University of Pennsylvania Graduate Program in Public Health MPH Degree Program

Course Syllabus – Fall 2017

Title: PUBH 519: Foundations of Global Health- Addressing Health Disparities

Course Units: 1.0 c.u.

Course Description: This course presents an interdisciplinary approach to global health with emphasis on addressing health disparities both global and local. Learning formats include case-based analysis, small group discussion, faculty presentations, panels, and debates. Subjects include: measures of disease burden; frameworks for health equity and rights; determinants of health; environmental health and safe water; control of infectious diseases; non-communicable disease programs, nutritional challenges; harm reduction and behavioral modifications; women's reproductive rights; health economics and cost-effective interventions; health manpower and capacity development; globalization challenges and potentials.

Placement / Room Assignment:

Fall Semester. Lectures: Tuesday, 5:00 PM to 7:00 PM, Room: Fagin 214 (School of Nursing)

Discussion sections: Tuesday 7-8pm

Course Director: Carol McLaughlin, MD, MPH, MSc <u>carolmc@upenn.edu</u>

Discussion Section Faculty:

Hannah Bergbower, RN, MPH
Kent Bream, MD
Megan Doherty, MPH
Marjorie Muecke, PhD, RN

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Faculty Office Hours: By Appointment

Course Teaching Assistant (TA): Gaurav Majmudar gmaj@mail.med.penn.edu

Prerequisites: There are no prerequisites. The course is designed for graduate and professional students in public health, health professions, social and behavioral sciences, business and law. SAS undergraduates may register if they are juniors or seniors and have completed HSOC 010, Health and Societies: global perspectives. Junior and Senior undergraduate nursing students can apply for permission.

NOTE: Cell phones must be turned off during class. Laptops are only permitted for class related use during special sessions.

<u>Course overview</u>: This course provides an introductory survey of global health, with the primary aim to engage and inspire students about the opportunities and challenges of global health. Using the lens of health equity, it provides an overview of many current issues in global public health and frameworks to address them. Interested students can follow this course with more specific in-depth courses in areas such as research methods, global health policy, program planning, human rights and others.

Course objectives:

At the completion of this course, the student will be able to:

- Understand that global health involves multiple academic disciplines, and identify many of these.
- Understand that global health theory involves many, sometimes conflicting, belief systems, and identify some of these.
- Understand that global health can be conceived as a complex ecosystem, which involves issues that are much broader than the traditional health disciplines.
- Be able to cite examples of specific issues and case studies in global health.
- Understand some of the potential interventions that can be used to ameliorate problems in global health, particularly in low-income countries.

Core competencies:

- 1. Understands the complexities of global health issues, particularly in low-income countries and the sources that can be used to learn about them.
- 2. Employ critical thinking and appraisal of the literature to explain the global influences on determinants of health.
- 3. Demonstrate ability to assess, describe, and analyze determinants of health in developing countries.
- 4. Evaluate efficacy and cost effectiveness of public health interventions, programs, policies, and health care systems within international setting and global health context.

Teaching methods:

Learning formats include case-based analysis, small group discussion, faculty presentations/lecture, panels, debates, selected general and specific references, reflection questions and papers.

Required readings:

Required textbook:

Title: Understanding Global Health, 2E | Edition: 2, 2013. Author: William Markle, Melanie Fisher, Jr., Ray Smego Ray

This is available for purchase at the University Bookstore or on-line.

This textbook is also available for free electronically through Access Medicine via Penn Library. URL is http://accessmedicine.mhmedical.com/book.aspx?bookid=710 if you are on a Penn campus computer. From a personal computer, you can access the book through the Penn Library http://www.library.upenn.edu/biomed/ Under e-books, search for the title and log-in with your Pennkey for full text.

There will be additional required reading for each session (articles, videos, or other) which will be posted on Canvas as well as recommended/optional readings and resources.

