

## **Public Health in Chile** IPBH 3000 (3 credits / 45 hours)

### **Chile: Public Health, Traditional Medicine, and Community Empowerment**

*This syllabus is representative of a typical semester. Because courses develop and change over time to take advantage of unique learning opportunities, actual course content varies from semester to semester.*

#### **Course Description**

The Public Health in Chile seminar provides a broad-based introduction to the Chilean public healthcare system, Chile's health profile, and the social determinants of health in the region. Students examine theoretical and practical perspectives on public health in a contemporary intercultural context in Chile, and in Latin America in general. Through classroom lectures and firsthand field experiences, students explore the formulation and application of public health policy at local, regional, and national levels.

Due to the extraordinary health situation that affects the entire planet, which has been caused by the Coronavirus pandemic, its effects, transformations, and challenges that it has generated in health processes and practices will be analyzed throughout the semester.

In addition, during the two field trips to the Andean mountains and the Araucania region, students will learn about the public health practices and beliefs of indigenous people. They will observe a rural health system, the intercultural health practices of Chileans, alternative medicine, and the indigenous worldview.

#### **Learning Outcomes**

By the end of the course, students will be able to:

- *Recognize* the multiple components, levels, and complexities of the Chilean public healthcare system.
- *Differentiate* the principal social determinants of health in Chile, and as these relate to Latin America in general.
- *Identify and differentiate* intercultural practices and knowledge in Chilean Public Health Care spaces.

- *Distinguish* contemporary challenges to equitable healthcare delivery, particularly in the Chilean public sector.
- *Reflect* the successes, strengths, and weaknesses of Chilean public health policy at the local, regional, and national levels.
- *Identify* real and potential health problems in Chile; propose alternative solutions, considering the local context, respecting the environment.

## Language of Instruction

This course is taught in Spanish.

## Instructional Methods

SIT's teaching and learning philosophy is grounded in the experiential learning theory. Experiential learning theory recognizes that learning is an active process that is not confined to the formal curriculum. Learning is holistic and happens through various life experiences upon which students draw to generate new ways of knowing and being.

- Learning involves a community
- Learning is a lifelong endeavor.
- Learning is transformational.

The suggested four step-cycle of a *concrete experience*, *reflective observation*, *abstract conceptualization*, and *active experimentation* embedded in the experiential learning model is not linear and might not always happen in that specific order, as any learning is highly context dependent. These stages of taking part in a shared experience; reflecting on that experience by describing and interpreting it; challenging their own assumptions and beliefs to generate new knowledge; and ultimately applying new knowledge, awareness, skills, and attitudes in a variety of situations and contexts are important for students to engage in to become empowered lifelong learners.

In this Public Health in Chile seminar we contemplate a series of activities that will privilege this process and experiential learning cycle, including participatory introductory seminars, visits to health care centers, practical outings for meetings with organizations and communities organized in promotion projects and health care, etc. (Always taking into account protocols of care for the protection of COVID-19).

On the other hand, the evaluation process considers applying innovative and creative learning techniques, such as the use of videos or multimedia, promoting *learning from doing*.

Finally, another space where the immersion experience will allow the development of more experiential learning, could be the stay with host families, both in Arica and other locations. It is in these informal situations where it will be possible to recognize and share reflections on the elements of Health in Chile. Families can allow you to be inserted in the local culture, in

different environments and scenarios, being able to support the knowledge of public and private health, which must then be checked during lessons learned in class seminars and visits to health care spaces.

## Course Schedule and Calendar

*\*Please be aware that topics and excursions may vary to take advantage of any emerging events, to accommodate changes in our lecturers' availability, and to respect any changes that would affect student safety. Students will be notified if this occurs.*

<b>Module 1: The Health System in Chile from a historical, social and economic perspective:</b> A historical review of health in Chile and how the social question has been approached from its colonial roots to the present, reflecting on the functioning of the current health system and the privatization of healthcare in Chile today.				
Session	Date/hours	Topic and bibliography	Professor	Student activities
1	02/28 11:20 – 12:50	<b>History Public Health in Chile:</b> <ul style="list-style-type: none"> <li>- Historical, social, political and cultural context of public health in Chile.</li> <li>- Contemporary history of health in Chile, from 1950 to the present.</li> </ul>	Claudia Padilla Rubio.	Lectures, readings, audiovisual material, group work
2	03/01 15:00 – 16:30	<b>Health system in Chile:</b> Organization, financing, levels of health care and Family and community health model.	Claudia Padilla, MC.	Lectures, readings, audiovisual material, group work.

