

ASPPH Presents Webinar Series

***Using Competencies to Inform
Undergraduate Program Design and
Incorporation of Evaluation Activities***

Monday, July 31, 2017
1- 2:00 p.m. Eastern

ASPPH.ORG

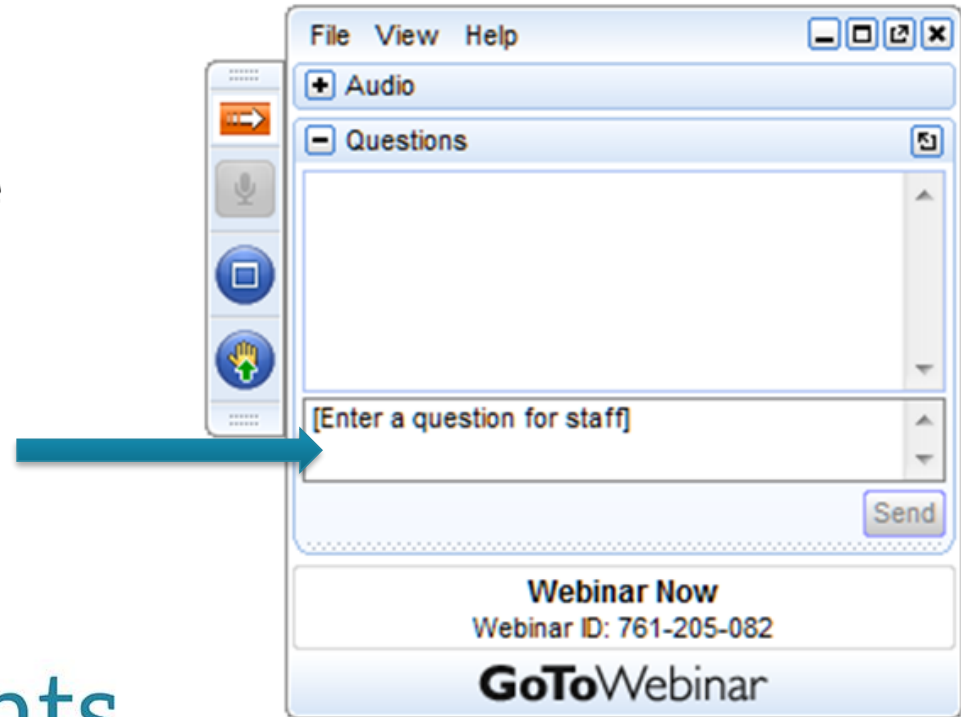
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ASPPH Presents
 **WEBINAR**

Method for Submitting Questions

Join the Conversation...

- You can ask questions in writing anytime during the webinar.
- Simply type them in the “Questions” field on the right side of your screen.



ASPPH Presents
▶ WEBINAR

Today's Presenters



Katie Darby Hein, PhD
University of Georgia
College of Public Health



Jennifer M. Griffith, DrPH, MPH
Texas A&M School of Public
Health



Jessica Evert, MD
UCSF/Child Family Health
International (CFHI)

Assessment of competency completion by assignment, not by course



College of Public Health
UNIVERSITY OF GEORGIA

Katie Darby Hein, Ph.D.
Kelsy Gibson, MPH
Health Promotion and Behavior

A little background

- College degrees include MPH and DrPH
- Departmental degrees additionally include BSHP and PhD
- The College includes two undergraduate programs: health promotion and environmental health sciences
- Currently 700-750 undergraduate students are intended or accepted in the health promotion major making this by far the largest program in the College



A little background

- The BSHP is an academic degree, yet focus is practical
- Many students interested in health care, thus three areas of emphasis (Behavioral medicine is new this year)
- Experiential learning critical to public health education
- It remains important to meet the NCHEC course requirements to allow students to sit for the CHES exam
- Additional factors:
 - HOPE scholarship
 - High demand major



A little background

- College/School of Public Health established 2005 and initially accredited by CEPH in 2009. Current accreditation expires December 2021
- For the initial self-study, course objectives on syllabi were matched to the CEPH competencies for undergraduate programs
- Matrices were developed which documented the courses that met the 7 undergraduate competencies as indicated by the course objectives



Health Promotion Track

Bachelor of Science in Health Promotion (BSHP)


<p align="center">Departmental Competencies</p>	<p align="center">Introduction to Health Promotion HPRB 3020</p>	<p align="center">Chronic Diseases Prevention HPRB 3850</p>	<p align="center">Community Health HPRB 3700</p>	<p align="center">Practicum in Health Promotion HPRB 3460</p>	<p align="center">Health Promotion Program Development HPRB 4400</p>	<p align="center">Field Experience HPRB 5560</p>
<p>Explain the role of theory in planning health promotion programs.</p>	X	X			X	X
<p>Design evidence-based health promotion programs for individuals and communities that include needs assessment, program design and implementation, budget, and evaluation components.</p>	X		X	X	X	X
<p>Identify health promotion resources relevant to intervention planning and implementation.</p>	X	X	X	X	X	X
<p>Describe appropriate methodological strategies to evaluate health promotion programs.</p>	X	X				X
<p>Describe behavioral, cultural, community and social factors associated with health and health disparity.</p>	X	X	X			X
<p>Develop a professional philosophy and discuss ethical principles of health promotion.</p>	X					X
<p>Describe the importance of community engagement, coalition building, and community organizing strategies to health promotion.</p>	X		X			X



Health Services Track Bachelor of Science in Health Promotion (BSHP)					
Departmental Competencies	Introduction to Health Promotion HPRB 3020	Chronic Diseases Prevention HPRB 3850	Community Health HPRB 3700	Practicum in HPRB HPRB 3470	Health Promotion Program Development HPRB 4400
Explain the role of theory in planning health promotion programs.	X	X			X
Design evidence-based health promotion programs for individuals and communities that include needs assessment, program design and implementation, budget, and evaluation components.	X		X	X	X
Identify health promotion resources relevant to intervention planning and implementation.	X	X	X	X	X
Describe appropriate methodological strategies to evaluate health promotion programs.	X	X			X
Describe behavioral, cultural, community and social factors associated with health and health disparity.	X	X	X		
Develop a professional philosophy and discuss ethical principles of health promotion.	X				
Describe the importance of community engagement, coalition building, and community organizing strategies to health promotion.	X		X		



BSHP Curriculum updated

- Courses included theory, needs assessment, and planning & evaluation but focused less on scientific writing and research methods
 - Modified current courses:
 - Updated the community needs assessment assignment to include community-informed problem identification
 - The culminating internship was updated to include more consistent requirements for professional development and health resource development
- 

New courses added


- **Writing:** students practice basic scientific writing and learn to use EndNote and Microsoft Publisher
- **Research methods:** students write a literature review and use SPSS to analyze data
- **Capstone class:** students complete an electronic portfolio of their professional work



Competencies now spread out over numerous required courses

- Foundations
- Community health
- Program planning and evaluation
- Scientific writing
- Research methods
- Chronic disease prevention
- Capstone
- Internship
- Also public health core of epidemiology, biostatistics, health policy, and environmental health

BUT

- Meeting of CEPH competencies was based entirely on faculty saying a competency was met
 - We had matched competencies to course objectives but not to the assessment measures
 - Instructors *thought* they knew how they were meeting course objectives and course competencies....but it turned out some pieces were missing
- 

Program assessment

- Other than exams, how do you know students have learned?
- Other than grades, how do you know students have command of the course content?

We knew CEPH was updating assessment criteria, and this seemed a good opportunity to document new criteria completion as we answered these two questions



All undergraduate faculty reported course assignments

- New matrix was developed comparing the competencies and the courses with the assignments added in place of X's
 - Some assignments clearly did not meet the competency intended to be met
 - Some assignments were unnecessary and some were clearly in need of modification
 - Some assignments met competencies well



Health Promotion Track

Bachelor of Science in Health Promotion (BSHP)

Departmental Competencies	Introduction to Health Promotion HPRB 3020	Chronic Diseases Prevention HPRB 3850	Community Health HPRB 3700	Practicum in Health Promotion HPRB 3460	Health Promotion Program Development HPRB 4400	Field Experience HPRB 5560
Explain the role of theory in planning health promotion programs.	X	X			X	X
Design evidence-based health promotion programs for individuals and communities that include needs assessment, program design and implementation, budget, and evaluation components.	X		X	X	X	X
Identify health promotion resources relevant to intervention planning and implementation.	X	X	X	X	X	X
Describe appropriate methodological strategies to evaluate health promotion programs.	X	X				X
Describe behavioral, cultural, community and social factors associated with health and health disparity.	X	X	X			X
Develop a professional philosophy and discuss ethical principles of health promotion.	X					X
Describe the importance of community engagement, coalition building, and community organizing strategies to health promotion.	X		X			X



- New criteria rollout October 2016
- Using the new template D10-1, major required courses were listed across the top and new domains listed down the left side
- Instructors were asked to fill in the template for their classes. Then the cells were coded with an I (introduced) or a C (covered) by instructors



Project Information		Project Description		Project Status		Project Budget		Project Risk	
Project Name	Project ID	Project Start Date	Project End Date	Project Status	Project Budget	Project Risk	Project Budget	Project Risk	Project Risk
Project A	101	2023-01-01	2023-03-31	Completed	\$100,000	Low	\$100,000	Low	Low
Project B	102	2023-02-01	2023-04-30	In Progress	\$200,000	Medium	\$200,000	Medium	Medium
Project C	103	2023-03-01	2023-05-31	On Hold	\$150,000	High	\$150,000	High	High
Project D	104	2023-04-01	2023-06-30	Planned	\$300,000	Low	\$300,000	Low	Low
Project E	105	2023-05-01	2023-07-31	Completed	\$250,000	Medium	\$250,000	Medium	Medium
Project F	106	2023-06-01	2023-08-31	In Progress	\$180,000	High	\$180,000	High	High
Project G	107	2023-07-01	2023-09-30	On Hold	\$120,000	Low	\$120,000	Low	Low
Project H	108	2023-08-01	2023-10-31	Planned	\$280,000	Medium	\$280,000	Medium	Medium
Project I	109	2023-09-01	2023-11-30	Completed	\$160,000	High	\$160,000	High	High
Project J	110	2023-10-01	2023-12-31	In Progress	\$220,000	Low	\$220,000	Low	Low

Project Information		Project Description		Project Status		Project Budget		Project Risk	
Project Name	Project ID	Project Start Date	Project End Date	Project Status	Project Budget	Project Risk	Project Budget	Project Risk	Project Risk
Project K	111	2023-11-01	2024-01-31	Completed	\$140,000	Medium	\$140,000	Medium	Medium
Project L	112	2023-12-01	2024-02-28	In Progress	\$190,000	High	\$190,000	High	High
Project M	113	2024-01-01	2024-03-31	On Hold	\$110,000	Low	\$110,000	Low	Low
Project N	114	2024-02-01	2024-04-30	Planned	\$260,000	Medium	\$260,000	Medium	Medium
Project O	115	2024-03-01	2024-05-31	Completed	\$170,000	High	\$170,000	High	High
Project P	116	2024-04-01	2024-06-30	In Progress	\$210,000	Low	\$210,000	Low	Low
Project Q	117	2024-05-01	2024-07-31	On Hold	\$130,000	Medium	\$130,000	Medium	Medium
Project R	118	2024-06-01	2024-08-31	Planned	\$290,000	High	\$290,000	High	High
Project S	119	2024-07-01	2024-09-30	Completed	\$150,000	Low	\$150,000	Low	Low
Project T	120	2024-08-01	2024-10-31	In Progress	\$230,000	Medium	\$230,000	Medium	Medium


	HPRB 5410W, Professional Writing for Health Promotion	HPRB 3850, Chronic Disease Prevention	HPRB 5010, Research Design and Methods in Health Promotion	HPRB 4400, Health Promotion Program Development
Data Usage	IC - Brief Report - Students select a health topic, research an impacted population, and develop a report, infographic, brochure, poster or other accessible material appropriate for their population, using scientific literature for development, and using science writing skills for synthesizing the material for a lay audience.		C- <u>SPSS Lab work</u> -Students learn how to input/export data from SPSS, and well as strategies for analyzing data. <u>Survey Instrument Development/ Final Project</u> - Small groups of students draft a survey instrument on a public health topic. Students are responsible for administering the survey to at least 20 people and then analyze the results. Each group will present their results and reflections to the class.	
Evidence-based Approaches	IC - Scientific Literature Review Paper - Students construct a research question and conduct a literature review using 10-12 peer reviewed research articles to address the question. Paper includes an abstract, introduction, methods, results section (including summary table of articles reviewed), discussion, and list of references.	I- <u>Small group article presentation</u> -In small groups students lead a 15 minute oral presentation and discussion of an article addressing a particular chronic disease/illness including the study background/intro, methods, results, and discussion sections with a focus on how the program was evaluated. Two questions are developed to pose to the class for short discussion.	C- <u>Lit Review Excel Table</u> - Students must create an excel table critiquing methods of 20 peer reviewed journal articles related to a research question of interests.	C: Program plan: Students develop a program evaluation plan that is evidence-based for the implementation plan proposed. All methodology to conduct the evaluation must be addressed.

- Where weaknesses were identified, assignments were modified and new assignments were developed to:
 - 1. clearly meet the competency intended and
 - 2. be sure an assignment will meet the competency completely or in organized tandem with assignments in other courses.



