

West Virginia University (WVU)
Knowledge Exchange Institute (KEI)

Introduction to Global Health
Summer 2019 (June 10-21)

Description: In this intensive two-week seminar for undergraduate and early health professions students we will explore key issues in global health, with a focus on comparative medicine between North and South American countries.

Credit hours: 3

Prerequisites: Minimum 2.5 GPA;
Fluency in Spanish and/or typical pre-medical coursework are not required nor expected

Schedule: Classroom-based lecture, discussion, and small group activities will take place Monday through Friday and will be supplemented by structured field experiences in communities, health care facilities, and other points of interest within the city of Guayaquil, Ecuador.

Location: Guayaquil, Ecuador

Instructor: Benjamin Silverberg, MD (West Virginia University School of Medicine)

Office hours: by appointment

Learning objectives:

1. Evaluate how healthcare delivery models vary across countries and how they impact cost and effectiveness of care.
2. Identify and describe how culture and socioeconomic determinants directly impact the health of a population.
3. Assess elements of successful community-based interventions.
4. Recognize the important role global health experiences have in contributing to enhancing one's ability to be a culturally-sensitive/-humble citizen.

Preparation/participation: Students are expected to prepare for class by reviewing the assigned reading(s), to participate in discussions and group activities, and to reflect on their experiences in a journal. Due to intensive nature of this seminar, students are encouraged to seek help early if they feel they are falling behind.

Required reading: Given the compact schedule for this course, care has been taken to give students high-yield but shorter reading assignments. This has also been done to allow students to experience life in Ecuador. Students are also strongly encouraged to review the core/reference text (Markle et al.), but this will not be required.

Grading: Scores will be out of 100 points. If not taking this course as pass/fail, students will receive letter grades as per nursing school standards (93-100% = A, 85-92% = B, 77-84% = C, 70-76% = D, <69% = F).

40 points – reflective journaling (5 points per entry)

20 points – participation in classroom discussions and activities (2 points per day)

10 points – comparative medicine debate (in-class 6/13)

10 points – health promotion presentation (in-class 6/21)

20 points – final paper (due no later than 7/5)

Opportunities for extra credit may be available at the discretion of the instructor.

Reflective journaling – Prior to each class (with the exception of the first and last sessions), students will write a minimum of 2 paragraphs reflecting on the assigned reading(s), what they learned the previous day, what they saw outside the classroom, etc. Students are encouraged to comment on things that induced emotion (good or bad) – e.g., surprise, frustration. These entries may be used to stimulate in-class discussion.

Participation – Whereas some people tend to speak up in groups, others may engage in the material but feel uncomfortable “taking the stage.” Similarly, everyone learns in different ways and at different speeds. Please allow and encourage your classmates to contribute to our learning by keeping our classroom respectful and supportive.

Comparative medicine debate – Students will select one of the following countries in the Americas: the United States, Canada, Mexico, Peru, or Brazil. (If class size permits, additional countries in other regions – e.g., the United Kingdom, Ireland, Australia – will be included.) Students will read the relevant chapter in Johnson et al. and then give a brief report to the class summarizing that health system, including perceived strengths and weaknesses. As a class, we will debate the virtues of each, potentially elevating the “best” system or developing our own unique national health system.

Health promotion presentation – Health promotion has been defined by the World Health Organization’s (WHO) 2005 Bangkok Charter for Health Promotion in a Globalized World as “the process of enabling people to increase control over their health and its determinants, and thereby improve their health.” For this project, students will focus on health literacy, selecting a communicable or non-communicable disease (e.g., malaria, HIV, obesity, depression) and developing a brief presentation on it for members of the community.

https://www.who.int/topics/health_promotion/en/

Final paper – Students will prepare a minimum of 5-page paper (double-spaced, size 12 font, 1 inch margins) exploring an issue in global health as it relates to the health status of Ecuadorians and Appalachians. Suggested topics include – but are not limited to – access to primary or surgical care, poverty, nutrition, mental health, addiction, and maternal/fetal health. This will require reading beyond what is assigned for class and should include other chapters of the core text (Markle et al.) as appropriate and primary research. Please cite your references. The paper should be submitted no later than July 5th, 2019.

