ASPPH Presents Webinar Series

Ensuring Valuable Global Experiences for Undergraduates

Thursday, August 31, 2017
2:00 pm-3:00 pm Eastern

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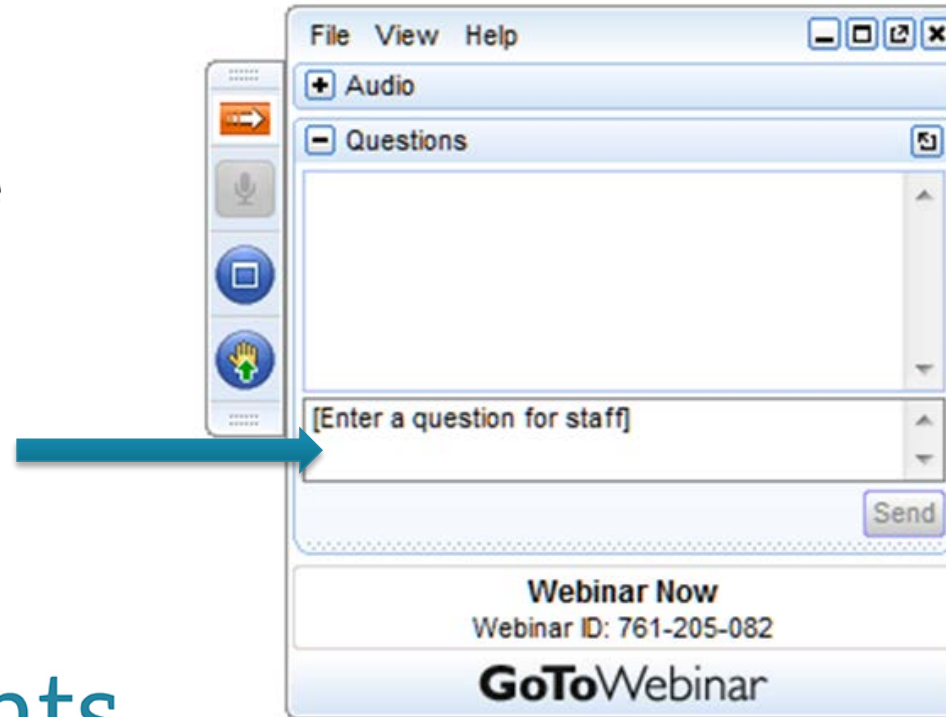
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WEBINAR

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ASPPH

Today's Presenters

Caryl Waggett, PhD
Allegheny College

Jolynn Gardner, PhD, CHES
American University

Sara Dumont, DPhil
American University

Myriam Torres
University of South Carolina

Experience the World

Developing Robust Experiential Global Health Opportunities for Undergraduate Students:

Setting Ethical Goals, Scaffolding Student Experiences, and Leveraging Community Partnerships

Caryl Waggett, PhD* and Ashley Weibel (Allegheny College)

Jessica Evert, MD (Child Family Health International and UCSF)

Christina Gunther, MA (Sacred Heart University)

