



International Honors Program IHP Health and Community

Public Health from Biology to Policy IPBH 3505 / 4 credits / 60 class hours

PLEASE NOTE: This syllabus is representative of a typical term. Because courses develop and change over time to take advantage of unique learning opportunities, actual course content varies from semester to semester. In addition, considerations of student safety may change some course content.

Course Description

In this course, students will learn about public health across 4 countries, with an emphasis on exploring determinants of health including social, cultural, political, and economic factors. This course will actively examine how public health practitioners work to identify and respond to public health challenges building on local community strengths and led by local community partners while carrying out the three core functions of public health: assessment, program/policy development, and evaluation. To understand the applied nature of the discipline, students will learn about public health programs known as interventions. Students will examine resources, barriers and facilitators, and measurable outcomes that contribute to the efficacy of public health programs. Moreover, students will come to understand the relationship between biology and policy, the process of moving from data to actionable intervention, and potentially positive and negative consequences of small and large-scale public health programs and policy.

By learning with local public health experts in each country, the class will explore various questions including: What are the major determinants of health in each local context? How are interventions designed and implemented in those contexts? What are the critical disease concerns in each context and how does the prevalence of disease vary in different segments of society? What are health disparities? How can we explain why some members of society are healthy and others are less so? What are some effective interventions, programs, or policies that have improved health outcomes in these contexts? What can be done to reduce health status inequities between communities and nations? These questions will be threaded through course discussion throughout the semester.

Methodology

This course is organized in to four Modules. In each Module you will have assignments given and graded by the faculty responsible for teaching that segment of the PH class. The collection of your PH assignments will become your PH Portfolio and will be the basis of the final Comparative Module assignment given and graded by the Program Director.

There will be two types of assignments for this class: (1) There are two ongoing portfolio entries that will be the same in each country and, (2) there is one larger country module assignment per country that will take the form of papers, projects, or activities.

NB: All work for this course, including all portfolio entries and country module assignments, will be handed in electronically on the flash drives provided. This collective work will become the PH Portfolio for the final Comparative Module assignment.

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Materials

The Course Reader was distributed to you prior to the program and assigned as part of your pre-departure assignments. The reader is comprised of no-cost open-source documents available online (Students must download and may choose to print this reader; approximate printing cost = \$15.00):

Public Health Course Readings:

These readings give you an overview of fundamental concepts in Public Health. You should take your time with these readings and be prepared to discuss them in our first Public Health class at the launch of the program. These readings will inform the material you are introduced to as you travel and learn from local Public Health faculty in each country.

1. What is Public Health? (Click through all of drop-down menus)
<http://www.aspph.org/discover/>
2. Braveman, P. & Gruskin, S. (2003). Defining equity and health. *Journal of Epidemiological Community Health*, 57, 4, 254-8.
<http://jech.bmj.com/content/57/4/254.full.pdf+html>
3. Mechanic, D. (2002). Disadvantage, inequality, and social policy. *Health Affairs*, 21, 2, 48-59.
<http://content.healthaffairs.org/content/21/2/48.long>
4. The United States Government Global Health Initiative Strategy Document 2010
Report by the WHO Commission on the Social Determinants of Health (pgs. 1-23)
http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf?ua=1
5. Global Health Watch I (open source documents at <http://www.ghwatch.org/>)
Specific readings and web addresses below. NOTE: These are important but long. You need to skim for the big ideas and not get caught up reading for detail.
 - a. Introduction (pgs. 1-7)
<http://www.ghwatch.org/sites/www.ghwatch.org/files/Intro.pdf>
 - b. Health Care Systems and Approaches to Health Care (pgs. 55-94)
<http://www.ghwatch.org/sites/www.ghwatch.org/files/BI.pdf>
 - c. The Wider Health Context: Water (pg. 207-221)
<http://www.ghwatch.org/sites/www.ghwatch.org/files/D2.pdf>
 - d. The Wider Health Context: Food (pgs. 225-235)
<http://www.ghwatch.org/sites/www.ghwatch.org/files/D3.pdf>
 - e. The Wider Health Context: Education (pgs. 239-249)
<http://www.ghwatch.org/sites/www.ghwatch.org/files/D4.pdf>

Other country-specific course readings will be distributed in-country. Local faculty will work with the Country Coordinator to arrange for copies of readings to be distributed.

