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# TUL650: Urban Community Health Programs

# Exploring public health issues & health care services in urban slums

[Photo Credit: Maryada Vallet, with *No More Deaths* & Cruz Roja, Mexico]

## Course Information

Course writers: The following have contributed to the course development: Maryada Vallet, MPH; Richard Slimbach, PhD; Viv Grigg, PhD; Alicia Banas, MPH, David Boan, PhD

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| **Program** | **Area of Focus**  | **Number of Credits** |
| MA in Transformational Urban Leadership |  | Three (3) graduate credit hours |
| Instructor | Email | Updated |
| Dr David Boan | david.boan@wciu.edu | Oct, 2019 – VGDec, 2019 – JPPDec 15, 2022 Revised - DB |
|  |  | Online, Thursday 7 to 9 AM PST |

Mission and Purpose Statement of WCIU

WCIU provides innovative distance education programs to enhance the effectiveness of scholar practitioners as they serve with others to develop transformational solutions to the roots of human problems around the world.

Master of Arts in International Development: Transformational Urban Leadership focus

The aim of the MA in Transformational Urban Leadership is to increase the capacity of emergent leaders among urban poor movements with wisdom, knowledge, character and skill.

# Section 1 – Course Overview

## *Course* Description

This course is an exploration of the public health challenges facing the Church and local NGOs within slum communities, along with innovative, community-based responses. Topics addressed include environmental health, maternal and child health, and chronic health conditions (among others) prevalent in urban slums. Students serve as mentored interns with a health organization in the community where they live or work.

## Course Rationale

In major urban centers across the globe, slums are evolving from informal squatter communities consisting mostly of wooden shacks or scrap material and gravel streets to communities with houses of durable material, paved streets, potable water kiosks, improved sanitation facilities, household electricity, and nearby schools. Much of this infrastructural work and services that are so crucial to community health are being carried out through concerned individuals organized through various types of community associations and other organizations, including churches.

But of all the basic human services increasingly available to slum dwellers, perhaps the most challenging is that of health service. By definition, health service requires persons with specialized skills and an infrastructure that delivers specialized care (i.e. preventative health education, diagnostic and laboratory services, hospitalization and medication). Few, if any, of these services can be provided or created solely by the slum dwellers themselves. Consequently, they depend upon volunteer groups, nongovernmental organizations (NGOs), and fee-for-service private clinics and pharmacies (usually run by unlicensed or poorly trained professionals or even non-professionals).

The majority of these service providers exist in the formal sector *outside* the slum, which is why so little is known of the magnitude and distribution of health problems among the world’s slum-dwellers. What *is* known is that slums and shantytowns comprise a social cluster that engenders a distinct set of health challenges that are impacted by the environmental, socio-political and cultural context. Also, chronic non- communicable (i.e. hypertension, diabetes, obesity or malnutrition, depression) and communicable diseases (tuberculosis (TB), HIV, and cholera among other infections) are widespread. Formal health practitioners see and must manage the *complications* of these problems when they manifest as stroke, congestive heart failure, kidney failure, suicide, multi-drug resistant TB and AIDS.

This course addresses what many experts predict will be a certain and unprecedented *dual epidemic* of communicable and non-communicable diseases in the rise among burgeoning slum populations worldwide. Advances in science and technology are securing better health and longer lives for a small, elite fraction of the world’s population. Meanwhile slum children die of diarrhea for want of clean water or food, adult slum dwellers die of AIDS for want of affordable medicines, and all are cut off from the political, cultural and economic resources that could help them to create their own health and well-being.

## Course Delivery (or Pedagogy)

*“For I will restore you to health, and I will heal you of your wounds, declares the Lord, because they have called you an outcast, saying: It is Zion, no one cares for her.” Jeremiah 30:17*

**Theological Framework:** In God’s proclamation to Jeremiah, physical healing accompanied the promise of freedom from captivity and of spiritual reconnection. Jesus enacts this promise by repeatedly healing the sick and approaching the ill outcasts of society, even on the Sabbath. It is clear that God recognizes the importance of a ministry that holistically addresses health issues of marginalized people as part of a restorative mission. This course is built on the premise of a God of creation who wishes holism for all- spiritual, physical and social.

Further, as we look at health defined broadly as occurring at personal, group, community, and even national levels, the essential and diverse role of the church becomes clearer. A comprehensive view of health that includes prevention, wholeness, mental and spiritual health, and more is a starting point for seeing the church as the only entity in the community that cuts across all of these elements of health and plays an essential role in advancing all of them.