Public Health Domains		Course Name and Number						
		HPRB 3020S, Foundations of Public Health PRACTICE	HPRB 5410W, Professional Writing for Health Promotion	HPRB 3700, Community health	HPRB 3850, Chronic disease prevention	HPRB 5010 Research Design and Methods in Health Promotion	HPRB 4400, Health Promotion Program Development	HPRB 5900, Capstone in Health Promotion and Behavior
Overview of Public Health: Address the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society								
	Public Health History	IC						
	Public Health Philosophy	IC						
	Core PH Values							
	Core PH Concepts							
	Global Functions of Public Health							
	Societal Functions of Public Health							
Role and Importance of Data in Public Health: Address the basic concepts, methods, and tools of public health data collection, use, and analysis and why evidence-based approaches are an essential part of public health practice								
	Basic Concepts of Data Collection		I		I	C		
	Basic Methods of Data Collection		I		I	C		
	Basic Tools of Data Collection					C		
	Data Usage		IC			C		
	Data Analysis					C		
	Evidence-based Approaches		IC		I	C	C	

Faculty driven process

- Current assignments were matched to current (previous) CEPH competencies
 - Current assignments were plugged into the D10-1 matrix with the new CEPH domains
 - Faculty met together multiple times to discuss the assignments and possible additions and modifications
 - Changes were made to the assignment matrix
 - Syllabi were modified to match the new domains
- 

Conclusions

- Faculty driven and faculty maintain ownership of course content and assignments
- Documentation of domain completion is clearly indicated
- Permits clear documentation to university assessment officials in addition to CEPH assessors



Next steps

- Core public health courses and major elective courses are now undergoing the same process
- A comprehensive matrix of all public health core, major required, and elective courses will then be developed



Bonus!

- Not a top-down approach. Faculty feels collective ownership of the program
- No one felt threatened and no turf issues arose
- Each faculty member updated assignments based on the **program needs**
- We worked together and helped each other add and modify (and even remove) assignments
- The process was collegial and fun!



Thank you!

Katie Darby Hein khein@uga.edu

Assistant Professor and Undergraduate Coordinator

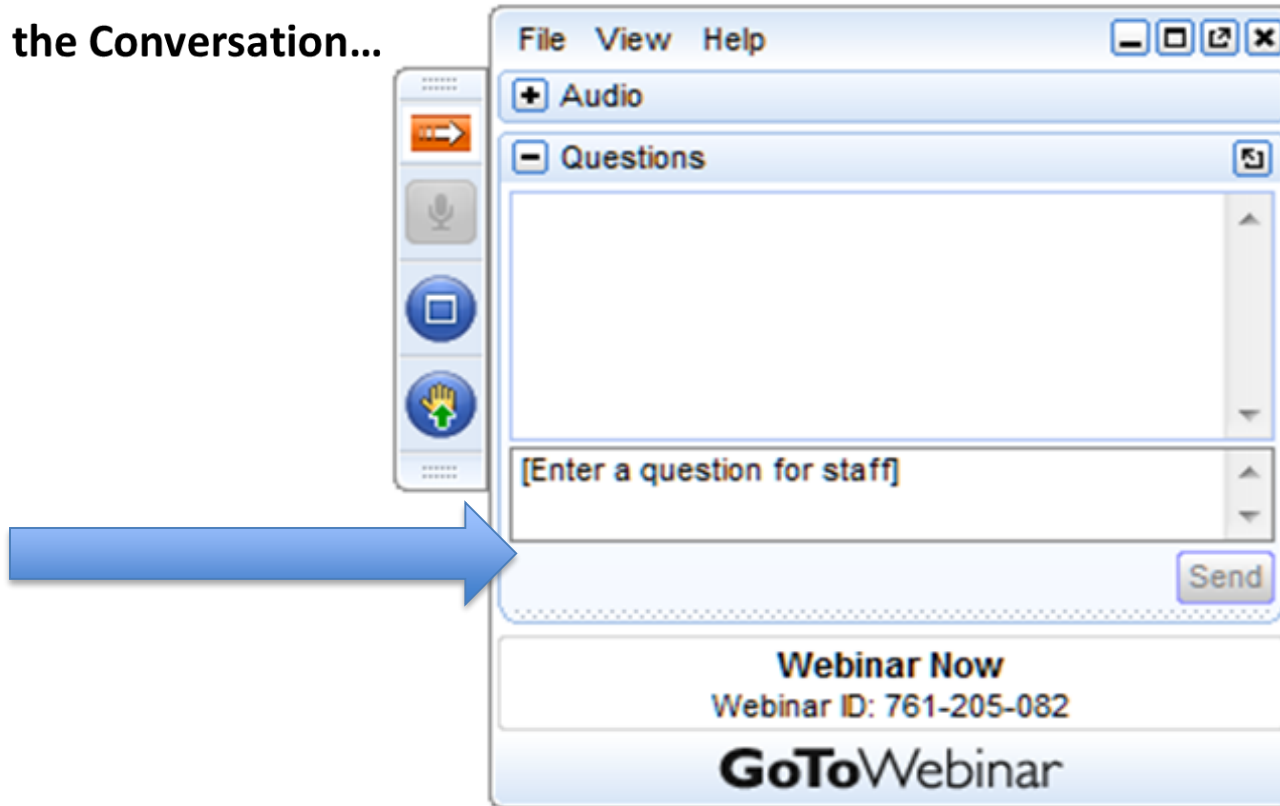
Health Promotion & Behavior



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Questions or Comments?

Join the Conversation...



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**Year One:
Lessons Learned from the
Implementation of an Integrative
Framework for Academic Program
Assessment and Evaluation**

**Undergraduate Public Health and Global Health
Education Summit**

March 15, 2017

The Team

FACULTY

- Jennifer M. Griffith, DrPH, MPH
- Gilbert Ramirez, DrPH, CPH
- Jennifer Ross, DrPH, MS
- Bernard Appiah, DrPH, PharmD
- Sherry Lin, PhD, MPH
- Stephanie Kodatt, PhD
- Angela Clendenin, PhD, MA
- Gerard Carrino, PhD
- Amber Trueblood, DrPH

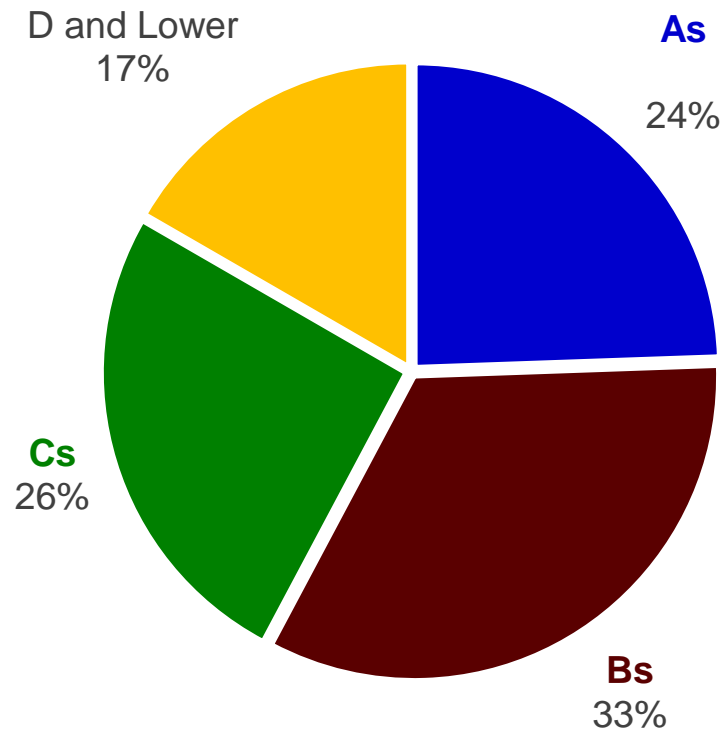
DEPARTMENT TEACHING ASSISTANTS

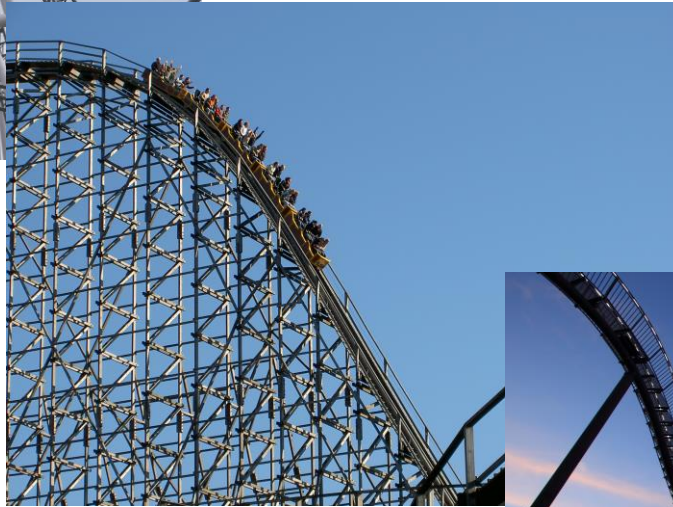
- Lakshmi Dukari
- Yi-Hua Lee
- JuSung Lee
- Elfreda Samman
- Kamrie Sarnosky
- Sonya Shannon
- Parag Sharma
- Aya Yoshikawa
- No Young You
- Hao Zhang



What some think when they hear Academic Assessment...

Class Grade Distribution-Quiz 1





Session Learning Objectives

At the end of this session you will be able to:

- To define the program assessment and evaluation framework
- To describe outcomes from implementation of the framework
- To summarize lessons learned and next steps

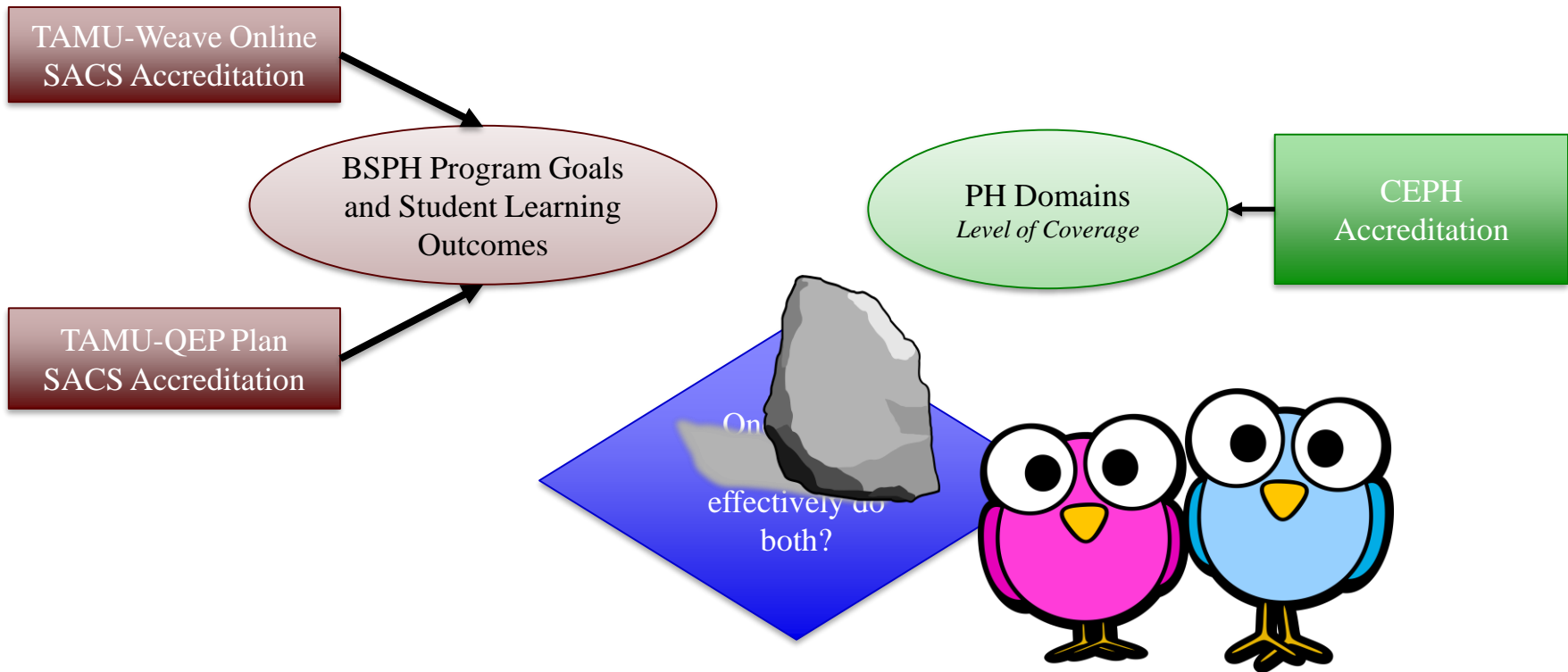


Primary Ideas Behind Framework

- Meaningful data for students and faculty
- Reduce burden on faculty for data analysis
 - Program Goals (TAMU)
 - CEPH Public Health Domains (BSPH)
- Provide timely reports
 - Students
 - Faculty
 - Administration



PHS Minimum Reporting Requirements



The Process



STEP 1-MAP COURSE OBJECTIVES



Program Goals and Student Learning Outcomes

BSPH Program Goals

Understand the history, ethics, and traditions of the field of public health.

Describe the history, ethics, and traditions of public health to include its core values, concepts and functions in society.

Value the scope and nature of problems and challenges addressed by the field of public health.

Describe socioeconomic, behavioral, biological, environmental and other factors that impact population health and contribute to health disparities

Employ the underlying science of human health and disease including opportunities for promoting and protecting health across the life course.

Explain fundamental characteristics and organizational structures of health systems in the US and throughout the world.

Appreciate the breadth, depth and variety of intellectual and practical skills employed in the field of public health.

Illustrate basic concepts related to data in public health including, collection tools and methods, analysis, and reporting with understanding of why evidence-based approaches are essential.

Employ basic intervention processes and approaches to address public health concerns of populations.

Apply fundamental concepts and features of project implementation, including planning, assessment and evaluation.

Appreciate the variety of communication methods and cultural competence required in the field of public health.

Identify basic concepts of legal, ethical, economic and regulatory dimensions public health and the roles, influences and responsibilities of government, private sector and other stakeholders.

Demonstrate basic concepts of public health-related communication, including culturally competent technical and professional writing and the use of other communication tools.





