

## Health Outcomes: Power, Community, and Social Systems

### ABSTRACT

This program of study seeks to examine how health outcomes and disease are affected by one's community standing or social power. Through studying black feminist theory, coupled with political economics, history, environmental politics, urban planning, and global health metrics, I will learn how we can equitably change community settings and social structures, whether urban, suburban, or rural, to improve health outcomes. Where we live and how we live greatly affects our health in both obvious and subtle ways such as proximity to power plants, access to grocery stores, community activism against injustices, federal or private housing spaces, and more. Upon completion of this Program II, I aim to have a thorough understanding of the role community, defined broadly, plays in affecting health outcomes.

### ***CORE COURSES***

Department/Number	Course Title
PUBPOL 165-01 / SCISOC 165-01	Introduction to US Healthcare System
SCISOC 189FS	Global Health and Progress
GSF 376S	Black Feminist Theory
HIST 363	History of Capitalism in the US
GSF 275 / GLHLTH 225 / ENVIRON 209 / HIST 221	Food, Farming, and Feminism
ENV 603	Air Quality: Management
ENV 604	Air Quality: Human Health Effects
HIST 228 / ICS 336	Chinatowns: A Cultural History
BIO 154 / GLHLTH 154 / ICS 103	AIDS/Emerging Diseases
CULANTH 306 / GLHLTH 326 / LSGS 206 / SPANISH 306	Health, Culture, Latino Community
ARTSVIS 232S / DOCST 230S / PUBPOL 389S / VMS 224S	Small Town USA
BIO 153S, ENVIRON 153S, GLHLTH 153S	Climate, Coffee, and Coronavirus: Why Ecology Matters to Human Health
ICS 251S / GLHLTH 278S / RUSSIAN 278S /	Literatures and Films of Pandemics

LIT 278S / ENGLISH 234S	
WRITING 390S / GLHLTH 390S / PUBPOL 290S / RIGHTS 390S / ETHICS 390S	Lives that Matter: Race, Disability, and the Ethics of Care/Work
HIST 410S	History of Death
PSY 393	Research Independent Study
PSY 394	Research Independent Study

**LONG RANGE PLAN**

Freshman	Sophomore	Junior	Senior
Fall <ul style="list-style-type: none"> <li>• SCISOC 189FS</li> </ul>	Fall <ul style="list-style-type: none"> <li>• HIST 363</li> <li>• GSF 275, GLHLTH 225, ENVIRON 209, HIST 221</li> </ul>	Fall <ul style="list-style-type: none"> <li>• ENV 603</li> <li>• ENV 604</li> <li>• HIST 228, ICS 336</li> </ul>	Fall <ul style="list-style-type: none"> <li>• BIO 153S, ENVIRON 153S, GLHLTH 153S</li> <li>• ICS 251S, GLHLTH 278S, RUSSIAN 278S, LIT 278S, ENGLISH 234S</li> <li>• WRITING 390S, GLHLTH 390S, PUBPOL 290S, RIGHTS 390S, ETHICS 390S</li> <li>• HIST 410S</li> </ul>
Spring	Spring <ul style="list-style-type: none"> <li>• GSF 376S</li> </ul>	Spring <ul style="list-style-type: none"> <li>• PUBPOL 165-01, SCISOC 165-01</li> <li>• BIO 154, GLHLTH 154, ICS 103</li> </ul>	Spring <ul style="list-style-type: none"> <li>• CULANTH 306, GLHLTH 326, LSGS 206, SPANISH 306</li> <li>• ARTSVIS 232S, DOCST 230S, PUBPOL 389S, VMS 224S</li> <li>• PSY 394</li> </ul>
Summer	Summer	Summer <ul style="list-style-type: none"> <li>• PSY 393</li> </ul>	

## ***PERSONAL STATEMENT***

I delineate my life by the big moves I've had from place to place. Although I've lived in North Carolina my entire life it was always an adjustment to learn the landscape, specifically from rural to suburban areas. As a young person I didn't have the vocabulary to effectively realize and contextualize the differences I was noticing. Growing up in the rural college town of Greenville, the move to the more urban Winston-Salem was a shock to my system. My predominantly Black middle school in Winston was located on an old hazardous waste dumping site and eventually had to be shut down. When I moved to rural Belmont, NC we couldn't drink our water because of the pollution caused by Duke Energy. Each community had a specific health issue that was proximate to where my housing was located. Eventually, I realized I wanted to study how to build and restructure communities, with a specific focus on improving health outcomes.