Learning Outcomes

The *Public Health* course comprises 60 class hours of instruction and field experience (4 credits). Upon completion of the course, students will be able to:

- Characterize the core and crosscutting functions of public health in promoting individual and population health;
- Articulate the major components of health care systems in countries on our program;

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- Identify social, environmental, and other major determinants of health;
- Understand the relationship of the biological sciences to the development and implementation of public health programs and policy;
- Recognize the role of public health interventions in improving health outcomes, as well as barriers and complications to implementation;
- Recognize the roles that governmental, private, and non-profit stakeholders play in the assessment, development, and evaluation of public health policies, programs, and interventions;
- And, understand how all of these powers work together to help or hinder health equity.

Course Schedule

This course is organized in to an introduction class and four subsequent modules. See program calendar for corresponding dates of class sessions.

Course Introduction: Washington DC, USA

Taught by: **Dr. SherriLynn Colby-Bottel (also IHP HC Program Director)**

Lectures and Readings

Session	Lecture Topic	Key Concept	Reading
PH I	Intro: Debriefing basic concepts from the Readings	Social Determinants of Health	Course reader (sent pre-launch as part of the pre-departure readings)

Field Activities and Guest lectures associated with this Country Module:

ACA Guest Lecture, Health Disparities Guest Lecture, Globalized Economies and Public Health Guest Lecture, Neighborhood Day, Case Study Day.

Portfolio Entry #1: Determinants of Health Worksheet, USA

This Determinants of Health Worksheet assignment will repeat in each country. Continue to refer back to this page for directions and the grading rubric. Copies of the Worksheet are available hard copy and digitally. You MUST turn in all worksheets in each country—for the country you are in and all that came before. This is thus a building assignment—be as detailed as you can in each country context.

At the end of the syllabus you will find a Determinants of Health Worksheet. At the US program launch, we will review this assignment and practice it together. Then in each country, you will choose a health outcome that you witnessed or learned about and analyze the relevant determinants of health. Be aware that not all determinants will, can, or should be equally addressed in all four country contexts. You will need to be creative, seek out information, talk with people, and be observant to learn about the health outcome and determinants you have chosen. You will chart the relationships of the determinants of health and how they relate to each other and the health outcome you are analyzing. You will also write a brief narrative analysis.

The faculty and staff will assist you should you have questions about this assignment as you progress through the semester. It should be evident that your analysis and understanding of the interworking of determinants and health outcomes develops and becomes more sophisticated over the course of the semester. These entries will become part of your overall PH Portfolio.

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Determinants of Health Worksheet Grading Rubric: This rubric will be used by all course faculty for all recurring portfolio assignments

0-1 Points	2-3 points	4-5 points
Does not make a meaningful attempt at addressing the prompts; needs further details; no supporting ideas or context are provided; connections to course content are missing or in appropriate	A mechanically sufficient entry; provides sufficient details for clarity; supporting ideas and context are provided superficially but not 'unpacked' or examined; limited connections to course content are made	A particularly thoughtful and/or original entry; provides rich and necessary details; ideas and experiences are fairly 'unpacked' and properly contextualized; connections to course content are thoughtfully made

Country Module One: Delhi, India

Lectures and Readings

Session	Lecture Topic	Key Concept	Reading
PH2	Infant and Under Age 5 Child Health in India	Intro to early childhood development (emergency obstetrics, nutrition will not be covered). Diarrhea, pneumonia, immunization	<i>Infant and child mortality in India: Levels, Trends and Determinants Fact Sheet.</i> Unicef, India.
PH3	Major Communicable Diseases in India: TB & Malaria	Introduction to communicable diseases. Overview of Revised National Tuberculosis Control Program (RNTCP) and National Vector Borne Disease Control Programme (NVDCP). Focus on malaria / TB	Suggested browsing of Central TB Division (CTD) and NVBDCP sites.
PH4	Burden of Non Communicable diseases in India	Cardiovascular disease, Diabetes, Cancer, Chronic Lung Diseases	Taylor, D.W. (2010). <i>The Burden of Non-communicable diseases in India</i> (pp.1-26). The Cameron Institute.

Field Activities and Guest lectures associated with this Country Module:

PH2 Immunization outreach session, subcenter and ICDS center visit during village visit or slum visit

PH3 DOTS center visit

PH4 Interaction with Medical Officers at PCH/CHC during rural visit or Urban Health post during slum visit

Portfolio Entry #2: Determinants of Health Worksheet, India

In light of your observations, as well as concepts and theories from lectures and readings, complete the Determinants of Health Worksheet. See full instructions listed under Portfolio Entry #1.

Portfolio Entry #3: Free entry

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This is a recurring assignment—and it will be graded as CREDIT / NO CREDIT.

You will do this here and in each subsequent country. This assignment MAY NOT be combined with the free write journal entry you will do in your Globalization and Health class.

