

International Honors Program (IHP)

IHP Health and Community:
Globalization, Culture, and Care

Public Health: From Biology to Policy

(IPBH3505 / 4 credits / 60 class hours)

Spring 2025

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?
- 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.

Format

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

Course Schedule

This course comprises one introduction class and three subsequent country cycles. 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.

USA

Lectures and Readings

Session	Preparation
<p>PHI</p> <p>Introduction to Public Health <i>Pillars and Principles of Primary Health Care</i> <i>Assets based approach</i></p>	<p>Required</p> <p>CDC Public Health Indicators: Washington DC https://www.cdc.gov/nchs/pressroom/states/dc/DCI.htm</p> <p>Suggested</p> <p>VanderWeele, T. J., Chen, Y., Long, K., Kim, E. S., Trudel-Fitzgerald, C., & Kubzansky, L. D. (2020). Positive epidemiology? <i>Epidemiology</i>, 31(2), 189193.</p> <p>Discussion: How is the American Public Health System working?</p>

India

Lectures and Readings

Session	Preparation
<p>PH 2</p> <p>The Public Health System in India</p> <p><i>AASHAs, ANMs, AWWs</i> <i>AYUSH</i> <i>District Health System</i></p>	<p>Required</p> <p><u>Rao, K. D., Mehta, A., Noonan, C., Peters, M. A., & Perry, H. (2024). Voting with their feet: primary care provider choice and its implications for public sector primary care services in India. <i>Social Science & Medicine</i>, 340, 116414.</u></p> <p>Suggested</p>

	Discussion: Where should Government invest to improve health outcomes
<p>PH 3</p> <p>Tuberculosis</p> <p><i>Social Determinants</i></p> <p><i>Nutrition as prevention</i></p>	<p>Required</p> <p><u>Bhargava, A., Bhargava, M., Velayutham, B., Thiruvengadam, K., Watson, B., Kulkarni, B., ... & Sachdeva, K. S. (2021). The RATIONS (Reducing Activation of Tuberculosis by Improvement of Nutritional Status) study: a cluster randomised trial of nutritional support (food rations) to reduce TB incidence in household contacts of patients with microbiologically confirmed pulmonary tuberculosis in communities with a high prevalence of undernutrition, Jharkhand, India. <i>BMJ open</i>, 11(5), e047210.</u></p> <p>OR</p> <p><u>Koni, K., Chaudhuri, S., Tarugu, J., Udayasree, K., & Hema, K. (2022). HIV care policy in India: A review of social security schemes. <i>Journal of Family Medicine and Primary Care</i>, 11(5), 1648-1657.</u></p> <p>Suggested Podcast</p> <p>Invisibilia. The Problem with the Solution. (Electronic Document).</p> <p>Discussion: Why is “the problem” hegemonic?</p>
<p>PH 4</p> <p>Aging and Social Care Networks</p> <p><i>Social Determinants of early onset of ailments associated with aging</i></p> <p><i>Government and Community Structures</i></p>	<p>Required</p> <p><u>Rajan, S.I., Shajan, A. And Sunitha, S. (2020) Ageing and Elderly Care in Kerala. China Report. Sage Publications. Pp.1-20</u></p> <p>Discussion: Who cares for the aged?</p>

South Africa

Lectures and Readings

Session	Preparation
PH 5	<p>Required</p> <p>Coovadia H, Jewkes R, Barron P, Sanders D, & McIntyre D. (2009, Sept.). The health and health system of South Africa: Historical</p>