**Praxis:** This course is also designed to promote the "Transformational Conversations" described by Dr. Grigg. This framework for faith praxis begins with entrance stories (personal health experience and the internship), and through the community health projects, prompts students to listen to the emerging urban health issues and healthcare approaches, then reflecting on the response of the church (and one's own faith formation) in contributing to health transformation. In the end, reflecting on the question of, *what would it take for an urban health revival in my community?*

The goals are: (1) to comprehend slum health problems in their economic, environmental, social and political context, (2) to consider the catalytic role of churches and local organizations implementing effective and innovative PHC programs[[1]](#footnote-2), and (3) To associate public health with the holistic message of salvation of all beings and creation.

The course is organized around four projects that build upon each other in addition to online discussion,1 linked to Student Learning Outcomes (SLO) in the next section (See project Descriptions for additional guidance on the assignment):

**Online Discussion** with weekly participation through group calls and Forum Threaded Discussions, providing time for content review, experiential exchange and reflection. Students are expected to prepare for discussions and in some instances present course content to the cohort. (SLO: 1, 2)

**Project #1. Field Placement** with a community-based health organization providing primary health care services to slum populations, with weekly guidance and evaluations provided by a supervisor. This experience informs the student’s health topic focus of the course and final projects. Students are expected to arrange a field placement with a local health NGO (health defined broadly) In keeping with the emphasis on application, the field placement will be the source for many of the online discussions and the written assignments. Placements should start not later than week 3 and continue for 12 weeks, 3 hours per week. (SLO: 1, 4).

**Project #2. Community Health Ecology Project** that includes observational and secondary research of the relationships between environmental, social and political determinants of health for a specific health issue in the local slum context (Note: in some locations a similar project organized through a local health course can substitute for some credit of this project, to be determined by WCIU faculty). (SLO: 1, 2)

**Project #3. Community Health Intervention Report** back involves collecting primary (interviews) data on innovative community-based interventions, as course practice in research methods, and using the findings to develop a culturally/contextually-relevant and useful reference for the internship (as agreed upon through the internship). (SLO: 4, 5)

**Final Presentations** of i) report back key findings to the internship organization and community stakeholders, and ii) a summary presentation to the course cohort via Zoom. (SLO: 5)

1 See expanded Project Descriptions & Discussion Topics documents for full guidance on project development and expectations.

Note on Research: This is not a research course but rather an emphasis on translation of research evidence into practice as would be needed by a field worker. This includes understanding levels of evidence, sources of authority, and how organizations may or may not make evidence-based improvement to practice.

## Course Lesson Titles

The course is structured for 14 modules, total of 135 hours of work.

TUL650 Course Title Schedule (Year/Term)

| Module | Date Started | Topic |
| --- | --- | --- |
| 1 |  | Introduction to Urban Health |
| 2 |  | Theology of health |
| 3 |  | Human rights and the ethics of health practice |
| 4 |  |  Community Research Design |
| 5 |  | Translating Research into Practice |
| 6 |  | Community Health Interventions |
| 7 |  | Nutrition, Sanitation and Food Security |
| 8 |  | Communicable and Infectious Disease |
| 9 |  | Public Health and Health Resilience |
| 10 |  | Mental Health and Trauma  |
| 11 |  | Maternal and Child Health |
| 12 |  | Social determinants of Heath |
| 13 |  | Presentation of Projects  |
| 14 |  | Conclusions Evaluation |

## Course and Program Level Student Learning Outcomes

*By the end of this course, students should be able to demonstrate mastery of the following learning outcomes. The classroom assignments that the instructor will use to assess mastery are identified in the table:*

|  |  |  |  |
| --- | --- | --- | --- |
| Student Learning Outcomes | Program Level Outcomes | Measurements | Artifacts that demonstrate outcomes |
| **Cognitive (HEAD): Academic and analytic growth (40%)** |  |  |  |
| 1. Identify major health issues among the urban poor, articulating the impact of multi-dimensional factors (social, political, spiritual/religious, environmental, etc.) on health.
 | Global Health Theory: Identify major health issues among the urban poor, articulating the impact of multi-dimensional factors (social, political, spiritual/religious, environmental, etc.) on health. | Inputs to discussion | Online DiscussionInternshipCommunity Health Ecology Project |
| 1. Critically analyze and discuss one health issue experienced by residents in the student’s host (slum) community.
 | Entrepreneurial Leadership: Creatively apply Biblical social entrepreneurship and economic principles to facilitate leadership progressions that lift people from the lower economic circuit to the upper economic circuit. |  | Online DiscussionCommunity Health Ecology Project |
| **Affective (HEART): Theological input (20%)** |  |  |  |
| 1. Embrace the historic role of health promotion and justice for one’s faith and in the life of Christian communities.
 | Biblical Metanarratives: Articulate the implications of Biblical meta-narratives for contemporary urban / urban poor leadership in community development and ministry. | Evidence of integration with field placement | Online discussion |
| **Practice (HANDS): Local knowledge and action (40%)** |  |  |  |
| 1. Community Health Evangelism: Link innovations of health care in slum communities with evangelistic Bible Studies on health issues.
 | Community Health Evangelism: Link innovations of health care in slum communities with evangelistic Bible Studies on health issues |  | InternshipCommunity Health Report back |
| 1. Practice qualitative research methods as part of conducting community-based participatory action research, presenting the findings back to community stakeholders and peers.
 | TRIP exercise: Report on issues observed in field on the translation of evidence into practice. | Report on observation | Final PresentationCommunity Health Report back |
| 1. Comprehension of ethics and human rights in community health
 | Action-Reflection Research: conduct competent organization-based action-reflection urban research, | Report on observation |  |