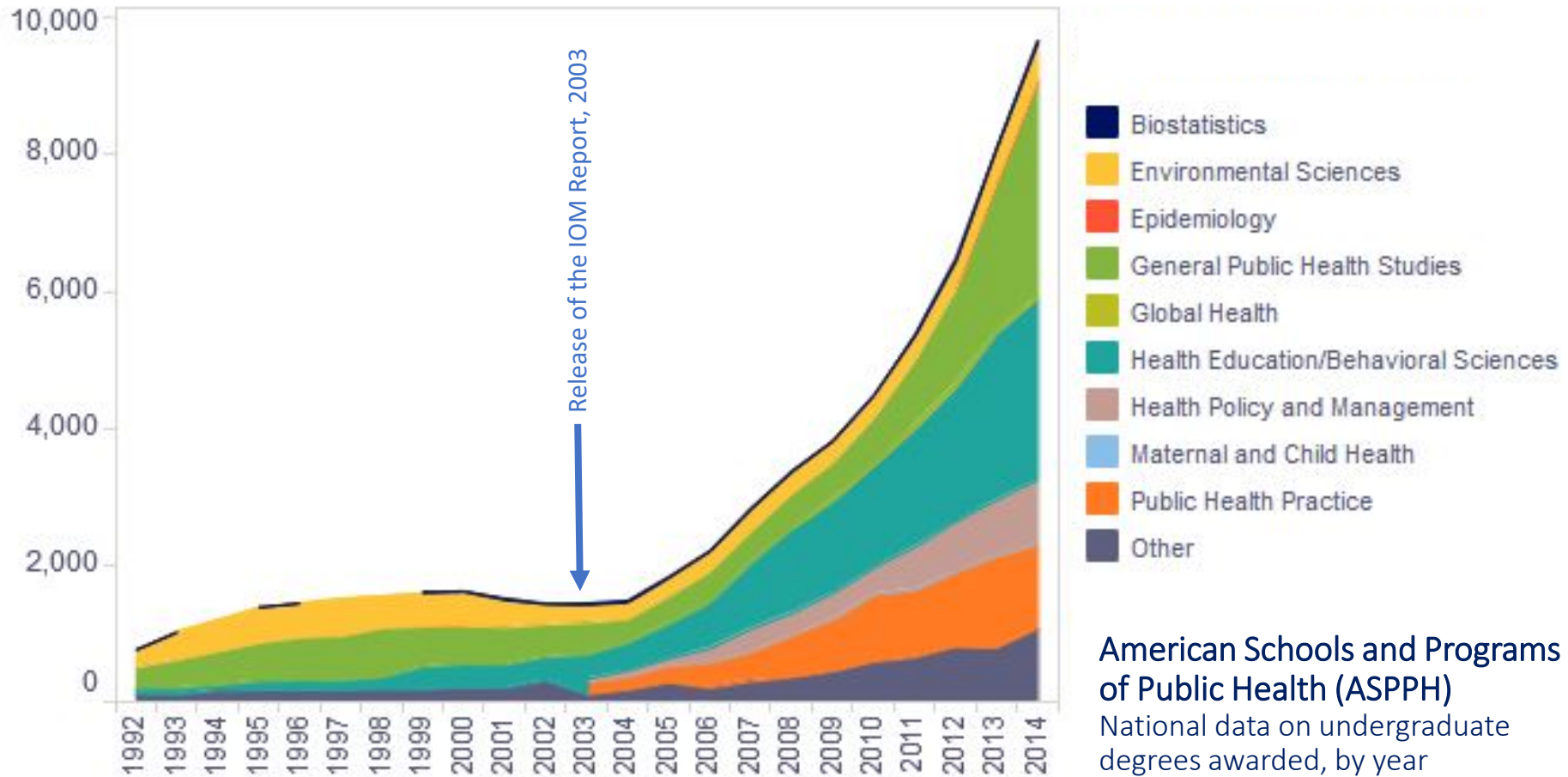Pamela Runestad, PhD (Creighton University)

*presenter

ALLEGHENY COLLEGE
1815

CFHi
child family health
international

Sacred Heart UNIVERSITY

Creighton UNIVERSITY

Growth of undergraduate degrees in global and public health have brought a parallel growth in offerings of Experiential Learning Opportunities (ELOs) to meet the growing demand…

Release of the IOM Report, 2003

Legend:
- Biostatistics
- Environmental Sciences
- Epidemiology
- General Public Health Studies
- Global Health
- Health Education/Behavioral Sciences
- Health Policy and Management
- Maternal and Child Health
- Public Health Practice
- Other

American Schools and Programs of Public Health (ASPPH)
National data on undergraduate degrees awarded, by year

What are the expectations of these ELOs?

