

## International Honors Program IHP Health and Community Track I

### **Public Health: From Biology to Policy** (IPBH3505 / 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 four 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, 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 examine resources, barriers and facilitators, and measurable outcomes that contribute to the efficacy of public health interventions. Moreover, students will come to understand the relationship between biology and policy, the process of moving from data to actionable intervention, and the potentially positive and negative consequences of small and large-scale public health programs and policies.

By learning with local public health experts in each country, the class will explore various questions, threaded throughout the semester, 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?

#### **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 program countries.
- 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.
- Understand how all of these powers work together to help or hinder health equity.

## Materials

All course readings will be electronically available via the course Dropbox site. Hard copy country-specific course readings will be distributed in-country, except in the case of the USA where the readings were sent to you as part of your pre-departure assignments. You may opt in or out of getting hard copies. An electronic course reader for the first session will be outlined below. Students are responsible for downloading these materials and can print them at their own discretion.

## Methodology

This course is organized into an introduction and four modules. You will have local faculty in each program location who will teach the classes for module delivered in that country program. Your local faculty will give and grade the assignments for their module. All local faculty have collaborated and normed assignment expectations, rubrics, and grading. The collection of your PH assignments will become your “PH Portfolio” and will be the basis for the final Comparative Module Four assignment given and graded by the Program Director.

There will be two types of assignments for this class: (1) one assignment of approximately 1,000 words, recurring in each country, generally submitted by the second week of the country program, (2) one larger assignment of approximately 1,250+ words, specific to each country, that will take the form of a paper, project, or activity submitted towards the end of the country program.

*NB: All work for this course will be handed in electronically via Moodle. This collective work will become the PH Portfolio for the final Comparative Module assignment.*

## Assignments

Assignments (except for hard copy assignments) should be submitted via the course’s Moodle site. Assignments are due the day assigned, uploaded to Moodle. Grades will be returned via Moodle as well.

Students may never use email to submit assignments, per SIT IT Policy.

PLEASE SUBMIT ALL ASSIGNMENTS AS A MICROSOFT WORD FILE to allow for in-document comments.

All assignments are to be double spaced with one-inch margins in 11 Times New Roman font. The American Psychological Association (APA) referencing and citation style is preferred.

When using APA format, follow the author-date method of in-text citation. This means that the author's last name and the year of publication for the source should appear in the text, for example, (Jones, 1998), and a complete reference should appear in the reference list at the end of the paper. If you are referring to an idea from another work but not directly quoting the material, or making reference to an entire book, article or other work, you only have to make reference to the author and year of publication and not the page number in your in-text reference. All sources that are cited in the text must appear in the reference list at the end of the paper.

Please include your name on every page of the assignment itself in the header, and the file name should have the following naming convention:

Name\_Country\_NameOfAssignment.doc  
 e.g. Josslyn\_South Africa\_MappingHealthcareSystem.doc

For hard copy assignments, you may be asked to submit the original. KEEP A DIGITAL COPY OF ALL WORK YOU TURN IN ON YOUR COMPUTER, so as to avoid unexpected disaster and significant inconvenience for all parties involved; this may mean photographing any hard copy assignments (and keeping a copy in .jpg or .pdf). Assignments that are not easily legible will be returned ungraded.

\*\*See end of syllabus for late work and make-up assignments policies.

## Evaluation and Grading Criteria

Assignment	Points
Launch Module: Mapping the Healthcare System USA; Neighborhood Activity	0
Mapping the Healthcare System India Country Module Assignment: India	10 20
Mapping the Healthcare System South Africa Country Module Assignment: South Africa	10 20
Mapping the Healthcare System Brazil Country Module Assignment Brazil	10 20
Comparative Module: Critical Comparative Portfolio Analysis	10
Total Possible	100

Grading Scale					
94-100%	A	Excellent	74-76%	C	Average
90-93%	A-		70-73%	C-	
87-89%	B+		67-69%	D+	
84-86%	B	Above Average	64-66%	D	Below Average
80-83%	B-		below 64	F	Fail
77-79%	C+				
<b>Note:</b> 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.					