 V**. Required & Recommended Course Materials**

The materials appearing below for purchase and in the Course Bibliography represent some of the best sources addressing primary health care and public health issues within urban and resource-poor communities. Students are also encouraged to seek out and utilize at least five local/regional reference materials in order to optimize the cultural relevance of the learning experience. Please note that while only three texts are required for purchase (and others recommended) to reduce your costs, the majority of required reading will be available for download on the course website and through online web pages.

Please see Course Bibliography (Section VIII) for the complete list of required reading, more reference material and online resources.

##### Required

* \*Farmer, Paul. (2004). *Pathologies of Power: Health, Human Rights and the New War on the Poor.* California Series in Public Anthropology, Berkeley, CA. (Estimated cost: Amazon: $12, Kindle: $15)

Note: *any* book by Paul Farmer that you can get your hands on is well worth the read, such as *Infections and Inequalities* (2001), *Partner to the Poor* (2010), *Reimagining Global Health* (2013), *In the Company of the Poor* (2013), and his award-winning biography *Mountains Beyond Mountains* (2009, new edition, Tracy Kidder).

* \*Minkler, Meredith. (2012). *Community Organizing and Community Building for Health and Welfare*, 3rd edition. Rutgers University Press, New Brunswick, NJ. (Estimated cost: Amazon: $25, Kindle: $15).
* \*Werner, D. and Bower, B. (2012). *Helping Health Workers Learn.* Hesperian Health Guides, Berkeley, CA. (Access entire text at <http://hesperian.org/books-and-resources/>or purchase hard copy for $20)

Note: *any* Hesperian Health Guide is extremely practical and helpful and all have been recently updated in 2012, such as the world renowned *Where There is No Doctor*, the companion *Where Women Have No Doctor*, and *A Community Guide to Environmental Health*.

* Boan, D. & Ayers, J. (2020). *Creating Shared Resilience: The Role of the Church in a Hopeful Future.* Langham Press: London

##### Recommended

* Swartley, W.M. (2012). *Health, Healing and the Church’s Mission*. Inter Varsity Press Academic, Downers Grove, IL. (Amazon: $15, Kindle: $10)
* Evans, Abigail Rian. (1999). *The Healing Church: Practical Programs for Health Ministries*. United Church Press, Cleveland, Ohio. (Amazon $17, No Kindle Edition)
* Khan, O.A. & Pappas, G. (2011). *Megacities & Global Health*. American Public Health Association, Washington, DC. (Amazon: $60, No Kindle Edition)

VI. **Pedagogy**

The course is designed around your experiences of working with a mentor/supervisor in a community- based health organization among the urban poor and reflecting on the lessons learned.

The instructed learning component of the course will utilize weekly online discussions, including the WCIU Populi Forum Threaded Discussions (approximately 1 hour/fortnight) and group Zoom calls/discussions (2 hours/week). The Populi forums are an important way for the instructor to track if students are grasping course concepts and the required readings; for this reason, the forums each last two weeks and are then closed so that the cohort progresses together. The online Zoom discussions will be guided by the instructor, including introductions of new health topics and concepts, processing of internship experiences, faith & health reflections and exchange between the cohort on local health issues and solutions.

The course will focus on both an overview of urban health issues and important public health concepts, and the participatory research focused on a critical health topic in the student’s slum community. Most of the course is dependent on the student taking responsibility to do independent reflection, research and writing, utilizing both experience and local/global health literature in order to accomplish the course learning outcomes.

The course is scheduled around the online discussions and four major projects. The course schedule, topics, evaluation and assignments may be altered at the instructor’s discretion.