Students

- Want to experience health & health care in other settings

- Want to "help" others

- Want to travel / exoticism

- Want to get "edge" on professional applications

- Want to gain experience

Institutions / programs

- Want students to experience variations in cultural norms and health care settings

- Want to provide students opportunity to gain cultural humility

- Looking for ELOs with:
  - Different durations, locations (local, global), $
  - Varied oversight

Local community organizations

- Respectful engagement
- Ability to "help" others
- May hope "interns" can help leverage regional prestige and investments
- May look for specific projects to help communities
- May receive payments from third party providers to host

Range of ELOs

- **Duration**

  Couple of days to involvement within a course to immersion for a year or more

- **Location**

  Local to global

- **Faculty / staff involvement, intensity of workload**

  Faculty designed & led to no institutional involvement & student identifies opportunity, third-party provider

- **Oversight**

  Complete oversight (also challenging) to no oversight

While we understand the benefits, what are some of the risks of poorly run or managed ELOs?

- Unethical involvement in clinical programs

- Unethical engagement with communities, perpetuating 'colonial' power dynamics

- Lack of sustainability

- Students may be financially duped

- Community partners may be duped (or complicit, corrupt)

- Professional programs (med schools, graduate programs) becoming aware of these challenges and are now far more savvy in reading applications – and penalizing students in admissions process for unethical engagement

Today, 11:29 AM

21 mins · Instagram · at

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

Like   Comment   Share

one of my friends from high school....

"#idkwhatimdoing"

What types of documented student participation has occurred during global health ELOs?

Clinical

(Gathered from CFHI Jess Evert and UMN Tricia Todd)

- *Take patient histories (without primary language proficiency)*
- *Take blood pressure*
- *Diagnose patients' illness*
- *Administer vaccinations*
- *Suture injuries*
- *Perform pap smears*
- *Deliver babies*
- *Perform lumbar punctures*

Non-clinical public health

- *Install handwashing stations that have never been hooked up to public water supplies*
- *Bring equipment and resources that develop dependence on US or western management & maintenance*
- *Conduct community health needs assessment with no prior training*
- *Develop reports and recommendations based on different cultural norms, incomplete research, or sloppy or faulty assumptions*

What strategies have been employed that can help ELOs reach their best potential for student learning, institutional cultural goals, and community partnerships?

1. Program-level efforts
2. Institutional efforts
3. How to impact non-campus related entities

1. Program-level efforts to strengthen ELO outcomes I

- Embed ELOs into programmatic structure (students are then academically accountable) – and provide preparation and post-experiences
  - Require pre-departure programming, post experience reflection and engagement,
  - Offer faculty "credit" for teaching these types of experiences within their regular workload – not just as overload
  - Require approval of ELO selection before participation
  - Identify, refine, or develop guidelines to assist students in selecting appropriate programs outside of campus structures (STEGHs, semester abroad programs in other regions, etc.) and adhere to all guidelines within

- Develop or utilize pledges or oaths to educate students and require ethical engagement
  - University of Minnesota *(GAPS)*
  - Sacred Heart University (Scope of Practice & Professional Behaviors)

- Develop and invest in long-term community partnerships that can weather ripples and allow for honest and open practices (Creighton)
- Assess!!
  - Students (their preparation, and their learning outcomes);
  - Community partners (expectations, mentorship, and outcomes); and
  - Institutions & Programs (goals and outcomes).

Develop effective learning activities for cultural competence prior to departure *(examples from Sacred Heart)*

- **Facing History and Ourselves**

  "Through rigorous historical analysis combined with the study of human behavior, Facing History's approach heightens students' understanding of racism, religious intolerance, and prejudice; increases students' ability to relate history to their own lives; and promotes greater understanding of their roles and responsibilities in a democracy." (facinghistory.org)

- **Photography: my community, my culture (e.g., NY Times Culture Shot)**

  This activity requires students to clip a photo from a newspaper or magazine that they feel best represents American culture. Guided questions ask students to reflect upon their choice.