## Course Schedule

This course is organized into an introduction class and four subsequent modules. See the program calendar distributed at the start of each country program for corresponding dates of class sessions.

### Course Introduction: Washington, DC, USA

#### 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, Determinants of Health Guest Lecture, Neighborhood Day, Case Study Day, Immigrant Health site visit*

#### Public Health Course Readings:

The Course Reader is distributed prior to the program and assigned as part of pre-departure assignments. The reader is comprised of no-cost open-source documents available online. (Students must download the readings on their own.) We will not provide hard copies of these web resources, but you may print them on your own. The readings will provide an overview of fundamental Public Health concepts and inform material introduced by local faculty in each country. Be prepared to discuss the course readings in the first Public Health class at the launch.

#### Required

1. What is Public Health? (Click through all of drop-down menus to review)  
<http://www.aspph.org/discover/>
2. Braveman, P. and Gruskin, S. 2003. Defining equity and health. *Journal of Epidemiological Community Health*. Apr; 57(4):254-8.  
<http://jech.bmj.com/content/57/4/254.full.pdf+html>
3. *Global Health Watch* (open source documents) 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! Seriously—just skim!
  - a. Review the Global Health Watch Homepage  
<https://www.ghwatch.org/about.html>
  - b. Click here to see GHW 4—choose one article per section to explore  
<https://www.ghwatch.org/node/45484.html>

#### Assignments:

##### Mapping the Healthcare System: USA

*This Mapping the Healthcare System assignment will repeat in each country. Continue to refer back to this page for directions and the grading rubric. This is thus a building assignment—be as detailed as you can in each country context. At the US program launch, we will review this assignment and practice it together.*

By the end of the second week of each country program, you will be expected to understand and be able to describe the basics of how the country's healthcare system is organized, and how this shapes people's access to prevention and care. In order to do this assignment well, you will need to be engaged in lectures, seek out information, talk with people, and be observant to learn about the healthcare system in each country context.

This assignment will contain a visual plus about 1,000 written words. You will demonstrate your knowledge in three steps:

1. Draw a map that shows an overview of the public health care system.
2. In about 700-800 words, you will narrate your map of the healthcare system, explain some of the strengths and challenges. Show that you have a clear concept of the major parts of the system.
3. Address one of these two aspects in your final 200-300 words:
  - a. Address implications and relations to your case study topic. You do not need to have all case study connections fully fleshed out, but you should have some meaningful connections, and you may also include some of the questions you may have.
  - b. Describe other systems and networks of care that complement or fill in gaps of the formal Public Health system.

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 understanding of healthcare systems develops and becomes more sophisticated over the course of the semester. These assignments, along with your module assignments listed in the rest of the syllabus, will become part of your overall portfolio of PH assignments that you will use for your Module 4 assignment at the end of the semester.

### Grading Rubric

Except for in the US where the assignment is ungraded, the assignment will be graded as achieving one these grades consisting of an A, A-, B, or no credit. This is a simplified grading system, designed to assure that you do a minimum of B level work on these fundamental assignments. Consider this as a version of a “credit/no credit” assignment, in which there is a graduated expression of how well the “credit” has been achieved.

