

**Global Child Health and Development: Morbidity and Well-Being Around the World
Psychology 399 (CRN 17188) ~ Spring 2015**

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IMPORTANT: This class will be “**taught in Canvas**” and NOT in Blackboard. This means that all important communication, course materials, study guides, paper guides, etc. will be found in our course Canvas site, and not the assigned Blackboard site.

To learn how to use Canvas, please visit the following Canvas tutorial:

<https://canvas.uoregon.edu/courses/26168>

To logon to Canvas, use the following link:

<https://shibboleth.uoregon.edu/idp/Authn/UserPassword>

Course Description

This course will explore the subject of human health and development in populations around the world, with special emphasis on the role that development during childhood plays in shaping long-term health, illness, and well being. We will examine a collection of global health problems deeply rooted in rapidly changing social structures and that transcend national and other administrative boundaries. Although situated within the Department of Psychology, this course is necessarily interdisciplinary. The class can be considered ideal for University of Oregon students wishing to explore a variety of subject areas with an eye toward their own possible professional trajectories – public health, anthropology, economics, epidemiology, medicine, and psychology – and to better consider the interrelated complexities of psychosocial, political, economic, and environmental factors that govern health in our world. The course will be divided into three major sections:

1. **The Science of Early Childhood:** We will consider how various scientific disciplines – psychology, developmental biology, genetics, neuroscience, anthropology, and medicine – have sharpened our understanding of what constitutes adaptive and maladaptive human development. When developing biological systems central to homeostasis and allostasis are strengthened by positive early experiences, healthy children are more likely to grow into healthy adults. Yet health is more than merely the absence of disease—it is an evolving human resource that helps children and adults adapt to the challenges of everyday life, resist infections, cope with adversity, feel a sense of personal well-being, and interact with their surroundings in ways that promote successful development. In this first section of the course, we consider the psychobiology of health and consider how experiences and environmental influences “get under the skin” and interact with underlying predispositions (e.g., genetics) to shape lifelong outcomes in both physical and mental well-being.
2. **Social Determinants of Health, Illness, and Well-Being Around the World:** Nations with the most positive indicators of population health, such as lower infant mortality and longer life expectancy, typically have higher levels of wealth (though not always lower levels of income inequality). As such, children’s health is a nation’s wealth, as a sound body and mind enhance the capacity of children to develop a wide range of competencies that are necessary to become contributing members of a successful society. Throughout the term, we will consider the social, cultural, and environmental determinants (risk factors) of health. Three domains of influence thought to provide the basis for adaptive and/or maladaptive physical and psychosocial development in most areas of the world will be considered: (a) the caregiving environment (measured pre- and postnatally); (b) sound

and appropriate nutrition; and (c) the resources within a child's physical environment (safety/violence/stress; chemical/toxins, sociocultural institutions). We will consider scientific evidence about these types of risk factors and how they shape, either similarly or differently, the developing health profiles of children around the globe.

3. **Health Initiatives Around the World – Cases in Point:** During the term, we will consider the work of organizations and programs in three major global contexts: (a) Southeast Asia, (b) Africa, and (c) the Americas. Within this section of the course, we will explore how professionals are “translating” the basic science of child development and well-being health programs in different regions. The following types of questions will be considered: “How can volunteers and professions from more fortunate countries help to build capacity in developing countries?” “How do cultural forces – both present and past – shape such efforts?” “How to we evaluate whether such efforts are making a difference?”

Readings

There is no text for this course. Readings for this course will consist of a combination of original research articles, position papers, official intergovernmental reports, book chapters, and news/media stories.

All readings will be posted as .pdfs on the course's Canvas site.