CEPH

BSPH Public Health Domains

Council *on* Education *for* Public Health

1. Overview of Public Health
2. Role and Importance of Data in Public Health
3. Identifying and Addressing Challenges
4. Human Health
5. Determinants of Health
6. Project Implementation
7. Overview of the Health System
8. Health Policy, Law, Ethics, and Economics
9. Health Communications



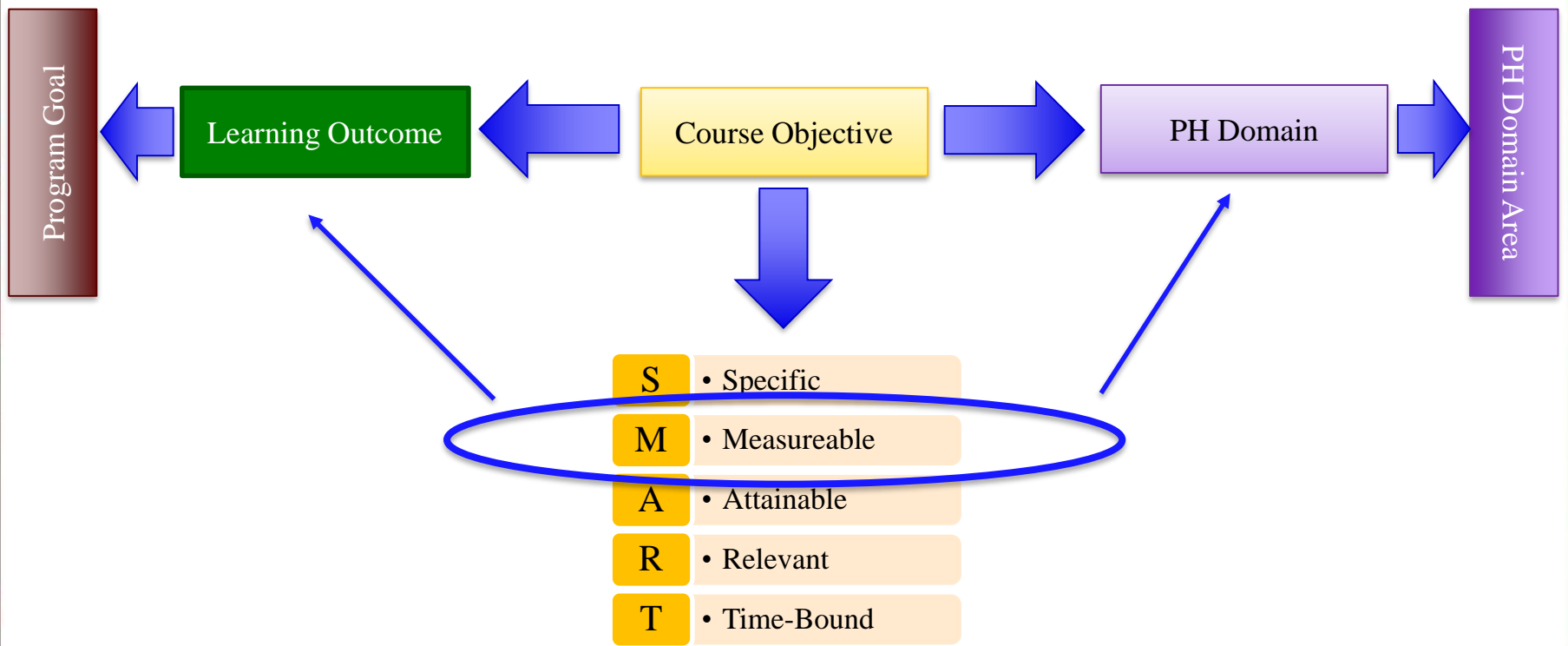
PHD	Domain Area	Domain
1.1	Overview of Public Health	<i>Public Health History</i>
1.2	Overview of Public Health	<i>Public Health Philosophy</i>
1.3	Overview of Public Health	<i>Core PH Values</i>
1.4	Overview of Public Health	<i>Core PH Concepts</i>
1.5	Overview of Public Health	<i>Global Functions of Public Health</i>
1.6	Overview of Public Health	<i>Societal Functions of Public Health</i>
2.1	Role and Importance of Data in Public Health	<i>Basic Concepts of Data Collection</i>
2.2	Role and Importance of Data in Public Health	<i>Basic Methods of Data Collection</i>
2.3	Role and Importance of Data in Public Health	<i>Basic Tools of Data Collection</i>
2.4	Role and Importance of Data in Public Health	<i>Data Usage</i>
2.5	Role and Importance of Data in Public Health	<i>Data Analysis</i>
2.6	Role and Importance of Data in Public Health	<i>Evidence-based approaches</i>
3.1	Identifying and Addressing Population Health Challenges	<i>Population Health Concepts</i>
3.2	Identifying and Addressing Population Health Challenges	<i>Introduction to Processes and Approaches to Identify</i>
3.3	Identifying and Addressing Population Health Challenges	<i>Introduction to Approaches and Interventions to Address</i>
4.1	Human Health	<i>Science of Human Health and Disease</i>
4.2	Human Health	<i>Health Promotion</i>
4.3	Human Health	<i>Health Protection</i>
5.1	Determinants of Health	<i>Socio-economic Impacts on Human Health and Health</i>
5.2	Determinants of Health	<i>Behavioral Factors Impacts on Human Health and Health Disparities</i>
5.3	Determinants of Health	<i>Biological Factors Impacts on Human Health and Health Disparities</i>
5.4	Determinants of Health	<i>Environmental Factors Impacts on Human Health and Health Disparities</i>
6.1	Project Implementation	<i>Introduction to Planning Concepts and Features</i>
6.2	Project Implementation	<i>Introduction to Assessment Concepts and Features</i>
6.3	Project Implementation	<i>Introduction to Evaluation Concepts and Features</i>
7.1	Overview of the Health System	<i>Characteristics and Structures of the US Health System</i>
7.2	Overview of the Health System	<i>Comparative Health Systems</i>
8.1	Health Policy, Law, Ethics, and Economics	<i>Legal Dimensions of Health Care and Public Health</i>
8.2	Health Policy, Law, Ethics, and Economics	<i>Ethical Dimensions of Health Care and Public Health Policy</i>
8.3	Health Policy, Law, Ethics, and Economics	<i>Economical Dimensions of Health Care and Public Health Policy</i>
8.4	Health Policy, Law, Ethics, and Economics	<i>Regulatory Dimensions of Health Care and Public Health Policy</i>
8.5	Health Policy, Law, Ethics, and Economics	<i>Governmental Agency Roles in Health Care and Public Health Policy</i>
9.1	Health Communications	<i>Technical Writing</i>
9.2	Health Communications	<i>Professional Writing</i>
9.3	Health Communications	<i>Use of Mass Media</i>
9.4	Health Communications	<i>Use of Electronic Technology</i>



Council on Education for Public Health



Using the Common Link



Difference Between Program Goals, Student Learning Outcomes and Course Objectives

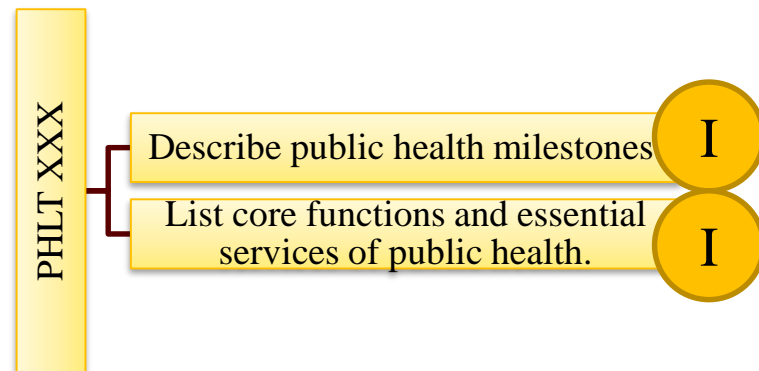


Program Goals and Student Learning Outcomes are not objectives-they are bigger, broader, occur across the curriculum and are not measured in a single instance.



Develop Course Objectives

- Use Bloom's verbs
- Determine Level
 - Introduced
 - Developed
 - Mastered



Syllabus Requirements-Master Template

Learning Outcome	Learning Objective (CEPH Public Health Domain)
Program Goal 1. Understand the history, ethics, and traditions of the field of public health.	
Describe the history, ethics, and traditions of public health to include its core values, concepts and functions in society.	
Program Goal 2. Value the scope and nature of problems and challenges addressed by the field of public health.	
Describe socioeconomic, behavioral, biological, environmental and other factors that impact population health and contribute to health disparities.	
Employ the underlying science of human health and disease including opportunities for promoting and protecting health across the life course.	
Explain fundamental characteristics and organizational structures of health systems in the US and throughout the world.	
Program Goal 3. Appreciate the breadth, depth and variety of intellectual and practical skills employed in the field of public health.	
Illustrate basic concepts related to data in public health including, collection tools and methods, analysis, and reporting with understanding of why evidence-based approaches are essential.	
Employ basic intervention processes and approaches to address public health concerns of populations.	
Apply fundamental concepts and features of project implementation, including planning, assessment and evaluation.	
Identify basic concepts of legal, ethical, economic and regulatory dimensions public health and the roles, influences and responsibilities of government, private sector and other stakeholders.	
Program Goal 4. Appreciate the variety of communication methods and cultural competence required in the field of public health.	
Demonstrate basic concepts of public health-related communication, including culturally competent technical and professional writing and the use of other communication tools.	



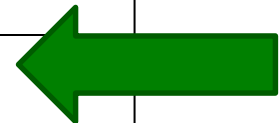
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Learning Outcome	Learning Objective (CEPH Public Health Domain)
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Describe socioeconomic, behavioral, biological, environmental and other factors that impact population health and contribute to health disparities.	
Employ the underlying science of human health and disease including opportunities for promoting and protecting health across the life course.	
Explain fundamental characteristics and organizational structures of health systems in the US and throughout the world.	
Program Goal 3. Appreciate the breadth, depth and variety of intellectual and practical skills employed in the field of public health.	
Illustrate basic concepts related to data in public health including, collection tools and methods, analysis, and reporting with understanding of why evidence-based approaches are essential.	
Employ basic intervention processes and approaches to address public health concerns of populations.	
Apply fundamental concepts and features of project implementation, including planning, assessment and evaluation.	
Identify basic concepts of legal, ethical, economic and regulatory dimensions public health and the roles, influences and responsibilities of government, private sector and other stakeholders.	
Program Goal 4. Appreciate the variety of communication methods and cultural competence required in the field of public health.	
Demonstrate basic concepts of public health-related communication, including culturally competent technical and professional writing and the use of other communication tools.	



Syllabus Requirements-Align Learning Objectives

Learning Outcome	Learning Objective (CEPH Public Health Domain)
Program Goal 1. Understand the history, ethics, and traditions of the field of public health.	
Describe the history, ethics, and traditions of public health to include its core values, concepts and functions in society.	<ul style="list-style-type: none"> Recall the history of public health. Describe public health milestones. Express the philosophy of public health in the framework of population health. Broadly characterize the contributions and value of public health. Relate core public health values to broader health concerns. List core functions and essential services of public health. Recognize functions of public health in addressing global issues.
Program Goal 2. Value the scope and nature of problems and challenges addressed by the field of public health.	
Describe socioeconomic, behavioral, biological, environmental and other factors that impact population health and contribute to health disparities.	<ul style="list-style-type: none"> Categorize types of determinants that impact the public's health.
Employ the underlying science of human health and disease including opportunities for promoting and protecting health across the life course.	
Explain fundamental characteristics and organizational structures of health systems in the US and throughout the world.	<ul style="list-style-type: none"> Identify elements of the US Public Health System.
Program Goal 3. Appreciate the breadth, depth and variety of intellectual and practical skills employed in the field of public health.	
Illustrate basic concepts related to data in public health including, collection tools and methods, analysis, and reporting with understanding of why evidence-based approaches are essential.	<ul style="list-style-type: none"> Recognize commonly used terms in public health. Define commonly used terms in public health. Recognize commonly used tools and strategies in public health.
Employ basic intervention processes and approaches to address public health concerns of populations.	
Apply fundamental concepts and features of project implementation, including planning, assessment and evaluation	
Identify basic concepts of legal, ethical, economic and regulatory	



Syllabus Requirements-Align Domains

Learning Outcome	Learning Objective (CEPH Public Health Domain)
Program Goal 1. Understand the history, ethics, and traditions of the field of public health.	
<p>Describe the history, ethics, and traditions of public health to</p> <p>PHD Domain</p> <ul style="list-style-type: none"> 1.1 Public Health History 1.2 Public Health Philosophy 1.3 Core PH Values 1.4 Core PH Concepts 1.5 Global Functions of Public Health 1.6 Societal Functions of Public Health 	<ul style="list-style-type: none"> • Recall the history of public health. • Describe public health milestones. • Express the philosophy of public health in the framework of population health. • Broadly characterize the contributions and value of public health. • Relate core public health values to broader health concerns. • List core functions and essential services of public health. • Recognize functions of public health in addressing global issues.
Identify problems and challenges addressed by the field of public health.	
<p>Identify determinants and contributors to</p> <ul style="list-style-type: none"> 2.1 Basic Concepts of Data Collection 2.2 Basic Methods of Data Collection 2.3 Basic Tools of Data Collection 	<ul style="list-style-type: none"> • Categorize types of determinants that impact the public's health.
<p>Explain fundamental characteristics and organizational structures of health systems in the US and throughout the world.</p>	<ul style="list-style-type: none"> • Identify elements of the US Public Health System.
Program Goal 3. Appreciate the breadth, depth and variety of intellectual and practical skills employed in the field of public health.	
<p>Illustrate basic concepts related to data in public health including, collection tools and methods, analysis, and reporting with understanding of why evidence-based approaches are essential.</p>	<ul style="list-style-type: none"> • Recognize commonly used terms in public health. • Define commonly used terms in public health. • Recognize commonly used tools and strategies in public health.