<p>South Africa's fragmented Health Care System and interventions to address it</p> <p><i>Public and private sector, biomedical and traditional.</i></p> <p><i>Community Health systems and National Health Insurance suffering & vulnerability</i></p> <p><i>positional & intersectional health</i></p>	<p>roots of current public health challenges. <i>Lancet</i>, 374(9692):817-34. doi: 10.1016/S0140-6736(09)60951-X.</p> <p>Suggested</p> <p>Whyte, E. B., & Olivier, J. (2023). A socio-political history of South Africa's National Health Insurance. <i>International Journal for Equity in Health</i>, 22(1), 247.pp.17-21.</p> <p>Discussion: Is State provision of adequate healthcare for all a moral imperative?</p>
<p>PH 6</p> <p>Public Health approaches.</p> <p><i>Positivist, interpretivist & participatory approaches.</i></p>	<p>Required</p> <p>Group 1: addressing public health problems Meyer, J. (2000). Using Qualitative Methods in Health Related Action Research. <i>British Medical Journal</i>, 320: 178-181.</p> <p>Group 2: 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.</p> <p>Group 3: Baum, F. (1995). Researching Public Health: Behind the Qualitative-Quantitative Methodological Debate. <i>Social Science and Medicine</i>, 40: 459-468.</p>
<p>PH 7</p> <p>History of health inequity</p> <p><i>Interruptions to health services during COVID-19</i></p>	<p>Required</p> <p>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).</p> <p>Suggested</p> <p>Pillay, Y., Pienaar, S., Barron, P., & Zondi, T. (2021). Impact of COVID-19 on routine primary healthcare services in South Africa. <i>South African Medical Journal</i>, 111(8), 714-719.</p>

Argentina

Lectures and Readings

Session	Preparation
<p>PH 8</p> <p>Argentina's Health System</p>	<p>Required</p>

<p><i>Tripartite Health System</i></p> <p><i>Right to Health</i></p> <p><i>Decentralization and PHC</i></p>	<p><u>Heredia, N., Laurell, A. C., Feo, O., Noronha, J., González-Guzmán, R., & Torres-Tovar, M. (2015). The right to health: what model for Latin America?. <i>The Lancet</i>, 385(9975), e34-e37.</u></p> <p>Or</p> <p>Novick, G. E. (2017). Health care organization and delivery in Argentina: a case of fragmentation, inefficiency and inequality. <i>Global Policy</i>, 8, 93-96.</p>
<p>PH 9</p> <p>Argentina's Health Profile</p> <p><i>Health Inequities</i></p> <p><i>Epidemiological Mosaicism</i></p>	<p><u>Required</u></p> <p>Bossio JC, Arias SJ, Fernández HR. Tuberculosis in Argentina: social and gender inequality. <i>Salud Colectiva</i>. 2012;8(Suppl 1):S77-S91.</p>
<p>PH 10</p> <p>Argentina's Health Workforce</p> <p><i>Labor Conditions</i></p> <p><i>Geographical Disparities</i></p> <p><i>Training</i></p>	<p><u>Required</u></p> <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>

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. The readings will provide an overview of fundamental Public Health concepts and inform material introduced by local faculty in each country.

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

Evaluation

Assignment		Points
USA	Introduction: Workshop	20
India	Class Assignment	20
	Class Assignment	20
	Journal Handin 1	5
	Journal Handin 2	15
	Journal Summary	20
	CSP Presentation (Grp)	20
South Africa	Essay	40
	Journal Handin	20
	Journal Summary	20
	CSP Presentation (Grp)	20
Argentina	Essay	40
	Journal Handin	20
	Journal Summary	20
	CSP Final Presentation (Grp)	100
Total Possible		400

Assignments

In each country students will keep a journal, construct a journal summary, and do a comparative synthesis presentation. Local faculty set their own assignments as well.

India Class Assignment 1: TB in India (90 minutes, 2 pages, 20 pts)

Write a 2-page essay on Public Health Approaches to TB in India.

Paragraph 1. Briefly describe the characteristics of Tuberculosis and give the statistics on its prevalence and incidence. (2)

Paragraph 2 Briefly describe the social conditions in India that make many in the population vulnerable to the spread of TB. (3)

Paragraph 3 Briefly describe the context that makes health promotion and prevention difficult when it comes to TB. (3)

- Paragraph 4 Briefly describe the context that makes the treatment of TB difficult (3)
- Paragraph 5 Briefly describe what a Primary Health Care approach is. (2)
- Paragraph 6 Analyze how India relies on a Primary Health Care approach to tackle TB (4)
- Paragraph 7 Indicate how a program to provide nutrition to families at risk might reduce the burden of TB. (3)

India Class Assignment 2: Aging in India (90 minutes, 2 pages, 20 pts)

Write a 2-page essay on Public Health Approaches to Ailments of Aging in India.