# Section 3 - Schedule and Evaluation

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| Course Schedule | Zoom Discussion Content | Readings & Assignments (completed by courseZoom session, unless otherwise noted) |
| TUL650: Primary Health Care in Urban Slums |
| Module 1 (starts first Zoom session) | *Introduction to Urban Health** Personal introductions and discussion of personal aims
* Review and discuss the course objectives and requirements
* Clarify guidance on internship organizations
* Introduce Major Themes for the course
	+ Health as a human right
	+ Community Assets as determinates of health
	+ Evidence-based Practice
	+ Faith-informed practice
 | Readings:Farmer (2004): Chapter 1; Minkler (2012):Chapters 2, 6 & 7Online: See Course BibliographyPopuli: Welcome Letter, Syllabus, Project Descriptions, Discussion Topics docs, Rossi and Green Glossaries, Khan (2011): Chapter 12, and multi-media resourcesAssignments:Identify and contact potential internship sites and order/ download course materials.Forum Threaded Discussion (FTD) #1 on Populi: Personal Health Reflection, original post.Zoom Discussion: Course Introduction, Sign up for health topic briefs and faith & health reflections |
| Module 2 | **Theology of Health**Objectives* List key theological principles underlying health and health practice
* Discuss the role of the church as an extender of the health profession or as a unique and necessary health enabler.
 | Reading:Swartley, Health, Healing and the Church’s Mission Chap 6: Health and Healthcare from a Biblical Theological PerspectiveFarmer, P. 2004. “Ch 3: Lessons from Chiapas,” p. 91-114; “Ch 5: Health, Healing & Social Justice: Insights from Liberation Theology,” p. 139-159.Barker, Ash. 2012. Slum Life Rising: How to Enflesh Hope within a New Urban World. Kindle Edition. [Note: This book is worth getting your hands on if you don't already have it from other courses. For this topic, review "Chapter Thirteen: An Incarnational Approach to Urban Poverty Alleviation"](Re)Claiming the Church's Role in Promoting Health: A Practical Framework <https://journals.lww.com/journalofchristiannursing/fulltext/2015/04000/_re_claiming_the_church_s_role_in_promoting.12.aspx>Assignments: Start internshipFTD #1 on Populi: Respond (at least twice) to the prior Module’s forum posts.Zoom Discussion: SDH |
| Module 3 | **Human Rights and Ethics of Health Practice**Objectives* Describe critical ethical challenges in urban health.
* Discuss an ethical conflict either observed or potential in internship setting”
 | Reading:Farmer (2004) Chap 8 “New Malaise” & Chap 9 “Health and Human Rights”A Short History of Human Rights <http://hrlibrary.umn.edu/edumat/hreduseries/hereandnow/Part-1/short-history.htm>The Bible’s Impact on Human Rights <https://www.christianitytoday.com/ct/2019/june-web-only/not-what-you-think-michael-lauren-mcafee.html>WHO: Human Rights and Health <https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>Assignments Submit outline for field placement reportFTD#2 on Populi: Observations on ethical issues in field and work |

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| --- | --- | --- |
| CourseSchedule | Course Content | Readings & Assignments (completed by course Zoom session, unless otherwise noted) |
| Module 4 | **Community Research Design**Objectives* Critically evaluate selected community change strategies
* Identify distinctive elements of community research
* Discuss the issue of participant engagement and why it matters
 | ReadingsUnderstanding community-based participatory research through a social movement framework: a case study of the Kahnawake Schools Diabetes Prevention Project <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-5412-y>Research Methods in Community Based Studies <https://www.ndsu.edu/fileadmin/socanth/Natural_Disaster_Recovery/Chapter_2_Research_Methods__3_.pdf>Zoom discussion: Reaction to topic of subject as research participant in community research |
| FTD #2 on Populi From your reading and class discussion, identify important practices in community interventionDiscuss any observed application to your field placement |
| Module 5 | **Translating Evidence into Practice: Quality Improvement, and Best Practice**Objectives: Students will be able to * assess the quality of evidence related to health practice
* apply the core principles and understand major challenges of translating research into practice
 | Reading:* Translating Research Findings into Clinical Nursing Practice <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5396371/>
* Identifying Barriers and Facilitators of Translating Research Evidence into Clinical Practice: A Systematic Review <https://onlinelibrary.wiley.com/doi/full/10.1111/hsc.13898#:~:text=Healthcare%20professionals'%20lack%20of%20motivation,of%20research%20into%20clinical%20practice>.