Syllabus Requirements-Align Domains

Learning Outcome	Learning Objective (<i>CEPH Public Health Domain</i>)
Program Goal 1. Understand the history, ethics, and traditions of the field of public health.	
Describe the history, ethics, and traditions of public health to PHD Domain 1.1 Public Health History 1.2 Public Health Philosophy 1.3 Core PH Values 1.4 Core PH Concepts 1.5 Global Functions of Public Health 1.6 Societal Functions of Public Health 2.1 Basic Concepts of Data Collection 2.2 Basic Methods of Data Collection 2.3 Basic Tools of Data Collection	<ul style="list-style-type: none"> Recall the history of public health. (<i>PHD 1.1</i>) Describe public health milestones. (<i>PHD 1.1</i>) Express the philosophy of public health in the framework of population health. (<i>PHD 1.2</i>) Broadly characterize the contributions and value of public health. (<i>PHD 1.2</i>) Relate core public health values to broader health concerns. (<i>PHD 1.3</i>) List core functions and essential services of public health. (<i>PHD 1.4</i>) Recognize functions of public health in addressing global issues. (<i>PHD 1.5</i>)
of problems and challenges addressed by the field of public health.	
Identify environmental and other factors that impact population health and contribute to health disparities.	<ul style="list-style-type: none"> Categorize types of determinants that impact the public's health. (<i>PHDs 5.2, 5.3, 5.4</i>)
Explain fundamental characteristics and organizational structures of health systems in the US and throughout the world.	<ul style="list-style-type: none"> Identify elements of the US Public Health System. (<i>PHD 7.1</i>)
Program Goal 3. Appreciate the breadth, depth and variety of intellectual and practical skills employed in the field of public health.	
Illustrate basic concepts related to data in public health including, collection tools and methods, analysis, and reporting with understanding of why evidence-based approaches are essential.	<ul style="list-style-type: none"> Recognize commonly used terms in public health. (<i>PHD X.X</i>) Define commonly used terms in public health. (<i>PHD X.X</i>) Recognize commonly used tools and strategies in public health. (<i>PHD X.X</i>)



Curriculum Mapping

Course Objective



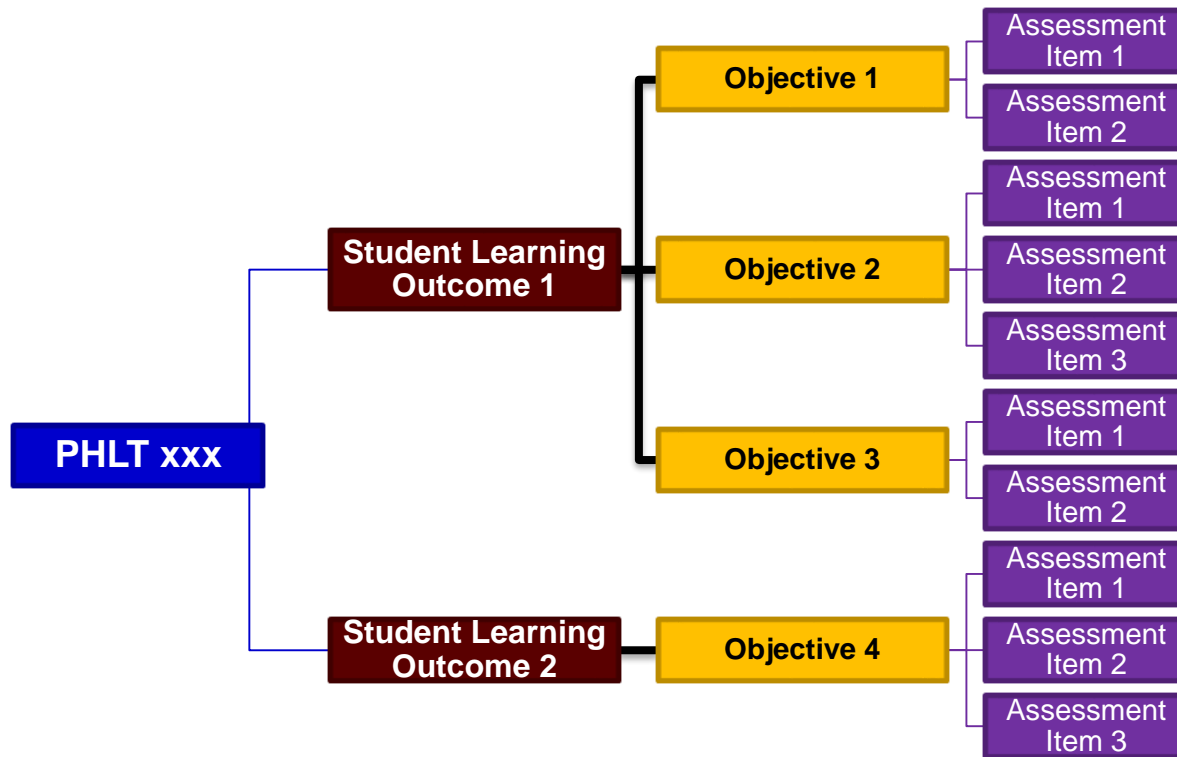
I= Introduced
D= Developed
M= Mastered

	PHLT XXX	PHLT XXX	PHLT XXX
1 Overview of Public Health: Address the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society			
1.1 Public Health History	I, D, M		
1.2 Public Health Philosophy	I, D		M
1.3 Core PH Values	I	D, M	
1.4 Core PH Concepts	I		
1.5 Global Functions of Public Health	I		
1.6 Societal Functions of Public Health	I		D, M
2 Role and Importance of Data in Public Health: Address the basic concepts, methods, and tools of public health data collection, use, and analysis and why evidence-based approaches are an essential part of public health practice			
2.1 Basic Concepts of Data Collection		I, D	
2.2 Basic Methods of Data Collection		I, D	
2.3 Basic Tools of Data Collection		I	D
2.4 Data Usage		I, D	M
2.5 Data Analysis		D	M
2.6 Evidence-based Approaches	I	D, M	M

STEP 2-MAP COURSE ASSESSMENTS



Connecting the Dots Concept-Within a Course



Making it Happen...ExamSoft

ExamSoft Questions Rubrics Assessments Categories Reports
Exam Takers Admin

Home > Questions > PHLT 301 > Core Functions and Essential Services 1

#3 - Core Functions and Essential Services

ID: 1262 Rev 2; Creator: Griffith, Jennifer
 Title: Core Functions and Essential Services 1
 Folder: PHLT 301
 Group: Core Functions and Essential Services
 Status: Approved

Categories
 Add or Remove Category
 Categorize public health activities within the framework of core functions and essential services.

Options
 Weight: 1.0
 Randomize Choices
 Multiple Answers:
 Partial Credit
 Select All That Apply

Attachments
 No attachments have been applied to this question.

Rationale
 n/a

Internal Comments

Multiple Choice Question

EXPANDED QUESTION

Which of the following best describes the "core functions and essential services of public health"?

Seq Answer Choice

a) Hand washing and other hygiene practices.

b) Determining the health status of the community.

c) Influenza activity and other communicable diseases.

d) Requiring proof of vaccination for certain activities.

Category Name	Number of Questions	Percentage of Category
Broadly characterize the contributions and value of public health	3	12.00
Categorize public health activities within the framework of core functions and essential services.	3	12.00
Categorize types of determinants that impact the public's health.	6	24.00
Define commonly used terms in public health.	2	8.00
Describe public health milestones.	5	20.00
List core functions and essential services of public health	3	12.00
Organize the 10 essential services of public health within the three core functions.	3	12.00
Recall the history of public health.	6	24.00
Recognize commonly used terms in public health.	2	8.00





STEP 3-DATA COLLECTION

STEP 4-COURSE DATA REVIEW & REPORTING



Faculty Perspective

SUMMARY REPORT



Fa16Q1

Course: ORIENT TO PUBLIC HEALTH • Instructor: Dr. Jennifer Griffith • Questions: 25 • Exam Takers: 90

ASSESSMENT PERFORMANCE

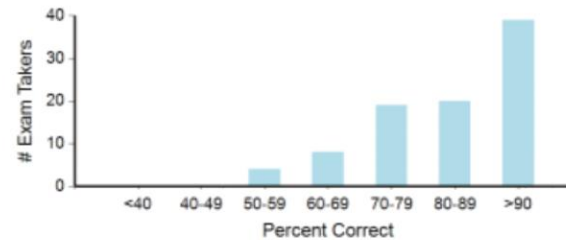
85%* **55%*** **114%***

Average Score
(18.7/22)*

Low Score
(12/22)*

High Score
(25/22)*

Total Student Performance Histogram



*Bonus points were available on this assessment and were calculated into the score.

Assessment Score Reliability (KR-20)

0.0 0.61 1.0

POOR SATISFACTORY GOOD

Likelihood of students repeating the same performance.

AT RISK STUDENTS (Lowest 27% of Scorers on this Assessment Posting)

StudentID	Last Name	First Name	% Correct	StudentID	Last Name	First Name	% Correct
-----------	-----------	------------	-----------	-----------	-----------	------------	-----------



QUESTION PERFORMANCE (Items; Shows Up to 5 Distractors/Choices per Question)

Seq #	Item ID	Item Stem	Correct	Upper 27%	Lower 27%	Point BI Serial	Disc Index	Response Frequencies				
								A	B	C	D	E
1	1342	When considering det...	98%	100%	97%	0.14	0.03	*88	0	1	1	
2	1343	When considering det...	92%	100%	84%	0.28	0.16	0	3	3	*83	
3	1262	Which of the followi...	91%	93%	81%	0.15	0.12	6	0	*82	2	
4	1276	Which of the followi...	96%	100%	90%	0.22	0.10	4	0	0	*86	
5	1278	Which of the followi...	100%	100%	100%	0.00	0.00	0	*90	0	0	
6	1297	"The "science and ar...	70%	93%	52%	0.44	0.41	*63	11	7	9	
7	1294	"The successive rede...	51%	79%	23%	0.52	0.57	20	*46	5	19	
8	1337	Ethnicity is an exam...	94%	100%	87%	0.31	0.13	*85	2	1	1	
9	1338	Education is an exam...	94%	100%	84%	0.29	0.16	0	0	5	*85	
10	1339	Globalization is an...	80%	90%	77%	0.17	0.12	0	*72	1	17	
11	1340	Physical activity is...	98%	100%	94%	0.19	0.06	1	1	*88	0	
12	1300	Which phase of the e...	84%	97%	71%	0.34	0.26	*76	0	2	12	
13	1279	Which phase of the e...	82%	90%	81%	0.08	0.09	0	*74	10	6	
14	1302	Which phase of the e...	51%	72%	20%	0.38	0.43	1	13	30	*46	
15	1280	Initial reductions i...	46%	62%	32%	0.28	0.30	16	25	7	*41	
16	1331	The essential servic...	91%	97%	81%	0.25	0.18	0	2	82	0	
17	1332	The essential servic...	88%	93%	77%	0.16	0.16	0	*79	8	3	
18	1333	The essential servic...	90%	97%	84%	0.16	0.13	*81	1	2	6	
19	1298	Which of the followi...	58%	72%	52%	0.14	0.21	3	26	9	*52	
20	1295	Which of the followi...	38%	59%	23%	0.28	0.36	25	22	*34	9	
21	1303	Within the context o...	74%	79%	58%	0.28	0.21	*67	23			
22	1304	To improve populatio...	57%	69%	39%	0.31	0.30	39	*51			
23	2618	Inform, empower and...	49%	90%	13%	0.64	0.77	46	*44			
24	2617	Evaluation is a core...	56%	93%	26%	0.61	0.67	40	*50			
25	2614	Assessment is an ess...	51%	86%	16%	0.65	0.70	44	*46			



Student Perspective



Texas Aggie; StudentID: 123456789

Strengths and Improvement Opportunities

Fa16Q1

Course: ORIENT TO PUBLIC HEALTH • Instructor: Dr. Jennifer Griffith • Questions: 25

90.91%

My Score
(20/22)*

85.40%

Average Score
(18.78/22)*

Percent/Number of Questions
Correct

Average Percent/Number of
Questions Correct for this
Quiz

*Bonus points were available on this assessment and were calculated into the score.






Overall, you scored above the class average. Please take note of the areas, noted in yellow or red, where you may have opportunities for improvement.

★ MY SCORE ♦ AVERAGE/MEAN █ SCORE RANGE ▲ DOING WELL ● NEEDS REVIEW ▼ NEEDS IMPROVEMENT

CATEGORY	MY SCORE	AVERAGE	CORRECT
Broadly characterize the contributions and value of public health	100.00%	88.33%	2 ▲
Describe public health milestones.	75.00%	78.33%	3 ●
List core functions and essential services of public health	100.00%	77.78%	2 ▲
Recall the history of public health.	75.00%	89.72%	3 ●
Categorize types of determinants that impact the public's health.	100.00%	92.78%	6 ▲
Define commonly used terms in public health.	50.00%	60.56%	1 ▼
Recognize commonly used terms in public health.	50.00%	60.56%	1 ▼
Categorize public health activities within the framework of core functions and essential services.	100.00%	95.56%	3 ▲
Organize the 10 essential services of public health within the three core functions.	100.00%	89.63%	3 ▲

Question Number on Quiz

Course Objectives Covered by Question

QUESTION	POINTS
<p> CORRECT  INCORRECT  PARTIAL CREDIT</p> <p>7 Definitions 2</p> <p>A: Incorrect Selected Answer <i>Learning Outcomes: Recognize commonly used terms in public health., Define commonly used terms in public health.</i></p>	0/1
<p>15 [BONUS QUESTION] Epi Transition Reason</p> <p>A: Incorrect Selected Answer <i>Learning Outcomes: Recall the history of public health., Describe public health milestones. Characterize the contributions and value of public health</i></p>	0/1
<p>19 Milestones 1</p> <p>C: Incorrect Selected Answer <i>Learning Outcomes: Recall the history of public health., Describe public health milestones.</i></p>	0/1
<p>20 [BONUS QUESTION] Milestones 2</p> <p>D: Incorrect Selected Answer <i>Learning Outcomes: Recall the history of public health., Describe public health milestones.</i></p>	0/1
<p>24 Evaluation is a core</p> <p>T: Incorrect Selected Answer <i>Learning Outcomes: List core functions and essential services of public health</i></p>	0/1