Be as creative as you like. You can use words, drawings, or other mediums of expression. Just be sure that the meaning and intent of the entry is clear and comprehensible to the local faculty who will grade this assignment. Connect the materials from this Country Module to the experiences you are having in the field. Demonstrate that you can meaningfully connect class concepts to observations you have made or experiences you have had.

Some ideas:

- Write a response to a specific reading. Did you agree or disagree with the author's perspective? What evidence or experiences are you encountering that shape your opinion?
- Write a letter to a professor or teacher at your home university that synthesizes some of the most pertinent concepts you have learned.
- Make a cross-country comparison on a topic of your choice. Narrow your ideas by focusing in on a very specific topic.
- Focus this entry on exploring some of the worldviews you have encountered. How do these worldviews shape the local community's understanding of public health?
- Reflect on how what you are learning here will matter to your life back home. How would you explain this to a friend?
- Think about what you have not yet learned – what are some big questions you have related to public health in this country? How will exploring these questions help you to develop your own understanding of the local context, as well as your own positionality as a student studying public health?

Free Entry Grading Rubric: This rubric will be used by all course faculty for all recurring portfolio assignments. The assignment is CREDIT / NO CREDIT

<i>0 Points- No credit</i>	<i>5 points- Credit</i>
Does not make a meaningful attempt at addressing the prompts; needs further details; supporting ideas and context are provided superficially but not 'unpacked' or examined; limited connections to course content are made	A clearly thoughtful and/or original entry; provides rich and necessary details; ideas and experiences are fairly 'unpacked' and properly contextualized; connections to course content are thoughtfully made

Country Module Assignment #1:

Essay: Assess the effectiveness of frontline health workers (ANM and ASHA) and ICDS workers (Aganwadi worker) in promoting maternal and child health and nutritional status in rural India.

India has missed the MDG goals for reduction in maternal mortality and infant mortality. However, the concept of preventive and primary care was instituted in this country since 1960 with the placement of trained cadres of ANMs (Auxiliary Nurse Midwife). The Integrated Child Development Services programme was established in 1975 to provide nutritional and health counseling as well as nutritional supplements at the village level through aganwadi workers. National Rural Health Mission introduced additional village level worker, ASHAs (Accredited Social Health Activist), to complement the efforts of the ANM.

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Look into the roles and responsibilities of these frontline workers and their integration into the village society to draw out assessment for your assignment. Inputs can also be drawn from your lecture classes, interaction with the faculties and interaction with rural families and ANMs, ASHAs and ICDS workers during your rural visit.

Observe and document the overall health of the women folk and children, their diet, health seeking behavior, and any preventive and personal health care practices they follow for themselves and other family members, especially children under five years of age. Mention any changes in these patterns due to the involvement of the frontline workers.

While interacting with frontline workers and women, you may observe and discuss:

- Frequency of interaction with ANM, ASHA and ICDS workers with the women folk.
- What are the main topics for counseling provided by them?
- What do they eat and drink on a daily basis? Do they consume medications, supplements, or medicinal foods? Where do they get their food, medicines, or other consumables? How this is affected by the presence of the frontline workers?
- Understanding of malnutrition, anaemia and vaccination.
- How do they maintain personal hygiene and with what kinds of products? Where do these products come from?
- Are they aware of preventive screening for diseases? Has ASHA/ ANM/ ICDS worker been the source of information?
- Do they consult healthcare practitioners and, if so, where?
- Alternate medicine uptake or preference.
- Local beliefs and practices influencing health status of the family, especially the woman. If harmful, how do frontline workers tackle them?
- Do they engage in regular physical or other self-care practices and why?
- How have the issues around accessibility of ANM/ ASHA/ ICDS workers affected their health seeking behaviour and utilization of preventive and screening services for diseases for themselves and other members of the family, especially children under the age of five?
- How enthusiastic and competent do frontline workers appear to you? Are they able to mobilize their villagers?
- Are the frontline workers accepted and respected in the village?
- Mention your observation of their interaction within the village health and sanitation committees and with members of the panchayat.
- Initiatives

Summarize your findings in 800 - 1000 words (3-4 typed pages).

Findings and observations may be discussed before the submission of final assignment.

This Assignment is worth 20 points.

