



# FERRIS STATE UNIVERSITY

## COLLEGE OF ARTS AND SCIENCES

**TO:** Matt Wagenheim, Chair, Academic Program Review Council (APRC)  
**CC:** Meral Topcu, Department Chair, Social Sciences  
**FROM:** J. Andy Karafa, Interim Dean, Arts & Sciences  
**RE:** Health, Illness, and Society Minor  
**DATE:** 09/01/2015

Below are my perceptions regarding the program review document submitted by the Health, Illness, and Society Review Panel. I address each of the reports elements below:

1. I concur with the Panel's assertion that the minor's mission, as described in the document, aligns well with both the Arts & Sciences and University missions. In addition, I believe that this minor provides a much-needed multicultural understanding of health and healthcare. As noted on the clearance form, this minor is particularly important for those "majoring in human and social service-related programs" and those "planning to enter any health-related occupations and/or professions."
2. The program goals provided by the report appear consistent with the courses listed as both required and elective. The second goal seems to be related to the content offered by PHIL 220 and PHIL 320; however, it is not obvious that the instructors for these courses were contacted as part of this review.
3. The assessments, as written, appear to be course-level assessments, not program-level assessments. Similarly, the student comments provided are from ANTH 371 and, perhaps, SOCY 373. As these are two of the three core courses, such assessments may capture much of what is needed; however, surveys and/or interviews of currently enrolled students would be an important addition. Essentially, much more work is needed here to broaden the scope of assessment to capture program-level outcomes. Anecdotal evidence by way of student journal entries is simply insufficient.
4. Although I appreciate the comments found in this section, especially the desire for an additional faculty line, no evidence of program-level planning is offered. In particular, I would like details regarding assessments, course outcome mapping, etc.
5. There appears to be a misunderstanding regarding the need for a champion. To be frank, the program's apparent lack of a champion is reflected in the documents provided during the last two program review cycles.
6. I would like to see more detail provided regarding curricular oversight and improvement. I agree with the outline provided.

In sum, it appears that limited attention was given to the follow-up efforts needed to assuage the Academic Program Review Council's 11/25/14 concerns. This is illustrated by the lack of program-level assessment and program-level planning. On the brighter side, it does appear that the recruitment efforts briefly described within the report have been successful. The minor has grown from approximately 9 declared students to a high of about 22. (It now stands at 18.)

820 Campus Drive  
Big Rapids, MI 49307-2225

Phone: (231) 591-3660  
Fax: (231) 591-2618  
Web: [www.ferris.edu](http://www.ferris.edu)

I am tempted to recommend redirection; however, I worry that we will arrive at much the same place a year from now. Assuming time is available (or given), I need much more evidence of additional planning before I express support for this minor's continuation. Details necessary include the addition of an outside panel member, preferably from Health Professions, program outcomes, including mapping, and a comprehensive picture of assessment planning.

## Program Review Report

**Program under Review:**

Health, Illness and Society Minor

**Program Advisory Board:**

Angela Guy-Lee

Renato Cerdena

Meral Topcu

### **1. Mission statement**

Health, Illness and Society minor prepares students to work in diverse communities by introducing them to

- a) the different perspectives and experiences of illness and disease around the world.
- b) the theoretical approaches used to understand the general political, economic and environmental factors controlling health and disease around the world.
- c) the analytical benefits of a bio-socio-cultural perspective to understanding health and illness.

This mission statements aligns well with Ferris's and College of Arts and Sciences' mission statements that emphasizes the importance of working in a global economy and society.

*Ferris State University prepares students for successful careers, responsible citizenship, and lifelong learning. Through its many partnerships and its career-oriented, broad-based education, Ferris serves our rapidly changing global economy and society.*

*Through academic programs, general education, and outreach activities, the **College of Arts and Sciences** provides a learning-centered education that prepares students to contribute to a complex and diverse world.*

Health, Illness and Society minor's main contribution to the University and College missions is in the area of health and illness. This minor gives students a broad, interdisciplinary understanding of the many cultural influences and social forces affecting diagnosis, treatment decisions, and the health care system, both in the U.S. and in other countries around the world. It includes courses in anthropology, sociology, and cultural geography, with elective course work in medical history, ethics, psychology, and health services.

The American Health Care system is one of the largest employers today. This is a valuable minor for students planning to enter any health-related occupations and/or professions. It also provides valuable background for students majoring in human and social service-related programs. Employers today expect personnel who have a broad-based educational background. This minor will enhance employment potential for students in medical related fields (e.g. Nursing, medical schools, Pharmacy, Health Care Administration, Public Health and Community Health, Physical Therapy).

The committee met with the Dean of Health Professions, Matthew Adeyanju and talked about how the minor can serve better the students in the college. Dean Adeyanju emphasized the importance of students learning about diverse communities and engaging in these communities. After these discussions, minor's mission statement and goals were established.

