

International Honors Program (IHP)

IHP Health and Community:
Globalization, Culture, and Care

Public Health: From Biology to Policy

(IPBH3505 / 4 credits / 60 class hours)

Fall 2024

Faculty:

Course Introduction: USA:	John McGladdery
Country Module, India:	Chris Mary Kurian, PhD
Country Module, South Africa:	Bey Schmidt, PhD, MPH
Country Module, Argentina:	Pablo Rall, MD
Comparative Module:	John McGladdery and Team

Course Description

In this course, students will learn about public health across several 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 to public health, identifying measurable outcomes that contribute to the efficacy of public health interventions. Moreover, students will come to understand the relationship between biology and policy, which involves the process of moving from data to actionable interventions on smaller and larger scales that account for differences in local contexts.

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?
- Where are there health disparities?

- How can we explain why some members of society are healthy and others less so?

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- 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 healthcare systems in program countries.
- Identify social, environmental, and other major determinants of health.
- Explain the relationship between biological sciences and the development, implementation, and evaluation of public health programs and policy.
- Recognize the role of public health interventions in improving health outcomes, and barriers and complications to implementation.
- Appraise the roles that global, governmental, professional, and non-profit organizations play in the assessment, development, and evaluation of public health policies, programs, and interventions.
- Assess how stakeholders in health provision help and/or hinder progress towards health equity.
- Communicate an assessment of a proposed intervention, within context, using an assets-based approach that avoids the impression of saviorism.

Materials

All course readings will be available electronically. Students are responsible for accessing all required materials; electronic materials may be printed at the discretion of the student.

Format

This course is organized into an introduction and four modules: three country modules and one overarching comparative module. In each module you will have assignments given and graded by the faculty overseeing that segment of the PH class.

There will be one assignment in each country module, divided into two parts: (1) Draft 1: first submission of your response to the indicated prompt, approximately 2.5 pages (650-700); (2)

Draft 2 (final submission), a revision of Draft 1 with developed ideas and new data, approximately 4.5 pages (1200-1300 words). Each prompt is specific to each country and may take the form of a paper, project, or activity.

The collection of your PH assignments will become your “PH Portfolio” and will constitute part of the final PH/GH Comparative Module assigned by the Program Director.

Submitting Assignments

- Except for hardcopy assignments, all work for this course will be handed in electronically via Canvas. Assignment grades and feedback will also be distributed through Canvas. Assignments are due on the day/time indicated by your professor.
- Students may never use email to submit assignments, per SIT IT Policy.
- PLEASE UPLOAD 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 12-point Arial or Times New Roman font** (these are most legible for reading).
- The American Psychological Association (APA) referencing and citation style is preferred. When using APA format, follow the author-date method of in-text citation. Whatever citation method you use must be consistent and indicate the author's last name and the year of publication for the source in the text or footnote, for example, (Colby-Bottel, 2022, p. 14). If you are referring to an idea from a 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 fully in the reference list at the end of the paper.
- 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 / scanning any hard copy assignments (and keeping a copy in .jpg or .pdf).

Evaluation

Assignment		Points
USA	Introduction: Discussion	0
India	Beyond Medicine: Addressing Social Determinants of Health in India (Draft 1)	10 (P/F)

	Beyond Medicine: Addressing Social Determinants of Health in India (Draft 2)	20
S. Africa	Fragmentation & Reform: Draft 1	10 (P/F)
	Fragmentation & Reform: Draft 2	20
Argentina	Don't Cry for Me Argentina: Draft 1	10 (P/F)
	Don't Cry for Me Argentina: Draft 2	20
	Comparative Module: Critical Comparative Portfolio Analysis	10
Total Possible		100

Grading Scale

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	66%	D	Below Average
80-83%	B-		below 64	F	Fail
77-79%	C+				
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.					

Tips for Success

- 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 and according 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 (those of classmates, staff, lecturers, and local constituents engaged with the visit). You are not expected to agree with everything

you hear, but you are expected to listen across difference and consider other perspectives with respect.

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.

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.