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Country Module Assignment #1: Grading Rubric

Points	0-12	13-14	15-16	17-18	19-20
Observations	Descriptions of observations are lacking, does not reference aganwadi/ ANM/ ASHA and women's responses to questions	Some description of observations is present	Describes observations, but not succinctly, references responses minimally	Observations are present and descriptive, student has demonstrated thoroughness and has referenced to the frontline workers and target population adequately	Observations are richly, yet concisely described, student references women and frontline workers responses and demonstrates creativity in approach
Analysis	Overall analysis is weak and limited to cursory conclusions, no reference to changing rural scenario, assumptions are not addressed	Observations do not connect to current health and nutritional status of rural population, but some reference are made, assumptions are not addressed	Utilizes observations to draw weak conclusions about current status of health of women and children, does not address assumptions	Utilizes observations to draw conclusions about current status of including MMR, IMR, anemia and malnutrition addresses assumptions, does not discuss additional questions to explore	Utilizes observations to draw insightful conclusions about maternal and child health, explores assumptions, notes additional questions to explore
Organization	Essay is disorganized and inhibits an understanding of student's ideas	Essay lacks organization and does not connect observations to key findings	Essay is somewhat organized, but clear findings are difficult to discern	Essay is organized, but does not address a variety of ideas. Key findings are present, conclusions are clear	Essay fluidly addresses a number of different topics, while presenting a clear conclusion
Connection to Course Material	No mention of ideas discussed or read in class	Makes a limited attempt to connect to ideas in class	Draws on limited ideas from class, no mention of readings	Draws on ideas from class and readings but is not specific	Draws strongly on ideas from class, specific references to program components and readings

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Country Module Two: Cape Town, South Africa

Lectures and Readings

Session	Lecture Topic	Key Concept	Reading
PH5	Overview of South Africa's Burden of Disease & Key Determinants of Health	Quadruple Burden of Disease and Determinants of Health	Mayosi, B.M., et al. (2012). Health in South Africa: changes and challenges since 2009. <i>The Lancet</i> , 380, 9858, 2029-2043.
PH6	South Africa's Health System: Past and Present	Determinants of Health/Equity; Prevention; Health Services/ Systems; Health Workforce (formal /informal care networks); Biomedical and Traditional Medicine	Coovadia, H. et al. (2009). The health and health system of South Africa: historical roots of current public health challenges. <i>The Lancet</i> , 374, 9692, 817-834.
PH7	Understanding Care in Context	Biomedical and Traditional Medicine; Health Workforce (formal / informal care networks; Determinants of Health/Equity; Prevention).	Kleinman, A. (2008). Catastrophe and caregiving: the failure of medicine as an art. <i>The Lancet</i> , 371, 9606, 22-23. Swartz, A. & Colvin, C.J. (2014). 'It's in our veins': caring natures and material motivations of community health workers in contexts of economic marginalisation. <i>Critical Public Health</i> , 2014, 1-14. DOI: 10.1080/09581596.2014.941281

Field Activities Associated with this Country Module:

PH5 All field activities address some dimension of health in South Africa, but in the first weeks I think that the most relevant activities will be the HIV panel in Zwelethemba, the screening of 'Taking HAART', as well as some of the other panels (Homestay; Young Mothers; Young Men). These activities will all give texture to students' understanding of the ways that people in SA experience the major burdens of disease. The site visit to the TB hospital will also be helpful, as will the sangoma visit- so that students can see the complexity of health seeking and care provision here.

PH6 All panels in that week in ZW (mothers, men, homestay, reconciliation), Dr. Robin's lecture, historical overview of SA lecture, Dr. Jobobe on Democracy, Dr. Burgess on Race in SA. Young men's panel, site visit to the Heart Museum.

PH7 All programmatic elements that explore individual/community-level health concerns; homestays will be very important in framing student understanding of these issues; NGO day.

Portfolio Entry #4: Social and Environmental Determinants of Health and Intervention Assessment, South Africa

In light of your observations, as well as concepts and theories from lectures and readings, complete Determinants of Health Worksheet. See full instructions listed under Portfolio Entry #1.

Portfolio Entry #5: Free entry

See portfolio entry #3 for full instructions. Be as creative as you like. You can use words, drawings, or other mediums of expression. Just be sure that the meaning and intent of the entry is clear and comprehensible to the local faculty who will grade this assignment. Connect the materials from this Country Module to the experiences you are having in the field. Demonstrate that you can

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meaningfully connect class concepts to observations you have made or experiences you have had. You may use some of the prompts listed for Portfolio Entry #3.

Country Module Assignment #2:

Mapping a Health Condition in a South African Community

Drawing on what you have learned in South Africa, choose one health condition to explore in more detail. This assignment is comprised of two related components: a map (visual representation) tracing some dimension of the health condition and a short written explanation (max. 800 words) of your map.