<b>Module 2: The public health system in Chile:</b> organization and operation of the health system in Chile, financing, family and community health care model and the local and national epidemiological profile. Visits to primary and secondary care health centers for practical knowledge of the operation of the public health system at its different levels of care.				
Session	Date/hours	Topic	Professor	Student activities
1	03/02 11:20 – 12:50	<b>Demographic and epidemiological profile, at the regional and national level:</b> An overview of the most prevalent health conditions at the national and regional level, both infectious and chronic. Analysis of the demographic and epidemiological transition of the country and the region.	Eda Siches Bahamondes. MPH. MSG.	Lectures, readings and group work.
2	03/02 15:00 – 16:30	<b>Primary health care:</b> The primary health care model, as implemented in social and	Valeria Castillo, kinesiologist.	Lectures and readings

		epidemiological terms, both in the national and local contexts.	Primary health care professional in Arica.	
3	03/08 11:20 – 12:50	<b>Social determinants of health:</b> A theoretical framework for conceptualizing the social, cultural, political, economic, and historical roots of health, illness, and disease.	Gemma Rojas Roncagliolo, PhD, MC.	Lectures and readings
4	03/09 09:00 – 12:15	<b>Visit to the Family Health Center (CESFAM) in the city of Arica:</b> group visits to primary health care services, observation and interactions.	CESFAM health team.	Along with health professionals, they talk and tour the facilities and interactions with Primary Care Health teams (PHC).
5	03/09 15:00 – 17:00	<b>Visit to the Regional Center for HIV and ITS (Sexually transmitted infections) Prevention, CRIPAC.</b> Group visits to community services for HIV prevention. Observation and interactions.	CRIPAC Team	Along with health professionals, they talk and tour the facilities and interactions with CRIPAC team.
6	03/13 09:00 – 10:30	<b>Visit to Centro Médico Facultad de Medicina UTA</b> (Faculty of Medicine of the U of Tarapaca).	Silvia Riquelme. Directora del Centro Médico Facultad de Medicina UTA.	Conversation with health professionals and tour on Health Center.
7	04/04 09:00 – 12:00	<b>Visit to Azapa Rural Health Care Center:</b> group visits to primary health care services in rural areas, observation and interactions.	CESFAM health team.	Conversation with health professionals and tour of the facilities of the Azapa Rural Post.

**Module 3: Specific public health issues:** knowledge and reflection on relevant public health issues at the regional and national level, through forums with panels of experts on the subject. There will also be visits to community spaces and exchanges with non-governmental organizations to learn about some local strategies to address specific health situations.

Session	Date/hours	Topic and bibliography	Professor	Student activities
---------	------------	------------------------	-----------	--------------------

1	03/13 11:20 – 12:50	<b>Migration and health in border areas:</b> Raise awareness about the discrimination that exists towards the migrant population according to their nationality or socioeconomic condition and the barriers that this generates, knowing the situation of the migrant population in the region.	NGO Servicio Jesuita Migrantes (SJM),	Workshop, readings and lectures
2 (*) joint class two professors	03/13 15:00 – 17:00	<b>Gender violence, discrimination and impact on health:</b> Gender and sexuality as factors of discrimination in Chile and the nature of open and structural violence in the national framework.	Yasna Cuadros (*).	Lectures, readings, audiovisual material, group work
2 (*) joint class two professors	03/13 15:00 – 17:00	<b>Mental Health Situation in Chile:</b> Main Concerns at the Local and National Level Regarding Prevailing Mental Health Conditions and Government Approaches to Addressing Problems.	Ester López, PS, SW, MHR.(*).	Lectures, readings, audiovisual material, group work
4	03/14 15:30 – 17:30	Discussion forum on Environment, Climate change and its effects on Health	Panel of experts	Lectures and discussion
5	03/16 15:00 – 18:00	Visit to the TELETÓN Care Center for physical disabilities. Group activity in the center, specialized in motor disability of children. Observation and interactions.	Patricia Huber, MD, MPH, and TELETÓN team and volunteers	Conversations with TELETÓN professionals and volunteers. Tour of the facilities and interactions in the institution.
6	04/05 11:00 – 13:00	Discussion forum on Sexual and Reproductive Health in Chile	Panel of experts	Lectures and discussion

Debriefing sessions (across the entire semester): Synthesis and Analysis of Course Themes.