Assignments:Be prepared to share and discuss the required reading for the Zoom discussion. Preparing for final presentations.FTD #7 on Populi: Field observations on the state of evidence integrated into practice.Zoom Discussion: Evidence of evidence in field placement |
| Module 6 | *Community and Environmental Health*Review of environmental health issues and risks in cities (student 5-10 minute health topic briefs):* World Bank initiative on WASH and poverty
* Population density & built environment
* Water and Sanitation (WASH)
* Pollution/Toxins (Ag/Industrial)
* Disasters/Climate Change
 | Reading:Slums, Space, and State of Health—A Link between Settlement Morphology and Health Data <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7143924/>WASH and Covid 19 <https://www.worldbank.org/en/topic/water/brief/wash-water-sanitation-hygiene-and-covid-19>Assignments:Work on internship contracts and learning agreements, begin to consider your health issue focus.FTD #3 on Populi: Reflection on the Local Health Ecology with an original post, and remember, always reference at least one course resource.Zoom Discussion: Environmental and Community Health |
| Module 7 | **Nutrition and Food Security** Objectives* Understand causes and implications of food insecurity and nutrition
* Discuss the relationship between poverty and malnutrition
 | Reading:Water Supply, Sanitation, and Hygiene (WASH) Poverty Diagnostic Initiative <https://www.worldbank.org/en/topic/water/publication/wash-poverty-diagnostic>The Intertwined Relationship between Malnutrition and Poverty <https://www.frontiersin.org/articles/10.3389/fpubh.2020.00453/full>Assignments:Identify health issue & target populationLearning Agreement/Contract due (for Project #1).FTD #3 on Populi: Respond (at least twice) to the prior Module’s forum posts.Zoom Discussion: The health consequences of poverty |
| Module 8 | **Communicable and Infectious Diseases**Identify the important elements of infectious disease and the relationship to poverty | Reading:Poverty, Global Health, and Infectious Disease: Lessons from Haiti and Rwanda <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3168775/>A Narrative Review of Stigma Related to Infectious Disease Outbreaks: What Can Be Learned in the Face of the Covid-19 Pandemic? <https://www.frontiersin.org/articles/10.3389/fpsyt.2020.565919/full>How Churches Fight the Stigma of H.I.V. <https://www.nytimes.com/2019/11/21/opinion/how-churches-fight-the-stigma-of-hiv.html>Assignments: |

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|  |  | Work on Project #2FTD #4 on Populi: Describe the emerging urban health issue you’re thinking of for Project #2, provide original post.Zoom Discussion: CNCD |
| Module 9 | *Maternal & Child Health (MCH)** Review of common MCH issues in urban slums, including impacts of household-level food insecurity and malnutrition (student 5-10 minute health topic briefs):
* Women’s reproductive health and family planning (inc. maternal mortality)
* Childhood illness (children under five)- diarrhoeal, pneumonia, etc.
 | Reading:Text: Minkler (2012): Appendix 2 Online: See Course BibliographyAbuya, B.A., Ciera, J.M., Kimani-Murage, E. 2012, June 21st. Effect of mother's education on child's nutritional status in the slums of Nairobi. *BMC Pediatrics*, 12(1): 80. [Available on Populi]Burns, A.A., et al. 2012. Where Women Have No Doctor. Hesperian Health Guides, Berkeley, CA. [Access at <http://hesperian.org/books-and-resources/>and choose two chapters to read online that are relevant to your context, i.e. Female Genital Cutting or Sex Workers or Breastfeeding.]Holmes S. 2008, June 5th. World hunger's urban edge. BBC News. Retrieved July 2012; [http://news.bbc.co.uk/2/hi/europe/7437808.stm.](http://news.bbc.co.uk/2/hi/europe/7437808.stm)Khatun F, et al. 2012, Jan. Causes of neonatal and maternal deaths in Dhaka slums: implications for service delivery. *BMC Public Health*, 12: 84. [Available on Populi]Poverty, maternal health, and adverse pregnancy outcomes <https://pubmed.ncbi.nlm.nih.gov/17954684/>Assignments:DUE: Project #2 by Friday Midnight PST Identify interview participants with internshipFTD #4 on Populi: Respond (at least twice) to the prior Module’s forum posts.Zoom Discussion: MCH and discuss Project #3 |
| Module 10 | **Public Health and Resilience** Objectives* Recognize the role of public health and its impact on quality of life and development
* Identify contemporary barriers to public health, such as disinformation and anti-science beliefs
 | Reading:A History of Public Health . <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7170188/>Creating Shared Resilience: The Role of the Church in a Hopeful Future (Boan & Ayers)Community Toolbox. “Section 6: Conducting Focus Groups/ 12: Conducting Interviews.” University of Kansas. Retrieved July 2012; <http://ctb.ku.edu/en/tablecontents/section_1018.aspx>(FGDs) and <http://ctb.ku.edu/en/tablecontents/section_1047.aspx>(Interviews).Assignments:Discuss project plan with class. Submit project plan template (provided by instructor)FTD #5 on Populi: Share insight from interviews and community stories from internship for an original postZoom Discussion Defining resilience |
| Module 11 | **Mental Health, Trauma, and Spiritual Injury**Objectives* Discuss the intersection of mental health, spiritual health, and public health
* Examine the course of traumatic injury and examples of help strategies
 | Reading:Boan, D. (unpublished report) Twelve Days in Cameroon (Instructor will email report to students)Psychological First Aid Guide for Field Workers (WHO) <http://apps.who.int/iris/bitstream/handle/10665/44615/9789241548205_eng.pdf;jsessionid=67D4ED2A546C3BECD9F129974E032F88?sequence=1>Assignments: Work on Project #3FTD #5 on Populi: Respond (at least twice) to the prior Module’s forum posts.Zoom Discussion: mental health and trauma in chronic conflict zones |
| Module 12 | **Social Determinants of Health: Poverty, Disparities, and Prejudice**Students will learn the interaction between poverty, stigma and disparities impact health status  | Reading:COVID-19 and the social determinants of health and health equity: evidence brief <https://www.who.int/publications/i/item/9789240038387>Barker, Ash. 2012. Slum Life Rising: How to Enflesh Hope within a New Urban World. Kindle Edition. [Note: This book is worth getting your hands on if you don't already have it from other courses. For this topic, review "Chapter Thirteen:  |