Student Evaluation will be based on:

Short Reflections (6-8) 10% Paper - part 1 Oct 10th 20% Paper - part 2 Dec 12th 30%

Participation: 20% (class discussions & breakout section, includes attendance)

Breakout Session Case: 20% group case (contribution throughout course)

Detailed instructions and due dates for the assignments will be provided on Canvas in the "Assignments" section. Completed written assignments should be uploaded to canvas by the due date. Assignments that

are late without a prior approved extension will be marked down ½ grade for each day late without prior discussion of small group faculty.

Class participation:

Students are expected to prepare for each class by reading assigned chapter/articles; students are expected to attend and participate in lecture and small group breakout discussions each week. Unexcused absences will result in decreased participation grades. Those with excused absences are required to complete and turn in the section activity for that week to their section faculty leader.

Reflections of Readings (6-8 during the semester):

A week before the due date, several questions will be posted on canvas for the following week's class discussion. Students should answers these questions briefly based on the readings and their own viewpoints.

Expected Length: 1 paragraph or bulleted half page or less for each question

Upload to canvas prior to class

Grading: complete/incomplete (no numerical grade)

Discussion Sections (start Sept 5th)

Sections will meet from 7-8 PM after lecture. The main purpose of these sections is for group discussion and application of material presented in the lectures, assigned reading, and case studies. Additionally, the groups will provide an opportunity for students to receive peer and instructor feedback as they select, research, and present their individual critical analysis paper.

Discussion Section Activities:

- Discussion and reflection of lectures and weekly assigned readings
- Application of skills from lectures to example countries prepare in advance as homework
- Peer feedback and input as each student prepares their individual papers
- Critical analysis of global health problems group country assignment

Each student will:

- Lead a discussion section. This will require close reading of chapters/articles assigned for the week. Student discussion leader will be expected to prepare to lead discussion of the skills exercise and prepare questions from the readings and lead the group through a critical reflection of the issues raised.
- **Present his/her paper topic to the group for feedback**. This will entail brief discussion of the chosen topic and questions for analysis (early October) and longer discussion of recommendations weeks 12-14.
- Participate in a group case for the course Global Health Forum (presentation week 14):
 - Each section will be assigned a country and apply the weekly discussion questions to the country longitudinally. In the second half of the semester, students will as a group decide on several problems or issues in the country to delve into deeply and break into groups of 3-4 students to examine solutions to address the issues.
 - Preparation: Some in class work time (~ 3-4 hours) and outside of class as needed
 - Group presentation: Each section will present a summary presentation to the entire class on Dec. 5th (week 14) discussing what they learned about their country and presenting their recommendations. Presentation time is 10 minutes max.

Academic Integrity: Students are expected to conduct themselves consistent with the University of Pennsylvania's Code of Academic Integrity, which presents standards regarding plagiarism, multiple submissions and other actions. Students are expected to be familiar with the Code, which can be found at http://www.upenn.edu/academicintegrity/

Master of Public Health - Grading Policy

Any course in which the student receives a grade of "C+" or below will not be applied toward the Master of Public Health degree. Please see the MPH Handbook for a detailed description of the grade policy.

Courses taken as pass/fail will not be applied to the MPH degree.

The MPH grading policy is at the discretion of the individual course instructors. Please find below the generally used grading scale for the MPH Program.

A+	97-100	B+	87-89	C+	77-79		
A	93-96	В	83-86	C	73-76		
A-	90-92	B-	80-82	C-	70-72	F	0-69

Please note that an A+ carries the same weight (4.0) as an A.

Incomplete Grade: It is expected that a matriculated MPH student shall complete the work of a course during the semester in which that course is taken. A student who fails to complete a course within the prescribed period shall receive at the instructor's discretion either a grade of I (incomplete) or F (failure). If the incomplete is given, the instructor may permit an extension of time up to one year for the completion of the course. In such cases, any course which is still incomplete after one calendar year from its official ending must remain as incomplete on the student's record and shall not be credited toward the MPH degree. Students who receive two or more incompletes within a semester may not register for the subsequent semester(s) without the permission of the MPH Program Director and the Director of Education.