- **Digital story, example, adapting to a new culture**

  In this video autobiography, Yukiko Nishimura describes her experience adapting to her new U.S. culture.

1. Program-level efforts to strengthen ELO outcomes, III

Develop effective learning activities during ELO and afterwards for reflection
(examples from Sacred Heart)

- **Engage cultural diversity**

  The development of intercultural competence involves gaining a more complex understanding of how one engages cultural diversity.

- **Reflect and recognize our own cultural habits**

  Deeper cultural self-understanding (how one make sense of and respond to cultural differences in terms of one's own culturally learned perceptions, values and practices). Exs: Time as a cultural construct; Individualistic vs communal societies

- **Reflect on cultural habits of others**

  Deeper cultural other-understanding (different ways people from other cultural groups make sense of and respond to cultural differences). Exs: Waiting is a time for social engagement in Guatemala; Extended greetings are often essential in Native American populations.

Effective tools for faculty development regarding active learning and ELOs
(Handout available, developed by Sacred Heart)

- The Hofstede Centre Tools to visualize cultural dimensions

- The danger of a single story "Novelist Chimamanda Adichie tells the story of how she found her authentic cultural voice -- and warns that if we hear only a single story about another person or country, we risk a critical misunderstanding." (ted.com)

- Eight Dimensions of American Culture Discerning cultural practices of everyday life for Americans.

- Jose Antonio Vargas' Define American: The story of undocumented immigrants.

- Facing History and Ourselves "Through rigorous historical analysis combined with the study of human behavior, Facing History's approach heightens students' understanding of racism, religious intolerance, and prejudice; increases students' ability to relate history to their own lives; and promotes greater understanding of their roles and responsibilities in a democracy." (facinghistory.org)

- Writing about the self (e.g., identity chart/map) "Identity charts are a graphic tool that helps students consider the many factors that shape who we are as individuals and as communities. They can be used to deepen students' understanding of themselves, groups, nations and historical and literary figures. Sharing their own Identity charts with peers can help students build relationships and break down stereotypes. In this way, identity charts can be utilized as an effective classroom community-building tool." (facinghistory.org)

- Photography: my community, my culture (e.g., NY Times Culture Shot). This activity requires students to clip a photo from a newspaper or magazine that they feel best represents American culture. Guided questions ask students to reflect upon their choice.

- Digital story, example, adapting to a new culture. In this video autobiography, Yukiko Nishimura describes her experience adapting to her new U.S. culture.

2. Institutional-level efforts to strengthen ELO outcomes

- Change tenure and promotion guidelines to support and value the long term investments needed to generate equitable and sustainable community partnerships

- Support greater integration of academic and co-curricular partnerships on campus, including the potential merging of reporting lines
  - International Education
  - Civic Engagement
  - Career Education …

- Develop standards and guidelines for all students and all campus programs that adhere to ethical and sustainable conduct

3. Efforts to strengthen non-campus affiliated programming

- Evaluate partners / third party providers at multiple scales (domestic, international, short and long duration, etc.)

- Work with professional organizations to develop guidelines, trainings, and place pressure upon third party providers (CUGH, ASPPH, NAFSA…)

- Work with professional schools to educate them about abuses in ELOs and especially in short term experiential global health opportunities (STEGHs)

- Strive to institute guidelines in admissions and recruitment to reduce unethical practices being rewarded and / or penalize such practices

Develop monitoring and assessment tools to measure and quantify student learning outcomes, institutional goals, and community outcomes

- Quantitative tools *(IDI, BEVI, GPI)*
- Curricular mapping
- Qualitative reflection from students
- Interviews and critical analysis
- VALUE Rubrics *(AAC&U)*