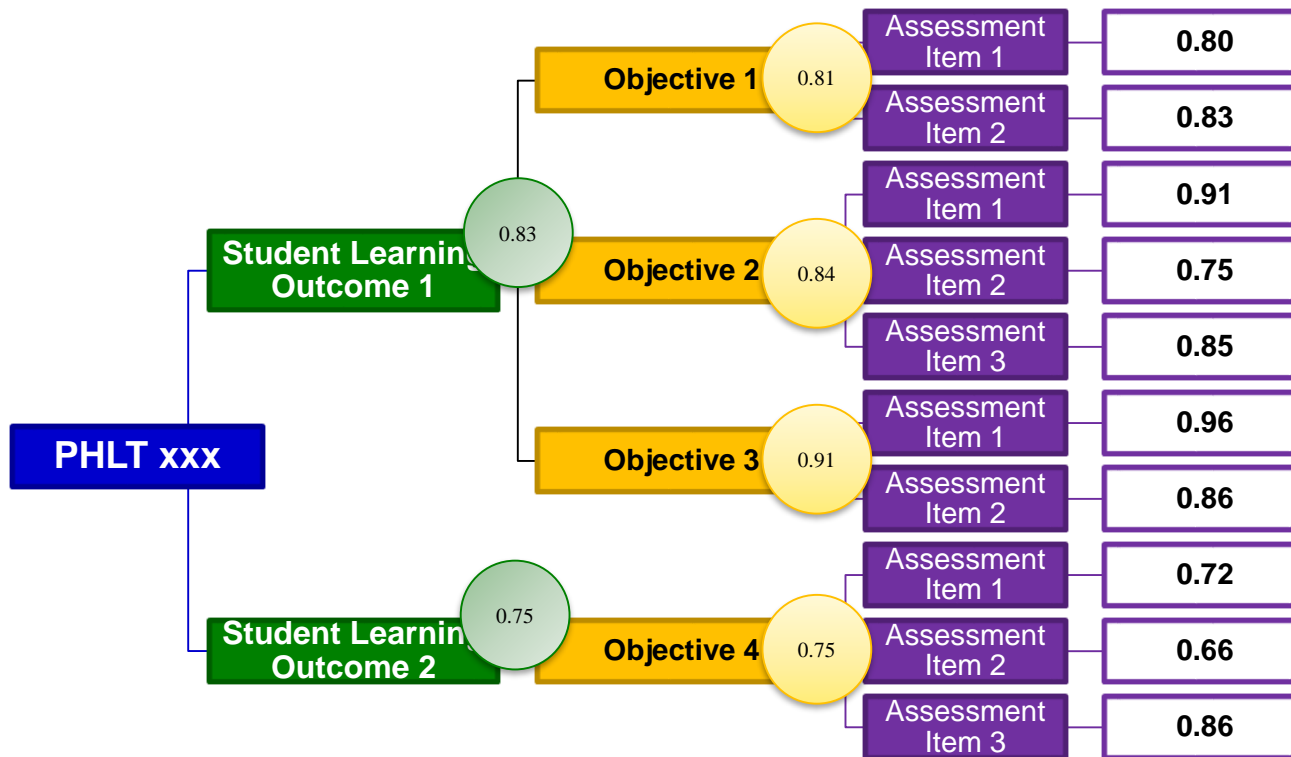
Regardless of answer(s) full credit was awarded.



STEP 5-DATA AGGREGATION AND CURRICULUM REPORTING



Objective Attainment-Within a Course



Objective Attainment Across Students

Categories	# of Items	Correct		Incorrect	
		#	%	#	%
Broadly characterize the contributions and value of public health	3	159.00	58.89	111.00	41.11
Describe public health milestones.	5	282.00	62.67	168.00	37.33
List core functions and essential services of public health	3	140.00	51.85	130.00	48.15
Recall the history of public health.	6	323.00	59.81	217.00	40.19

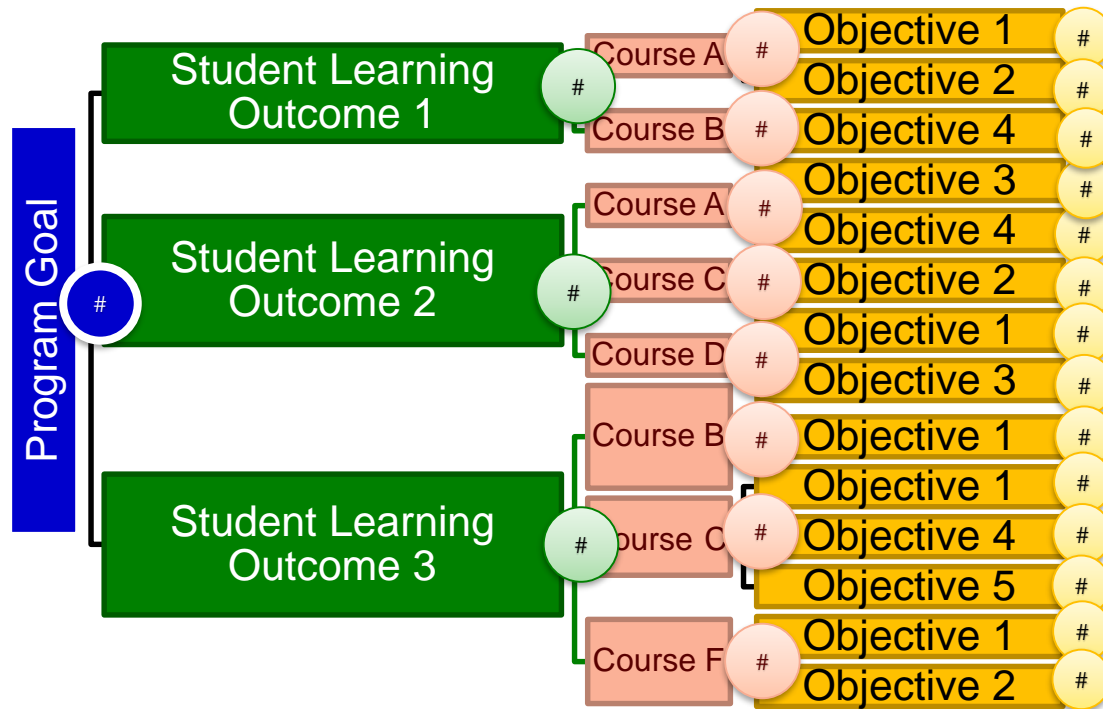
Categories	# of Items	Correct		Incorrect	
		#	%	#	%
Categorize public health activities within the framework of core functions and essential services.	3	258.00	95.56	12.00	4.44
Organize the 10 essential services of public health within the three core functions.	3	242.00	89.63	28.00	10.37

Categories	# of Items	Correct		Incorrect	
		#	%	#	%
Categorize types of determinants that impact the public's health.	6	501.00	92.78	39.00	7.22

Categories	# of Items	Correct		Incorrect	
		#	%	#	%
Define commonly used terms in public health.	2	109.00	60.56	71.00	39.44
Recognize commonly used terms in public health.	2	109.00	60.56	71.00	39.44



Connecting the Dots Concept-Across Courses



Aggregating Attainment Data

AY 15-16

Cate	Learning Outcome	FA 2015 AR	SP 2016 AR	SM 2016 AR	AY Average	Incorrect		
						%	#	%
	1. Understand the history, ethics, and traditions of the field of public health. (1 SLO)					1.89	111.00	41.11
	Describe the history, ethics, and traditions of public health to include its core values, concepts and functions in society.	0.91	0.81	0.90	0.87	1.67	168.00	37.33
	2. Value the scope and nature of problems and challenges addressed by the field of public health. (3 SLOS)					1.85	130.00	48.15
	Describe socioeconomic, behavioral, biological, environmental and other factors that impact population health and contribute to health disparities.	0.89	0.89	0.90	0.89	1.83	28.00	10.37
	Employ the underlying science of human health and disease including opportunities for promoting and protecting health across the life course.	0.92	0.87	0.84	0.87	1.78	39.00	7.22
	Explain fundamental characteristics and organizational structures of health systems in the US and throughout the world.	0.87	0.87	0.80	0.85	1.56	71.00	39.44
	3. Appreciate the breadth, depth and variety of intellectual and practical skills employed in the field of public health. (4 SLOS)					1.56	71.00	39.44
	Illustrate basic concepts related to data in public health including, collection tools and methods, analysis, and reporting with understanding of why evidence-based approaches are essential.	0.91	0.89	0.88	0.89			
	Employ basic intervention processes and approaches to address public health concerns of populations.	0.90	0.90	0.89	0.90			
	Apply fundamental concepts and features of project implementation, including planning, assessment and evaluation.	0.80	0.83	0.86	0.83			
	Identify basic concepts of legal, ethical, economic and regulatory dimensions public health and the roles, influences and responsibilities of government, private sector and other stakeholders.	0.86	0.81	0.81	0.83			
	4. Appreciate the variety of communication methods and cultural competence required in the field of public health. (1 SLO)							
	Demonstrate basic concepts of public health-related communication, including culturally competent technical and professional writing and the use of other communication tools.	0.79	0.88		0.84			





SUCCESSSES AND CHALLENGES

Next Steps

- Address curriculum and assessment gaps
- Determine which assessments to include for formative vs. summative attainment rates
- Continue to streamline data capture and reporting processes

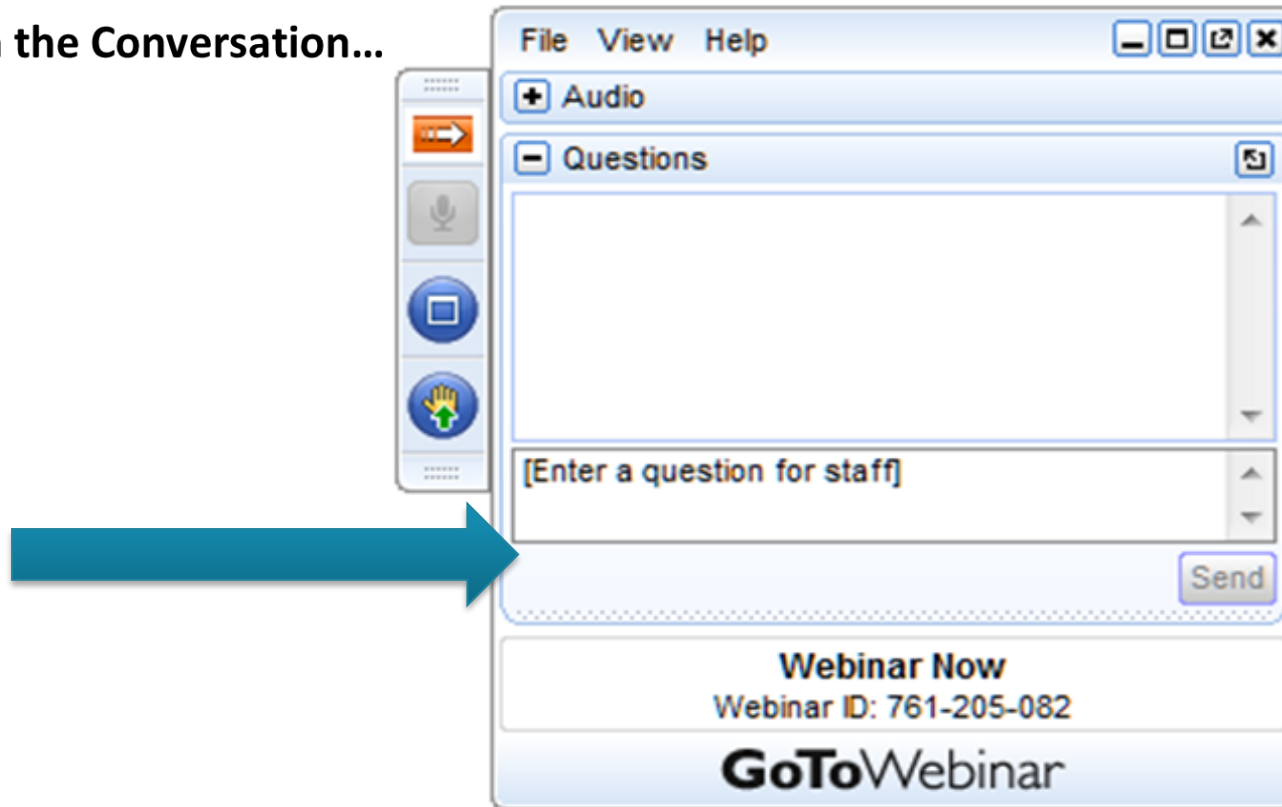


**THANK YOU!
QUESTIONS?**



Questions or Comments?

Join the Conversation...



*Using Competencies to Inform Undergraduate Program
Design and Incorporation of Evaluation Activities:*
Experiential Learning in Global Health & Host Perspectives

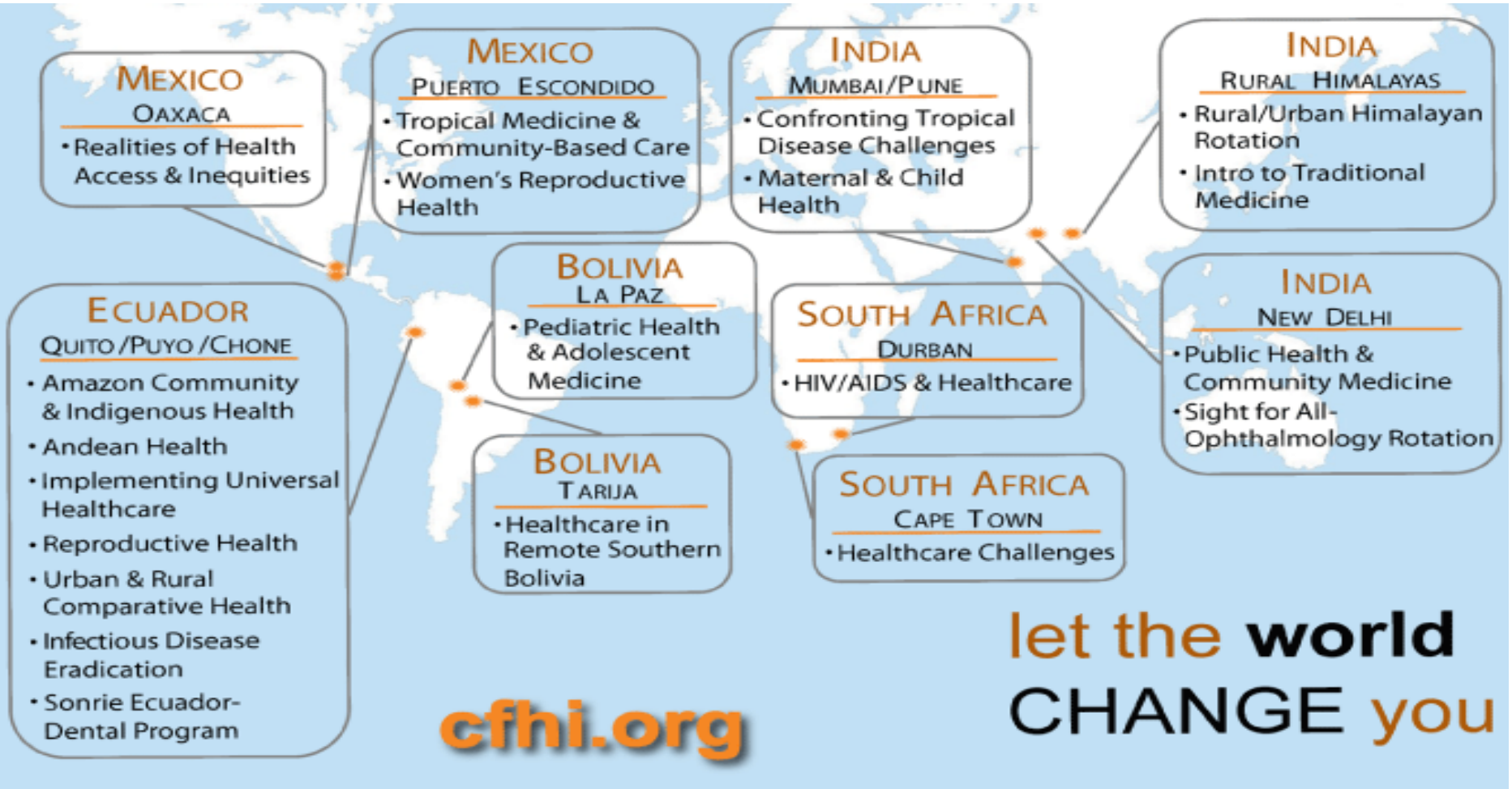


Jessica Evert MD

Executive Director, Child Family Health International

Assistant Clinical Professor, UCSF Department of Family and Community Medicine

Affiliate Faculty, UCSF Global Health Sciences



Argentina • Bolivia • Ecuador • India • Mexico • South Africa • Uganda • Ghana • Philippines • Tanzania