For additional information on academic policies, please refer to the corresponding sections in the Student Handbook.

The University of Pennsylvania provides reasonable accommodations to students with disabilities who have self-identified and received approval from the Office of Student Disabilities Services (SDS). If SDS has approved your request for accommodations, please make an appointment to meet with me as soon as possible in order to discuss the arrangements for your accommodations.

If you have not yet contacted Student Disabilities Services, and would like to request accommodations or have questions, you can make an appointment by calling 215-573-9235. The office is located in the Weingarten Learning Resources Center at Stouffer Commons, 3702 Spruce Street, Suite 300. Please visit the SDS website at http://www.vpul.upenn.edu/lrc/sds/index.php. SDS services are free and confidential.

PUBH 519: LECTURES, READINGS, and ASSIGNMENTS

2017	ТОРІС	SPEAKER	READINGS	
		IN.	TRODUCTION – Week 1	
SEP 05 WK 1	Important issues in global health: an overview of the course Views from the field: Challenges in Sierra Leone	Carol McLaughlin, MD MPH Beryl Greywoode, MD	Video: Hans Rosling TED talk – Let my dataset change your mind. 2009 http://www.ted.com/talks/hans rosling at state Jeffrey P Koplan, et al. "Towards a common definition of global health," <i>The Lancet</i> 2009; 373: 1993–95 Response - Linda P Fried, et al. "Global Health is Public Health," <i>The Lancet</i> , 2010, 375: 535 – 537 WHO. Ten Years in Public Health 2007-2017 (Links to an external site.) Links to an external site.	
Sections	Sections start this week -introductions, section country, sign-up for week to present			
		DETERM	INANTS OF GLOBAL HEALTH	
			Week 2	
SEP 12 WK 2	The Global Burden of Disease	Carol McLaughlin MD MPH	Markle - Ch. 2 and Ch.16 Video: Chris Murray TEDMED talk on Global Burden, May 2013 http://www.youtube.com/watch?v=mususV-jMFk Life Equation interactive Gibbs W. Bill Gates Views Good Data as Key to Global Health. Sientific American, August 2016 The history of global health organizations. OUPblog Feb 21, 2017 The Global Health Regime Recommended: IHME. The Global Burden of Disease: Generating Evidence, Guiding Policy. 2013.	
Sections	Global Burden of Disease visualizations for country, heat map, epidemiological transition, DALY, YLL, YLD			
	Reflection 1			

	Week 3					
SEP 19 WK 3	Global Environmental Challenges: Food security, water scarcity, population, and urbanization Discussion Players, structures, frameworks	Nikhil Anand PhD, SAS	Markle - Chapter 6 World Health Organization. pages 1-47. pdf: WHO Progress on water, sanitation, and hygiene 2017.pdf "A Place to Go" by Elizabeth Royte. National Geographic August 2017. UN Human Development Report 2006: Introduction pages 1-25. Beyond scarcity: power, poverty and the global water crisis. Watch 5 min TED talk on Population Pyramids SDGs Sachs, Jeffrey. From Millennium Development Goals to Sustainable Development Goals. Lancet 2012; 379: 2206–11. SDGs http://www.un.org/sustainabledevelopment/sustainable-development-goals/ Recommended: UN Human Development Report 2011:Sustainability and Equity			
Sections	look at country: population pyramid, demographic structure, basic indicators (life expectancy), sindex http://sdgindex.org/data/index/					
Due	Reflection 2					
			Week 4			
SEP 26 WK 4	Social determinants of health – Global to Local Immigrant health	Steve Larson MD, SOM	Mosley M and Chen L. An Analytical Framework for the Study of Child Survival in Developing Countries. Population and Development Review 1984 Video segment: Unnatural Causes Link: http://puentesdesalud.blogspot.com/2008/07/pbs-documentary-are-inequalities-making.html			
	Case Discussion and Debate: Addressing Social Determinants locally		Video: Education – it matters more to health than ever before http://www.youtube.com/watch?v=C8N4wka3wak Marmot M et al. Closing the gap. Lancet 2008, 372: 1661-1669. PATH for Global to Local. 2016 pdf: Recommended: Marmot M. Social determinants of health inequalities. Lancet 2005, 365: 1099-1104. WHO 2008 Report on the Social Determinants of Health			