## Required Texts

### *Required reading*

Allende, S. (2003 [1939]) Considerations on the Human Capital (Voices from the past) American Journal of Public Health, 93(12), 2012-2015.

Apella, I., Packard, T., Joubert, C. y Zumaeta, M. (2019) Retos y oportunidades del envejecimiento en Chile, Capítulo 2. La transición demográfica en Chile (pp. 59 a 74). Santiago, Chile: Banco Mundial.

Biblioteca Nacional del Congreso de Chile BCN (2018). Salud y Migración en la Región de Arica y Parinacota. Recuperado de

[https://www.bcn.cl/obtienearchivo?id=repositorio/10221/25307/1/BCN\\_salud\\_y\\_migrantes\\_Arica\\_Final.II.pdf](https://www.bcn.cl/obtienearchivo?id=repositorio/10221/25307/1/BCN_salud_y_migrantes_Arica_Final.II.pdf)

Cabieses, B., Bernaldes M., Obach, A., Pedrero, V. (2016) *Vulnerabilidad social y su efecto en salud en Chile*. Santiago, Chile: Universidad del Desarrollo.

Galaz, O. (2017) En 34% aumentó el número de nuevos casos de VIH en Chile entre 2010-2016\*. Recuperado de <http://www.ipsuss.cl/ipsuss/analisis-y-estudios/en-34-aumento-el-numero-de-nuevos-casos-de-vih-en-chile-entre-2010-2016/2017-07-21/113131.html>

Hormazábal, N., Riquelme, C. (2009) Modelo comunitario en salud mental y psiquiatría como modelo tecnológico, *Revista Gaceta de Psiquiatría Universitaria*, 5; 2: 245-249. Recuperado de [http://revistagpu.cl/2009/GPU\\_junio\\_2009\\_PDF/PARANOIA%20Y%20CEREBRO%20SOCIAL.pdf](http://revistagpu.cl/2009/GPU_junio_2009_PDF/PARANOIA%20Y%20CEREBRO%20SOCIAL.pdf)

Ministerio de Salud (2005) *Modelo de Atención Integral en Salud*. Subsecretaría de Redes Asistenciales, División de Gestión de la Red Asistencial (pág. 4 a 23). Santiago, Chile. Recuperado de <http://www.bibliotecaminsal.cl/wp/wp-content/uploads/2016/03/18.pdf>

Ministerio de Salud (2015) *Indicadores Básicos De Salud Chile 2015*. Santiago, Chile.

Ministerio de Salud (2017). *Plan Nacional de Salud Mental 2017-2025*. Recuperado de <https://www.minsal.cl/wp-content/uploads/2017/12/PDF-PLAN-NACIONAL-SALUD-MENTAL-2017-A-2025.-7-dic-2017.pdf>

Ministerio de Salud (2018) *Política de salud de migrantes internacionales*. Santiago, Chile: MINSAL. Recuperado de [https://www.minsal.cl/wp-content/uploads/2018/05/2018.03.08\\_POLITICA-DE-SALUD-DE-MIGRANTES.pdf](https://www.minsal.cl/wp-content/uploads/2018/05/2018.03.08_POLITICA-DE-SALUD-DE-MIGRANTES.pdf)

Ministerio de Salud (2019) *Plan Nacional de Prevención y Control del VIH/SIDA e ITS 2018-2019*. Recuperado de [https://diprece.minsal.cl/wp-content/uploads/2019/06/2019.06.12\\_PLAN-NACIONAL-VIH-SIDA-E-ITS.pdf](https://diprece.minsal.cl/wp-content/uploads/2019/06/2019.06.12_PLAN-NACIONAL-VIH-SIDA-E-ITS.pdf)

Muñoz, F. (2017) El Panorama Epidemiológico. *Revista Chilena de Salud Pública*, 21(2), 107-110

Organización Panamericana de la Salud. 2013. *Violencia de Género en Chile*. OPS/OMS N°4 Documentos OPS/OMS en Chile. Resumen Ejecutivo, (pp. 15 – 17), Introducción (pp. 21 – 26) y El Estado de Chile frente a la violencia contra las mujeres (pp. 27 – 43).