Washington DC, USA

Course Introduction

Faculty: John McGladdery

john.mcgladdery@sit.edu

Lectures and Readings

Session	Lecture Topic	Key Concepts	Reading
PH I	Intro: Debriefing basic concepts from the readings	Public Health, Primary Health Care, Assets-Based Approach	What is Public Health? https://thisispublichealth.aspph.org/allareas-of-study/ VanderWeele, T. J., Chen, Y., Long, K., Kim, E. S., Trudel-Fitzgerald, C., & Kubzansky, L. D. (2020). Positive epidemiology? <i>Epidemiology</i> , 31(2), 189-193.

Public Health Course Readings

As a general rule, readings and other preparations for class consist of no-cost open-source or library accessible documents available online. Students must download these readings on their own; they will not be provided with hard copies of these web resources, but students are welcome to print them on their own. The readings will provide an overview of fundamental Public Health concepts and inform material introduced by local faculty in each country. Please be prepared to discuss the preparation material in the first Public Health class.

Assignment:

Prepare for Class Discussion (PHI):

What is the purpose and full scope of the Public Health discipline?

New Delhi, Indian

Country Module

Faculty: Dr. Chris Mary Kurian

chris.kurian@sit.edu

Lectures and Readings

Session	Lecture Topic	Key Concept	Reading
PH2	Social Determinants of Health and Disease: Morbidity, Mortality and Quality of Life in TB and HIV/AIDS in India	Evidence on the impact of interventions for nutritional support on morbidity and mortality due to Pulmonary TB. An overview of social security interventions for PLWHA - a decline in new infections and mortality.	<p>Bhargava, A., et al. (2023) Nutritional support for adult patients with microbiologically confirmed pulmonary tuberculosis: Outcomes in a programmatic cohort nested within the RATIONS trial in Jharkhand, India. <i>Lancet Global Health</i>. 11, 1402–11. https://doi.org/10.1016/S2214-109X(23)00324-8</p> <p>Koni, K. et al. (2022, May) HIV care policy in India: A review of social security schemes. <i>Journal of Family Medicine and Primary Care</i>. 11(5), 1648–1657. doi: 10.4103/jfmpc.jfmpc_1755_21</p>
PH3	Reproductive Health in India: Commissions and Omissions	Reproductive Health- policy and publicly funded program provisions for examining achievements and gaps in reproductive health and rights.	PLD and SAMA Resource Group for Women and Health (2018, April) Assessment of Key Areas of Reproductive Health and Rights: Issues, Gaps and Compliance Status of Human Rights. <i>The context of Sexual Health and Reproductive Health Rights in India- Country assessment undertaken for National Human Rights Commission</i> . pp. 77- 117 and pp. 125-133.

PH4	Poverty, Vulnerability and Non Communicable Diseases in India	The relationship between poverty, vulnerability relating to growing incidence of NonCommunicable Diseases, in the poorest populations, with a focus on Type 2 Diabetes.	<p>Jain, Y. et al. (2015, May) Burden & Pattern of Illnesses among the Tribal Communities in Central India: A Report from a Community Health Programme. <i>Indian Journal of Medical Research</i>. 141, 663-672.</p> <p>Dey, S. et al. (2022) Socio-demographic, behavioural and clinical factors influencing control of diabetes and hypertension in urban Mysore, South India: A mixed-method study conducted in 2018. <i>Archives of Public Health</i> 80(234). https://doi.org/10.1186/s13690-022-00996-y</p>
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Assignment: Country Module #1 (India)

Essay: Beyond Medicine: Addressing Social Determinants of Health in India

Discuss and analyze one of the following as a public health problem in India:

- i. A communicable disease (TB or HIV/AIDS) OR ii. A non-communicable disease (Diabetes/ Cardiovascular Disease/COPD/ Stroke) OR iii. A specific dimension of reproductive health and rights in India (Family planning & Contraception/Abortion/Pregnancy, Childbirth & Post Natal Care/Gender-based Violence/ Assisted Reproductive Technologies)

Over the course of your visit as it evolves and becomes more nuanced, you are required to learn and observe from homestay experiences, class and guest lectures, site visits, and other program activities. Ascertain the main cause/s of this issue. Compare the context in front of you to that in your country. Recognize local solutions that are working. Acknowledge the challenges. Share examples of civil society interventions to address its challenges. With humility appropriate to one who has limited expertise, describe what type of intervention/s might be effective in specific context/s in India, bearing in mind the resource and other limitations.