## 2. Program goals

In terms of program goals, the committee decided that three University core values are important for the success of this minor. Those values are:

*Diversity: By providing a campus which is supportive, safe, and welcoming, Ferris embraces a diversity of ideas, beliefs, and cultures.*

*Ethical Community: Ferris recognizes the inherent dignity of each member of the University community and treats everyone with respect. Our actions are guided by fairness, honesty, and integrity.*

*Learning: Ferris State University values education that is career-oriented, balances theory and practice, develops critical thinking, emphasizes active learning, and fosters responsibility and the desire for the lifelong pursuit of knowledge.*

Program goals were established as below:

**Goal (1):** To introduce students to the importance of diverse ideals, beliefs, and cultures through the lens of cross culturally variable research about health and illness.

Students are required to read and discuss the assigned textbook and scholarly journal articles (one per week) that accentuates their understanding of cross-culturally variable perceptions of health and illness.

**Goal (2):** To reinforce the importance of ethical practices related to improving the health of individuals by introducing students to current bioethics research and social determinants of health.

Students are required to read and discuss scholarly journal articles that focus on social determinants of health and current debates about bioethics in medicine.

**Goal (3):** To emphasize the importance of learning by relating academic activities to health related careers, assigning readings that represent current scholarly research, active learning, and developing critical thinking skills by requiring students to think about the relationship between theory and practice.

Students are required to write weekly papers and a final synthesis paper that explores common themes, relationships between theory and practice, and emphasizes the importance of critical thinking.

These goals will be communicated to students and other stakeholders. Students will be informed about the goals when they sign-up for the minor. The committee will meet with the Dean Adeyanju again to inform him about them. Also the goals will be re-evaluated every two years.

### **3. Program-level student learning outcomes, assessment methods, and evidence of continuous improvement efforts based on analysis of the results.**

At the conclusion of this minor, students will be able to:

1. discuss the ways in which ideas regarding health, illness, and treatment are socially constructed, learn the major classic and contemporary works in medical anthropology and sociology and understand how social factors create and shape health inequalities.  
Activities to measure the outcome: Students are required to read and discuss the assigned textbook and scholarly journal articles (one per week) that accentuates their understanding of cross-culturally variable perceptions of health and illness.
2. analyze biomedicine as a cultural system and learn about ethical practices in medical research.  
Activities to measure the outcome: Students are required to read and discuss scholarly journal articles that focus on social determinants of health and current debates about bioethics in medicine.
3. improve their skills at reading, critiquing, integrating anthropological and sociological theory and research, and writing an academic paper.  
Activities to measure the outcome: Students are required to write weekly papers and a final synthesis paper that explores common themes, relationships between theory and practice, and emphasizes the importance of critical thinking.

Survey of students' papers or discussions showed that many students did well in terms of achieving program-level goals. Here are some open ended journal entries:

- During taking Anthropology 371 I have learned many new things regarding Medical Anthropology. One thing I have learned is what the

term Ethnography means and its importance to medical anthropology. When studying different cultures it's important to have a non biased viewpoint as well as an understanding to how people from that specific culture view things. Another thing I learned is that just because my culture has what I consider very high tech, scientific, and proven to be factual and "right," it doesn't necessarily mean that it is right. Other cultures very well may just view our medicinal practices as bizarre and crazy. Finally I learned that western medicine has cultural meanings within it such as the use of terms like invasion, to represent germ infections. Overall I have learned many new things about medical anthropology and have gained insight on different ways of viewing things.

- One of the things I found most important throughout this class is that, as you pointed out here, it is necessary to consider all facets of a patient in order to provide them with optimal care. As you also stated, it is important for the health care provider to have a working knowledge of different cultures in order to facilitate a unique patient experiences. A point worth mentioning related to this, even more essential than knowing basic generalities about culture, is the willingness and ability to explore with your patient their cultural background, what is important to them and how it relates to their current circumstances. Fadiman's book (1997) was eye opening. Revealing the culture clash between the family and medical units and the impact it had on the health and wellness of all involved (even the medical personnel) illustrated the dangers of neglecting the source of the problem. It also made me very aware that, though as health care providers we may feel that we are delivering culturally competent care, unless we have confirmation from our patients and their families that we are on the right track, we are missing the mark.
- This has been a wonderful class for opening my eyes to another side of medicine that I often do not think about. In the medical field we too often look at the diseases and the problems and simply apply the treatment regime to them and forget that not everyone looks at the illness or disease the same way. Like the curing rituals performed by the curanderos of Peru that are mentioned in the 2nd chapter of our reading (Joralemon, pg 15). Another aspect of the material I found enlightening was how a population's culture is one of the very basic fundamental experiences with the type of diagnosis relating to the illness, the treatment of the illness and if and how the people of the cultural population seek to find the treatment. The Definition of death and the redefining of the definition or classification of death (such as the Harvard committee) to suit the current climate of culture within a population and how it is viewed in different cultures is one of the most intriguing things we looked at this semester .