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| --- | --- | --- |
|  |  | Assignments: Project #3 in processFTD #6 on Populi: Best practices for the health issue, and are the biblical, with contributions from the church? Submit original post.Zoom Discussion: The health consequences of poverty |
| Module 13 | Presentation of ProjectsA final presentation will indelibly mark this course on student’s minds.  It is a rite of passage confirming the new knowledge learned and identifying an ongoing set of commitments within each persons values systems.  Such rites of passage are affirmed by the collective community.  | Guidance on presenting final project provided by instructorMake use of Werner as a guide in your presentationZoom Discussion Students are prepared to give 10-minute presentation to the cohort. Clarifications for all final assignments. |

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| Module 14 | *Conclusions* *Evaluation*  | \*All remaining assignments due **Friday at midnight PST.** Internship docs: Signed Service Log, Self-Assessment & Intern Evaluation of the Agency, and Performance Evaluation documents all due. Complete course evaluation.Students presentations continueCourse wrap up. |

Disclaimer: Course schedule, topics, evaluation and assignments may be changed at the instructor’s discretion.

##### Zoom Conferences

We will be using a service called ***Zoom*** for all of our conference calls. You have the option to connect via your computer and video in (this is preferable, as it can helped everyone connect). You can also download the app and join in via video through your smartphone. .However, in the case that you are unable to access your computer or phone, you can also call into the call (number to be provided).

Please check the LMS to get the Meeting ID – We use the same ID for all zoom calls in a course.

\*\*\*If you are unable to make any conference call due to an unexpected work assignment or family emergency, please note that they will be recorded. HOWEVER, you are REQUIRED to alert your instructor ahead of time that you are unable to make the phone call. Otherwise, you will be absent\*\*\*

These count towards attendance and participation as in the Forum Threaded Discussions.

##### Forum

The Modular Online Forum Discussion is an online dialogue that takes the form of a series of linked conversations between students, which are organized topically. Forum Threaded Discussions enables MATUL students to exchange insights from geographically dispersed locations. By structuring discussion of urban concepts and experiences with peers in various locations students will have the opportunity to move from mere description of local realities to urban comparative analysis.

During forums, students interact with*content*(e.g. assigned readings, lectures, and experiences), their *classmates* (via discussion, debate, peer review), and with the*instructor*(as they seek to teach, guide, inform, and support learners). Messages in a given thread share a common topic and are linked to each other in the order of their creation. All students have a “voice” in Forum Threaded Discussions; no one—not even the instructor—is able to dominate or control the conversation. Because the course is available *asynchronously* (i.e. at any time and from any location with an Internet connection), Forum Discussion affords participants the opportunity to reflect on each other’s contributions, as well as their own, prior to posting. The results are rich, well informed posts that further knowledge.

To make this process work for all, Forum Discussion posts must be made in a timely fashion within specified time periods.

*Procedure*

•   Look for the topical question for the week.

•   Students post responses to the topic question.

•   Students interact with each other’s responses.

•   Instructor interacts with student responses, redirecting the discussion when necessary to improve participation, while also encouraging the exploration of topic-related issues and relevant resources.

*Guidelines for participation*

-       Students adhere to specific timeframes for discussion and reflection.

-       For each topical thread, each student contributes at least two (2) posts.

-       Students pay attention to the *quantity/timeliness* and *quality* of their postings

- Keep you responses to less than 250 words and reply to at least two other's comments.