- Paragraph 1. Briefly describe the characteristics of an ailment of aging and give the statistics on its prevalence and incidence. (2)
 - Paragraph 2 Briefly describe the social conditions in India that cause ailments of aging to occur at younger age. (3)
 - Paragraph 3 Briefly describe the biomedical model of treating ailments of aging. (3)
 - Paragraph 4 Critique the biomedical model described above (3)
 - Paragraph 5 Briefly describe how care-in-community works. (2)
 - Paragraph 6 Describe the care provided in a facility you have visited. (4)
 - Paragraph 7 Comment on the attitudes needed that allow a care-in-community model to work. (3)
- (Write paragraphs 1 to 5 in Class. Add the final Paragraphs and submit by 4PM the day after your visit to a facility that cares for the aged)

South Africa Public Health Assignment

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. Maximum 4.5 pages (approx. 1,200-1300 words). Summary/discussion of factors in about 75%; recommend a reform intervention in the remaining ~25%. This draft should reflect prior feedback and is evaluated as a grade.

Grading Rubric (S. Africa Module)

Points	0-12	13-14	15-16	17-18	19-20
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
Analysis	Overall analysis is weak and limited to cursory conclusions, no	Some analyses and some references to PH	Good analysis but some references to PH	Good analysis and good references to PH	Excellent analysis to draw in conclusion

	reference to PH				
Recommendation	Recommendation is weak or none	There are some recommendations	Recommendation but not appropriate to the context	Good and appropriate recommendations	Excellent and appropriate recommendations
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
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 correct language, no spelling/ grammar errors present

20 Points x 2 = 40 points

Argentina Public Health Assignment:

Assignment: Mapping a Public Health outcome in Argentina

Based on what you have learned throughout the program in general, and the Argentina PH course in particular, map a relevant Public Health outcome in Argentina addressed in PH 8-10 lectures. Include a brief and synthetic visual representation of your map, followed by a written explanation between one and two pages long. In doing so,

1. Clearly identify the Public Health outcome
2. Use 1-2 core Public Health concepts learned throughout the program, as well as 1-2 specific concepts discussed in PH 8-10 lectures, and describe the connections between them and the PH outcome chosen
3. Use one Argentina program experience to demonstrate the success or shortcoming of a local Public Health policy aimed at tackling the outcome
4. Provide a final reflection which highlights in which way the outcome has shaped your understanding of Public Health

Grading Rubric: Country Module #3 (Argentina)

Grade	Poor	Not good	Below average	Good	Excellent
Components	Assignment was turned in late or incomplete,	Assignment is missing several components	Assignment is missing some components	Assignment addresses all components	Assignment strongly fulfills all components outlined in prompt

	Missing component				
	0-3	3,5	4	4,5	5
Identification of outcome, description of connections between outcome and PH concepts	No outcome is identified; description of connections isn't comprehensible	Outcome is not clearly identified; poor or confusing description of connections	Outcome is clearly identified; description of connections is unsophisticated	Outcome is clearly identified; description of connections demonstrates adequate understanding of PH course content	Outcome is clearly identified; description of connections demonstrates a deep and insightful understanding of PH course content
	0-11,5	12-12,5	13-13,5	14-14,5	15
Integration of program experience	Does not integrate program experience	Minimal integration of program experience	Limited integration of program experience	Integrates program experience, but not exceptionally well in answering the prompt	Strong and insightful integration of program experience in answering the prompt
	0-11,5	12-12,5	13-13,5	14-14,5	15
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
	0-3	3,5	4	4,5	5

Journals

(20pts: India, S. Africa, Argentina)

You will keep three journals – one each for PH, PH and GH. Each journal is specific to its course, and should not be used for general note-taking. At the end of each workday, students should go over notes taken during the day, and recall relevant conversations that pertained to the synthesis topic from the perspectives of the relevant courses. Some days students will enter journal points for only 1 course, other days they will enter for all 3. Journal entries should be dated, and must always note the source of any opinions or data.