Before choosing to attend Duke, I knew that I wanted to study communities around the world, how they operated, and how to create equitable outcomes for those who were often overlooked or outright discriminated against. My curiosity lay into studying why we choose to build our communities in the way they currently exist, and how we can actively change them in a way that creates an equitable living structure.

To create an equitable living structure, I must understand the full effects and causes of systemic violence. Issues related to systemic violence are easily reflected in community structure issues: funding for schools, access to fresh groceries, community health centers for the undocumented and uninsured, air quality of where they live, the lack of healthcare facilities in rural areas, disparities of care between racial and economic lines, no national standard minimum level of care, and much more. These issues are exacerbated by the pandemic surrounding COVID-19 and the effects are palpable, from infection spikes in Black and brown people to inequitable vaccine distribution.

It is important here that I define what I mean by "health." In this context health is greater than one person's situation. It is the collective idea that the health of one must affect the health of another. For example, racism has obvious health effects on Black people, but what about those benefiting from the system? How is their health of mind and body? How is their health of spirituality changed from being the dominating and oppressive group? How does one come to terms with that? In my Global Health and Progress class, it set the foundations of what health means. Access to sanitary napkins in Durham public schools, the frequency in which one must walk to school or work or take public transportation, the time someone has to focus not only on work or survival but on rest, growth, and creative outlets. This Program II is the tool that I want to use to address health inside and outside the doctor's office or hospital.

### **I. Description and Rationale**

I want to be able to delve into an area of study that enlightens me about how we interact with each other, how the systems interact with us, and what we can do to change the systems that dictate our options. Studying Health Outcomes will teach me about how we operate in the system around us, how it affects our health outcomes, and how we can work to change that.

Titled "Health Outcomes: Power, Community, and Social Systems" this program has four thematic areas. It begins by first understanding the social power held by different groups of people from a comprehensive race, gender, and sexuality viewpoint. Social power is a significant health determinant and cannot be neglected when considering improving health outcomes. Following that, courses are outlined by how I can learn to improve health through a community

structure lens, identifying the ecological effects on health outcomes as well as the anthropological structures of our environment into urban, suburban, and rural spaces. Subsequently, the focus shifts to understanding the social systems in place that either perpetuate positive or negative health outcomes via economic, healthcare, media, and historical pathways. Finally, research methodology culminates in learning how to change our communities through thoughtfully researched interventions to create beneficial health outcomes and limit disease spread. Combining those four pillars, my four thematic units, will effectively teach me what influences health outcomes, whether positively, negatively, or neutral, and how specific community interventions can reshape health outcomes to reflect a more equitable community.

I chose this Program II rather than studying an array of Program I's for several reasons. Sociology courses I examined often did not offer the connection of social standing to health. After inquiring about the medical sociology courses, they didn't go into depth of racial and gendered theory. A major or minor in Sociology and/or Global Health would focus too broadly on social standing and health, and not take into account the environmental aspect in depth. Sociology courses alone do not focus enough on health and environmental interactions and Global Health classes focus too greatly on what American's can do in other places, rather than what we can do here at home. An interdepartmental major in Global Health and Sociology lacks the lens of looking at health in more than disease but also health outcomes dictated by the way we live and interact with each other. In other words, the difference is my definition of health is too encompassing for traditional health study courses, and the effects on the community by environmental and structure are not expanded on enough in traditional majors.

