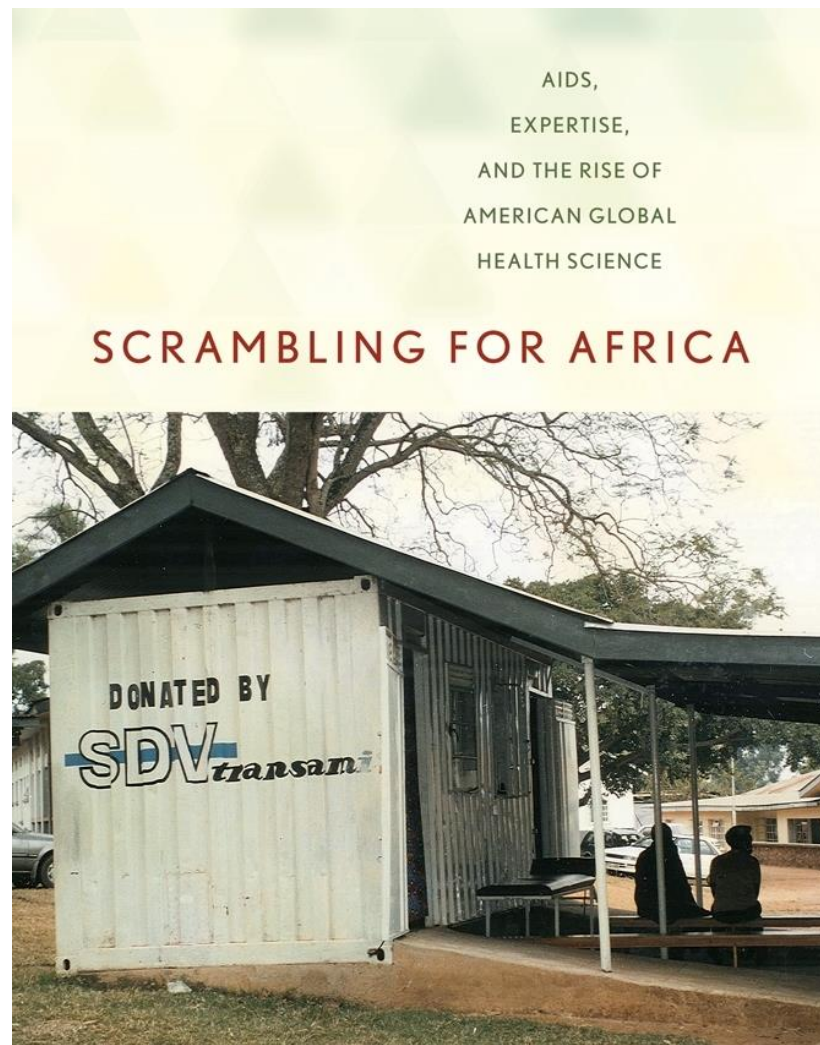


Women's Development Army leaders





# The Culture of Global Health



1. Global health has a paradoxical relationship to inequalities
2. “Global health” is a Northern invention, and can marginalize knowledge produced by Southern colleagues
3. #1 + #2 make the ideal of global health “partnership” difficult

# Towards greater equity

- 1. Write proposals collaboratively:**
- 2. Be aware of “normal emergency”**
- 3. Do not view capacity building as aid (or collaborators as aid recipients)**



Claire L. Wendland

## A Heart for the Work

Journeys through an African Medical School

# Understanding Your Hosts

- What short-term medical missions look like from the local health providers point of view.
- The need for humility

# What Anthropologists Need to Do for Better Interprofessional Collaboration

- (a) communicating clearly without jargon;
- (b) being transparent about methodologies;
- (c) getting facts right;
- (d) being aware of anthropological biases;
- (e) making concrete recommendations for action.

(Closser and Finley, 2016).