- I learned about the massive impact that biotechnology has had on society. It amazes me the changes that biotechnology has had on societal and cultural views towards healthcare. There are so many politics and unspoken issues in dealing with biotechnology that have yet to be determined. I didn't realize how much cultural beliefs, politics; ethics or individual experiences have played in how one views life and death. This semester I also learned about the immense market and demand in organ transplantation. I discovered how organ transplantation companies obtain organ donations. I also acquired more knowledge about the unfortunate and unethical criminal practices that have taken place in the past with human organ trafficking.
- What I learned this semester regarding the world of medical anthropology:
  - 1). There is a lot of education and awareness in health care being presented to staff regarding cultural competence. I didn't realize that medical anthropology played such a large role in facilitating that education and evidence-based knowledge. Joralemon states, "Whether called upon to teach it or to apply it, medical anthropologists have gained entrance into biomedicine on the basis of the claim that introducing cultural competency into clinical care improves patient/physician interaction and treatment outcomes" (p. 96).
  - 2). The differences between social authority and cultural authority, "social authority involves the control of action through the giving of commands, while cultural authority entails the construction of reality through definitions of fact and value" (Joralemon, p.69). Joralemon uses the differences between social authority and cultural authority to better explain how medical professionals gain power in the medical domain.
  - 3). Lastly, I learned a lot about how medical anthropology influences the research being done regarding disease. Joralemon talks about emerging and reemerging diseases, the cholera epidemic, and HIV/AIDS in detail. Social and cultural factors play huge roles on disease progression. Medical anthropology is vital in providing cultural basis for research being done.
- I had no idea what an illness narrative was. I was a little skeptical about having to read one, but I found it very interesting. In that I learned more about what it means to be a medical anthropologist. After reading "The Spirit Catches You and You Fall Down" I have looked into other illness narratives to read and learn from.

- I was put off, initially, at the thought of writing a paper every week (even if it was only going to be 2 pages) but I'm glad those core concept papers were there. I learned really quickly how to analyze and compare the ideas brought forth by two (or more) authors, discussing different things. It was interesting to look at two different works with different topics and find the ways in which their "core concepts" were the same. It helped me to realize that even though we may talk about things from different perspectives and talk about completely different issues, the core ideas can be, and most often are, the same.
- The concept of the beginning and end of death has always been a particular interest of mine, but without this class I don't think I would have learned just how much of an impact different cultures have on this. I had no idea how many different views there were on the "simple" concept of when does life begin and end. I had only really thought of the debate between those who believe life starts at conception, and those who believed it began at implantation. There are so many more views to it, and to most everything, that I never would have known had I not been forced to look at it.

#### **4. Short and long-term strategic plan for program growth and quality.**

In the short-term the main goal of the minor was to increase the visibility of the minor on campus. After meeting with Dean Adeyanju and advertising the minor on College of Health Professionals, the enrollment for the minor increased. Last year we had 10 students and this year 24 students are enrolled. Most of these students are from the College of Health Professionals, specifically the Nursing program. The committee will continue to advertise the minor on campus through communicating with advisors, putting flyers around campus and participating in A&S major, minor expo. We expect the enrollment will increase even more.

In the long-term, the committee wants

- a) to improve the quality of teaching. All the teachers who are teaching the courses are qualified, however there is only one tenured faculty who is expert in the field. The committee thinks for the stability of the minor, more tenure-track faculty should be hired to teach the courses.
- b) the minor to provide students hands-on experience in diverse communities related to health field. There is an initiative in Social Sciences Department about establishing a Community Engaged Scholarship Certificate. The main goal of this initiative is to



provide opportunity for students to be engaged in diverse communities. The initiative is formed by Sociology, Anthropology, Geography and Political Science units and more programs (minors or majors) can be added to this initiative. We think that Health, Illness and Society minor can be an integral part of this initiative. Giving students opportunities to be engaged in diverse communities will give them an advantage in the market place that is becoming more and more diverse every day.

**5. Identified program champion.**

The main success that this minor achieved is to increase the enrollment through advertising. Enrollment more than doubled since last year. The committee will continue to advertise the minor across campus.

**6. Outlined procedures for curricular oversight and improvement.**

The committee will continue to advertise for the minor on campus. We will work with the College of Health Professionals in order to improve our courses so that we can meet their needs. The committee will also work closely with the Community Engagement Initiative in Social Sciences Department.

Furthermore, the committee will meet yearly and:

1. review the program goals and assess student learning
2. review the curriculum and make appropriate changes if needed
3. review new courses that may be included in the curriculum
4. survey students, faculty and alumni