Your final essay (**Draft 2**) must include the following points:

1. Clearly define the specific public health issue you observed and explored.
2. Succinctly explain the main cause(s) of the issue and how the government is addressing it. Compare the situation and interventions used to what you know happens in your country.
3. Share at least one example of the response (critique and campaign or provision/implementation) from civil society in India to the problem under consideration.

4. Imagine that you are meeting a family/community that is facing this issue. With humility, explain what you have learned and why you think a particular approach in a specified intervention might be worth investing or investing more in.
5. Discuss the different actors that may be involved in carrying out this approach to improving the specified outcome. Indicate why the participation of specific role-players is crucial to the success of the intervention, noting the assets already in this community.

Draft #1 No more than 2.5 pages (approx. 650-700 words). Summarize / discuss the issue and context in ~80% of your paper; begin to recommend an intervention in the remaining ~20%.

Draft #2 No more than 4.5 pages (approx. 1,200-1300 words). Summarize / discuss the issue in ~75% of your paper; recommend an intervention in the remaining ~25%.

Grading Rubric: **Country Module #1 (India)**

Points	Poor	Not Good	Below Average	Good	Excellent
Observations	Description of observations	Some descriptions of	Describes observations,	Observations are present and	Observations are richly and,
	are lacking, no evidence to the issue	observations present, no evidence to the issue	but not succinctly, evidence is not persuasive	descriptive, evidence is persuasive	concisely described, evidence is persuasive
	0-3	3.25-3.5	3.75-4	4,25-4.5	4.75-5
Analysis	Overall analysis is weak and limited to cursory conclusions, no reference to PH	Some analyses and some references to principles of PH	Good analysis but some references to principles of PH	Good analysis and good references to principles of PH	Excellent analysis drawing insightful conclusions relevant to PH
	0-3	3.25-3.5	3.75-4	4,25-4.5	4.75-5
Discussion on intervention/s	Discussion is weak or absent	There are some discussions	Discussions on intervention/s are given but not appropriate to the context	Good and appropriate discussion on intervention/s	Excellent and appropriate discussion on intervention/s
	0-3	3.25-3.5	3.75-4	4,25-4.5	4.75-5
Components	Assignment was turned in late and/or incomplete.	Analysis and recommendation are missing	Assignment is missing one part	Assignment addresses all parts	Assignment strongly fulfills all parts
	0-3	3.25-3.5	3.75-4	4,25-4.5	4.75-5

Faculty: Dr. Bey Schmidt

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Lectures and Readings

Session	Lecture Topic	Key Concept	Reading
PH5	South Africa's fragmented Health Care System and interventions to address it	Fragmented health system: public and private sector, and traditional medicine. Examples of health system interventions (Community health systems and National Health Insurance)	Coovadia H, Jewkes R, Barron P, Sanders D, & McIntyre D. (2009, Sept.). The health and health system of South Africa: Historical roots of current public health challenges. <i>Lancet</i> , 374(9692):817-34. doi: 10.1016/S0140-6736(09)60951-X. van Ryneveld M, Whyte E, & Brady L. (2020, Sept). What Is COVID-19 Teaching Us About Community Health Systems? A Reflection from a Rapid Community-Led Mutual Aid Response in Cape Town, South Africa. <i>Int J Health Policy Management</i> , 1. doi: 10.34172/ijhpm.2020.167
PH6	Public Health approaches	Positivist, interpretivist & participatory approaches, for	Three groups, each reading and summarizing one of the following: <u>Group 1:</u>
		addressing public health problems	Meyer, J. (2000). Using Qualitative Methods in Health Related Action Research. <i>British Medical Journal</i> , 320: 178-181. <u>Group 2:</u> Lawhon, M., Herrick, C. & Daya, S. (2014). Researching sensitive topics in African cities: reflections on alcohol research in Cape Town, <i>South African Geographical Journal</i> , 96(1), 15-30. <u>Group 3:</u> Baum, F. (1995). Researching Public Health: Behind the Qualitative-Quantitative Methodological Debate. <i>Social Science and Medicine</i> , 40: 459-468.
PH7	Health inequity	History of health inequity Interruptions to health services during COVID-19	Mayosi BM & Benatar, SR (2014, Oct.). Health and health care in South Africa-20 years after Mandela. <i>N Engl J Med.</i> , 371(14):1344-53. doi: 10.1056/NEJMsrl405012. Pillay, Y et al. (2021). Impact of COVID-19 on routine primary healthcare services in South Africa. <i>South African Medical Journal</i> , [S.l.], 3(8), 714-719. ISSN 2078-5135. http://www.samj.org.za/index.php/samj/article/view/13303