<b>0 Points- No credit</b>	<b>8.5</b>	<b>9.0</b>	<b>9.5 or 10 points</b>
Does not make a meaningful attempt at addressing the assignment;	A reasonable description however has factual errors;	A reasonably thorough description with few significant factual errors;	A clear and thorough description with few significant factual errors;
Has multiple inaccuracies and/or needs supporting details;	Needs more accurate and necessary details;	Provides some accurate and necessary details;	Provides accurate and necessary details;
Supporting ideas and context are provided superficially but not accurate or are not ‘unpacked’ or examined;	Ideas/examples are not well ‘unpacked’ or contextualized;	Ideas/examples could be more ‘unpacked’ and properly contextualized;	Ideas/examples are ‘unpacked’ and well contextualized;
Limited or no connections to case studies are made;	Connections to the case study/networks need to be made more clearly (questions will still remain about this, but those questions can be identified in the paper);	Connections to the case study/networks are clearly made but not as well thought out (questions will still remain about this, but those questions can be identified in the paper);	Connections to the case study/networks are clearly and thoughtfully made (questions will still remain about this, but those questions can be identified in the paper);
Paper is not poorly written or falls far short of the word requirement.	Paper is acceptably written but not done well or does not meet the word requirement.	Paper is well-written and meets the word requirement.	Paper is well-written and meets the word requirement.  In addition to the above, a 10-point paper is excellent, has a little something extra that sets it apart, and shows effort beyond the basic requirements.

## Country Module: Delhi, India

### Lectures and Readings

Session	Lecture Topic	Key Concept	Reading
PH2	Infant and Under Age 5 Child Health in India	Introduction to NHM and key flagship programs  Intro to early childhood development (emergency obstetrics, nutrition will not be covered) Diarrhea, pneumonia, immunization	Communicable or noncommunicable diseases? Building strong primary health care systems to address double burden of disease in India  Improving vaccination coverage in India: lessons from Intensified Mission Indradhanush, a cross-sectoral systems strengthening strategy
PH3	Major Communicable Diseases in India: TB & HIV, Malaria Neglected Tropical Diseases Elimination plan	Intro communicable diseases. Disease etiology, sign and symptoms, disease progression, disease burden in India. Brief overview of RNTCP/NACO /NVDCP/ NTDs.	Yadavar, Swagata. 2018. "TB cases fall, but India not doing enough to stop the disease: new report." <i>IndiaSpend</i> . September 20, 2018. AVERT. 2018. HIV and AIDS in India. WHO. 2018. "Malaria: in its quest to eliminate malaria, India focuses on Odisha and the tribal states". March 14, 2018. Suggested browsing of CTD, NACO and NVBDCP sites
PH4	Burden of non communicable diseases in India	Cardiovascular disease, Diabetes, Cancer, Chronic Lung Diseases	Arokiasamy, Perianayagam. 2018. "India's escalating burden of non-communicable diseases." <i>The Lancet Global Health</i> , Vol. 6.

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

### Assignments:

#### Mapping the Healthcare System: India

In light of your observations, lectures and readings, map out the Indian healthcare system and draw connections to your case study topic. See full instructions listed under Mapping the Healthcare System USA (p.4).

#### Country Module Assignment: India

Essay: Assess the role and effectiveness of health frontline workers (ANM and ASHA) and ICDS workers (Agnawadi worker) in promoting women, adolescent and child health and nutritional status in rural India.

India is committed to Health for All and its National Health policy sets ambitious goals and targets in achieving the same. However, there are major inequalities in the health indicators with the country varying from state to state. The Maternal and child health indicators are almost stagnant although the program is widening its ambit to cater to widened group of population and provider more services. The burden of infectious diseases coupled with non communicable diseases on the rise and neglected diseases showing resurgence. India is facing triple burden of diseases. Climate change and 'hotspots' are impacting the livelihood of the country. 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 cadre of ANMs (Auxiliary Nurse Midwife). Integrated Child Development Services program was established in 1975 to provide nutritional and

health counseling as well as nutritional supplements at the village level through aganwadi workers. National Health Mission introduced additional ANMS to the subdistrict health system along with the existing ANM and ASHA (Accredited Social Health Activist) to complement the service delivery system of 24/7 services at the rural level and facilitate referrals.

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 the under five children. 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 worker 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, anemia, vaccination
- Water and sanitation practices among the households and general cleanliness in and around the household.
- 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?
- Management of non communicable diseases in the rural settings focusing on health education and basic screening for these disease for e.g. blood pressure and blood sugar monitoring and screening for common cancers
- How far primary health care system is catering to ageing populations with basics like reading glasses, cataract surgery, hearing aids.
- Do they consult healthcare practitioners and, if so, where?
- Alternate medicine uptake or preference.
- Local believes 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 worker, hence affecting their health seeking behavior and utilization of preventive and screening services for diseases for themselves and other members of the family especially under five children.
- How enthusiastic and competent frontline workers appear to you. Are they able to mobilize their population?
- 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.