 V. Evaluation & Assessment

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| --- | --- | --- |
| Assessment Task | Max. Points | Weighting |
| **Weekly Online Discussions via Populi & Zoom** (40 hours)Populi (17 points total)- Forum Threaded Discussions include eight FTDs at2.0 pts each topic (1 pt for original post + 0.5 pts each for two responses, 16 pts total) based on scale of quantity, timeliness and quality of posts. The additional point with FTD #8 is earned for submitting the course evaluation.Zoom (8 points total + EC)- Group calls include three student-led short presentations at 2 pts/each for two Faith & Health Reflections and 4 pts for a Health Topic Brief based on timeliness and quality. Additional 0.25 pt of Extra Credit (EC) for ‘presence & participation’ on each call (13 calls= 3.25 possible EC pts). | 25 (+EC) | 25% |
|  |  |  |
| **Project #1: Health Organization Internship** (36 hours of voluntary service)Evaluative criteria: Completeness of forms including signatures (60%), timeliness of submission (20%), and student effort/performance (20%):\*Contract/learning agreement- 5 pts\*Signed service log of completed hours- 10 pts\*Self-assessment & Intern evaluation of agency- 5 pts\*Performance Evaluation by supervisor- 5 pts | 25 | 25% |
| **Project #2: Community Health Ecology Project** (20 hours)See Project Descriptions document. Evaluative criteria: timeliness, completeness, depth of analysis, writing quality | 20 | 20% |
| **Project #3: Community Report back** (25 hours)See Project Descriptions document. Evaluative criteria: timeliness, completeness, materials quality | 20 | 20% |
| **Project #4: Final presentations** (10-15 hours)See Project Descriptions document. Evaluative criteria: timeliness, completeness, materials/presentation quality | 10 | 10% |
| **Total** | 100 | 100% |

**Forum Discussion Guidelines**

The Written Forum Threaded Discussion is an online dialog or conversation that takes the form of a series of linked messages by students and instructor, organized weekly. It enables MATUL students to exchange project-related insights from geographically dispersed locations. By structuring discussion of intercultural concepts and experiences with peers in *various* host cultures, as opposed to discussion with peers in the same culture, students are encouraged to focus on the essence of each situation. Pushed to be active participant-observers in their respective cultures, they have the rare opportunity to move from mere description of local realities to cross-cultural comparative analysis.

#### Assessment rubric

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 |
| Quantity and timeliness of post | Does not respond to most postings; rarely participates freelyAppears indifferent to learning community | Responds to most postings several days after initial (scheduled) discussion; Takes limited initiative | Responds to most postings Rarely requires prompting to post | Consistently responds to posting Shows initiative in motivating group discussion’  |
| Quality of post | Posts topics unrelated to discussion topic; Appears “rushed” with poor spelling/ grammar and unclear expression | Occasionally posts off topic; offers short posts with limited insight on the topic; Difficulty in expressing ideas clearly | Frequently posts topics related to discussion topicStates opinions and ideas clearly; contributes insights to topic | Consistently posts topics related to discussion topicClear, creative expression of ideas and opinions |

**Style of Written Assignments:** papers are due on assigned dates to the Canvas assignment portals. Assignments sent by email may or may not be graded, as it is difficult to keep track so use Canvas.  All assignments in my classes are aimed to prepare you for a graphical web-based future and should be:

* + Times New Roman or Cambria, single spaced, 12 point
	+ 1 inch margins
	+ Titled, Name and date in right upper corner on a small assignment or in centre of cover page on larger assignment
	+ At least a graphic per page and/or a text box per page, with appropriate captioning.
	+ Use of a style sheet with appropriate headings. This could be multi-columned
	+ Page numbers in right lower corner
	+ Single spaced (double spaced was used when profs graded papers on paper).
	+ Late assignments will be deducted 5% for each week late (1 week late = 5% deduction, 2 weeks = 10% deduction). After 2 weeks, they receive a zero. If late please note at the top left “1 week” or “2 weeks”.
	+ As the MATUL is a missiological degree, use the accepted standard among the social sciences which is APA 6 and use Zotero to formulate your references appropriately

The instructor will assist students with the writing assignments by providing a template with questions to prompt the student’s analytic thinking. Questions are to help prompt rigor of thinking over quantity. Students may also schedule 1:1 time with the instructor for additional assistance.

**Grading**

The course will involve a mixture of class ZOOM discussion, forum, lecture, small group discussions, handouts, documentary videos, a major business project, and guest speakers. Not all reading material assigned will be discussed in class; it is the responsibility of the students to follow up with the instructor on materials on which they need further clarification*.* The expectations are that this 3unit course, delivered over a 12week term will approximate 3hours/week classroom or direct faculty instruction. In addition, out-of-class student work in the practicum and reading and writing will approximate 8 hours/week. To meet the identified student learning outcomes this 3-unit course, delivered over a 12-week term will approximate:

|  |  |
| --- | --- |
| **Delivery Mechanism** | Approximate Hours |
|  | Direct Contact & Fieldwork | Reading and Writing |
| Content Delivery | 25 mediated by Zoom5 hrs on forums5 hours pre-class Professors videos |  |
|  |  |   |
| Supervised Fieldwork  | 40 |  |
| Writing |  | 25 |
| Readings (800 pages@20 pages per hour) |  | 30 |
|  | **80** | **55** |
| **Total hours** |  |  **135** |