For more information, contact

Caryl Waggett, Associate Professor

Global Health Studies and Environmental Science

Allegheny College, Meadville PA
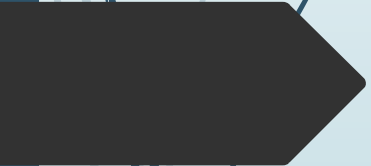
< cwaggett@Allegheny.edu >

814-332-2715

For more information about future opportunities for professional development:

- **Teach Global Health: Summer Institute for Course Development and Curriculum Development**

- **Professional organizations: ASPPH, NAFSA, AAC&U | Global Learning, CUGH, CFHI**

AMERICAN UNIVERSITY IN NAIROBI:

Experiential Community-Centered Learning in Undergraduate Public Health Study Abroad

Jolynn Gardner, Ph.D., Director, Public Health Program, American University

Sara E. Dumont, D.Phil, Executive Director, AU Abroad, American University

ESTABLISHING THE AU NAIROBI CENTER

2004: first AU Nairobi study abroad program

- Focus on Issues in International Development

- Customized courses, internships, and local university partner (USIU)

2006:   Established dedicated AU Nairobi Center

2011:   Began negotiations to establish a Public Health track

2012:   Finalized agreement with University of Nairobi School of Public Health

PROGRAM CURRICULUM PUBLIC HEALTH

12 credits towards the major:

9 credits taught at University of Nairobi by their Public Health faculty

- Fundamentals of Epidemiology (3 cc)

- Community Health (3 cc)

- Environmental Health (3 cc)

3 credits in an internship with a local NGO

PROGRAM CURRICULUM INTERCULTURAL EDUCATION

5 Credits of essential intercultural education taught at AU Nairobi Center by locally-based AU faculty

- Kiswahili (3 cc)

- History of Kenya survey (1 cc)

- Immersion in Another Culture (1 cc)

NEW DEVELOPMENTS
Spring Semester Program
Environment and Human Health

Partnership with the School for International Training

- provides additional center in Kisumu, western Kenya

- access to KEMRI/CDC Research Center in Kisumu

Partnership with the Turkana Basin Institute in northern Kenya

Opportunities for undergraduate research

The
TURKANA
BASIN
INSTITUTE

P.O. Box 24467-00502,
Nairobi, Kenya.
Website: www.turkanabasin.org

UNIVERSITY OF NAIROBI
SCHOOL OF PUBLIC HEALTH

NOTEWORTHY ISSUES IN PROGRAM DELIVERY

➡ **Alignment of curriculum with AU's Public Health Program**

➡ **Adaptation of instructional methods**

➡ **Adjustment to faculty travel, consulting requests**

SAMPLE INTERNSHIP SITES

- Carolina for Kibera
- Center for Domestic Training and Development
- Facing the Future
- Fairmile School
- Foundation for Health and Socioeconomic Development in Africa
- Haki Group
- Heshima Kenya
- Institute for Development and Welfare Services

- Kaogech Foundation Trust
- Kibera Integrated Community Self-Help Program
- Lea Toto
- LocalAid Community Program
- Umande Trust
- Women's Empowerment Link

AU Nairobi Program Video

https://www.youtube.com/watch?time_continue=45&v=YzbMigw7oXo

AU Abroad Nairobi: The Story of 18 AU Students in Kenya

BENEFITS TO STUDENTS

- Exceptional instruction from accomplished Public Health scholar-practitioners

- Immersion in Kenyan culture

- Public Health internships in urban and rural Kenyan communities

- Extraordinary opportunities for learning - personally and professionally

- Positive impacts through service

AU NAIROBI:
A TRANSFORMATIVE EXPERIENCE

Creating Collaborative Global Relationships and Service-Learning Opportunities: University of South Carolina Global Health Program in Costa Rica

Myriam E. Torres, PhD, MSPH
Department of Epidemiology and Biostatistics
Consortium for Latino Immigration Studies
Arnold School of Public Health

DEVELOPMENT OF THE GLOBAL HEALTH PROGRAM IN COSTA RICA

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Planning visits to San Jose, Costa Rica