The Many Faces of Assessment & Evaluation

- Impact of experiential learning on student development (short-term, mid-term, long-term)
- Impact of experiential component on course/program/degree
- Impact of experiential education on host/partner communities
- Evaluation of partnership from all partner perspectives (in culturally acceptable fashion)
- Assessment and evaluation of program structure based on rubrics/philosophical underpinnings/standards (Fair Trade Learning, Citizen Participation, Duarte's Standards, Forum on Education Abroad Standards)
- Assessment or evaluation of impacts of service components (technical assessment)

Communities of Practice Involved



What is Global Health?

“a field of study, research, and practice that places a priority of achieving equity in health for all people. Global health involves multiple disciplines within and beyond the health sciences, is a synthesis of population-base prevention with individual level clinical care, promotes interdisciplinary collaboration, and emphasizes transnational health issues and determinants.”

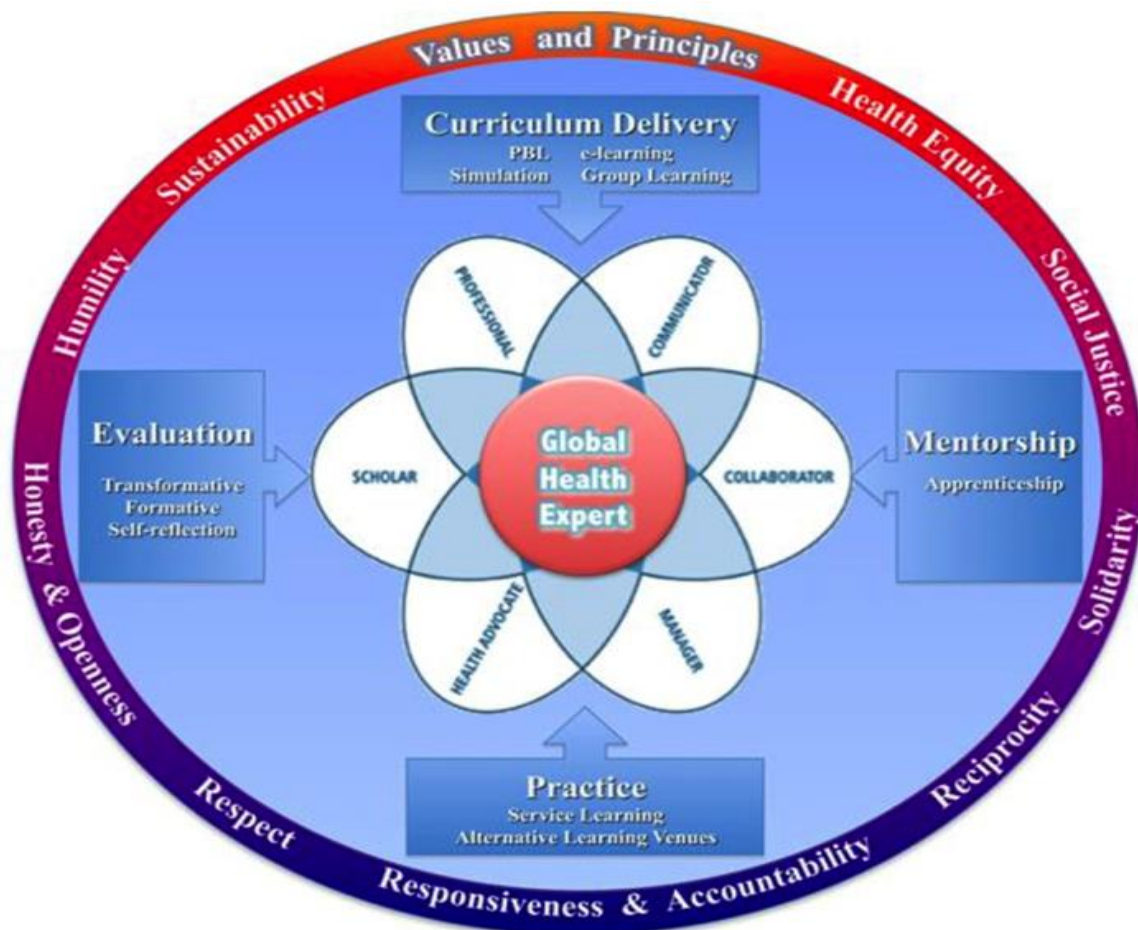
Koplan et al. Consortium of Universities for Global Health Executive Board: Towards a common definition of global health. Lancet. 2009; 1993-1995.

OR....

“a concept fabricated by developed countries to explain what is regular practice in developing nations.”

Consortium of Universities in Global Health. 2008. Annual Report.

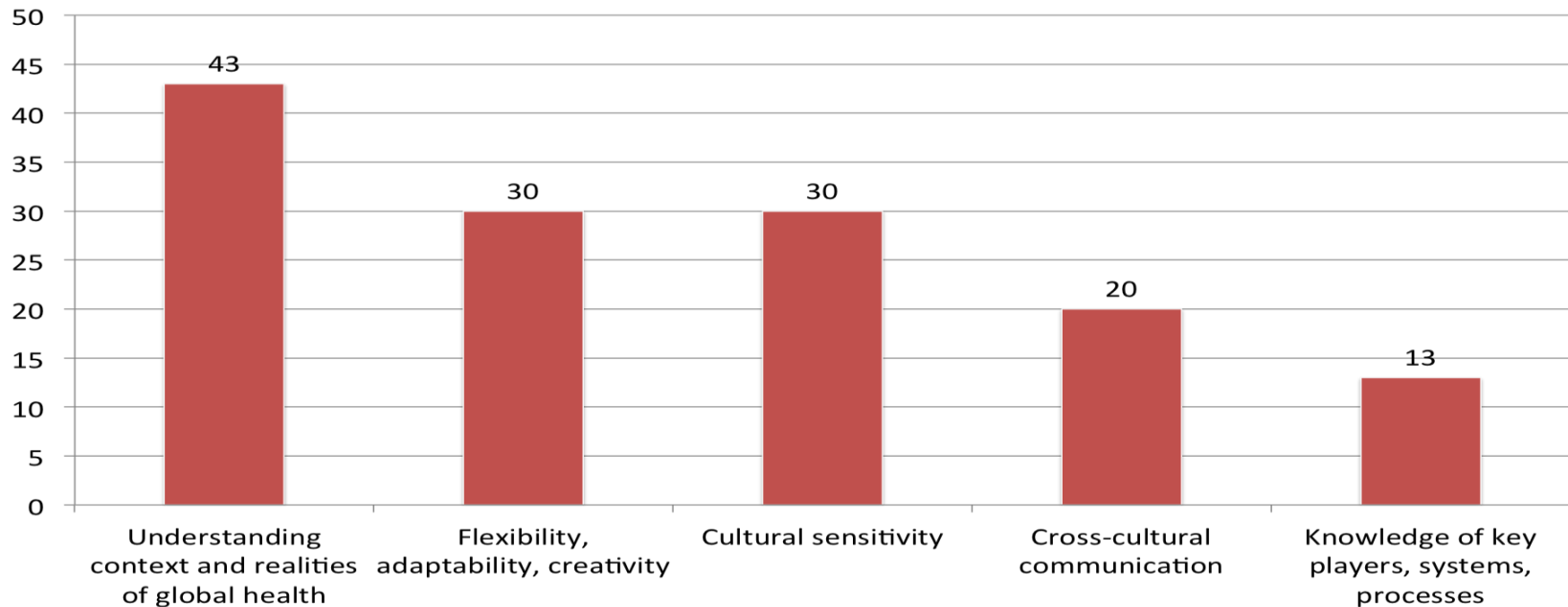
Child Family Health International



Framework for Global Health Education in Postgraduate Family Medicine Training Available online at: <http://globalhealth.ennovativesolution.com> webscite©The Ontario Global Health Family Medicine Curriculum Working Group, (2010) [17]; Redwood-Campbell et al. *BMC Medical Education* 2011 11:46 doi:10.1186/1472-6920-11-46

Perceived Weaknesses: Opportunities for International Education

Perceived Weaknesses of Domestic Health Professionals Moving to Global Health



Rudy, S. The Global Local Divide: Impact On Career Paths And Employment Opportunities. CUGH. Boston MA, 2015.

ORIGINAL RESEARCH

Identifying Interprofessional Global Health Competencies for 21st-Century Health Professionals

Kristen Jogerst, BS, Brian Callender, MD, Virginia Adams, RN, PhD, Jessica Evert, MD, Elise Fields, PharmD, Thomas Hall, MD, DrPH, Jody Olsen, PhD, MSW, Virginia Rowthorn, JD, Sharon Rudy, PhD, Jiabin Shen, M.Ed, Lisa Simon, DMD, Herica Torres, MSN, Anvar Velji, MD, Lynda L. Wilson, MSN, PhD

Hanover, NH; Chicago, IL; Washington, DC; San Francisco, Martinez, and Elk Grove, CA; Baltimore, MD; Birmingham, AL; Cambridge, MA; Albuquerque, NM

Abstract

BACKGROUND At the 2008 inaugural meeting of the Consortium of Universities for Global Health (CUGH), participants discussed the rapid expansion of global health programs and the lack of standardized competencies and curricula to guide these programs. In 2013, CUGH appointed a Global Health Competency Subcommittee and charged this subcommittee with identifying broad global health core competencies applicable across disciplines.

Domains of Global Health Competency

- Global Burden of Disease
- Globalization of health and health care
- Social and Environmental Determinants of Health
- Capacity Strengthening
- Collaboration, Partnering, and Communication
- Ethics
- Professional Practice
- Health Equity and Social Justice
- Program Management
- Sociocultural and Political Awareness
- Strategic Analysis

Level I: Global Citizen Level

Competency sets required of all post-secondary students pursuing any field with bearing on global health.

Level II: Exploratory Level

Competency sets required of students who are at an exploratory stage considering future professional pursuits in global health or preparing for a global health field experience working with individuals from diverse cultures and/or socioeconomic groups.

Level III: Basic Operational Level

Competency sets required of students aiming to spend a moderate amount of time, but not necessarily an entire career, working in the field of global health.

Two sub-categories exist in Level III:

Practitioner-Oriented Operational Level: Competency sets required of students: 1) practicing discipline-specific skills associated with the direct application of clinical and clinically-related skills acquired in professional training in one of the traditional health disciplines; and 2) applying discipline-specific skills to global health-relevant work from fields that are outside of the traditional health disciplines (e.g., law, economics, environmental sciences, engineering, anthropology, and others).

Program-Oriented Operational Level: Competency sets required of students within the Basic Operational Level in the realm of global health program development, planning, coordination, implementation, training, evaluation, or policy.

Level IV: Advanced Level

Competency sets required of students whose engagement with global health will be significant and sustained. These competencies can be framed to be more discipline-specific or tailored to the job or capacity in which one is working. This level encompasses a range of study programs, from a masters level degree program, up to a doctoral degree with a global health-relevant concentration. Students enrolling in these programs are usually committed to a career in global health-related activities.

Figure 2. Four Proposed Levels of Global Health Competency.

Global Health Educational Competencies (Disease/Health Status)

1. Demonstrate knowledge of the major global causes of morbidity and mortality and how health risks vary by gender and income across regions.
1. Demonstrate basic understanding of emerging chronic diseases and understand the double impact these diseases pose in countries with concomitant high infectious disease burden.
1. Demonstrate an awareness of the major causes of maternal, perinatal, and under 5 mortality worldwide.
2. Identify standardized guidelines for diagnosis and treatment of conditions common to developing countries such as the World Health Organization's Integrated Management for Childhood Illness (IMCI).
1. Demonstrate an awareness of the health issues encountered by vulnerable populations such as immigrants, refugees, internally displaced persons, and those with disabilities.
2. Demonstrate understanding of the value of health promotion and disease prevention strategies and how their inclusion or absence impacts individual patient lives and populations.
1. For students who participate in experiences in low-resource settings outside their home situations demonstrate appropriate preparation with respect to personal health, travel safety, cultural awareness, expected ethical challenges, and an awareness of the historical, socio-political, economic, and linguistic context in which they will be learning.