Course policies:

Social justice – West Virginia University is committed to social justice. I concur with that commitment and expect to foster a nurturing learning environment based upon open communication, mutual respect, and non-discrimination. Our University does not discriminate on the basis of race, sex, age, disability, veteran status, religion, sexual orientation, color or national origin. Any suggestions as to how to further such a positive and open environment in this class will be appreciated and given consideration.

The West Virginia University community is committed to creating and fostering a positive learning and working environment based on open communication, mutual respect, and inclusion. If you are a person with a disability and anticipate needing any type of accommodation in order to participate in this class, please advise me and make appropriate arrangements with the Office of Disability Services (+1 304-293-6700). For more information on West Virginia University's Diversity, Equity, and Inclusion initiatives, please see <http://diversity.wvu.edu>

Behavior in classroom and on excursions – An environment conducive to learning is fostered through mutual respect among students, their peers, and faculty. Any behavior that jeopardizes that environment is inconsistent with professionalism and will not be tolerated. To ensure an environment that is conducive to learning, personal communication devices (cell phones, laptops, etc. when not being used for learning activities) should be turned off and stowed away during classroom activities.

Academic dishonesty – West Virginia University expects that every member of its academic community shares the historic and traditional commitment to honesty, integrity, and the search for truth. Academic dishonesty includes plagiarism; cheating and dishonest practices in connection with examinations, papers, and projects; and forgery, misrepresentation, and fraud. Students who engage in academic dishonesty will be penalized. Penalties may include a reduced grade on the work or examination in question, assignment of remedial work, or a reduced grade in the course, up to and including an unforgivable F. The instructor may also recommend to the Dean that additional penalties be imposed.

Social media – Sharing information is a basic tenet of higher education. Through social media, it is easier than ever to reach out to others and to share information. There have never been fewer barriers to sharing, but with this openness comes a need to know exactly what to share and with whom, as well as a clear understanding of what not to do.

WVU is committed to free and open expression and supports its faculty, staff, and students in the use of social media to connect with each other and to accelerate teaching and learning. Social media is a powerful tool that carries with it many rewards, but with those rewards come personal and institutional risks. You are responsible for complying with the University Social Media Guidelines found at <http://www.hsc.wvu.edu/Admin/HSC-Policies-Guidelines>.

In short, do not take or share photos or other personally-identifying information that could expose an individual's or group's health status, disability, etc. or set them up for ridicule.

Lesson plan (subject to change):

Week 1 – health beliefs, systems, and ethics

- Day 1 Lecture/discussion: **Cultural context**
Activity: Health, illness, and religion (Spector p.216-232) [role play]
Video: “Allegories on race and racism” (Camara Jones, TEDx Emory 2014)
Experience: Guayaquil city tour (Malecon 2000, Las Penas)
- Day 2 Lecture/discussion: **Colonial medicine and indigenous peoples**
Activity: TBD [game]
Experience (optional): Museum of Anthropology and Contemporary Art (MAAC)
- Day 3 Lecture/discussion: **Health systems** (Markle ch.20)
Freeform: Comparative medicine (Johnson chs.5-9) [preparation for Thursday’s debate]
Experience: Junta de Beneficencia (hospitales)
- Day 4 Lecture/discussion: **Global health** (Markle ch.1)
Activity: *Comparative medicine [debate]*
Speaker: Early-career medical provider and/or other public health educator
- Day 5 Lecture/discussion: **Ethics** (Markle ch.21)
Activity: Research and resources (Barrett cases 2.3/3.5) [case studies]
Summary: Week 1 debriefing