Course Requirements

- a. **Attendance, reading (10%):** attendance is required and active engagement in class discussions will be as critical to student learning as it will be to the overall richness of the class. Due to the seminar-like format of portions of the class (e.g., discussions following instructor didactics) there is an emphasis on attendance and participation, AND careful reading of the assigned readings before a given class meeting is essential.
- b. **“My Health” surveys (10%):** Multiple times (about 20) during the term, you will complete a daily health survey on-line that we will design in class. Your responses will be treated anonymously and in the aggregate so that we can gain a class-level understanding of how various life-style factors relate to you behavioral, mental, and emotional well being. Specific instructions for how to complete the brief survey on a regular basis will be described in a separate handout.
- c. **In-class DEBATE participation (20%):** We will conduct 4 different in-class debates during the term. These debates will be designed to explore current controversies and challenges confronting the health of the planet and its inhabitants (e.g. “*Does the United States have a moral responsibility to invest in the health of low-income countries?*”). You will be assigned to a debate date and to a side in the debate at the start of the term. Along with your debate partners and your opponents, you will prepare a researched/sourced outline/speaking points for the debate, which will be conducted in class; your outline should be typed and will be turned in on the day of the debate. A more thorough debate guide will be prepared to provide you with instructions on how to prepare for your debate. The non-debating members of class and the instructor will serve as judges in the debate. Members of the side that is selected as the winner will earn extra credit points (approximately 2% of the total points during the term). The dates of the debates will be:
 - Debate 1: Wed April 8
 - Debate 2: Mon April 27
 - Debate 3: Mon May 11
 - Debate 4: Wed May 27
- d. **Exams (40%):** There will be two in-class exams (each worth 20%), one on **Wednesday, April 29** and one on **Wednesday, June 3**. These exams will primarily be short-answer and brief-essay test designed to ensure that you are developing a good working grasp of the concepts, terminology, and scientific evidence needed to engage in thoughtful discussions about GH issues. Each test will also include a longer essay question where you can integrate your knowledge and opinions about course material.

- e. **“My cause” project & paper (20%):** By the end of Week 2 of class, you should identify a global health topic of interest to you personally (e.g., effects of lead exposure on early brain development; malaria; HIV; infant feeding practices; use of antibiotics in severe acute malnutrition, parental trauma/unavailability; cosmetics and health; human trafficking; child brides; etc.) that you would like to investigate and about which you will write an 6-page paper. A separate set of guidelines for this paper will be provided. To help you write the paper, you will the following deadlines, each worth points.

Due **Wednesday, April 8:** Three-five sentences about the general focus of your paper and 2 initial references. Worth 5 points.

Due **Monday, May 19:** Rough draft of paper with references. You will receive feedback on your rough draft on Wednesday, May 27. Worth 10 points.

Due **Thursday, June 11 by 5pm.** The final version of your paper will upload on Canvas by Thursday, June 11 by 5pm. Extra credit (2% of total points) will be given to students who turn their paper in by Monday, June 8 by 5pm. Worth 35 points.

Summary of Course Requirements and Point Distribution

- Attendance/reading (10%): 25 points
- My Health Tracker (10%): 25 points
- Debate (20%): 50 points
- Exam 1 (20%): 50 points
- Exam 2 (20%): 50 points
- Paper (20%): 50 points
- TOTAL (100%) 250 Points**

Course Topics, Schedule & Assigned Readings

| Week/Date | Topics/Activities | Readings for this date: |
|------------------------|---|-------------------------|
| Week 1 Mon Mar 30 | Introduction to course Defining “Health” and considerations of “Your Health” | Syllabus |
| Week 1 Wed April 1 | One Health I: Principles of Global Health; Social Theories of Health | Readings 1, 2, 3, 4 |
| Week 2 Mon April 6 | One Health II: Changing Patterns in the Burden of Disease; moral imperatives | Readings 5, 6, 7 |
| Week 2 Wed April 8 | Debate 1 | NA |
| Week 3 Mon April 13 | Social and economic determinants of health | Readings 8, 9, 10 |
| Week 3 Wed April 15 | Biological embedding of experience: Critical mechanisms in the origins of disease | Readings 11, 12, 13 |
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| Week 4 Mon April 20 | Child development and health around the globe: I | Readings 14, 15, 16 |
| Week 4 Wed April 22 | Child development and health around the globe: II | Readings 17, 18, 19, 20 |
| Week 5 Mon April 27 | Debate 2 | NA |
| Week 5 Wed April 29 | *****IN-CLASS EXAM***** | NA |
| Week 6 Mon May 4 | Mother-child health around the world | Readings 21, 22 |
| Week 6 Wed May 6 | Female health around the world | Readings 23, 24, 25 |
| Week 7 Mon May 11 | Debate 3 | NA |
| Week 7 Wed May 13 | Nutrition around the world – Over & Under | Readings 26, 27, 28 |
| Week 8 Mon May 18 | Climate change, the environment and health | Readings 29, 30, 31 |
| Week 8 Wed May 20 | <i>Guest speaker: Hilary Lord, MA, Study Abroad Coordinator, Office of International Affairs, University of Oregon</i> | NA |
| Week 9 Mon May 25 | ***NO CLASS – Memorial Day Holiday*** | NA |
| Week 9 Wed May 27 | Debate 4 | NA |
| Week 10 Mon June 1 | Health Tracker Data Presentation | Readings: TBD |
| Week 10 Wed June 3 | *****IN-CLASS EXAM***** | NA |

Course's Required Readings

Students are required to read the assigned readings in advance of/in time for the class they assigned (as indicated in the schedule).