Assignment: Country Module #2 (South Africa) Essay: Fragmentation & Reform

Discuss the fragmented nature of the South African healthcare system (i.e. the historical roots, the levels of fragmentation, and current challenges). Begin to explore a healthcare reform (Community Health Systems or National Health Insurance) that can address this fragmentation.

Draft #1 provides you with an opportunity to draft key points about the problem and explore how one or both interventions could address the problem. You have the opportunity to brainstorm your thoughts and decide on how to organise them for the second draft. **Draft #2** should reflect consideration of feedback from **Draft #1**, as well as knowledge you have gained in subsequent lectures, homestay experiences, and site visits. You may include a diagram.

Draft #1 About 2.5 pages (approx. 650-700 words). Summary/discussion of factors should be about 80% of your paper; the remaining 20% can begin to recommend a reform intervention.

Draft #2 Maximum 4.5 pages (approx. 1,200-1300 words). Summary/discussion of factors in about 75%; recommend a reform intervention in the remaining ~25%.

Grading Rubric: Country Module #2 (South Africa)

Points	Poor	Not Good	Below Average	Good	Excellent
Observations	Description of observations are lacking, no evidence to the issue	Some descriptions of observations present, no evidence to the issue	Describes observations, but not succinctly, evidence is not persuasive	Observations are present and descriptive, evidence is persuasive	Observations are richly and, concisely described, evidence is persuasive
	0-3	3.25-3.5	3.75-4	4.25-4.5	4.75-5
Analysis	Overall analysis is weak and limited to cursory conclusions, no reference to PH	Some analyses and some references to principles of PH	Good analysis but some references to principles of PH	Good analysis and good references to principles of PH	Excellent analysis drawing insightful conclusions relevant to PH
	0-3	3.25-3.5	3.75-4	4.25-4.5	4.75-5
Discussion on intervention/s	Discussion is weak or absent	There are some discussions	Discussions on intervention/s are given but not appropriate to the context	Good and appropriate discussion on intervention/s	Excellent and appropriate discussion on intervention/s
	0-3	3.25-3.5	3.75-4	4.25-4.5	4.75-5

Components	Assignment was turned in late or incomplete	Analysis and recommendation are missing	Assignment is missing one part	Assignment addresses all parts	Assignment strongly fulfills all parts
	0-1.5	1.75	2	2.25	2.5
Writing Style	Writing style is incoherent. Several 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
	0-1.5	1.75	2	2.25	2.5

Buenos Aires, Argentina

Country Module

Faculty: **Dr. Pablo Rall**

pablo.rall@sit.edu

Assignment: Country Module #3 (Argentina) Essay: “Don’t Cry for Me, Argentina”: Public Health in Argentina

Lectures and Readings

Session	Lecture Topic	Key Concept	Reading
PH8	Argentina’s health system	Tripartite health system; right to health; decentralization; primary healthcare	Palacios A, Espinola N, Rojas-Roque C. 2020. “Need and inequality in the use of health care services in a fragmented and decentralized health system: evidence for Argentina”. International Journal for Equity in Health, 19(67). Heredia N, Laurell AC, Feo O, Noronha J, González-Guzmán R, Torres-Tovar M. 2015. “The right to health: what model for Latin America?” Lancet, 385(9975). Pp. 34-7.
PH9	Argentina’s health profile	Health disparities and inequities; epidemiological mosaicism	Fleischer N, Diez Roux A, Alazraqui M, Spinelli H, De Maio F. 2011. “Socioeconomic gradients in chronic disease risk factors in middle-income countries: evidence of effect modification by urbanicity in Argentina.” American Journal of Public Health, 101(2). Pp. 294-301.