Pontificia Universidad Católica de Valparaíso (2020) *Evolución de los sistemas de Salud en Chile*. Recuperado de [https://wiki.ead.pucv.cl/images/8/8d/Evolucion\\_de\\_los\\_sistemas\\_de\\_Salud\\_en\\_Chile.pdf](https://wiki.ead.pucv.cl/images/8/8d/Evolucion_de_los_sistemas_de_Salud_en_Chile.pdf)

Rosas, R., Escobar, P., Navarro, V. y Tenorio, M. *Efecto de la exposición a Polimetales sobre el Rendimiento Cognitivo en Escolares de la ciudad de Arica*. Recuperado de <http://biblioteca.digital.gob.cl/bitstream/handle/123456789/315/160407%20Informe%20Final%20Polimetales.pdf?sequence=1&isAllowed=y>

SEREMI de Salud Arica y Parinacota (2018) Reporte situación epidemiológica de infecciones de transmisión sexual Gonorrea, Sífilis y VIH, Región de Arica y Parinacota, semana epidemiológica 1-25 de 2018.

Servicio Jesuita Migrantes, SJM (2019). Venezolanos en Chacalluta: Toda persona tiene derecho a solicitar asilo y a que el estado estudie su caso. El Morrocotudo.cl. Recuperado de <http://www.elmorrocotudo.cl/noticia/sociedad/dia-mundial-de-las-personas-refugiadas>

Tchernitchin, A., Ríos, J., Cortés, I., Gaete, L. *Polimetales en agua de Arica-Parinacota. Posibles orígenes y efectos en salud*. Recuperado de [https://biblioteca.sernageomin.cl/opac/DataFiles/14905\\_v3\\_pp\\_296\\_299.pdf](https://biblioteca.sernageomin.cl/opac/DataFiles/14905_v3_pp_296_299.pdf)

Yáñez, C. (21 de julio de 2017) Chile es el país en que más aumentó el número de casos nuevos de VIH en Latinoamérica\*. La Tercera. Recuperado de <https://www.latercera.com/noticia/chile-casos-vih-latinoamerica/>

Walsh, C. (2009) Interculturalidad Crítica y Educación Intercultural Extracto de ponencia en Seminario “Interculturalidad y Educación Intercultural”, organizado por el Instituto Internacional de Integración del Convenio Andrés Bello, La Paz, Bolivia.

### *Suggested reading*

Allende, S. (1939) *La Realidad Médico - Social Chilena*. Santiago, Chile: Ministerio de Salubridad.

Bernales, M., Cabieses, B., McIntyre, A. M., Chepo, M. (2017). Desafíos en la Atención Sanitaria de Migrantes Internacionales en Chile. *Revista Peruana de Medicina Experimental y Salud Publica*, 34(2), 167-175.

Comisión Económica para América Latina y el Caribe (CEPAL)/Fondo para el Desarrollo de los Pueblos Indígenas de América Latina y el Caribe (FILAC), “Los pueblos indígenas de América Latina - Abya Yala y la Agenda 2030 para el Desarrollo Sostenible: tensiones y desafíos desde una perspectiva territorial”, Documentos de Proyectos (LC/TS.2020/47), Santiago, 2020. Recuperado de: [https://www.cepal.org/sites/default/files/publication/files/45664/S2000125\\_es.pdf](https://www.cepal.org/sites/default/files/publication/files/45664/S2000125_es.pdf)

Comisión OMS sobre Determinantes Sociales de la Salud (2008) *Subsanar las desigualdades en una generación: Alcanzar la equidad sanitaria actuando sobre los determinantes sociales de la salud*. OMS.

De Almeida Filho, N. (1992) *Epidemiología sin números*. Washington, D.C., E.U.A.: Organización Panamericana de la Salud.

Departamento de Estadísticas e Información de Salud, DEIS (2016) *Indicadores Básicos de Salud Chile 2016*. Santiago, Chile: Ministerio de Salud.