- March 2015 – Director of Study Abroad and MT – Initial contacts

- October 2015 – Professors, instructors and Study Abroad staff

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GLOBAL HEALTH IN COSTA RICA

2016: Five courses

- The Geography of Disasters (GEOG 330)
- Social Welfare Institutions, Policies and Programs (SOWK 222)
- Principles of Global Health (HPEB 470)
- Spanish for Healthcare Minors (SPAN 360)
- Introduction To Epidemiology (EPID 700)

2017: Four courses

- Community Health Problems (HPEB 553)
- Principles of Global Health (HPEB 470)
- Spanish for Healthcare Minors (SPAN 360)
- Introduction To Epidemiology (EPID 490/EPID 700)

USC GLOBAL HEALTH IN COSTA RICA INTRODUCTION TO EPIDEMIOLOGY

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- Introduction to Epidemiology concepts
- Research Project based on request from Physician of the *Hogar Carlos María Ulloa*
  - *Steps:*
  1. *Create a form to extract data from medical records*
  2. *Feedback from physician throughout the process*
  3. *Create database*

Abstract Form

A. Información demográfica/Demographic Information
B. Antecedentes personales no patológicos/Personal History
C. Valoración funcional/Functional Evaluation
D. Impresión diagnóstica médica/Medical Diagnosis
E. Evaluaciones /Evaluations

Asociación Hogar Carlos María Ulloa
Base de Datos
Elaborada por la clase de Epidemiología 700 – Verano 2016 University of South Carolina

A. **Información demográfica**

A1. Fecha de ingreso: _____ **A2. Número de identificación**: _____
A3. Edad: _____ **A4. Fecha de nacimiento**: _____
A5. Nacionalidad: 1=Costarricense 2=Extranjero(a)
A6. Estado civil: 1=Casado(a) 2=Viudo(a) 3=Divorciado(a) 4=Soltero(a) 5=Unión Libre
A7. Sexo: 1=Hombre 2=Mujer **A8. Fuente de información**: 1=Directa 2=Indirecta 3=Ambos
A9. Escolaridad: 1=Ninguna 2=Primaria incompleta 3=Primaria completa 4=Secundaria incompleta 5=Secundaria completa 6=Técnica 7=Universitaria
A10. Pensionado(a) 1=Si 2=No

B. Antecedentes personales no patológicos

B1. Tabaquismo: 1=Si 2=No	**B2. Exposición a humo de leña:** 1=Si 2=No
B3. Alcoholismo: 1=Si 2=No	**B4. Alergia a medicamentos:** 1=Si 2=No

C. Valoración funcional

C1. Trastorno de marcha: 1=Si 2=No 3=No deambula **Si la respuesta es Si:**   **C1a. Paciente utiliza algún instrumento?** 1=Andadera 2=Bastón de 4 puntos   3=Bastón de un punto 4=Ninguno
C2. Presencia de hipoacusia: 1=Si 2=No **C3. Uso de audífonos:** 1=Si 2=No
C4. Presencia de déficit visual: 1=Si 2=No **C5. Uso de anteojos:** 1=Si 2=No
C6. Problemas de lenguaje: 1=Si 2=No
C7. Incontinencia urinaria diurna: 1=Si 2=No 3=A Veces
C8. Incontinencia urinaria nocturna: 1=Si 2=No 3=A Veces
C9. Incontinencia fecal diurna: 1=Si 2=No 3=A Veces
C10. Incontinencia fecal nocturna: 1=Si 2=No 3=A Veces
C11. Ausencia de piezas dentales: 1=Si 2=No **Si la respuesta es Si: C11a.** 1=Parcial 2=Total
C12. Uso de prótesis dental superior: 1=Si 2=No
C13. Uso de prótesis dental inferior: 1=Si 2=No
C14. Trastorno del sueño: 1=Si 2=No