#### Course Plan

#### **Social Power**

Understanding the social determinants of health is critical before taking any further steps, especially in the context of such a racially charged state like the United States. Here I hope to learn specifics about how health inside and outside of the doctor's office and hospital are affected by race, gender, sexuality, class, and ability. Social power dictates the spaces we are allowed to live in, take up, and how cross-cultural interactions affect our day-to-day lives. Health outcomes reflect directly to one's social power in their community. These courses provide an overview of how these interactions are beneficial or detrimental:

*Black Feminist Theory (GSF 376S);*

*Food, Farming, and Feminism (GSF 275 / GLHLTH 225 / ENVIRON 209 / HIST 221); Chinatowns: A Cultural History (HIST 228 / ICS 336);*

*Health, Culture, Latino Community (SPANISH 306 / GLHLTH 326 / LSGS 206 / CULANTH 306)*

Black Feminist Theory intersects how communities are built within the racial and gendered structure of the United States. This class delves into how modern slavery (1700s-present) has completely altered how we communicate with one another, how we view one another's lives, and where we can start to shift the notion that white people are more deserving of humanity than others. In the United States, race relations, specifically Blackness and gender as defined through the slavery of history, is a crucial part of how our communities have come to be and the health effects that Black people face that other groups of people do not. From redlining to gentrification all are a form of racism, and this class intersects how communities are built within the racial structure of the United States. This racial divide proves a detrimental social

determinant for those associated with Blackness, indicating a higher prevalence of adverse health outcomes.

Food, Farming, and Feminism emphasizes the importance of resources and education in restructuring a community through an ecological gendered lens. It expanded how food is made and transported, the effects it has on human health depending on air quality, location, and organic versus GMO versus free range use of pesticides and herbicides. This class also examined fat politics and why certain populations are more adversely affected by the “obesity epidemic” while others were not through a social power lens. The totality of these aspects expanded on the effects of social power on health outcomes.

Chinatown: A Cultural History demonstrates how a specific group of immigrants create and restructure communities, and how the place they immigrate to changes their environment to either welcome or distance themselves from the immigrant communities and populations. Through a multi-disciplinary approach, such as urban history, architecture, ethnography, economics, this class explores how xenophobia can link specific groups to the false idea of “disease carriers” therefore discriminating against them and their places of business. This attachment to their social power neglects accurate health issues within the population all while removing income from the population in fear of interacting with them which in turn affects the healthcare they have access to. This is one example of how this group’s social power affects their health outcomes.

Health, Culture, Latino Community conducts an exploration of health issues in the Spanish-speaking world shaped by social, cultural, political, ethnic, and economic determinants. Examining topics such as cultural competency, community beliefs, medical practices and policies, preventive medicine, mental health through a comparative lens on how community and health is shaped both in and outside of the United States offers valuable insight on possible avenues to equitable outcomes that aren’t traditionally studied or taught.

## **Community**

A key aspect of this program II is analyzing how the ecology of the world around us and how we manipulate it affects health outcomes. The following courses will help identify issues surrounding climate change, pollution, and the rural vs urban vs suburban divide to connect effects of the natural world to our bodies and lifestyles. This is key to understanding not only the foundations of disease spread but how our treatment of the environment is a key component for health outcomes.

*Small Town USA (ARTSVIS 232S / DOCST 230S / PUBPOL 389S / VMS 224S)*

*Air Quality: Management (ENV 603)*

*Air Quality: Human Health Effects (ENV 604)*

*Climate, Coffee, and Coronavirus: Why Ecology Matters to Human Health (BIO 153S, ENVIRON 153S, GLHLTH 153S)*

Small Town USA works in collaboration with one nearby small town to complete a documentary photographic study of one individual or group within that town. I would be building a visual narrative, developing honest relationships with subjects, have responsibility to subjects and their communities, and engage with and portray a community as an outsider. It allows me to interact directly with a rural community giving a first-person perspective on how rural areas address community issues. This in person research position will allow me to learn more about how health is affected by the structure of rural communities. This way I can understand exactly what differences between urban, suburban, and rural life have different

effects on health outcomes. By interacting directly with the constituents there is a chance to learn from their perspective rather than an academia perspective.

**Air Quality: Management** examines the importance of understanding zoning laws and the roles of county, state, federal governments in determining the creation and regulating of environmentally healthy communities. Air quality directly correlates with health outcomes, especially for those who are consistently breathing in toxic fumes. By understanding the role of each level of government it gives insight into which parts of the community must be addressed first. For the US, I found that federal guidelines are relatively strict, however states might not follow those guidelines or corporations might decide to simply pay the fine rather than address the air quality, even if those working at their plants are the ones getting sick.