Díaz, Z., Aguilar, T. y Linares, X. (2015) *La antropología médica aplicada a la salud pública*. Recuperado de [http://scielo.sld.cu/scielo.php?script=sci\\_arttext&pid=S0864-34662015000400009](http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0864-34662015000400009)

Fabiana Del Popolo (ed.) (2017) *Los pueblos indígenas en América (Abya Yala): desafíos para la igualdad en la diversidad*. Libros de la CEPAL, N° 151 (LC/PUB.2017/26), Santiago, Comisión Económica para América Latina y el Caribe (CEPAL).

Fassin, D. (2008) *Faire de la santé publique*. Francia: Éditions EHESP.

Fundación Superación de la Pobreza y la Ilustre Municipalidad de Arica (2018). *Nuevos vecindados, nuevos desafíos. La situación de la población migrante que habita y trabaja en zonas rurales*. Arica, Chile.

Gavilán, V., Viguera, P., Madariaga, C. y Parra, M. *La antropología social y la transdisciplina en el sur. Compartiendo experiencias en el campo de la salud*. Recuperado de <http://repositorio.uchile.cl/handle/2250/153068>

Illanes, M. A. (2010) *En el nombre del Pueblo del Estado y de la Ciencia, (...)*. Santiago, Chile: Ministerio de Salud.

Instituto Nacional de Estadísticas, INE (2019). *Estadísticas vitales – cifras provisionales 2018*. Boletín Estadísticas Vitales.

La Parra, D. y José María Tortosa. 2003. *Violencia estructural: una ilustración del concepto*. Documentación social 131, 57 – 72.

LEY No. 19.779. 2001. *Ley en prevención del virus de inmunodeficiencia humana*. MINSAL.

Macinko, J. et. al. (2007) “La renovación de la atención primaria de salud en las Américas.” *Revista Panamericana de Salud Pública*, 21(2-3), 73-84. [http://www.scielosp.org/scielo.php?script=sci\\_arttext&pid=S1020-49892007000200003&lng=en&tlng=es](http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S1020-49892007000200003&lng=en&tlng=es)

Ministerio de Salud (2017) *Plan Nacional de Salud Mental 2017-2025*. Recuperado de <https://www.minsal.cl/wp-content/uploads/2017/12/PDF-PLAN-NACIONAL-SALUD-MENTAL-2017-A-2025.-7-dic-2017.pdf>



Ministerio de Salud (2018). Política de salud de migrantes internacionales. Santiago, Chile: MINSAL. Recuperado de [https://www.minsal.cl/wp-content/uploads/2018/05/2018.03.08\\_POLITICA-DE-SALUD-DE-MIGRANTES.pdf](https://www.minsal.cl/wp-content/uploads/2018/05/2018.03.08_POLITICA-DE-SALUD-DE-MIGRANTES.pdf)

Ministerio de Salud (2018) Modelo de Gestión: Red Temática de Salud Mental en la Red General de Salud 2018. Recuperado de [https://www.minsal.cl/wp-content/uploads/2015/09/2018.05.02\\_Modelo-de-Gesti%C3%B3n-de-la-Red-Tem%C3%A1tica-de-Salud-Mental\\_digital.pdf](https://www.minsal.cl/wp-content/uploads/2015/09/2018.05.02_Modelo-de-Gesti%C3%B3n-de-la-Red-Tem%C3%A1tica-de-Salud-Mental_digital.pdf)

Morelle, A. y Tabuteau D. (2010) *Que sais-je?* Paris, Francia: Presses Univertaires de France.

Organización Panamericana de la Salud (2013) *Igualdad de género en materia de salud: Mayor igualdad y eficiencia en el logro de la salud para todos*. Recuperado de <http://www.paho.org/hq/dmdocuments/2010/gender-equality-in-health-sp.pdf>

Organización Panamericana de la Salud (2013) *Violencia de Género en Chile. OPS/OMS N°4 Documentos OPS/OMS en Chile. Resumen Ejecutivo*, (pp. 15 – 17), Introducción (pp. 21 – 26) y El Estado de Chile frente a la violencia contra las mujeres (pp. 27 – 43).

Programa de las Naciones Unidas Para el Desarrollo (2017) *DESIGUALES. Orígenes, cambios y desafíos de la brecha social en Chile*. Santiago, Chile: PNUD.