Evaluaciones

- Exton-Smith (Escala de riesgo de úlceras por presión)
- Escala de depresión geriátrica
- Evaluación cognitiva (MMSE) abreviado
- Evaluación cognitiva (MMSE) completo
- Actividades instrumentales de la vida diaria (Escala de Lawton y Brody)
- Actividades básicas de la vida diaria (Índice de Barthel)
- Estado nutricional

E. Evaluaciones

E1. Exton-Smith (Escala de riesgo de úlceras por presión) Total: _____

E1a. 1=Menos de 12 puntos alto riesgo de úlceras   2=Más de 12 puntos mínimo riesgo de úlceras

E2. Escala de depresión geriátrica: Total: _____ (Entre 5 y 9 puntos=Sospecha de depresión)

E3. Evaluación cognitiva (MMSE) abreviado: Suma Total: _____ (Puntaje máximo=19)

E3a. 1=Normal ($\geq$14)   2=Alterado ($\leq$13)

E4. Evaluación cognitiva (MMSE) completo: Suma Total: _____ (Puntaje máximo=30)

E4a. 1=Déficit Cognitivo Grave (00-10)   2= Déficit Cognitivo Moderado (11-20)
    3=Déficit Cognitivo Leve (21-23)   4=Normal (24-30)

E5. Actividades instrumentales de la vida diaria (Escala de Lawton y Brody): Total: _____

E5a. 1=0 puntos (máxima dependencia)   2=1-7 puntos (dependencia moderada)
3=8 puntos (independencia total)

E6. Actividades básicas de la vida diaria (Índice de Barthel): Total: _____

E6a. 1=Menos de 20 puntos (dependencia total)   2=20-40 puntos (dependencia grave)
3=45-55 puntos (dependencia moderada)   4= 60 o más (leve)

E7. Estado nutricional: 1=Bajo peso   2=Peso normal   3=Sobrepeso   4=Obeso(a)

Creation of the database

- Used EpiData
- Extracted information from medical records using abstract form
- Pilot tested the database

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Additions to the Abstract Form (2017)

E7. Estado nutricional: 1=Bajo peso   2=Peso normal   3=Sobrepeso   4=Obesidad I
5=Obesidad II   6=Obesidad III   7=Desnutrición leve   8=Desnutrición moderada
9=Desnutrición severa

Peso _____   Talla _____._____   IMC _____._____   Interpretación _____

E8. Evaluación Cognitiva: 1=Sin deterioro cognitivo   2=Deterioro cognitivo leve
3=Deterioro cognitivo moderado   4= Deterioro cognitivo severo   5=Síndrome demencial en
etapa temprana   6= Síndrome demencial en etapa intermedia   7= Síndrome demencial en etapa
avanzada

Where are we now?

- Currently, there are 108 records on the database
- An Honors College student is conducting preliminary analysis of the data (Honors College Thesis)
- Planning the 2018 EPID Class

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STUDENT EVALUATIONS

"This course, which took place in Costa Rica, could not be the same had I taken it at USC. We were able to engage to the larger concepts of global health and learn epidemiology from the practical level, which we could not have done without this class being set where it was. I am so happy that I decided to come to Costa Rica and take this course. It really made all the difference"

"The project gave us a very hands-on task, one that we could apply what we have talked about in lecture, as well as gain experience working as a team"