Use your map to tell the story of this health condition. You can be creative in deciding both what and how you map some dimension of the experience and treatment of the condition. In developing your maps, you might consider exploring the following questions, as well as the ways that they might intersect:

- How do your homestay family members and others explain what caused this condition?
- How is/was this condition experienced over time?
- Which social determinants of health contribute to the experience and treatment of this condition?
- What were some of the key factors that shaped the experience of this condition (e.g. Having access to sufficient information, having social support etc.)?
- What was the course of treatment for this condition?
- Which health care providers were consulted?
- Who else was included in the treatment process (e.g. Family, friends, community members, the state)?
- Which facilities and treatment regimens were accessed?

Your map can be any size but all elements should be clearly visible on it. You also might consider using multiple mediums to create your map. Your explanation should also be used to give examples and texture to your maps.

Country Module Assignment #2: Grading Rubric

Points	0-12	13-14	15-16	17-18	19-20
Mapping experience of health condition and/or its treatment	Did not identify a relevant health condition/ treatment choices/ progression/ decisions	Map of the condition and its treatment is unclear and confusing	Map clear, yet unsophisticated. Makes some connections between experience of the condition, treatment options and actors.	Map demonstrates appreciation of relevant elements that shape experience/ treatment of condition.	Map demonstrates appreciation of relevant elements that shape experience/treatment of condition, as well as connections between these elements.
Integrates program Components	Does not cite evidence from program components	Integrates minimal evidence from program components	Integrates limited evidence from program components	Utilizes evidence from program components, but not exceptionally well	Utilizes strong and insightful evidence in both the map and the explanation

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Course Syllabus

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Writing Style	Writing style is not comprehensible. A number of spelling and grammar mistakes are present	Writing style is confusing and mistakes are present	Writing style is straightforward and not compelling. Some mistakes may be present	Writing style is fluid, language is somewhat compelling. No mistakes present	Writing style includes compelling language, no spelling/ grammar errors present
Components	Assignment was turned in late or is missing most components	Assignment is missing several components	Assignment is missing some components	Assignment addresses all components	Assignment strongly fulfills all components outlined in prompt

Country Module Three: São Paulo, Brazil

Lectures and Readings

Session	Lecture Topic	Key Concept	Reading
PH8	Community Participation in Health	Health systems and services	Filho, M.R. et al. (2002). Discussing community participation in health: an approach from the Brazilian experience. <i>Revista Brasileira de Saúde Materno Infantil</i> , 2, 2, 91-103. https://dx.doi.org/10.1590/S1519-38292002000200002
PH9	Health Inequalities in Brazil: Inequalities related to spatial and socio-economic characteristics; public and private sectors	Health disparities and inequities, health systems and services; public health core functions	Victoria, C.G. et al. (2011). Health conditions and health-policy innovations in Brazil: the way forward. <i>The Lancet</i> . 377, 2042-2053. Macinko, J. Et al. (2007). Going to scale with community-based primary care: An analysis of the Family Health Programo and infant mortality in Brazil, 1999-2004. <i>Social Science and Medicine</i> , 65, 2070-2080.
PH10	New Challenges: Minority Health and Health Disparities	Health disparities and inequities; women's health; LGBTQ; immigrants; drug users; mental health	Chor, D. (2013). Health inequalities in Brazil: race matters. <i>Cadernos de Saúde Pública</i> , 29, 7, 1272-1275. https://dx.doi.org/10.1590/S0102-311X2013000700002 Gragnolati, M. et al. (2013). Have the SUS Reforms Transformed the Brazilian Health System? In: <i>Twenty Years of Health System Reform in Brazil: An Assessment of the Sistema Único de Saúde</i> (pp.25-36). Washington, DC: International Bank for Reconstruction and Development / The World Bank.

Field Activities Associated with this Country Module:

PH8 Neighborhood day, Women's movement activists & NGOs

PH9 Private and public hospitals, Santa Casa Hospital

PH10 Visits with health agents, and interview with doctors coming from Cuba through the "Mais médicos" Program in Barra do Turvo

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Portfolio Entry #6: Determinants of Health Worksheet, Brazil

In light of your observations, as well as concepts and theories from lectures and readings, complete the Determinants of Health Worksheet. See full instructions listed under Portfolio Entry #1.

Portfolio Entry #7: Free entry.

See portfolio entry #3 for full instructions. Be as creative as you like. You can use words, drawings, or other mediums of expression. Just be sure that the meaning and intent of the entry is clear and comprehensible to the local faculty who will grade this assignment. Connect the materials from this Country Module to the experiences you are having in the field. Demonstrate that you can meaningfully connect class concepts to observations you have made or experiences you have had.

Country Module Assignment #3:

Since its origins, at the end of 1980's, the Brazilian Unified Health System (Sistema Único de Saúde) has been structured upon the principles of universal access, decentralization, participation and pluralization of health providers. The process of implementation that aims towards health services improvement is still underway.