	Sections	Apply Mosley and Chen framework - distal and proximal determinants for country - education, economic indicators.			
	Due	Reflection #3			
				Week 5	
	OCT 3 WK5	Equity- Gap Analysis – the Case of child health	Carol McLaughlin, MD MPH	UNICEF - Investments in Poor Children save more lives per dollar. June pages 1-22. UNICEF - State of the World's Children 2016. Chapter 1 pages 1-39 and 4 pages 89-101. http://www.unicef.org/publications/files/UNICEF_SOWC_2016.pdf Countdown to 2105 Equity Analyses - country profiles and how to read to Powerpoint - Cesar Victora – Inequalities in RMCNH Markle – Chapter 21	chapter
	Sections	Countdown to 2015 profiles, equity analysis by wealth quintile or other factor, main causes of child death in country, coverage gaps			in
DueDU	DUE				

Health systems Community nealth programs n low resource	Carol McLaughlin MD MPH, SOM	Markle Chapter 9 Declaration of Alma-Ata, from the International Conference on	
Settings Views from the	Ryan Close	Primary Health Care, Alma-Ata, USSR, 6-12 September 1978 Rosato M, et al. Community participation: lessons for maternal, newborn, and child health. Lancet 2008, 372: 962-971. Recommended: Developing and Strengthening Community Health Worker Programs	
ield	MD, MPH	at Scale. 2014 Chapters 1-2. http://www.mchip.net/CHWReferenceGuide erable groups in the country (e.g. refugee etc.). Use DHS stat compiler.	
Disparities by gender, other vulnerable groups in the country (e.g., refugee etc.), Use DHS stat compiler. Discuss paper part 1 submissions Paper – Part 1 due Oct 10 th (see assignments section of canvas)			
V	riews from the eld Disparities by gen biscuss paper part	Tiews from the eld Ryan Close MD, MPH Disparities by gender, other vulner biscuss paper part 1 submissions	

			Week 7		
OCT 17 WK 7	Prioritization – Views from Guatemala Guatemala Faculty panel from Guatemala partners		Markle chapter 10 Excerpt - Anne Becker et al, "Challenges of Mental health and MDRTB: critical perspectives on metrics of disease" from Farmer, F et al. Reimagining Global Health. 2013 Case of MDR TB:		
	Group discussion: Finding and allocating resources: the role of the DALY through case studies of AIDS and TB treatment.	Carol McLaughlin, MD MPH	 ScienceSpeaks blog Zeke Emanuel Response by Salmaan Keshavjee and Paul Farmer. Case of HIV treatment Elliot Marseille et al, "HIV prevention before HAART in sub-Saharan Africa," Lancet. 2002. Response: Paul Farmer. Bulletin of the WHO. WHO. From Burden to Best Buys http://www.who.int/nmh/publications/best-buys-summary.pdf 		
Sections	Develop Prioritization criteria - apply to your country and choose an issue to focus on for group presentation week 14				
Due	Reflection #4: Based on 2 cases studies in the assigned readings MDRTB and HIV treatment				
	Selected challenge	s: The Unfinish	hed Agenda: Reproductive Health and Infectious Disease Week 8		
OCT 24 WK 8	Reproductive health in developing countries – case study in health workforce	Bill McCool, PhD CNM, SON	Markle chapter 4 and 8 The State of the World's Midwifery (WHO 2014) pgs. 1-48 Women and Health: the key for sustainable development (the Lancet Commission on Women and Health, 2015)		
	health in developing countries – case study in health	McCool, PhD CNM,	Markle chapter 4 and 8 The State of the World's Midwifery (WHO 2014) pgs. 1-48 Women and Health: the key for sustainable development (the Lancet		
	health in developing countries – case study in health workforce Discussion case	McCool, PhD CNM, SON	Markle chapter 4 and 8 The State of the World's Midwifery (WHO 2014) pgs. 1-48 Women and Health: the key for sustainable development (the Lancet		
WK 8	health in developing countries – case study in health workforce Discussion case Health workforce	McCool, PhD CNM, SON	Markle chapter 4 and 8 The State of the World's Midwifery (WHO 2014) pgs. 1-48 Women and Health: the key for sustainable development (the Lancet Commission on Women and Health, 2015)		
WK 8 Section	health in developing countries – case study in health workforce Discussion case Health workforce Reflection #5: To	McCool, PhD CNM, SON e indicators, repropic for final paper	Markle chapter 4 and 8 The State of the World's Midwifery (WHO 2014) pgs. 1-48 Women and Health: the key for sustainable development (the Lancet Commission on Women and Health, 2015) roductive health indicators (e.g. Skilled birth attendants)		