**Air Quality: Human Health Effects** teaches how emissions (and exactly what type of emissions) are most harmful and which demographics are harmed the most, knowing that most poor air quality areas are in communities populated by Black, brown, and Indigenous people. Depending on how long people live in the area can greatly determine how they are affected by hazardous air pollutants or criteria air pollutants. The importance of zoning, location, and community activism when advocating for one's health as it's affected by multinational corporations or government entities.

**Climate, Coffee, and Coronavirus: Why Ecology Matters to Human Health** seeks to investigate the effects of climate change and human population growth on our food supply, water availability, the spread of disease, and ecosystem services. Understanding how climate change has changed the way our communities operate is key to understanding how it affects health outcomes. For example, the increase in hurricanes hitting eastern NC have caused the spread of pesticides, herbicides, strong antibiotics, and animal waste to seep into the water system, adversely affecting health outcomes.

## **Social Systems**

This section of my program II seeks to understand how the systems throughout history have exemplified, deterred, or displayed the human condition through health. Understanding the history is necessary to understand how we can move forward, what has been tried and what hasn't. This also gives a perspective on how history fits into our current traditional healthcare system. Social systems affect how one is able to get care, what level of care they have access to, how communities perceive certain conditions and therefore how they rank importance in curing them, and how the media can portray health conditions that either benefits or backlashes those who are sick.

*Introduction to US Healthcare System (PUBPOL 165-01 / SCISOC 165-01)*

*Global Health and Progress (SCISOC 189FS)*

*History of Capitalism in the US (HIST 363)*

*AIDS/Emerging Diseases (BIO 154 / GLHLTH 154 / ICS 103)*

*Literatures and Films of Pandemics (ICS 251S / GLHLTH 278S / RUSSIAN 278S / LIT 278S / ENGLISH 234S)*

*History of Death (HIST 410S)*

Introduction to the US Healthcare System gives an overview of key health policy issues in the United States such as the role of the role of non-profit versus for-profit ownership of healthcare facilities and to what effect and the impact of social phenomenon such as income inequality, social class and culture on health care and financing of health care including an overview of how health insurance works, why there are uninsured persons and to what effect. This would give me

insight on what can change in our healthcare system to restructure a community to provide more equitable health outcomes when dealing with the medical industrial complex.

Global Health and Progress have a foundation of local community organizing as a response to poor health outcomes. By examining how global health isn't a phenomenon from a far-out place but instead first from our local environments, the most change we can implement is typically local. It taught me that changing communities should come from the people that are rooted in that community, rather than strictly from outsiders. Those a part of the community are more likely to work to uphold changes over longer periods of time, constantly reaching a more equitable distribution of health outcomes.

History of Capitalism in the US examined how our housing system came to be due to capitalistic values and endeavors and it is my hope that I can apply these conversations to my greater interests. When communities are built to benefit an economy rather than to benefit the health of those a part of the community, the health outcomes will distinctly stand on class lines. Our current healthcare system functions as an effect of our economy, so to understand how our economy came to be is to understand how our healthcare system came to be. These values can pinpoint why those with access to a larger disposable income tend to have greater health outcomes, suggesting that under this system a distribution of wealth may create more equitable health outcomes.

AIDS/Emerging Diseases explores the interaction of biology and culture: biology of transmission and infection; the role of people and culture in the evolution of infectious diseases; reasons for the geographic variations in disease. This class gives a clear look at how culture and medicine interact and how communities adapt to address disease and public health issues. This is imperative to this Program II because it looks at how certain community structures lead to the spread or elimination of extremely contagious diseases, understanding how health is affected on a regional or national scale. Simple local changes or local outbreaks can end up affecting the entire nation, in this class I hope to explore that.

Literatures and Films of Pandemics is a unique look to the systems of media and how it influences popular culture's idea of health and disease. From horror movies to documentaries to breaking news on the local channel, the perception of certain diseases has great influence on people's perceptions. Articles in the juxtaposing newspapers such as the NYT versus the New York Post will often tell two sides of the same disease, spreading accurate information or disinformation. The audience of these media and the influence of the public has a great deal of power in addressing what health outcomes should be focused on in their communities.