Readings for the course will comprise a mix of published scientific and organizational briefs, often written for the general public, as well as a carefully selected set of theoretical and empirical papers (chapters or journal articles). It is felt that the former will facilitate an understanding of the latter, and lectures and class discussions will help to solidify student understanding of the readings.

All readings will be available in .pdf form on the course's Canvas site.

Schedule of readings:

Week 1

Monday: Introduction

Read course syllabus

Wednesday: One Health I: Principles of Global Health; Social Theories of Health

1. Koplan, J.P., et al., (2009). Towards a common definition of global health. *The Lancet*, 373, 1993-1995.
2. Kleinman, A. (2010). The art of medicine: Four social theories of global health. *The Lancet*, 375, 1518-1519.
3. Brown, D. (2008). For a global generation, public health is a hot field. *The Washington Post*, September 19.
4. Suri, A., et al. (2013). Values and global health (pg. 245-286). In P. Farmer, J.Y. Kim, A. Kleinman, & M. Basilio (Eds.). *Reimagining Global Health: An Introduction*. University of California Press: Berkeley.

Week 2

Monday: One Health II: Changing Patterns in the Burden of Disease; moral imperatives

5. Benatar, S. (2005). Moral imagination: The missing component in global health. *PlosMedicine*, 2, 1207-1210.
6. Garrett, L. (2007). The challenge of global health. *Foreign Affairs*, 86, 14-38.
7. Gostin, L.O., & Archer, R. (2007). The duty of states to assist other states: Ethics, rights, and international law. *Journal of Law, Medicine, & Ethics*, 12, 526-533.

Wednesday: Debate 1

N/A

Week 3

Monday: Social and economic determinants of health

8. Wilkinson, R.G., & Pickett, K.E. (2006). Income inequality and population health: A review and explanation of the evidence. *British Journal of Medicine*, 335, 873-882.
9. Jacobsen K. H. (2014). Socioeconomic determinants of health (pp. 65-86). In K.H. Jacobsen *Introduction to Global Health, 2nd Ed.* Jones & Bartlett Publisher: Burlington, MA.
10. Evans, G. W. (2004). The environment of childhood poverty. *American Psychologist*, 59(2), 77-92.

Wednesday: Biological embedding of experience

11. Fox, S.E., Levitt, P., & Nelson, C.A. (2010). How the Timing and Quality of Early Experiences Influence the Development of Brain Architecture, *Child Development*, 81, 28-40.
12. Miller, G.E., Chen, E., & Parker, K.J. (2011). Psychological stress in childhood and susceptibility to the chronic diseases of aging: Moving toward a model of behavioral and biological mechanisms. *Psychological Bulletin*, 137, 959-997.
13. Shonkoff, J.P. et al. (2011). The foundations of lifelong health are built in early childhood. *JAMA*. 326, 1050-1059.

Week 4

Monday: Child development and health around the globe I

14. Jacobsen K. H. (2014). Childhood health (pp. 87-108). In K.H. Jacobsen *Introduction to Global Health*, 2nd Ed. Jones & Bartlett Publisher: Burlington, MA.
15. Grantham-McGregor et al. (2007). Developmental potential in the first 5 years for children in developing countries. *Lancet*, 369, 60-70.
16. Walker et al. (2007). Child development: Risk factors for adverse outcomes in developing countries. *Lancet*, 369, 145-157.

Wednesday: Child development and health around the globe II

17. Kithakye M, Morris AS, Terranova AM, Myers SS. (2010). The Kenyan political conflict and children's adjustment. *Child Dev*, 81, 1114-28.
18. Clarke SE, Jukes MC, Njagi JK, et al. (2008). Effect of intermittent preventive treatment of malaria on health and education in schoolchildren: a cluster-randomized, double-blind, placebo-controlled trial. *Lancet*, 372, 127-38.
19. Van Rie A, Mupuala A, Dow A. (2008). Impact of the HIV/AIDS epidemic on the neurodevelopment of preschool-aged children in Kinshasa, Democratic Republic of the Congo. *Pediatrics*, 122, e123-28.
20. Cluver L, Gardner F. (2007). The mental health of children orphaned by AIDS: a review of international and southern African research. *Journal Child Adolescent Mental Health*, 19, 1-17.