Summarize your findings in 1,250 (min) to 1500 (max) words (4-5 typed pages). Findings and observations may be discussed before the submission of final assignment. This assignment is worth 20 points.

**Country Module Assignment India: Grading Rubric**

<b>Points</b>	<b>Poor 0-12</b>	<b>Fair 13-14</b>	<b>Average 15-16</b>	<b>Very Good 17-18</b>	<b>Excellent 19-20</b>
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



## Country Module: Cape Town, South Africa

### Lectures and Readings

Session	Lecture Topic	Key Concept	Reading
PH5	National Health Insurance	Overhauling of a fragmented health system. Shared burden for Universal Health Coverage. Primary health care ideology. Healthcare system financing models. Recipe for Success or Failure?	'National Health Insurance. For South Africa Towards Universal Health Coverage'. Thursday, Version 40,10 December 2015 Minimum requirement: Read pages 1-5
PH6	Quadruple Burden of Disease	SA's burden of disease SA in relation to rest of Africa. Top causes of death. Concept of Quadruple burden of disease. The emergence of Non-communicable diseases	'Mortality trends and differentials in South Africa from 1997 to 2012: second National Burden of Disease Study'. Pillay-Van Wyk et al(2016)
PH7	SA's major determinants of health	Class discussion on common contributors to health and disease; Including influences of race/ethnicity, class/socio-economic status, gender and sexuality (in light of non-recognized/ protected/ persecuted homosexuality in Africa)	'Explaining the role of the social determinants of health on health inequality in South Africa'. Ataguba et al (2016)

*Field Activities Associated with this Country Module:*

*PH5: All field activities, especially the guest lectures on the history of SA, neighborhood day, and the visit to the TB hospital*

*PH6: Lectures from week one (mentioned above) will be highly relevant to this lecture that gives a historical overview of the SA health system. The site visits and lectures (with NGO day for example) will build on the first 2 PH lectures.*

*PH7: All programmatic elements that explore individual/community-level health concerns; the time in Zwelethemba will be most relevant to understanding this lecture.*

### Assignments:

#### Mapping the Healthcare System: South Africa

In light of your observations, lectures and readings, map out the South African healthcare system and draw connections to your case study topic. See full instructions listed under Mapping the Healthcare System USA (p.4).

#### Country Module Assignment: South Africa

##### Mapping a silent or neglected health condition or at-risk population in a South African Community

Drawing on your own experience in the local communities, use your knowledge and insights to develop a concept map or RICH picture to describe a health issue or at-risk population which is present in a South African community but which is not being discussed or whose voice is not being heard. This assignment requires you to reflect on voices you have not heard and to speculate on how this silence might impact health outcomes and potential interventions. The assignment asks you to draw on your own experience rather than from the literature.

This assignment is comprised of two related components: 1) a concept map or RICH picture (visual representation– you can draw and you can also use words) identifying who or what is “missing” or “not on the table for discussion” and its impact on individual/population health in terms of health outcomes and interventions and 2) a written explanation (minimum 1,100 words) of your map. (For example, availability of HIV-testing for asymptomatic individuals but not for other asymptomatic STI's. Where are non-pregnant women in the SDG agenda?) This assignment is about critical engagement and thinking not artistic ability.