History of Death explores the history of aging and dying in the modern world, focused on the United States and the recent past. Integrating medical and humanistic approaches, this class brings the history of medicine together with histories of race, gender, and religion. Death is an interesting part of health outcomes because it can reflect a certain group of people that are either completely being ignored or mistreated. Understanding how death operates through a historical standpoint illuminates ways in which communities can become more accommodating to specific populations to reduce the exposure to death and dying. When death is constantly occurring around someone, that can also have adverse health outcomes.

### **Research Methodology and Practice**

A major component of this program is to take the knowledge of community structuring and power and apply it to create more equitable health outcomes and disease spread. Out of the



three pillars (social standing, environment, and systems) it is pertinent to prioritize what needs to change for each to create a higher standard of living.

*Lives that Matter: Race, Disability, and the Ethics of Care/Work (WRITING 390S / GLHLTH 390S / PUBPOL 290S / RIGHTS 390S / ETHICS 390S)*

*Research Independent Studies (PSY 393)*

*Research Independent Studies (PSY 394)*

*Lives that Matter: Race, Disability, and the Ethics of Care/Work* is a critical analysis of current discourses around “lives that matter,” especially Black and disabled lives and categories of “essential” work. It interrogates the relationship between individuals and larger social structures and considers consequences of both personal actions and public decisions through research in the Durham area. Methods of ethical inquiry, scholarly research, rhetorical analysis, analytic writing, and advanced revision and editing techniques for publication are a key aspect of this class. Qualitative research through site visits and interviews will give insight on how social standing, systems, and environment have played a role in their health outcomes.

Two semesters of Independent Study will be focused on evaluating how a specific demographic’s distribution of advantages and disadvantages in a society directly correlates with the distribution of health and disease. I hope to synthesize and study the information gathered about pregnant women. I chose pregnant women as the subject since stress (or lack thereof) from a community can be often easily displayed in the health of the parent and the baby. Although there are of course other factors that contribute to the prepartum and postpartum health of the two, I am interested in exploring whether housing location and therefore their access to healthcare greatly determines their health outcomes. I hope to be able to partner and study as well at the Duke Hospital. This will be with the help of my advisor, Gary Bennett, PhD, who will be linking me with a colleague of his in the health system to get access to these patients. I am to understand how pregnant women’s health reflects that the distribution of advantages and disadvantages in a society directly correlates with the distribution of health and disease.

### **Breadth Requirement**

This program was designed to explore and integrate science with the humanities while fulfilling Program I academic breadth requirements.

### ***SENIOR CAPSTONE PROJECT***

For my two-semester senior capstone project, I hope to do research over my junior summer through the write about it to be published. I plan to study how pregnant women fare prepartum and postpartum through virtual interviews, health histories, studying the landscape of the community. I think this will require an independent study to write an article and collaborate with faculty. I would like to publish an article on how a United States community can restructure to improve health outcomes and disease spread.

### ***JUSTIFICATION OF THE TITLE OF YOUR PROGRAM II TITLE***

The title of my Program II, “Health Outcomes: Power, Community, and Social Systems,” encompasses my objectives to learn the intersections social power, community structures, and social systems, how communities change over time, and how to intentionally change a community to improve the health of those a part of it at the local, regional, and national level. This assumes that the distribution of advantages and disadvantages in a society reflects the distribution of health and disease, which is exactly what I want to understand.

### ***RESUBMISSION***

The committee had concerns about my title, the pre-med courses I had, and clarity on my proposed Program II. I changed my title from Epidemiological studies to Health Outcomes: Power, Community, and Social Systems to give clarity to the committee insight to my learning objectives. I removed and replaced my pre-med courses for those more applicable to my learning objectives (Air Quality courses and Duke Immerse Pandemics, Health, & Power) as well as added in two Independent Study courses. Also, I rewrote my abstract and personal statement to give the committee more clarity about my goals for Program II so that it doesn't read as an urban design program and expanded on my plans for my Senior Capstone Project.