Restrepo, E. (2014) *Interculturalidad en Cuestión: Cerramientos y Potencialidades*. Recuperado de [https://www.researchgate.net/publication/331286887\\_Interculturalidad\\_en\\_cuestion\\_cerramientos\\_y\\_potencialidades](https://www.researchgate.net/publication/331286887_Interculturalidad_en_cuestion_cerramientos_y_potencialidades)

Sadler, M. “*Así me nacieron a mi hija.*” *Aportes antropológicos para el análisis de la atención biomédica del parto hospitalario*. Recuperado de [http://repositorio.uchile.cl/bitstream/handle/2250/122662/Asi\\_me\\_nacieron\\_a\\_mi\\_%20hija.pdf?sequence=1&isAllowed=y](http://repositorio.uchile.cl/bitstream/handle/2250/122662/Asi_me_nacieron_a_mi_%20hija.pdf?sequence=1&isAllowed=y)

SEREMI de Salud Arica y Parinacota (2019). Boletín Epidemiológico de la Región de Arica y Parinacota. Edición n° 1

Servicio Jesuita a Migrantes (2018). *Migración en Chile, un Análisis desde el Censo 2017*. Recuperado de <https://jesuitas.cl/los-datos-de-la-migracion-en-chile/>

Servicio Jesuita Migrantes (2019). *Informe sobre la Situación de Personas Venezolanas en la Frontera Norte de Chile*. Recuperado de [https://6430347d-cdf3-408d-b7dd-ceeee800e49c.filesusr.com/ugd/439982\\_a283471733484f5c9d7949721f5e2395.pdf](https://6430347d-cdf3-408d-b7dd-ceeee800e49c.filesusr.com/ugd/439982_a283471733484f5c9d7949721f5e2395.pdf)

Servicio Jesuita Migrantes (2019). *El cambio de categoría migratoria en Chile y experiencia en otras legislaciones*. Recuperado de [https://6430347d-cdf3-408d-b7dd-ceeee800e49c.filesusr.com/ugd/439982\\_29b7aa460757478e9e8bcb411fdd059d.pdf](https://6430347d-cdf3-408d-b7dd-ceeee800e49c.filesusr.com/ugd/439982_29b7aa460757478e9e8bcb411fdd059d.pdf)

Sigerist, H. (2008) *Historia y Sociología de la Medicina*. Santiago, Chile: Editorial Universidad Bolivariana S.A.

Vicente, B., Saldivia, S. y Pihán, R. (2016). Prevalencias y brechas hoy; salud mental mañana. Departamento de Psiquiatría y Salud Mental, Universidad de Concepción, Concepción, Chile.

Vio, F y Albala, C. (1998) *Transición demográfica, epidemiológica y nutricional*. Recuperado de [http://www.uabierta.uchile.cl/c4x/Universidad\\_de\\_Chile/UCH\\_17/asset/Vio\\_Albala\\_2004.pdf](http://www.uabierta.uchile.cl/c4x/Universidad_de_Chile/UCH_17/asset/Vio_Albala_2004.pdf)

Walsh, C. (2009) *Interculturalidad y (de)colonialidad: Perspectivas críticas y políticas*. Recuperado de <http://www.compitecuador.org/wp-content/uploads/2017/09/Interculturaliad-y-decolonialidad.pdf>

Walsh, C. (2017) *Interculturalidad y (de)colonialidad: Perspectivas críticas y políticas*. Recuperado de <http://www.compitecuador.org/wp-content/uploads/2017/09/Interculturaliad-y-decolonialidad.pdf>

## **Technology Requirements**

Student access to the Canvas interactive platform of SIT Study Abroad.

## **Assignments and Evaluation**

The Public Health course contemplates the development of a series of learning processes and systematic and accumulative assignments, which will allow students to get to know and deepen the objective topics of the course.

From formal or informal activities, in the classroom or outside it, key elements of health in the country will be tackled, to discover its complexities, achievements and shortcomings. The course includes three evaluations throughout the semester: a study report in the field, an essay and a report in creative format, in addition to active participation. Each of these assessments aspires to be complementary to the others, because in each one the students will apply and develop different learning skills.