Entries are personal notes, so they do not have to be written in complete sentences – however, double-entry format is expected.

When discussing entries with your PD, Visiting Faculty or other students, you must be able to elucidate the meaning. Indicate a comparison when noting a nuance between presented facts, presented opinions or between facts/opinions and principles/ policies/legislation. Where questions arise, indicate this – using double-entry format – as a question that you will pursue.

Students may choose between writing double-entry journals as word documents, or writing them in physical books. We suggest writing them in word documents, saving a new version each

week and emailing it to a study buddy so that one can always retrieve it if a laptop breaks. Students choosing to write in physical books should take pics of each page and create a document each week that can be stored on backup and submitted for grading.

Workshopping sessions for your journals will be scheduled during RME and Write, Reflect, & Consult sessions. Students should have their laptops and/or physical journals in these sessions and in times created for group reflection.

Journals

(20pts: India, S. Africa, Argentina)

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Entries do not have to be written in complete sentences – however, double-entry format is expected.

When discussing entries with your PD, Visiting Faculty or other students, you must be able to elucidate the meaning. Indicate a comparison when noting a nuance between presented facts, presented opinions or between facts/opinions and principles/ policies/legislation.

Students must submit submit double-entry journals as word documents.

Workshopping sessions for your journals will be scheduled during RME and Write, Reflect, & Consult sessions. Students should have their laptops and/or physical journals in these sessions and in times created for group reflection.

Journal Grading:

The first submissions will be graded on a participation basis, and feedback will be given to enable students to proceed with journals going forward. (5 Marks)

Grading is on the basis of:

1. Inclusion of significant details (8 / 20 pts)
2. Relevance of details (to the course) (4 / 20 pts)
3. Depth of reflections, interpretations, codes (8 / 20 pts)

(Observations all thoroughly interrogated, demonstrating progress towards understanding)

NB: Inclusion of details not relevant to the focus project and/or the focus of the course will result in lower grades. The emphasis is on quality and not on quantity. Sometimes you will learn something crucial, but it has no relevance to your focus topic in a specific course. Note that down somewhere else and bring it up in a class discussion. The journaling process should not keep you up for hours each night, - it should take 15 to 30 minutes a day. We suggest you stay over in class for a bit each day to do this. Think:

- **G&H Journal** – What did I learn about the play of global power and influence, that relates to my focus project?
- **PH Journal** – What did I learn about a Health System that relates to my focus project. – PH Journal?
- **HCC Journal** – What did I learn about health, culture, and community relating to my focus project?

Journal Summary

(India, S. Africa, Argentina = 20pts each)

In the last couple of days in each country, you will be given time to summarize the data and findings in each of your three journals. These two-page journal summaries will be graded by local/visiting faculty. One page will be dedicated to summarizing the most pertinent data, that will be noted in point form, acknowledging sources. (The data will comprise facts presented or observed, and/or opinions shared with you) The other page will be dedicated to comparison and analysis of the most significant finding, and will be written in full sentences. While we encourage co-operative learning and sharing of data, these summaries are to be done as individuals.

Grading is on the basis of:

1. Inclusion of significant data (10 pts)
2. Depth of comparison and analysis (10 pts)

Comparative Synthesis Project

(USA - 20 points, India – 20 points, S. Africa - 20pts, Argentina - 100pts)

During the final days in each country, your Comparative Synthesis Project (CSP) team will present its findings of the month's work, and fellow students and faculty will have the opportunity to ask you questions and make comments regarding your research.