			Bossio JC, Arias SJ, Fernández HR. Tuberculosis in Argentina: social and gender inequality. Salud Colectiva. 2012;8(Suppl 1):S77-S91.
PH10	Argentina's health workforce	Labor conditions; geographical disparities; primary healthcare training	<p>Pereyra F, Micha A. The configuration of nursing labor conditions in the Buenos Aires Metropolitan Area: An analysis at the intersection of the gender order and the organization of the health system. 2016;12(2):221-238.</p> <p>East S, Laurence T, López Mourelo E. 2020. COVID-19 and the situation of female health workers in Argentina. Technical report. ILO Argentina, UNFPA Argentina and UN Women Argentina. Read pages 3-16.</p>

To bridge the gap between what you've learned about public health in Argentina, and what you feel remains to be discovered, write an essay in which you:

1. Choose one image (from the available collection) which represents a feature/health outcome/concept/issue of public health in Argentina that strikes you as noteworthy.
2. Analyze the relationship between the feature/health outcome/concept/issue and a strength and/or weakness of Argentina's health system, as you understand it.
3. Integrate on-going program components (homestay experiences, lectures, readings, AV material, etc.) to your analysis as they help your understandings evolve.
4. Provide a final reflection in the form of 2-3 clearly formulated questions that represent what you feel you'd like to continue researching about the feature/health outcome/concept/issue

Draft #1 No more than 2.5 pages (approx. 650-700 words). Summarize / discuss the relationships (~80%); begin to ask questions for future consideration (~20%).

Draft #2 No more than 4.5 pages (approx. 1,200-1300 words). Summarize / discuss the relationships (~75%); pose questions for future consideration (~25%). This draft should reflect feedback from Draft 1 as well as subsequent experiences and content.

Grading Rubric: **Country Module #3 (Argentina)**

Grade	Poor	Not Good	Below Average	Good	Excellent
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Components	Assignment was turned in late or incomplete, Missing components	Assignment is missing several components	Assignment is missing some components	Assignment addresses all components	Assignment strongly fulfills all components outlined in prompt
	0-1.5	1.75	2	2.25	2.5
Identification, description and analysis of health system feature/ health outcome/ concept/ issue	No health system feature is identified; description and analysis aren't comprehensible	Health system feature is not clearly identified; poor or confusing description and analysis	Health system feature is clearly identified; description and analysis are unsophisticated	Health system feature is clearly identified; description and analysis demonstrate adequate understanding of PH course content	Health system feature is clearly identified; description and analysis demonstrate a deep and insightful understanding of PH course content
	0-5.75	6-6.25	6.5-6.75	7-7.25	7-7.5
Integration of other program components	Does not integrate program components	Minimal integration of program components	Limited integration of program components	Utilizes program components, but not exceptionally well in answering the prompt	Strong and insightful integration of program components in answering the prompt
	0-5.75	6-6.25	6.5-6.75	7-7.25	7-7.5
Writing Style	Writing style is incoherent. Many spelling and grammar mistakes 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
	0-1.5	1.75	2	2.25	2.5

Faculty: John McGladdery & Team

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Session	Lecture Topic	Key Concept	Reading
In-class Workshop	Comparative Aspects of PH and GH class experiences	Arc of personal learning across the GH/PH courses	See instruction below for: 1) Portfolio: Compile and Review 2) Growth Artifact 3) Portfolio Self-Assessment

Assignment:

The following comprises the PH/GH Portfolio Module, a self-reflexive assignment shared between the PH and GH classes. The final product is worth 10 points each in respective PH and GH classes. Most will take place in a scheduled Workshop with your peers, with some basic preparation beforehand as homework. The final product will consist of:

- 1) **Portfolio** (compiled before Workshop)
- 2) **Growth Artifact** (frontispiece, minimal preparation at home, completed in Workshop)
- 3) **Portfolio Self-Assessment** (completed in Workshop)

All components of the Portfolio Module should be submitted as a single .doc or .pdf file in Canvas. You can use an app like “PDF Compressor” to make your file size smaller, as needed.