A RICH Picture is, “a way to explore, acknowledge and define a situation and express it through diagrams to create a preliminary mental model. A RICH picture helps to open discussion and come to a broad, shared understanding of a situation.” The RICH picture is part of Peter Checkland’s Soft Systems Methodology (SSM), which is a research methodology to understand “complex relationship driven situations and their contexts.” [Checkland. Soft systems methodology: a thirty-year retrospective. Systems Research and Behavioral Science. 15 Nov 2000 DOI: 10.1002/1099-1743(200011)17:1+<::AID-SRES374>3.0.CO;2-O]. Make use of RICH pictures and concept map tools to explore the intended and unintended consequences of who or what is missing in terms of health outcomes and potential interventions. In developing your map, you may find it helpful to think through some of these questions:

- How do social determinants of health contribute to opening or closing the disparities gap?
- How does the way in which care is organized (infrastructure, finance, human resources) contribute to the issue?
- What are some of the intended and unintended consequences of this gap?

### Country Module Assignment South Africa: Grading Rubric

<b>Points</b>	<b>Poor 0-12</b>	<b>Fair 13-14</b>	<b>Average 15-16</b>	<b>Very Good 17-18</b>	<b>Excellent 19-20</b>
Mapping experience of neglected health condition and/or at-risk population	Did not identify a relevant neglected health condition and/or at-risk population	Map of the of neglected health condition and/or at-risk population and its implications is unclear and confusing	Map clear, yet unsophisticated. Makes some connections between of neglected health condition and/or at-risk population and implications for outcomes and interventions.	Map demonstrates appreciation of relevant elements that shape outcomes and interventions.	Map demonstrates appreciation of relevant elements that shape outcomes and interventions, 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
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 are 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: São Paulo, Brazil

### Lectures and Readings

Session	Lecture Topic	Key Concept	Reading
PH8	Brazil's unified health system: the first 30 years and prospects for the future	Brazilian Health System Access to health Health as a right	Prof Marcia C Castro, PhD et al. "Brazil's unified health system: the first 30 years and prospects for the future" <a href="https://www.thelancet.com/journals/laneur/article/PIIS0140-6736(19)31243-7/fulltext">https://www.thelancet.com/journals/laneur/article/PIIS0140-6736(19)31243-7/fulltext</a>
PH9	New Challenges: Minority Health and Health Disparities	Health disparities and inequities; women's health; LGBTQ; immigrants; drug users; mental health	Dom Phillips. "Amazon Gold Miners Invade Indigenous Village" The Guardian <a href="https://www.theguardian.com/world/2019/jul/28/amazon-gold-miners-invade-indigenous-village-brazil-leader-killed">https://www.theguardian.com/world/2019/jul/28/amazon-gold-miners-invade-indigenous-village-brazil-leader-killed</a>
PH10	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	Szwarcwald et al. International Journal for Equity in Health (2016) 15:141 <a href="https://equityhealthj.biomedcentral.com/track/pdf/10.1186/s12939-016-0432-7">https://equityhealthj.biomedcentral.com/track/pdf/10.1186/s12939-016-0432-7</a>

*Field Activities Associated with this Country Module:*

*PH8 Private and/or public hospitals, panel with health counselors*

*PH9 Private and public hospitals, Santa Casa Hospital*

*PH10 Visit to indigenous community*

### Assignments:

#### Mapping the Healthcare System: Brazil

In light of your observations, lectures and readings, map out the Brazilian healthcare system and draw connections to your case study topic. See full instructions listed under Mapping the Healthcare System USA (p.4).

#### Country Module Assignment: Brazil

In approximately 1,250 words (5+ pages), write an essay expressing your thoughts and impressions about one of the topics that was discussed in the lectures following the guidelines below:

- Based on this general assumption, in the first part of the assignment, discuss the features that made you choose this topic visits (from 300 to 350 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 (700 - 800 words)
- In the conclusion, establish the connection with broader image of the Brazilian public health system and its main challenges (200 to 250 words).
- In addition, use a personal picture taken during your experience in Brazil to illustrate your essay.

**Country Module Assignment Brazil: Grading Rubric**

<b>Points</b>	<b>Poor 0-12</b>	<b>Fair 13-14</b>	<b>Average 15-16</b>	<b>Very Good 17-18</b>	<b>Excellent 19-20</b>
<b>Demonstrated Knowledge</b>	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
<b>Analysis</b>	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
<b>Organization</b>	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
<b>Connection to Course Material</b>	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: São Paulo, Brazil

### Lectures and Readings

Session	Lecture Topic	Key Concept	Reading
PH11	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).