OCT31 WK 9	The nutritional transition in developing countries	Charlene Compher PhD RD, SON	Markle chapter 7 Bhutta Z et al. Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? Lancet 2013; 382: 452–77
	TBD		
Section	Work on group ca Nutrition indicato		ntry- over and under nutrition
DUE			
			Week 10
NOV7 WK 10	Global Surgery – A neglected area of public health	David Spiegel MD, SOM	Markle chapter 14 Bea et al. Surgery as a public health intervention: common misconceptions versus the truth. Bulletin of the WHO. 2011:89. http://www.who.int/bulletin/volumes/89/6/11-088229/en/ Recommended: Meara et al. Global Surgery 2030: evidence and solutions for achieving health, welfare, and economic development. Lancet 2015:386.
	Injuries and their prevention		Preventing Injuries: The Haddon Matrix, University of Ottowa, http://www.med.uottawa.ca/sim/data/Injury Prevention Haddon e.htm Recommended: Branas. Injury prevention in the developing world. Italian J Public Health 2010, 7: 72-75. Hofman K et al. Addressing the growing burden of trauma and injury in low- and middle-income countries. Am J Public Health 2005, 95: 13-17.
Section	Work on group ca Haddon's matrix a		l epidemic in your country (start with indicators)
DUE	Reflection #6		
			Week 11

			Markle chapter 11 (and section on emerging infections in chapter 12)	
			Sachs, J. The Neglected Tropical Diseases. Scientific American 2007	
NOV 14 WK 11			Hotez, P. A Plan to Defeat Neglected Tropical Diseases. Scientific American 2010.	
			Doctors Without Borders Video on NTDs: https://www.youtube.com/watch?v=r12mYCr0G7c	
			How Senegal's malaria tracking helped beat Ebola. http://www.path.org/blog/2015/06/senegal-beat-ebola/	
			Video: malaria – human host http://www.hhmi.org/biointeractive/malaria-human-host	
Section	Work on group ca Infectious disease		B, NTDs (look at regional analysis in UNAIDs Gap Report)	
DUE	Reflection #7			
NOV 21 WK 12	Week 12			
			Markle chapter 13	
	TBD		Jha, P et al. Global Effects of Smoking, of Quitting, and of Taxing Tobacco N Engl J Med 2014; 370:60-68	
Assignm ents	 Complete group case presentation Research your individual topic and solutions to your chosen issue 			
			Week 13	
NOV 28	Humanitarian Ass	istance and	Markle Chapter 15	
WK 13	Disaster Relief - I Displaced People	Refugees and	Articles from speaker	
	Discussion	,	Open Society. Justice Programs for Public Health – A Good Practice Guide. July 2015	
Section	Finalize and practice group presentation Discuss individual papers for feedback			
	<u>'</u>		Week 14	
DEC 5 WK 14	Calonal Health College Horlim Stildent section presentations			

	Course wrap-up - future of global health and your next steps (courses and careers) Markle chapter 22					
Section	Discuss individual paper recommendations					
Due	Group presentation					
	Final Papers Due December 12 th					