## **Criteria for Grades and Assignments**

Document formats and criteria for grades are stated on assignment sheets specific to each assignment. Assignment sheets for all major assignments will be posted on the course site on Canvas and distributed in class. Final grades will be based on the total amounts of points (or percentages) earned.

## **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

## Assignments

Individual or group work in classes	No grade
Visits to public and private health centers	No grade
Interviews with specialists in health centers	No grade
Report of visit to health center (CESFAM)	30%
Virtual forum of Public Health	30%
Public Health Paper	30%
Debriefings	No grade
Participation throughout the course	10%

## Assignment Descriptions

Throughout the course, students will have the opportunity to go deeper into the contents of the seminar, through academic activities both in the classroom and through practical outings. In each event and occasion, it seeks to promote interactive learning, encouraging the development of specific tasks that facilitate the promotion of knowledge, skills and values, which re-signify what is taught.

As a first element, each time it is necessary, *critical reflection and discussion tasks* will be developed in classes where, both individually and in groups, students can review and recognize the characteristics of the public health system in Chile. This action will be complemented through *visits to different health centers*, where it will be possible to learn directly - from direct conversations with health personnel - the conditions in which Primary Health Care operates in Chile. These meetings will also give rise to organizing later, more in-depth and concrete *interviews* with local health specialist personnel.

During the course, students will be asked to prepare a first document that will be evaluated. It is an individual report on a visit to the health centers. Through it, we want to review and recognize what has been learned from the tasks described above, in relation to the way the public health care system works in Chile. A respective rubric will be applied for the evaluation of the report.

In the third week of the course, students will submit a second assessment that will be graded. It is a report in a creative format (forum) on the virtual platform of CANVAS. A specific topic or

problem in the area of Public Health that has been observed by the group should be commented on in the forum. It is important to reflect and discuss about it, understanding and responding to the opinions of other students. A respective rubric will be applied for the evaluation of the report.

In the seventh week of the Program, the delivery of an Essay on Public Health is scheduled, through which it seeks to know how the successes, strengths and threats of the public health system have been distinguished and reflected upon. A rubric is applied here, as in the other assessed tasks.

### **Debriefings and Feedback**

Learners need community. The synthesis and revision of contents in a participatory and collective way is a key aspect that will be worked intensively and permanently throughout the course. Debriefings will be organized at different times and work instances, to discuss the contents worked on in the seminar training instances. If necessary, the class could be divided into groups and feedback sessions. For groups to be a success, everyone must participate at each stage of the mentoring and feedback process: sharing drafts, reading/listening, and responding constructively.

### **Attendance and Participation**

Due to the nature of SIT Study Abroad programs, and the importance of student and instructor contributions in each and every class session, attendance at all classes and for all program excursions is required. Criteria for evaluation of student performance include attendance and participation in program activities. The entire participation process will be evaluated according to the criteria described in a rubric that will detail it. Students must fully participate in all program components and courses. Students may not voluntarily opt out of required program activities. Valid reasons for absence – such as illness – must be discussed with the academic director or other designated staff person. Absences impact academic performance, may impact grades, and could result in dismissal from the program.

### **Late Assignments**

SIT Study Abroad programs integrate traditional classroom lectures and discussion with field-based experiences, site visits and debriefs. The curriculum is designed to build on itself and progress to the culmination (projects, ISP, case studies, internship, etc.). It is critical that students' complete assignments in a timely manner to continue to benefit from the sequences in assignments, reflections and experiences throughout the program.

Example: Students may request a justified extension for one paper/assignment during the semester. Requests must be made in writing and at least 12 hours before the posted due date and time. If reason for request is accepted, an extension of up to one week may be granted at that time. Any further requests for extensions will not be granted. Students who fail to submit the assignment within the extension period will receive an 'F' for the assignment.

## INFORMATION ABOUT LECTURERS

**Claudia Padilla Rubio. MS.** Professor of History, Geography and Civic Education (Universidad Católica de Chile). Master in Urban and Regional Development Planning (Universidad Católica de Chile). Professional of the Primary Care Division of the Ministry of Health of Chile.

**Eda Siches Bahamondes. MPH, MSG.** Midwife (University of Chile). Master in Public Health, mention Epidemiology, Master in Social Gerontology. Head of the Epidemiology Unit of the Arica y Parinacota Health SEREMI.