"I would have liked to have more time at the nursing home. I felt like we had to leave when we were just getting started with the database"
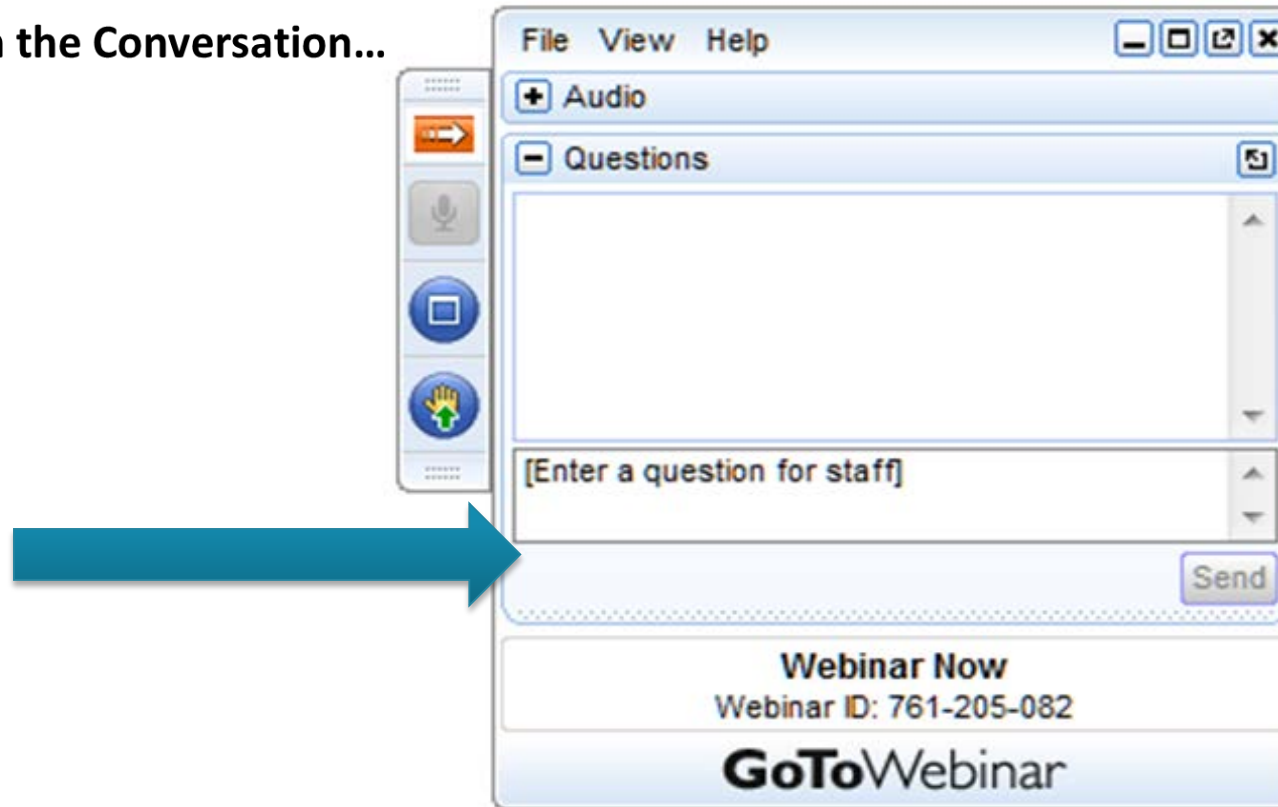
Thanks!
Questions?

Myriam.Torres@sc.edu

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Questions or Comments?

Join the Conversation...

Thank you to today's presenters

Caryl Waggett, PhD
Allegheny College

Jolynn Gardner, PhD, CHES
American University

Sara Dumont, DPhil
American University

Myriam Torres
University of South Carolina

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-ensuring-valuable-global-experiences-for-undergraduates/

Contact: webinars@aspph.org

CPHCE *Credits*

Coming Attractions…

ASPPH Presents Student Services Spotlight - Supporting International Grad Students along the Journey from Prospective to Alumni

Wednesday, September 13, 2017

ASPPH Presents Integrating Advocacy into the Undergraduate Curriculum

Monday, September 18, 2017

For more information about and to register for upcoming webinars, visit the ASPPH Events page:

http://www.aspph.org/events/category/webinar/

Coming Attractions…

Call for abstracts open

Submissions due Sunday, October 22

http://www.aspph.org/event/2018undergraduatepublichealthsummit/

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/

Contact: webinars@aspph.org

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