**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 a narrative learning analyses to demonstrate the merit of your self-assessment**

### 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!*

**\*\*\*NB\*\*\*** All work (grading rubric, writing, and artifacts) should be submitted as ONE Word Doc or PDF file of a reasonable size. You can use an app like “PDF Compressor” to make your file size smaller, if needed.

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

Step One is a comparative, reflective activity, it has no written component. 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—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.

Questions you may ask yourself when reviewing your work include:

1. How do the 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?

### Step Two: Complete an Individual Self-Assessment Rubric

You will assess your reflexivity and overall intellectual engagement, the ways in which you have made connections between public health and globalization, and how you have integrated class content and your experiences in all four countries into your learning process.

Copy and complete this individual self-assessment rubric. In “Step Three” you will offer a comparative analysis of your work across the semester to demonstrate the merit of your self-assessment. I will read your assignment and assess your work and grade. As long as I determine that the narrative you offer in Step Three supports the grade you give yourself on this rubric, *YOU WILL RECEIVE THE GRADE YOU ASSIGN YOURSELF*.

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

Respond to each prompt. You may either answer them one at a time or as a single flowing narrative. Your total response to Step Three should be 1200 - 1500 words, **plus** artifacts or copies of assignments as required by the prompt. You must submit artifacts.

**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 of the interplay between 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 along 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.

### Critical Comparative Portfolio Analysis Grading Rubric/Worksheet

Directions: Each row addresses a learning objective to be assessed in this assignment. For each row, consider the grading rubric and the qualities associated with each point value. In the last column of the rubric worksheet, give yourself the points you feel are fair and accurate for that row. Then add the values in the last column to calculate your overall score for the assignment. Note: there is a total of 20 points available.

Points	0-3	3-4	4-5	5-6	YOUR GRADE
<b>Reflexivity and Intellectual Engagement</b>	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	
<b>Retrospectively integrate PH and GH course materials to demonstrate interplay of concepts, and real life impact</b>	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	
<b>Integrate GH and PH with overall IHP learning to demonstrate comparisons among countries and disciplines</b>	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	
<b>Effort</b>	Give yourself up to 2 points for effort.				
<b>ADD YOUR POINTS AND GIVE YOURSELF A FINAL GRADE</b>					

## **Expectations and Policies**

### **Class preparation**

This program is built upon the conviction that experiences result in deep insights and powerful learning. Course assignments are created to facilitate such first-hand learning opportunities. Dialogue in class about these insights and participation in these activities is critical. For this reason, your participation is required. As a learning community, each one of us influences 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.

### **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.* There will be times when technology is needed for presentations or projects. Faculty will advise students of these times. Of course, students with accommodations are always welcome to have the technology needed.

### **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. *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.* 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.

### **Materials**

All course readings will be electronically available from the first week. Hard copy of required course readings will be distributed once you arrive in each country, except in the case of the USA where the readings were sent to you as part of your pre-departure assignments. Students are responsible for downloading these materials and can print the optional readings at their own discretion. You may opt in or out of getting hard copies.

### **Policy on deadlines**

Unless otherwise noted, coursework assignments are due on the day of the deadlines via Moodle (or on paper for a few assignments). Unexcused late work will result in a lower grade one full level per day (for example, a B will drop to a B-). No exceptions will be permitted; extensions are not given unless there are necessary circumstances. Exact deadlines for assignments will be confirmed by the instructor and provided to students at the start of each country program.

*Keep an additional copy of all work you turn in, so as to avoid unexpected disaster and significant inconvenience for all parties involved; this may mean taking photos or scanning any handwritten assignments. Assignments that are not easily legible will be returned ungraded.*

### **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; and 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.



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 references or by use of footnotes.

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

**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 Program Director or 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.***