# Some Resources on Anthropology and Global Health

# General: GH from the Harvard Group

- Mostly anthropologists
- <https://www.amazon.com/Reimagining-Global-Health-Introduction-Anthropology/dp/0520271998>



## REIMAGINING GLOBAL HEALTH AN INTRODUCTION

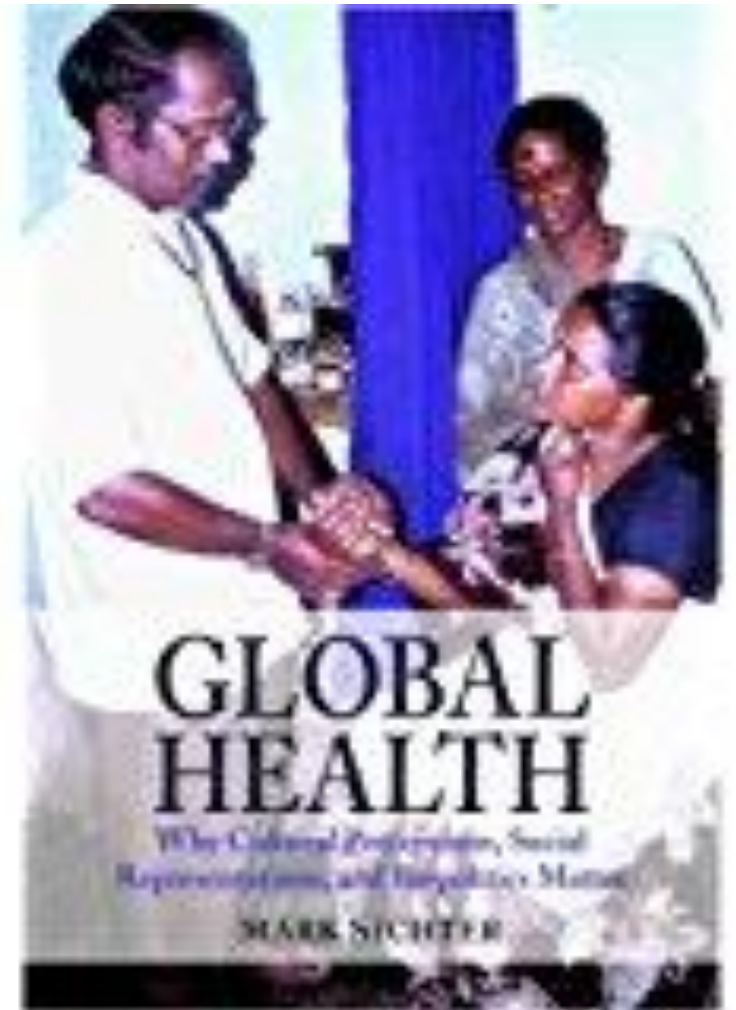
PAUL FARMER, JIM YONG KIM, ARTHUR KLEINMAN, and MATTHEW BASILICO





# General: M Nichter

- [https://www.amazon.com/s/ref=nb\\_sb\\_noss?url=search-alias%3Dstripbooks&field-keywords=nichter+global+health](https://www.amazon.com/s/ref=nb_sb_noss?url=search-alias%3Dstripbooks&field-keywords=nichter+global+health)



# General: Medical Anthropology

UAMA 3 Brown and Closser (eds)