Week 5

Monday: Debate 2

Wednesday: ** EXAM ******

Week 6

Monday: Mother-child health around the world

21. WHO (2005). The World Health Report 2005: Make Every Mother and Child Count. Geneva: World Health Organization: 2005: 4.
22. Li Q, Yan H, Zeng L, et al. (2009). Effects of maternal multimicronutrient supplementation on the mental development of infants in rural western China: follow-up evaluation of a double-blind, randomized, controlled trial. *Pediatrics*, 123, e685-92.

Wednesday: Female health around the globe

23. Murphy, E.M. (2003). Being born female is dangerous to your health. *American Psychologist*, 58, 1-5.
24. McFarlane, D. (2015). Women's status and reproductive rights (pp. 227-252). In D. McFarlane (Ed). *Global Population and Reproductive Health*. Jones & Bartlett Publisher: Burlington, MA.
25. Wachs TD, Black MM, Engle PL. (2009). Maternal depression: a global threat to children's health, development, and behavior and to human rights. *Child Development Perspectives*, 3, 51-59.

Week 7

Monday: Debate 3

N/A

Wednesday: Nutrition and health around the globe II

26. Hora, B. L., Bahl, R., Martines, J. C., & Victoria, C. G. (2007). *Evidence on the long-term effects of breastfeeding: Systematic reviews and meta-analyses*. Geneva, Switzerland: World Health Organization.
27. Langley-Evans, S. C. & Carrington, L. J. (2006). Diet and the developing immune system. *Lupus*, 15, 746-752.
28. Jacobsen K. H. (2014). Global nutrition (pp. 249-276). In K.H. Jacobsen *Introduction to Global Health*, 2nd Ed. Jones & Bartlett Publisher: Burlington, MA.

Week 8

Monday: Global climate and health around the globe

29. Landrigan, P. J., et al. (2002). Environmental pollutants and disease in children: Estimates of morbidity, mortality, and costs for lead poisoning, asthma, cancer, and developmental disabilities. *Environmental Health Perspectives*, 110(7), 721-728.
30. Sheffeld P, Landrigan P. (2011). Global climate change and children's health: threats and strategies for prevention. *Environ Health Perspect*, 119: 291-98.
31. Tang D, Li TY, Liu JJ, et al. (2008). Effects of prenatal exposure to coal-burning pollutants on children's development in China. *Environ Health Perspect*, 116: 674-79.

Wednesday: Guest Speaker: Hilary Lord, MA. Office of International Affairs, Study Abroad Coordinator.

N/A

Week 9

Monday: **NO CLASS: Memorial Day**

N/A

Wednesday: Debate 4

N/A

Week 10

Monday: Health Tracker Data Presentation

Readings: TBD

Wednesday: *EXAM*****

Grading and Course Expectations

Grades will be assigned as follows: A = 90-100%, B = 80-89%, C = 70-69%, D = 60-69%, F < 60% (with minus and plus grades assigned at appropriate cutoffs).

The grading system used in this course is as follows:

A – Outstanding performance relative to that required to meet course requirements; demonstrates mastery of course content at the highest level.

B – Performance that is significantly above that required to meet course requirements; demonstrates mastery of course content at a high level.

C – Performance that meets the course requirements in every respect; demonstrates an adequate understanding of course content.

D – Performance that is at the minimal level necessary to pass the course but does not fully meet the course requirements; demonstrates a marginal understanding of course content.

F – Performance in the course, for whatever reason, is unacceptable and does not meet the course requirements; demonstrates an inadequate understanding of the course content.

Accommodations: Appropriate accommodations will be provided for students with documented disabilities. If you anticipate needing accommodations in this course, please make arrangements to meet with me soon.

Academic Honesty: Unless it is specifically connected to assigned collaborative work, all work should be individual. Evidence of collusion (working with someone not connected to the class or assignment), plagiarism (use of someone else's published or unpublished words or design without acknowledgment) or multiple submissions (submitting the same paper in different courses) will lead to the Department's and the University's procedures for dealing with academic dishonesty.