- Based on this general assumption, in the first part of the assignment, discuss the features that particularly impressed you during the field visits (from 250 to 300 words)
- In the second part, describe how these features are related to the principles (universal access, decentralization, participation and pluralization), highlighting tensions between the normative principles and the reality as presented both in the field and in the literature (400 - 600 words)
- In the conclusion, establish the connection with broader image of the Brazilian public health system and its main challenges (100 to 200 words).

Country Module Assignment #3: Grading Rubric

Overall	Poor	Fair	Average	Very Good	Excellent
Points	0-12	13-14	15-16	17-18	19-20
Demonstrated Knowledge	No grasp of information, no clear knowledge of subject matter.	Uncomfortable with content, only basic concepts are demonstrated and interpreted	At ease with subject content, able to elaborate and explain to some degree	Supports most ideas with effective examples, references, and details, makes key distinctions	Explores ideas vigorously, demonstrates full knowledge of the subject with explanations and elaboration

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Analysis	Overall analysis is weak and limited to cursory conclusions, no reference to the Brazilian Unified Health System, assumptions are not addressed	Observations do not connect to themes, but some reference to the Brazilian Health System remains, assumptions are not addressed	Utilizes observations to draw weak conclusions about the Brazilian Health System, does not address assumptions	Utilizes observations to draw conclusions about the Brazilian Health System, addresses assumptions, does not discuss additional questions to explore	Utilizes observations to draw insightful conclusions about the Brazilian Health System, explores assumptions, notes additional questions to explore
Organization	Essay is disorganized and inhibits an understanding of student's ideas	Essay lacks organization and does not connect observations to key findings	Essay is somewhat organized, but clear findings are difficult to discern	Essay is organized, but does not address a variety of ideas. Key findings are present, conclusions are clear	Essay fluidly addresses a number of different topics, while presenting a clear conclusion
Connection to Course Material	No mention of ideas discussed or read in class	Makes a limited attempt to connect to ideas in class	Draws on limited ideas from class, no mention of readings	Draws on ideas from class and readings but is not specific	Draws strongly on ideas from class, specific references to program components and readings

Comparative Module Four: São Paulo, Brazil

Lectures and Readings

Session	Lecture Topic	Key Concept	Reading
GH I I	Discussion on the comparative aspects of the PH and GH class experiences	Arc of personal learning across the PH and GH classes	None.

Assignment: PH/GH Comparative Auto-Ethnography, Individual Self-Assessment of Learning

This assignment is shared between the PH and GH classes and is worth 10 points in each class (total of 20 points, evenly distributed between the two classes).

Assignment worksheet:

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For this assignment you will complete three steps:

- 1. Review your PH and GH work for the semester**
- 2. Complete an Individual Self-Assessment Rubric**
- 3. Write narrative learning analyses to demonstrate the merit of your self-assessment**

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Helpful Hints:

This assignment is meant to get you reflecting and thinking—not to do new research. Just build on what you have. The only new writing you will do is your responses to the questions in Step Three.

Don't make this harder than it needs to be! Have a little fun with it!

Step One: Review your PH and GH work for the semester

This first portion of the assignment has no written component—the idea is to get you thinking about your own work, analyzing your experiences, and strategizing how you will assess and demonstrate your learning in steps two and three.

Step One is a comparative, reflective activity. Compile, compare, and reflect upon the PH and GH portfolios of assignments you have built throughout the course of the semester. The idea is to review your work with an eye towards developing a more holistic sense of your learning across the two classes and the four countries.

Questions you may ask yourself when reviewing your work include:

1. How do your portfolios of assignments demonstrate your learning?
2. What has changed in your understanding of public health, globalization, everyday experiences of health, wellbeing, disease, or illness?
3. What interplay have you noticed between public health and globalization?
4. What connections have you been able to make between local experiences and national or global policies/trends?
5. Have you noticed that your own work took on a certain theme or interest?
6. What are you passionate about and how has that impacted your foci this semester?

Next, you will complete the self-assessment in Step Two. You will assess your reflexivity and overall intellectual engagement, the ways in which you have made connections between public health and globalization, and integrating the experiences you have had in all four countries with the content of the two classes in your learning.

Step Two: Complete an Individual Self-Assessment Rubric

Complete this individual self-assessment rubric. Give yourself points you feel are fair and accurate for each row, then a total at the bottom right. In Step Three you will offer a comparative analysis of your work across the semester to demonstrate the merit of your self-assessment.