Note:

- Presentations should be professional in tone, similar to a conference paper presentation. They should be divided into 5 sections, perhaps with a different person handling each section (although this can vary). Structure for the **India** and **South Africa** Presentations are as follows:

1. Introduction: State the topic and indicate the structure of the presentation (1 min, 1 pt)
2. Global Influences on [Topic] (18 pts)
3. How Health System/s engage [Topic] (18 pts)
4. How communities and cultures engage with [Topic] (18pts)
5. Conclusion (1 pt)
 - *The 18 points will be broken down as follows:
 - Substantive themes are identified (4)
 - Comparisons between countries are made (4)
 - Care has been taken to avoid uncritical repeating of misinformation (6)
 - The presentation is informative and interesting (6) (presentation skill)

In **Argentina** we present our Final Synthesis and explain the Methods we used:

1. Introduction: State the topic and indicate the structure of the Presentation (1 min, 10 pts)
2. Methods (to RME)
3. Global Influences on [Topic] (to G&H)
4. How Health System/s engage [Topic] (80 pts)
5. How communities and cultures engage with [Topic] (to HCC)
6. Conclusion (same student as Introduction) (10 pts)

Hints:

- Data obtained is not a “finding”! You should be able to differentiate clearly between data and analysis/interpretation and make sure that there is a “healthy” proportion between the two (data should and can be more ample than interpretation, but interpretation— i.e. understanding/presentations of the results—should take at least one third of your presentation. Comparative Synthesis Project presentations should also demonstrate cultural humility and respect for the point of view and dignity of informants, research participants, and other teachers, whether formal or informal.
- References to readings, connections made with learned concepts and models are also required.

- Students must reflect continuously on the ethical implications of their research methods and findings.
- The presentations should be visual and innovative presentation techniques are welcome, but time should not be spent on audience participation exercises and “polish” should not come to the detriment of the content.
- Respect the time restriction.
- For additional grading criteria you can check the rubric. The Presentation is a collective work, and each team member should participate. You will be graded based on your collective performance.

Presentation Requirements: You and your group have substantial creative freedom to craft your presentations to best fit your projects, as long as your presentations address the following topics (in no particular order):

- Introduction that explains the evaluation of the research question
- The contextual elements which allow to understand the significance of the local findings
- Methodologies used (Argentina presentation)
- The theoretical framework that allows you to make sense of the findings in a comparative perspective
- Basic findings and discussion of evidence (remember, recorded data is not a finding, interpretations are!)
- Evaluation of methodological and/or theoretical approaches
- What ethical issues were negotiated during the course of the research?
- What were the limitations of this research?
- Thorough discussion of conclusions in a way that brings together argument and evidence.

USA Considering the (brief!) time in Washington DC, your group will workshop and then present a preliminary sketch (without visuals) of your Comparative Synthesis Project: 8 minutes (+2 min Q&A)

India India is the first country where you will have collected information on your topic outside of the United States. You will start to use a comparative frame to create testable generalizations and to understand better the weight of the particular contexts. At the end of the country program your group will present the state of your research project, incorporating your findings. The presentation is an excellent chance to practice your presentation skills with visual aids. This time you will start to build a theoretical framework, using concepts, models and theories learned during the program. 20 minutes (+8 min Q&A)

S. Africa Towards the end of the South Africa program, your group will present on the main findings thus far. The structure follows the same as above, with the exception that the comparative element will cover the US, India, and South Africa. 30 minutes (+8 min Q&A)

Argentina In this final group presentation, you will share your findings and analysis with fellow students, faculty, and other members of the learning community. You may use any medium to present your research, so long as all required components are included.

The presentation should include your main insight and research results in Argentina, as you have done before. An additional aspect of this presentation, however, is to also compare from across the entire semester as a cumulative and comparative whole. This presentation should demonstrate your learning path and highlight similarities, variations or oppositions in certain notions/issues/practices/problems and solutions between countries. It is essential to demonstrate how the overall learning inform your understanding of relevant comparable issues in the United States and of your own position in the world. 40 minutes (+8 min Q&A)

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. 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.
- 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 or scanning any hard copy assignments (and keeping a copy in .jpg or .pdf).
- **Assignments that are not easily legible will be returned ungraded.**

Expectations & 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 **and** faculty. Missing one class, excused or unexcused, 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. Work is to be submitted via Canvas on the day on which it is due. Assignments submitted past the deadline ***without prior notification / justification to the instructor*** may be penalized one full grade 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.