**Gemma Rojas Roncagliolo. PhD, MC.** Degree in Anthropology (University of Chile, Santiago), Master in Social Policies and Strategic Management for Sustainable Development of the Territory (University of Bologna, Italy), and PhD in Ethnology and Ethnoanthropology (University of Rome La Sapienza). She has been professor at different universities (University of Chile, Bolivarian University, ARCIS University, Academy of Christian Humanism University, Alberto Hurtado University, Silva Henríquez Catholic University).

**NGO Servicio Jesuita Migrantes (SJM),** Non-profit organization, whose purpose is to promote and protect the dignity and human rights of the most excluded migrants and their families.

**NGO Madre Nativa,** Corporation of women activists that promote sexual and reproductive rights. Variety of activities on humanized childbirth, reporting and prevention of obstetric violence and unnecessary caesarean sections.

**NGO CRIPAC.** (Regional Community Center for Information, Prevention and Support for HIV / AIDS Counseling), organization in charge of the care and prevention of sexual diseases in Arica.

**Ester López, PS, SW, MHR.** Mental Health Unit of the Health Service of Arica, in charge of mental health teams and community psychiatry. She has a degree in social work from the University of Valparaíso and a degree in psychology from the University of Tarapacá. She also holds certification in rationalist mental psychotherapy from the Institute of Mental Therapy of Santiago. She graduated with a certificate in family mediation from the Technological University of Chile, and she holds a master's degree in human resources management from the University Arturo Prat and the University of Valparaíso.

**Patricia Huber, MD, MPH.** Medicine at the University of Concepción and completed postgraduate work in public health at the University of Chile. She holds a master's degree in epidemiology and occupational health from the University of Chile and a certificate in social management and public policy from the Faculty of Social Sciences in Chile. She is medical director at the Arica center of the TELETON Foundation. Between 2005 and 2008, she led the Health Service of Arica's Epidemiology Unit and later headed the Department of Information in Health and Production Services for Health.

## STUDENTS EXPECTATIONS AND SIT POLICIES

### Individual and Community Expectations

- **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.
- **Storing Your Work** Keep several copies of your work as back up and keep one copy accessible to you through an online forum, such as an attachment in your email, the course learning management system, or cloud-based storage. This way your work will always be available to despite technical issues. **Lost files, deleted drives, or computer crashes are not excuses for late, missing work.**
- **Audience Considerations:** Writing for this class will be read by your classmates, me, and whomever else you choose. Do not make public what you wish to remain private. In keeping with accepted practice within the discipline, other students and other professionals who provide instruction and academic support for SIT may use writing from this course for instructional training and assessment. All identifiers are removed when student writing is used for these activities.
- **Personal Technology Use:** Cell phones and other personal electronics can be used for taking notes and other class activities. Off-task usage is not acceptable. I reserve the right to mark you absent for habitually using them for something other than classroom activities.
- **Course Communication:** Course documents and assignments will be posted on Canvas. Although the course calendar provides a broad overview and the general sequence of work and assignments for the course, what we accomplish in class will vary, and revisions to the calendar will be posted at the course site. You will need to check the course site regularly. You are responsible for letting me know about any network-related problems that prevent you from accessing or submitting assignments.

- **Trigger Warning:** Some assignments you will encounter written by peers or published authors may delve into sensitive topics. The readings I've assigned handle these topics thoughtfully and artistically; I wouldn't have assigned them otherwise. Our classroom is a place where we can engage with challenging ideas, question assumptions, and navigate difficult topics. That said, no student generated works should deliberately offend or disparage others, artistically or not.

## **SIT Policies and Resources**

Please refer to the [SIT Study Abroad Handbook](#) and the [Policies](#) section of the SIT website for all academic and student affairs policies. Students are accountable for complying with all published policies. Of particular relevance to this course are the policies regarding: academic integrity, Family Educational Rights and Privacy Act (FERPA), research and ethics in field study and internships, late assignments, academic status, academic appeals, diversity and disability, sexual harassment and misconduct, and the student code of conduct.

Please refer to the SIT Study Abroad Handbook and SIT website for information on important resources and services provided through our central administration in Vermont, such as [Library resources and research support](#), [Disability Services](#), [Counseling Services](#), [Title IX information](#), and [Equity, Diversity, and Inclusion](#) resources.