Week 2 – disease, injury, and aid

- Day 1 Lecture/discussion: **Communicable diseases** (Markle ch.2)
Activity: Infectious disease and birth defects (Levine cases 5/12/16/20) [case studies]
Experience: Damien House
- Day 2 Lecture/discussion: **Non-communicable diseases (NCDs)** (Markle ch.16)
Freeform: Health promotion [preparation for Friday’s presentations]
Experience: Parque historico
- Day 3 Lecture/discussion: **Injuries** (Markle ch.13)
Freeform: Health promotion [preparation for Friday’s presentations]
Experience: Instituto Superior Tecnológico Bolivariano (clinica)
- Day 4 Lecture/discussion: **Natural disasters and humanitarian crises** (Markle ch.15)
Activity: Disaster relief simulation [role play]
Video: “What it’s like to be an LGBT asylum-seeker”
Speaker: Refugees and victims of human trafficking
- Day 5 Lecture/discussion: **Foreign aid and innovation**
Activity: *Health promotion [presentations]*
Summary: Week 2 debriefing and course evaluation

Student texts and articles:

Barrett et al. "Public Health Ethics: Global Cases, Practice, and Context." CDC, 2016.

<https://open.umn.edu/opentextbooks/textbooks/public-health-ethics-global-cases-practice-and-context>

Johnson et al. "Comparative Health Systems: A Global Perspective. (2nd ed.)" Jones & Bartlett Learning, 2017.

Levine. "Case Studies in Global Health: Millions Saved. (1st ed.)" Jones & Bartlett Learning, 2007.

Markle et al. "Understanding Global Health. (2nd ed.)" McGraw-Hill, 2013.

Spector. "Cultural Diversity in Health and Illness. (9th ed.)" Pearson, 2016.

Other articles TBD.

Additional texts for instructor:

Cueto et al. "Medicine and Public Health in Latin America: A History." Cambridge UP, 2014.

<https://www.cambridge.org/core/books/medicine-and-public-health-in-latin-america/0E0D7D11C2EC442C59110F1DC85518FC#fndtn-contents>

Davidson. "Social Determinants of Health: A Comparative Approach. (1st ed.)" Oxford UP, 2015.

Farmer et al. "Reimagining Global Health: An Introduction." U California P, 2013.

Merson et al. "Global Health: Diseases, Programs, Systems, and Policies. (3rd ed.)" Jones & Bartlett Learning, 2011.

Skolnik. "Global Health 101. (2nd ed.)" Jones & Bartlett Learning, 2015. *[newer edition available]*

Additional suggestions for lesson-planning:

<http://www.global-workforce.globalization101.org/about-the-curriculum/>

Instructor's lecture notes:

Cultural context (Skolnik ch.6, Merson ch.2)

- Health beliefs and practices
- Concepts of illness
- Racial health disparities

Colonial medicine and indigenous peoples (Farmer ch.3, Davidson ch.6, Cueto ch.1)

Health systems (Skolnik ch.5, Merson ch.12, Johnson chs.1-4/7-9, Cueto ch.5; Markle ch.20)

- Public, private, NGO
- Major actors (PAHO, WHO, UN)
- Access and barriers to care

Global health (Skolnik chs.1/2, Merson chs.1/3, Farmer ch.11, Cueto ch.3; Markle ch.1)

- Public health vs global health
- Millennium Development Goals
- Determinants of health
- Burden of disease

Ethics (Skolnik ch.4; Markle ch.21)

- Nuremberg Code, Declaration of Helsinki, Belmont Report
- Institutional Review Board (IRB)
- Resource allocation, vulnerable populations, disease prevention/control, health promotion, environmental/occupational health

Communicable diseases (Skolnik ch.11, Merson ch.5; Markle ch.2)

- HIV and STIs
- Vector-, water-, and food-borne illnesses
- Other diseases (inhalational, physical contact)
- Emerging and "forgotten" (neglected) infectious diseases

NCDs (Skolnik ch.12, Merson ch.7; Markle ch.16)

- Alcohol and tobacco
- Cancer
- Obesity, cardiovascular disease, diabetes
- Vision and hearing loss

Injuries (Skolnik ch.13, Merson ch.8, Davidson ch.8; Markle ch.13)

- Workplace injury, falls, traffic accidents, drownings, fires, poisonings
- Violence/homicide

Natural disasters and humanitarian crises (Skolnik ch.14, Merson ch.11; Markle ch.15)

- Refugees
- Mental health and access to other appropriate care

Foreign aid and innovation (Farmer ch.10, Cueto ch.4, Johnson ch.27)