Critical Comparative Portfolio Analysis Grading Rubric

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Course Syllabus

SIT Study Abroad

School for International Training



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Points	0-3	3-4	4-5	5-6	
Reflexivity and Intellectual Engagement	Student does not reflect on own experiences as learning develops	Student minimally reflects on learning, does not develop lines of inquiry across the semester	Student reflects on own learning meaningfully, makes an attempt at developing lines of inquiry across the semester	Student reflects on own learning in critical and creative ways, develops clear lines of inquiry across the semester	Grade for Reflexivity and Intellectual Engagement: _____ / 6
Retrospectively integrate PH and GH course materials to demonstrate interplay of concepts, and real life impact	Cannot demonstrate interplay of PH and GH concepts, or real life impact	Can minimally demonstrate interplay of PH and GH concepts, make some attempts to show how these concepts translate to real life impact	Can meaningfully demonstrate interplay of PH and GH concepts to show a few examples of how these concepts translate to real life impact	Can deeply demonstrate interplay of PH and GH concepts to show well developed understanding of how concepts translate to real life impact	Grade for Integrates PH and GH course concepts: _____ / 6
Integrate GH and PH with overall IHP learning to demonstrate comparisons among countries and disciplines	Cannot demonstrate comparisons relevant to PH or GH among different countries and disciplines	Can minimally demonstrate comparisons relevant to PH or GH among different countries and disciplines	Can meaningfully demonstrate comparisons relevant to PH or GH among different countries and disciplines with a few compelling examples	Can demonstrate thoughtful, organized comparisons relevant to PH or GH among different countries and disciplines with compelling or creative examples	Grade for Organization and Support: _____ / 6
Effort				Give yourself up to 2 points for effort	Grade for Effort: _____ / 2
				ADD YOUR POINTS AND GIVE YOURSELF A FINAL GRADE	TOTAL: _____ / 20

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Step Three: Write narrative learning analyses to demonstrate the merit of your self-assessment

Respond to each question—no more than 500 words per question, **plus** artifacts or copies of assignments as required by the prompt.

Helpful Hints:

For questions 2 and 3, choose assignments you have produced this semester and other artifacts (items, photos, or other items that you have collected along the way) and organize them so that they tell a story of your learning.

For questions 2 and 3, include a snapshot of your portfolio assignments or artifacts (or a copy/paste of your assignment/writing) so I can see the items you reference when I read your analysis.

Remember: Don't make this harder than it needs to be! Have a little fun with it!

1. Be reflective—what have you learned by comparing public health and globalization across the semester? How has your learning in the PH and GH classes contributed to a more sophisticated understanding of how public health and globalization are related? Where does this learning leave you in your personal sensibilities about the critical issues in both public health and globalization?
2. Select 2 portfolio assignments from each of your PH and GH portfolios (total of 4 assignments you completed) that demonstrate your intellectual engagement and integration of the content of these classes into a broader set of interrelated ideas. The assignments you choose should allow you to build out an analysis that incorporates comparisons between countries, as well as comparisons between the two classes and perspectives taught in each class. The goal is to demonstrate that you have developed an understanding of how public health and globalization are interrelated and mutually impactful. Include a snapshot of your portfolio assignments or a copy/paste of writing so I can see the assignments when I read your analysis.
3. Select 2 or 3 “artifacts” that are meaningful to you – these should be items that specifically relate to your journey of learning about and understanding the interplay of public health and globalization in the countries we have visited. These “artifacts” can be photographs that you have taken, pieces of personal writing, or other items you have collected on the way. These are not full portfolio entries, but could be excerpts from your classwork. Include a snapshot of your artifacts or a copy/paste of writing so I can see the artifacts when I read your analysis. Analyze the artifacts to show how they offer a narrative of reflective learning across the semester. For example, you may include three photos you took that represent how macro forces of globalization play out in everyday experiences of health... or you may include a photo of a train ticket and a bit from a journal entry to demonstrate how one particular excursion encapsulates your learning or inspired it. The goal here is to show integrated, holistic learning that draws on your classes, but also your semester experience at large.

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Evaluation and Grading Criteria

Assignment	Points
Launch Module: One Portfolio Entry; Neighborhood Activity	0
Country Module 1: Two Portfolio Entries, 5 points each	10
Country Module 1: Assignment #1	20
Country Module 2: Two Portfolio Entries, 5 points each	10
Country Module 2: Assignment #2	20
Country Module 3: Two Portfolio Entries, 5 points each	10
Country Module 3: Assignment #3	20
Comparative Module 4: Critical Comparative Portfolio Analysis	10
Total Possible	100

Grading Scale

94-100%	A	Excellent
90-93%	A-	
87-89%	B+	
84-86%	B	Above Average
80-83%	B-	
77-79%	C+	
74-76%	C	Average
70-73%	C-	
67-69%	D+	
64-66%	D	Below Average
below 64	F	Fail

Note: Where decimal points are used in grading, below 0.5 will be rounded down, while 0.5 and above will be rounded up. For example, 93.4 will be an A-, while 93.5 will be an A.