Global Health Competencies (Health Systems/Determinants)

1. Appraise the differences in practice across different healthcare systems including critical self-reflection with an understanding of contextual influences and openness to change.
 2. Describe the relationship between access to clean water, sanitation and nutrition on individual and population health.
 3. Describe the relationship between environmental degradation, pollution, and health.
 4. With respect to patients and populations, understand the relationship between health and the social determinants of health, and how these vary across world regions.
 5. With respect to patients and populations, identify barriers to health and healthcare locally and internationally.
1. Understand how travel and trade contribute to the spread of communicable diseases.
 1. Understand the impact of rapid population growth and of unsustainable and inequitable resource consumption on important resources essential to human health, including water, sanitation, and food supply, and know how these resources vary across world regions.

Table 1. List of Competencies Categorized into 8 Domains for Global Citizen and 11 Domains Basic Operational Program-Oriented Levels

Domains and Competencies	Knowledge (K), Attitude (A), Skill (S)	Global Citizen Level	Basic Operational Program-Oriented Level
DOMAIN: 1. Global Burden of Disease.			
Encompasses basic understandings of major causes of morbidity and mortality and their variations between high-, middle- and low-income regions, and with major public health efforts to reduce health disparities globally. ^{16,20}			
1a. Describe the major causes of morbidity and mortality around the world, and how the risk for disease varies with regions. ^{16,20}	K	X	X
1b. Describe major public health efforts to reduce disparities in global health (such as Millennium Development Goals and Global Fund to Fight AIDS, TB, and Malaria). ^{16,20}	K	X	X
1c. Validate the health status of populations using available data (e.g., public health surveillance data, vital statistics, registries, surveys, electronic health records, and health plan claims data). ²⁴	K, S		X
DOMAIN: 2. Globalization of Health and Health Care.			
Focuses on understanding how globalization affects health, health systems, and the delivery of health care. ^{16,20}			
2a. Describe different national models or health systems for provision of health care and their respective effects on health and health care expenditure. ^{16,20}	K		X
2b. Describe how global trends in health care practice, commerce and culture, multinational agreements, and multinational organizations contribute to the quality and availability of health and health care locally and internationally. ^{16,20}	K		X
2c. Describe how travel and trade contribute to the spread of communicable and chronic diseases. ^{16,20}	K	X	X



[Home](#) » CUGH Global Health Education Competencies Tool Kit

CUGH Global Health Education Competencies Tool Kit

This is a tool kit that provides learning objects and curricular content to support the competencies for those proficiency/trainee levels. The tool kit went through several iterations of peer review, however its contributors acknowledge that it is a work-in-progress and starting point, rather than a definitive, comprehensive resource. We are currently publishing it in PDF format, with efforts underway to place the tool kit on a platform that will allow for comments and additional content from a diverse online community. In the meantime, please direct any questions or comments to Jessica Evert, CUGH Competency Sub-Committee Chair, at jevvert@cfhi.org. Thank you for your interest in this tool and global health education.

Download:

 [CUGH_GHE_Competency_Tool-kit_2017.pdf](#)

Resource Type: Competency Toolkit

Associated Committee(s): [Global Health Competency Subcommittee](#)

Competency 2a: Describe different national models or health systems for provision of healthcare and their respective effects on health and healthcare expenditure (Basic Operations Level Only)

Prepared by: Lynda Wilson, University of Alabama Birmingham (lyndawilson@uab.edu)

Teaching Strategies:

Initial background on this topic will likely require a combination of landmark articles or a textbook assigned as required reading, with supplemental assignments of videos, blogs, exploring websites, lecture, or in-class activities to contrast various national health system models. Interactive possibilities for simulation, “flipped classroom,” or team-based learning activities include having students prepare presentations illustrating benefits and disadvantages of various health system models in different countries. If possible, clinical experiences can be arranged to observe different health system models.

Websites:

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12. Wallace, L. S. (2013). A view of health care around the world. *Family Physicians*, 11(1), 84. Retrieved from <http://www.annfammed.org/content/11/1/84.1.full>

Books:

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2. Skolnik, R. (2016). *Global Health 101* (3rd ed.). Burlington Learning.

Videos:

1. Fuchs, V. (2009, December 4). International health policy systems [Video file]. Retrieved from <https://www.youtube.com/watch?v=ils6zQXUpAU>
2. World Health Organization & Alliance for Health Policy a May 14). Systems thinking for health systems strengthening <https://www.youtube.com/watch?v=ils6zQXUpAU>

Study Questions for Basic Operational Level:

1. Compare the health care systems of two countries with res indicators: maternal morbidity and mortality; infant mortality rates; access to long-term care; and indicate communicable diseases.
2. Describe the health care system and health care expenditures for a selected country that you including contributions from international aid organizations, programs or other non-governmental organizations (NGOs).
3. What are the key components of Universal Health Coverage (UHC), and what are the models of health care systems that can most effectively promote UHC
4. Discuss the key components of the following four models of health care: Beveridge model, the Bismarck model, the National Health Insurance or Tommy Douglas model, and the out-of-pocket model. Compare the strengths and limitations of each model as strategies to achieve UHC.

Article and Reports:

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7. Lu, C., Schneider, M. T., Gubbins, P., Leach-Kemton, K., Jamison, D., & Murray, C. J. L. (2010). Public financing of health in developing countries: A cross-national systematic analysis. *The Lancet*, 375(9725), 137–1387. Retrieved from [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)60233-4/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)60233-4/abstract)
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Consortium of
Universities
for Global Health



Today, 11:29 AM



at  21 mins · Instagram · 

Suturing up a head laceration on one of the Vietnamese locals.
#volunteersurgeon #idkwhatimdoing



 Like  Comment  Share

one of my friends from high school....

"#idkwhatimdoing"

■ Do you GASP? How pre-health students delivering babies in Africa is quickly becoming consequentially unacceptable

Jessica Evert MD, Tricia Todd MPH, and Peggy Zitek PhD

Nobel-prize winner George Bernard Shaw pointed out an unfortunate paradox- “Self-sacrifice enables us to sacrifice other people without blushing.” Over the last decade advisors have noted an increase in pre-health students clamoring for international experiences especially in low and middle-income countries

of clinical care that results from this shortage is both naïve and potentially deleterious. There are many efforts at district, national, regional, and international levels to address Human Resources for Health (HRH) shortfalls throughout the world. There is no mention of undergraduate-level students from

Accreditation Council for Graduate Medical Education
American Academy of Family Physicians
American Academy of Pediatrics
American Association of Colleges of Nursing
American Congress of Obstetricians and Gynecologists
American Association of Oral-Maxillofacial Surgeons
American College of Physicians
American College of Surgeons
American Dental Association
American Medical Association
American Medical Student Association
American Psychology Association
Association of American Medical Colleges
Association of Schools of Public Health
Consortium of Universities for Global Health
International Academy of Physician Associate Educators
International Council of Nurses
International Federation of Gynecologists and Obstetricians
International Pharmaceutical Federation
International Union of Psychological Science
Liaison Committee on Medical Education
Movement for Global Mental Health
National League for Nursing
One Health Initiative
Sigma Theta Tau, International Nursing Honor Society
Society for Medical Anthropology
World Federation of Occupational Therapists
World Confederation for Physical Therapy
World Dental Federation
World Health Organization

Figure 1. List of Professional Society and Professional Organization Webpages Reviewed.

ORIGINAL RESEARCH

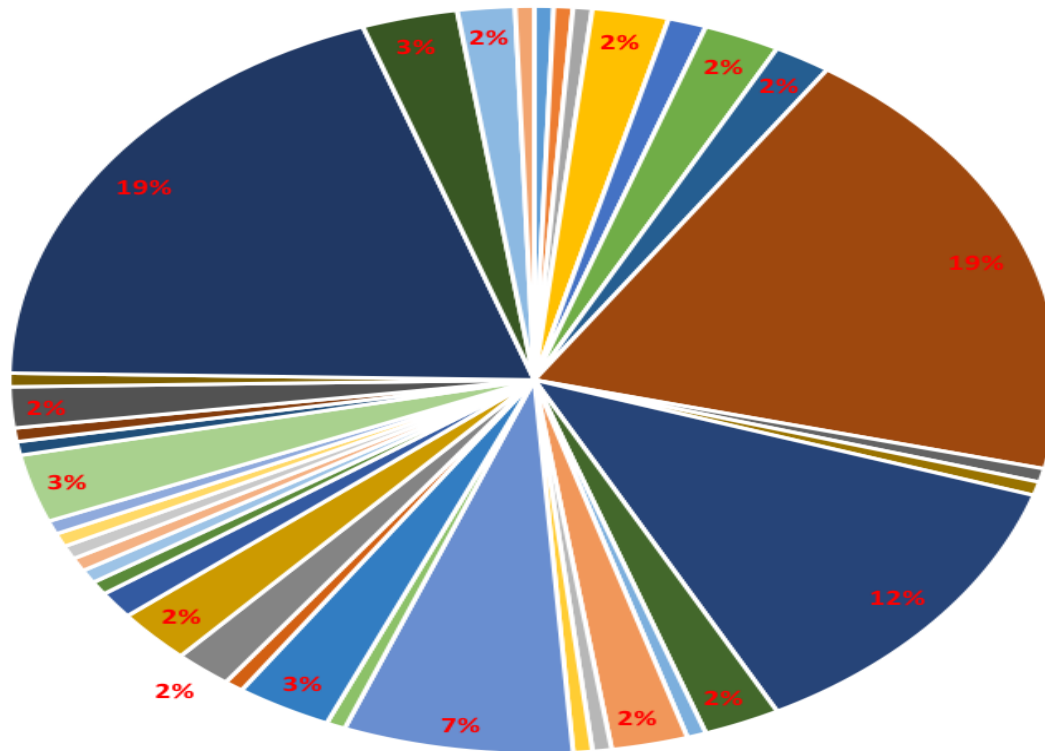
Visiting Trainees in Global Settings: Host and Partner Perspectives on Desirable Competencies



William Cherniak, MD, MPH, Emily Latham, MPH, Barbara Astle, RN, PhD, Geoffrey Anguyo, MB, ChB, Tessa Beaunoir, RN, Joel Buenaventura, MD, MPH, Matthew DeCamp, MD, Karla Diaz, PhD, Quentin Eichbaum, MD, MPH, MFA, PhD, Marius Hedimbi, PhD, Cat Myser, PhD, Charles Nwobu, MB, ChB, Katherine Standish, MD, Jessica Evert, MD

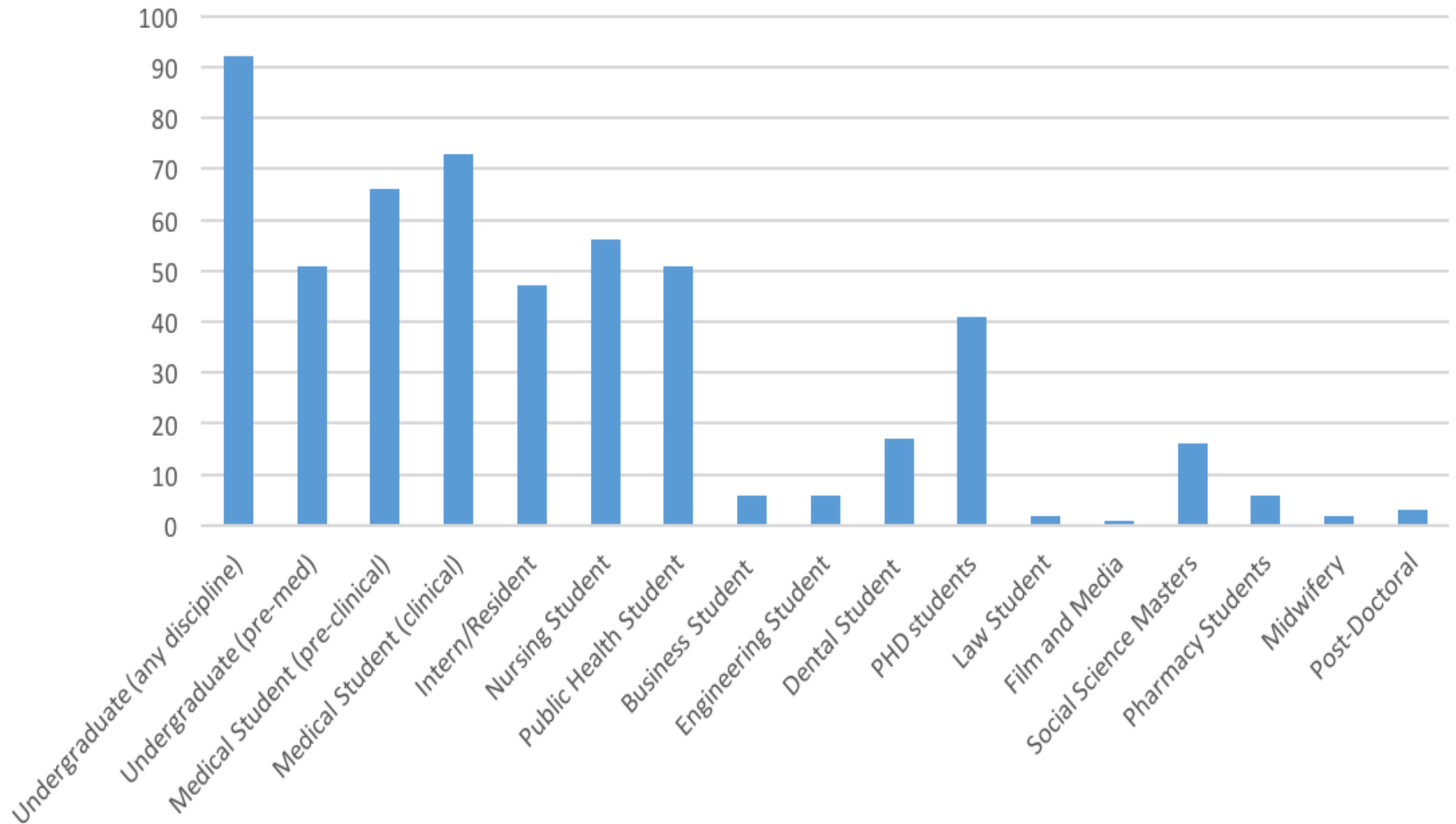
Toronto, Canada; Madison, WI; British Columbia, Canada; Mbarara, Uganda; Durban, South Africa; Quezon, Philippines; Baltimore, MD; Quito, Ecuador; Nashville, TN; Windhoek, Namibia; North Chicago, IL; Accra, Ghana; New Haven, CT; and San Francisco, CA