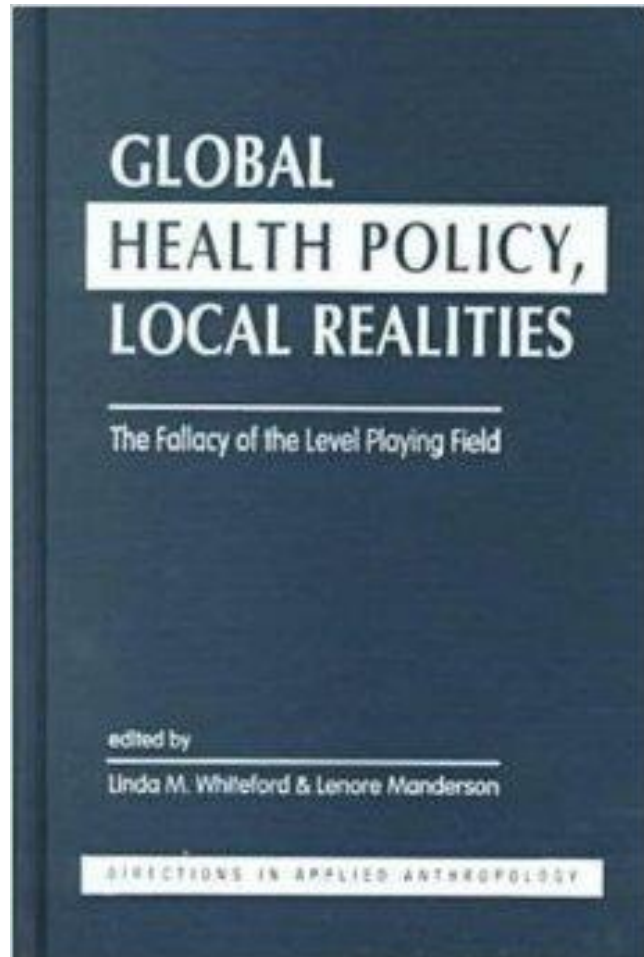
52 articles and pedagogical materials

[https://www.amazon.com/s/ref=nb\\_sb\\_noss\\_1?url=search-alias%3Daps&field-keywords=understanding+and+applying+medical+anthropology&rh=i%3Aaps%2Ck%3Aunde+rstanding+and+applying+medical+anthropology](https://www.amazon.com/s/ref=nb_sb_noss_1?url=search-alias%3Daps&field-keywords=understanding+and+applying+medical+anthropology&rh=i%3Aaps%2Ck%3Aunde+rstanding+and+applying+medical+anthropology)

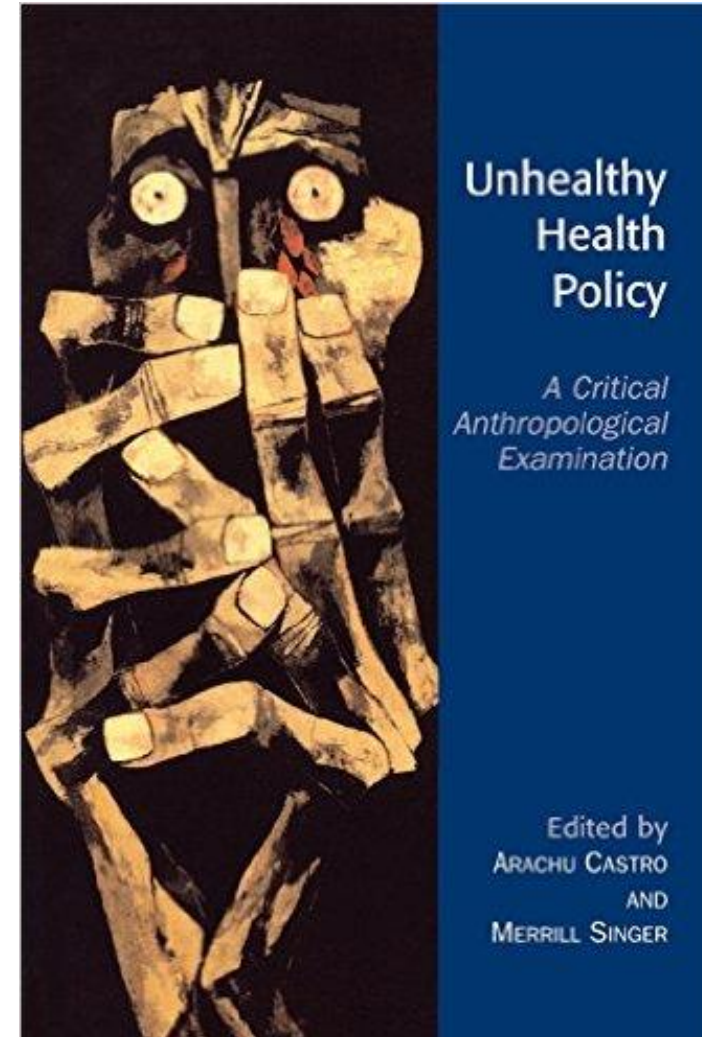




# Anthropology and Health Policy



[https://www.amazon.com/s/ref=nb\\_sb\\_noss?url=search-alias%3Daps&field-keywords=global+health+policy+local+realities](https://www.amazon.com/s/ref=nb_sb_noss?url=search-alias%3Daps&field-keywords=global+health+policy+local+realities)



[https://www.google.com/search?q=unhealthy+health+policy+a+critical+anthropological+examination&biw=1366&bih=590&source=lnms&tbn=isch&sa=X&ved=0ahUKEwi-rsajuuLQAhUK2SYKHd3CAKUQ\\_AUIBygC#imgsrc=NgwYXe191AgWJM%3A](https://www.google.com/search?q=unhealthy+health+policy+a+critical+anthropological+examination&biw=1366&bih=590&source=lnms&tbn=isch&sa=X&ved=0ahUKEwi-rsajuuLQAhUK2SYKHd3CAKUQ_AUIBygC#imgsrc=NgwYXe191AgWJM%3A)

# Organization: SMA

- <http://www.medanthro.net/>



## Critical Anthropology for Global Health

*CAGH: A Special Interest Group of the Society for Medical Anthropology*



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# Questions & Discussion



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