Expectations and Policies

Participation

IHP is an experiential learning program. You have to show up to have the experience. As such, participation is a minimum expectation, not generally to be rewarded with class credit. Students are expected to attend all classes, guest lectures, and field activities unless they have a medical excuse that has been communicated and approved of by IHP staff, faculty, or Fellow. [The Fellow](#)

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will act as a TA for the class and will keep attendance. Missing one class means a small makeup assignment (as determined by the faculty); missing two classes means a sizable makeup assignment; missing three classes means a grade reduction of 2% of the total course grade. Keep in mind that IHP is an experiential program and has academic requirements to attend class meetings and field activities. Failure to attend classes or field activities means that a student may not be eligible for credit from their universities, or could result in program dismissal.

Late Work

All work for this class must be submitted by the end of the 3rd week of each country program to allow time for the local faculty to grade the assignment and return it before students leave the country. Any grade disputes must be settled before the program leaves the country, no exceptions. Exact deadlines for assignments will be confirmed in class. Work is due at the start of the day on which it is due, either during the Person of the Day (POD) announcements or at the beginning of class. Late work will only be accepted with the consent of the instructor *prior* to the deadline and will result in a lowering of the grade one full step (for example, from a B to a B-) per day, as per SIT's policy. Due to the nature of the Country Module structure, late work will be difficult to manage—so work hard to be on time.

Technology in the classroom

Electronic devices are critical tools for learning and communication, but our IHP courses prioritize engaged conversations unhindered by personal electronic devices. Students, faculty, and visitors are expected to *keep cell phones, laptop computers, and other devices out of sight, sound, and mind* during class sessions – except under extenuating circumstances that have been discussed in advance with the faculty member.

Class Preparation

This program is built upon the strong belief that your experiences result in deep insights and powerful learning. Course assignments are created to facilitate learning opportunities and experiences. Dialogue in class about these insights and participation in these activities is critical. For this reason, your participation is very important. As a learning community, each one of us will influence the learning environment. Please take responsibility for your role in this environment and come to class prepared and ready to engage with others in a positive and thought-provoking manner.

Academic Integrity

Academic dishonesty is the failure to maintain academic integrity. It includes, but is not limited to, obtaining or giving unauthorized aid on an examination, having unauthorized prior knowledge of the content of an examination, doing work for another student, having work done by another person for the student, and plagiarism. Academic dishonesty can result in severe academic penalty, including failure of the course and/or dismissal from the institution/program.

Plagiarism is the presentation of another person's ideas or product as one's own. Examples of plagiarism are: copying verbatim and without attribution all or parts of another's written work, using phrases, charts, figures, illustrations, computer programs, websites without citing the source; paraphrasing ideas, conclusions or research without citing the source; using all or part of a literary plot, poem, film, musical score, computer program, websites or other artistic product without attributing the work to its creator.

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Students can avoid unintentional plagiarism by carefully following accepted scholarly practices. Notes taken for papers and research projects should accurately record sources of material to cited, quoted, paraphrased, or summarized, and research or critical papers should acknowledge these sources in footnotes or by use of footnotes.

Violations of SIT Study Abroad academic integrity policy are handled as violations of the student code of conduct and will result in disciplinary action. Please discuss this with your traveling faculty if you have questions.

General Considerations

- Show up prepared. Be on time, have your readings completed and points in mind for discussion or clarification. Complying with these elements raises the level of class discussion for everyone.
- Have assignments completed on schedule, printed, and done accordingly to the specified requirements. This will help ensure that your assignments are returned in a timely manner.
- Ask questions in class. Engage the lecturer. These are often very busy professionals who are doing us an honor by coming to speak....
- Comply with academic integrity policies (no plagiarism or cheating, nothing unethical).
- Respect differences of opinion (classmates', lecturers, local constituents engaged with on the visits). You are not expected to agree with everything you hear, but you are expected to listen across difference and consider other perspectives with respect.

Please refer to the SIT Study Abroad Student Handbook for policies on academic integrity, ethics, warning and probation, diversity and disability, sexual harassment, and the academic appeals process.

NB: The instructors retain the right to change the syllabus as needed. Given the flexible field program, changes may occur that are beyond our control.

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