Countries of Respondents



- | | | | | | |
|---|---|--|---|---|---|
| ■ Bangladesh | ■ Belizee | ■ Bolivia | ■ Brazil | ■ Cambodia | ■ Canada |
| ■ Chile | ■ China | ■ Colombia | ■ Dominican Republic | ■ Ecuador | ■ El Salvador |
| ■ Germany | ■ Ghana | ■ Guatemala | ■ Honduras | ■ India | ■ Italy |
| ■ Kenya | ■ Kosovo | ■ Malawi | ■ Mexico | ■ Namibia | ■ Nepal |
| ■ Nicaragua | ■ Nigeria | ■ Peru | ■ Philippines | ■ Rwanda | ■ South Africa |
| ■ Spain | ■ Sri Lank | ■ Tanzania | ■ Trinidad | ■ USA | ■ Uganda |
| ■ Vietnam | ■ Zambia | | | | |

Types of Students by Discipline and Training Level



demographics

Near equal divide across economic regions (High Income, Middle Income, Low Income), with higher amount from upper middle (China and Latin America)

Nearly 15% from rural population

40% of respondents from non-clinical backgrounds, public health workers, NGO staff and researchers

22% of all programs contained a community outreach initiative

Students Recognizing their own limitations



Need to work well within a team setting and maintain respect

Grasping the huge role of culture in health and healthcare

Clinical learning much less important than culture and professionalism

Not important for students to be working independently (0% said students come as practitioners ready to work with little/no supervision)

72% of preceptors received feedback from students

71% engaged in debriefing with students after rotation



48% wanted more students, 52% said it was fine, 0% wanted less

0% said students come as practitioners ready to work

90% said they wished students would stay more in touch after their rotation

Post elective

Qualitative Data: Biggest Mistakes

“They must abstain from over expectation and over criticism; must have a compassionate approach as the host and the team puts lots of effort in establishing the program”

“Not respect the environment and culture. Do not want to come out of their comfort zone. Do not follow the discipline and dress code etc. (however, this is not common to all)”

“They tend to over expect from the program sometimes, as they want hands on experience which cannot be provided very extensively keeping local government, administrative protocol in place.”

“attempting to do too much and not able to achieve goals”

Qualitative data: What should students remember when they go home

“our culture and our dedication to make their time memorable”

“the knowledge they gained here and the Indian hospitality. During the program, some of them discover their potential, they should always believe in that potential”

“to be good doctor, you need to be good listener. Must listen to your patient very well”

“That they can change a life of a person who is different if they are aware and respectful of that difference ”

Impacts of Students on Host/Partner Communities

1. Improved English Proficiency
2. Increased Prestige of host institutions
3. Fulfilling local practitioners sense of global citizenship

Kung T, Richardson E, Mabud T, et al. 2016. Host community perspectives on trainee participating in short-term experiences in global health. *Medical Education* 50:1122-1130.

Results

Benefits to host community members

- Rise in local prestige
- Serving as 'global citizens'
- Broadening world views
- Resource enhancement
- Improved local networks and leadership development

Negative consequences to host community members

- Perceived hesitancy and apathy of trainees
- Unfulfilled promises
- Lack of equal opportunity

Global Health Educational Engagement—A Tale of Two Models

Jasmine Rassiwala, Muthiah Vaduganathan, MD, MPH, Mania Kupershtok, Frank M. Castillo, MD, MA, and Jessica Evert, MD

Abstract

Global health learning experiences for medical students sit at the intersection of capacity building, ethics, and education. As interest in global health programs during medical school continues to rise, Northwestern University Alliance for International Development, a student-led and -run organization at Northwestern University Feinberg School of Medicine, has provided students with the opportunity to engage in two contrasting models of global health educational engagement.

Eleven students, accompanied by two Northwestern physicians, participated in a one-week trip to Matagalpa, Nicaragua,

in December 2010. This model allowed learning within a familiar Western framework, facilitated high-volume care, and focused on hands-on experiences. This approach aimed to provide basic medical services to the local population.

In July 2011, 10 other Feinberg students participated in a four-week program in Puerto Escondido, Mexico, which was coordinated by Child Family Health International, a nonprofit organization that partners with native health care providers. A longer duration, homestays, and daily language classes hallmarked this experience. An intermediary, third-party organization served to bridge

the cultural and ethical gap between visiting medical students and the local population. This program focused on providing a holistic cultural experience for rotating students.

Establishing comprehensive global health curricula requires finding a balance between providing medical students with a fulfilling educational experience and honoring the integrity of populations that are medically underserved. This article provides a rich comparison between two global health educational models and aims to inform future efforts to standardize global health education curricula.

	Brigade Model	Integrated Model
Duration of clinical team	Short-term (usually 1-2 weeks)	Long-term presence in community; based on national health system model/planning
Relationship with existing health system	Outside of it; often in parallel or tangent	Imbedded in local health systems- public, NGO, private, academic
Source of Medications	Often brought from outside by brigade teams	Essential medications (WHO) plus local formularies
Who's teaching you	Physicians/others from outside the community	Physicians/nurses/community members native to the community; committed to long-term, continual engagement
Patient volume/patient follow-up	High/Low	Medium/High
Accommodations	With westerners; dorms/apartments/hotels	With local families

Rassiwala J et al. Global Health Educational Engagement: A Tale of Two Models. Acad Med, online; 2013.

Child Family Health International

	Brigade Model	Integrated Model
Competencies/Objectives Achieved	<ol style="list-style-type: none"> 1. Western style of presenting/precepting 2. High volume of patients/limited ability to address advanced problems 3. Running a program that is controlled by the “Global North” 4. Western ‘standard of care’ 	<ol style="list-style-type: none"> 1. Health systems Community Health 2. Disease processes over time 3. Levels of referral and care capacity 4. Cultural influences to health and health care practice 5. Community context outside clinical setting. 6. Public Health 7. Partnering with local communities and respecting local expertise 8. Local ‘standards of care’ and clinical approaches

Rassiwala J et al. Global Health Educational Engagement: A Tale of Two Models. Acad Med, online; 2013.



“As a global citizen of the world, if I am able to educate a student from any other nation, and he feels a little softer about places that are not as economically well off, then from that perspective of course it is beneficial, because we are benefiting some students living in affluent nations to have a balanced view of life.”

-CFHI Medical Director, India

Global Engagement Survey

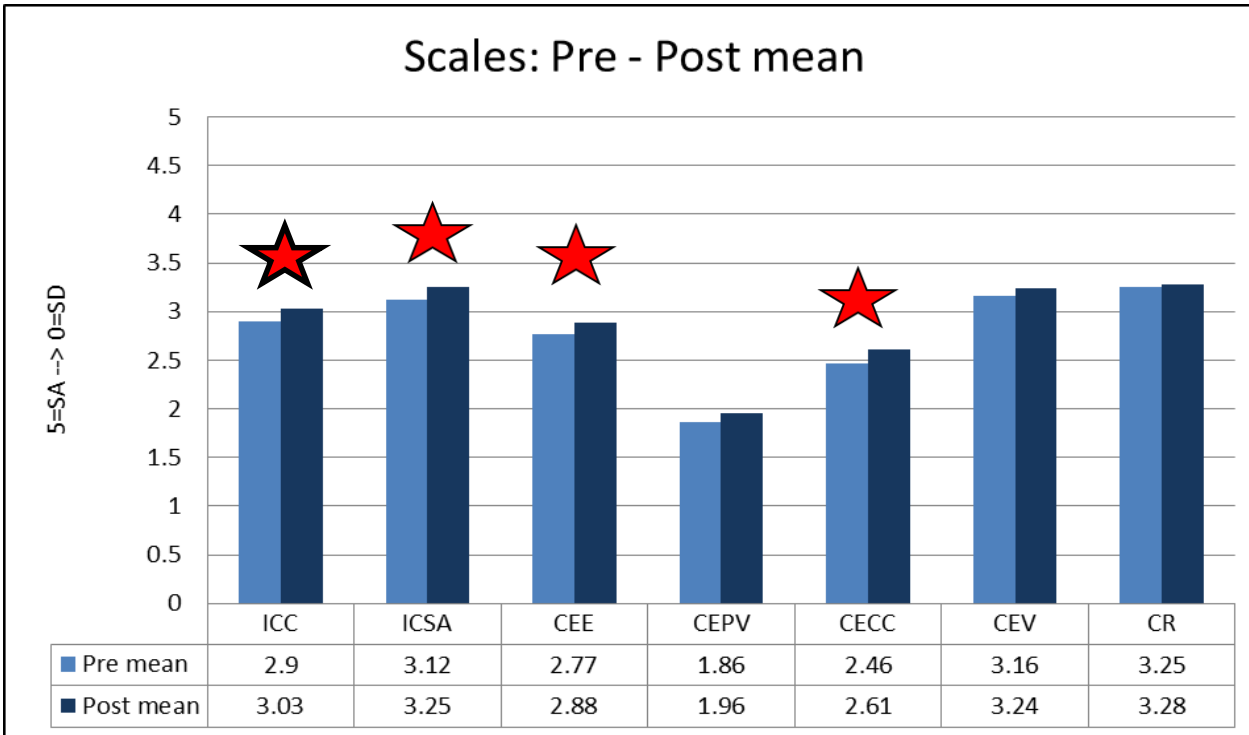
(Hartman, Lough, Toms, & Reynolds)

Multi-institutional assessment tool that employs **quantitative and qualitative** methods to better understand relationships among **program variables** and student learning, specifically in respect to **global learning** goals identified by the Association of American Colleges and Universities (AAC&U, 2014)

Seven Scales	Intercultural Competence – Communication	ICC
	Intercultural Competence – Self-awareness	ICSA
	Civic Engagement – Efficacy	CEE
	Civic Engagement – Political Voice	CEPV
	Civic Engagement – Conscious Consumption	CECC
	Civic Engagement – Values	CEV
	Critical Reflection	CR

GES 2016 - Results

Quantitative findings



- ICC**
Intercultural competence - Communication
- ICSA**
Intercultural competence – Self-awareness
- CEE**
Civic Engagement - Efficacy
- CECC**
Civic Engagement – Conscious Consumption



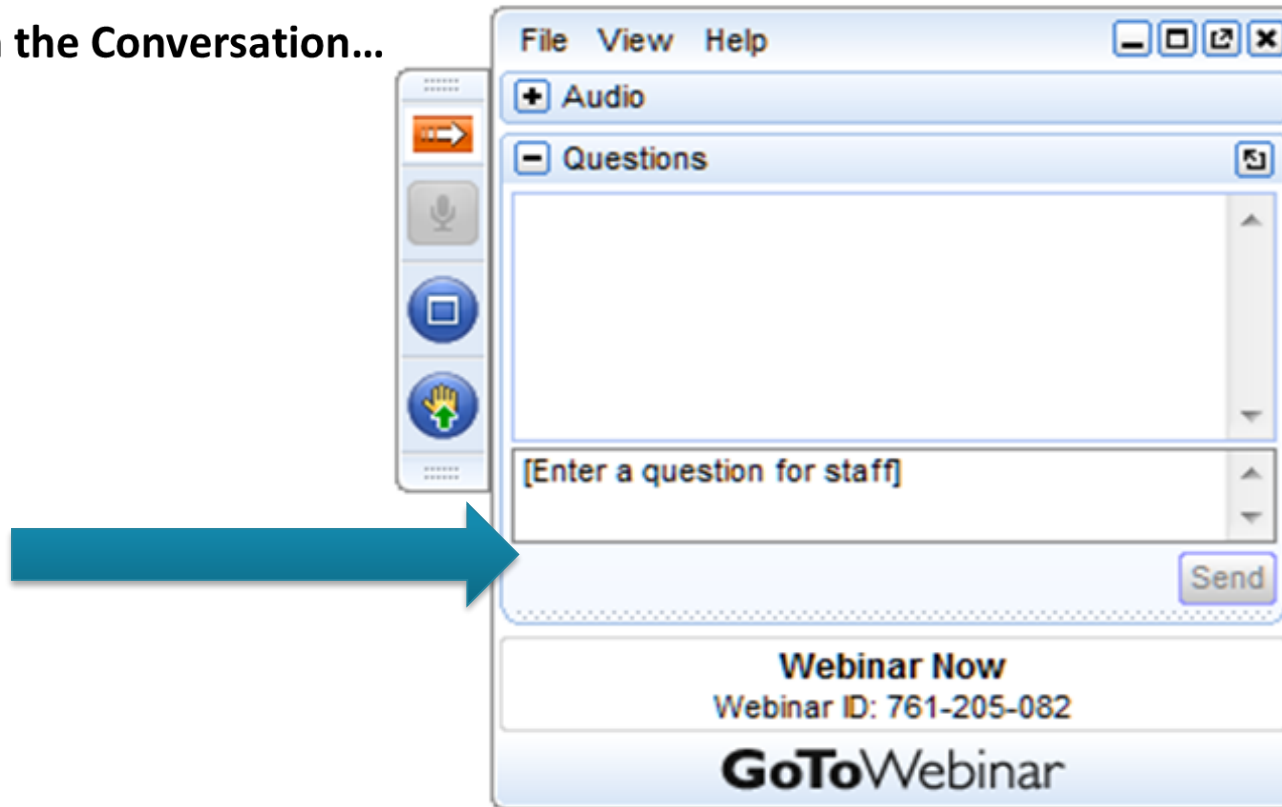
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Jessica Evert MD
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Questions or Comments?

Join the Conversation...



Thank you to Today's Presenters



Katie Darby Hein, PhD
University of Georgia
College of Public Health



Jennifer M. Griffith, DrPH, MPH
Texas A&M School of Public
Health



Jessica Evert, MD
UCSF/Child Family Health
International (CFHI)

Thank You!

See the webinar event page on the ASPPH website for a link to the **archived webinar**:

<http://www.aspph.org/event/aspph-presents-webinar-using-competencies-to-inform-undergraduate-program-design-and-incorporation-of-evaluation-activities/>

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