1) Portfolio: Compile and Review

This is not a written submission but a mental and preparatory exercise. Compile, read, and reflect upon the PH and GH portfolios of assignments (**Draft #2**) you have built throughout the course of the semester. After assembling together your PH/GH assignments, review all your work holistically, deliberately contemplating how your perspective has grown across the two courses and your experiences within national and cultural contexts. Think about your own work, analyzing your personal experiences, and reminding yourself of lingering doubts or questions.

Questions to ask yourself when reviewing your work:

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?

2) Growth Artifact

Bring to the Workshop 2 artifacts, one related to GH, one to PH, that you have selected to represent your intellectual growth this semester. These items should relate specifically to the arc of your learning and your journey in understanding the holistic interplay between public health and globalization in the places we have visited. These artifacts can be photographs, pieces of personal writing, garments, receipts, and other items you have collected along the way.

Please bring the artifact (or photo of it) to the Workshop and prepare the following answers for Workshop discussion:

1. Reflecting back on your first PH and GH course sessions and what was new or already familiar to you in those sessions, how has your understanding of public and globalized health evolved over the trajectory of the entire semester? Where was your understanding on Day One and where is it now?
2. What feelings and attitudes have changed.
3. How do the selected artifacts represent your *narrative* of personal intellectual growth?
4. How do the selected artifacts represent your *comprehension* of how public health and globalization shape the individual and collective wellness of people?
5. What activism are you motivated to support or participate in?

Example: three photos you took may represent how macro forces of globalization play out in everyday experiences of health... or you may include a train ticket and a bit from a journal entry to demonstrate how one excursion encapsulates your learning about the prevalence of traditional medicine.

In Workshop: After workshopping the full intellectual and potential representation of your artifacts with your peers in class, you will compose a caption or summary that encapsulates the artifacts' meaning(s). This, along with images of your artifacts, will become the frontispiece of your PH/GH Portfolio submission.

3) Portfolio Self-Assessment

To be done in the Workshop. Fill out and submit the rubric provided.

Directions: Each row addresses a learning objective of your compiled PH/GH Portfolio. For each row, consider the criteria associated with each point value. In the last column of the rubric worksheet, give

your Portfolio the points you feel are fair and accurate for that row. Finally, tabulate the values in the last column to calculate your overall score for your Portfolio. Note: there is a total of 20 points available.

Points	0-3	3-4	4-5	5-6	Score
Reflexivity and Intellectual Engagement	Writing style is confusing or incoherent. Many spelling and grammar mistakes 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	
Interrelates concepts between GH and PH to demonstrate real life impact	Does not demonstrate interplay of PH and GH concepts, or real life impact	Minimally demonstrates interplay of PH and GH concepts, makes some attempts to show how these concepts translate to real life impact	Meaningfully demonstrates interplay of PH and GH concepts to show a few examples of how these concepts translate to real life impact	Compellingly demonstrates interplay of PH and GH concepts to show well developed understanding of how concepts translate to real life impact	
Reflects productive analytic comparison of PH and GH tools across countries and contexts	Does not demonstrate comparisons relevant to PH or GH across different countries and contexts	Minimally demonstrates comparisons relevant to PH or GH across different countries and contexts	Meaningfully demonstrates comparisons relevant to PH or GH across different countries and contexts with a few compelling examples	Demonstrates thoughtful, organized comparisons relevant to PH or GH among different countries and contexts with compelling or creative examples	
Effort	Give yourself up to 2 points for effort.				
TOTAL SCORE					

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 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 by IHP staff or faculty. 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 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

Exact deadlines for assignments will be confirmed in class. 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, unless otherwise noted. Any grade disputes must be settled *before* the program leaves the country, no exceptions. Work is to be submitted via Canvas on the day on which it is due. 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 are expected to keep cell phones, laptop computers, and other devices out of sight, sound, and mind during class sessions - except where otherwise indicated and under extenuating circumstances that have been discussed in advance with the faculty member. As is always the case, students with accommodations through SIT are welcome to use technology as is appropriate.

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.

Students can avoid unintentional plagiarism by carefully following accepted scholarly practices. Notes taken for papers and research projects should accurately record sources of material 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.

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.