

University of Michigan
Multidisciplinary Learning and Team Teaching Initiative
2008-2009 Report: Year 1
Funded Course: Women's Studies 432 - Gender and Health Policy
Primary Instructor: Anjel Vahratian, PhD (Obstetrics & Gynecology and Women's Studies)

The primary goal of our funded course, Women's Studies 432: Gender and Health Policy, was to examine how gender influences health status, health care, and health policy from a feminist and sociopolitical context. The impetus for this course stemmed from both a review of the newly formed Gender and Health minor curriculum and the ongoing discussion at the national level for health care reform. It was our intention to introduce undergraduate students to the major public health and welfare policies and programs in the United States and discuss the identified differences in the ways that women and men fare within the health care policy arena. Through a review of the main historic, legislative, organizational, and financing bases for programs, we sought to address the limitations of the current health care infrastructure and programs serving both men and women. To that end, we wanted to compare how other industrialized nations provide universal health care for their citizens and whether the United States might be able to implement such health reform initiatives in the next decade. Lastly, we wanted students to examine these issues from a life course perspective; that an individual's health care needs, access, and utilization change over the course of their life. These goals remain the same today as they did in our original submission.

This course was team-taught by two Medical School faculty members in the Winter 2009 term. Dr. Vahratian, an Assistant Professor of Obstetrics and Gynecology and Women's Studies, is trained as a maternal and child health epidemiologist. She was joined by Dr. Xiao Xu, a Research Assistant Professor of Obstetrics and Gynecology and Health Management and Policy, who is trained as a health economist. We utilized a co-teaching model with two units. Our course schedule followed the life course perspective, addressing issues of children and adolescents first, and then transitioning to young adulthood, middle-age, and the elderly. Dr. Vahratian taught the first unit:

children, adolescents, and reproductive age adults. Dr. Xu followed with the second unit: middle aged adults and the elderly.

Enrollment targets for the first year (n=50) were met. Prior to the start of the semester, 50 students were enrolled in the course. At the end of the drop/add period, 43 students continued with the course. Both Drs. Vahratian and Xu were present at each lecture, discussion section (two in all), and weekly office hours. Overall, we were pleased with the level of student engagement and felt that the course structure was well-suited to the goals of the course. One challenge that we encountered this semester was the transition of a new Administration in the White House and the subsequent policy changes that were immediately implemented within the first 100 days. Lecture content either changed within the course of a week or we had to spend discussion talking about new policies that impacted the information we previously presented in class. While this environment allowed us to highlight the ever changing nature of health policy and its direct and indirect effects on the individual consumer, it was also a new experience for many of the students who were accustomed to a structured teaching style where there is always a 'right answer'. In contrast, we had to present new information about a change in policy – often without sufficient detail about the implications of this policy – because sufficient time had not yet passed. Overall, we felt that students appreciated the discussion of current events, but had to adjust to a different way of integrating information very early in the semester.

One challenge that we encountered in teaching this course from a life course perspective was engaging students on topics and populations that they have less personal experience. The Gender and Health minor curriculum has a tendency to attract students with an interest in reproductive health. This focus is understandable, as students often identify with topics that they can relate to at that point in their lives. However in this course, we challenged them to look beyond reproduction and consider how one's environment may affect health as early as in childhood and how changes at the individual, community, health system, and national levels can have both a

positive and negative effect on health and wellness over the life course. At times, it was difficult to engage students on topics that appeared to be less relevant to them currently on a personal level – such as the decline in employer based health insurance, the rise in the uninsured, and the effect of an aging population on the quality of health care. The interdisciplinary nature of the course content was a challenge to some students, who may not be at a point in their lives where they can synthesize information from such diverse fields as history, political science, business, medicine, anthropology, sociology, psychology, and mathematics and draw links to their relationship to health policy.

Our plans are to offer this course during the Winter 2010 semester, expanding enrollment to 75 students upon confirmation of a graduate student instructor. Crisca Briewert from the Center for Research on Learning and Teaching has been very helpful in assisting us with de-briefing the past semester. We plan to meet again in the fall to discuss implementing some modifications to the course objectives and assignments. This past term, students were asked to complete two structured assignments plus one 8-9 page paper that was broken down into three components over the course of the semester. We're considering including short quizzes at different points during the term to confirm that students understand the course content and can apply what they are learning in a different context. While the 8-9 page paper allowed students to select a topic of their own choosing to illustrate the interplay between gender and health policy, it may be phased out in the next iteration of the course to allow for another shorter assignment that meets the same objective.

In conclusion, this experience has been an invaluable opportunity to develop and implement a course that asks students to examine how public policy and public health intersect to affect health and wellness over the life course. It is an unique course that not only is beneficial for students pursuing careers in health-related professions and public policy, but also on a personal level as these students transition from dependents to adults and enter the workforce in a struggling economy.