*Graduate course grades calculated on a 100-point scale as follows:*

|  |  |
| --- | --- |
|  | WCIU |
| Grade | GPA | Numeric |
| A+ | 4.0 | 100 |
| A | 4.0 | 93-99 |
| A- | 3.7 | 90-92 |
| B+ | 3.3 | 87-89 |
| B | 3.0 | 83-86 |
| B- | 2.7 | 80-82 |
| C+ | 2.3 | 77-79 |
| C | 2.0 | 73-76 |
| C- | 1.7 | 70-72 |
| D+ | 1.3 | 67-69 |
| D | 1 | 63-66 |
| D- | 0.7 | 60-62 |
| F | 0 | 0-59 |
| Inc. |  |  |

*The Meaning of the Grading System*

|  |
| --- |
| *Outstanding performance:* virtually perfect attendance; always prepared for class with all assignments completed; shows intrinsic interest in the class and subject, asks penetrating questions or offers thoughtful reflections in class; demonstrates exceptional intelligence and insight with unusual creativity; earns high scores on course assignments—usually the highest in the class.  |
| *Above average* student in terms of attendance, preparation, attitude, initiative in asking questions, time management, and assignment quality. |
| *Average* or typical student in terms of attendance, preparation, attitude, initiative in asking questions, time management, and assignment quality. |
| *Below average* or atypical student in terms of attendance, preparation, attitude, initiative in asking questions, time management, and assignment quality — minimally passing in performance. |
| F. *Repeat course*. Inadequate/insufficient performance. |

**Satisfactory progress** in the degree requires a GPA of 3.0 or above, across your courses.

# SECTION 4 – CLASS POLICIES

### Academic Integrity

Dishonesty in academic work includes plagiarism, unauthorized collaboration or teamwork on assignments, violation of the conditions under which the work is to be done, fabrication of data, unauthorized use of computer data, and excessive revision by someone other than the student.

Plagiarism is the act of representing the work of others as one’s own. This includes copying the work of others on exams and falsifying or not noting sources in term papers, theses, and dissertations.

Plagiarism and other forms of academic dishonesty are subject to strict disciplinary action, which may include one or more of the following: loss of credit for the assignment or course; expulsion from the program of study; expulsion from WCIU. Students are expected to do their own thinking when completing all assignments, drawing upon the ideas of others and then synthesizing them in the student’s own words. Excessive copying from other sources, even if the sources are acknowledged, without adequate expression of the student’s own thinking, is unacceptable and may be considered inadvertent plagiarism, necessitating a rewriting of the paper, test, quiz, or exam.

### Extensions and Incompletes Policies

Instructors manage assignment schedules as specified by the course schedule in the syllabi. Students are expected to comply with that schedule and complete all assignments by due dates. No credit will be given for an incomplete course, unless the student is granted an extension by the instructor, as described below, and the deadline for the extension is met.

Instructors have discretion in the granting of extensions for coursework for MA courses and can grant students an extension of up to 6 weeks beyond the course end date under mitigating circumstances. (Coursework extensions granted for more than one week after the end of the course requires documentation be recorded in Populi of an emergency situation that prevents the student from finishing the course on time.) The student will be charged a $50 extension fee. Students will receive an “Incomplete” as a course grade until the instructor submits their final grade. Failure to submit coursework by the extension deadline will translate automatically into a “0” on the student’s un-submitted assignment.

### Reasonable Accommodation for Academic Disabilities

William Carey International University is committed to ensuring that students with disabilities receive appropriate accommodations in their instructional activities, as mandated by Federal and State law and by WCIU policy. The fundamental principles of nondiscrimination and accommodation in academic programs were set forth in Section 504 of the federal Rehabilitation Act of 1973; the Americans with Disabilities Act of 1990, Title II; and their implementing regulations at 34 C.F.R. Part 104 and 28 C.F.R. Part 35 respectively.

A student who wishes to request reasonable accommodation should submit the [WCIU Reasonable Accommodation Request Form](https://static1.squarespace.com/static/58178917d482e994ffcd43ba/t/5b7c9ff0032be481e287ce40/1534894065455/4.%2BWCIU%2BADA%2BResonable%2BAccomodation%2BRequest%2BForm.pdf) (Click form name for link) to WCIU Student Services at: 1539 East Howard Street, Pasadena, CA 91104 or send by email to studentservices@wciu.edu.

The request should include the following:

• The nature of the disability and need for accommodation.

• The specific accommodation being requested.

• Documentation regarding the disability.

The request will be submitted to the Academic Leadership Team for review and resolution.

**Attendance** in the online discussions is an essential in any learning community, as each class builds on the previous, paradigms reflecting an expanding matrix of foundational to complex ideas.

**Late assignments** will be deducted 5% for each week late (1 week late = 5% deduction, 2 weeks = 10% deduction). After 2 weeks they receive a zero. If late please note at the top left 1 week or 2 weeks.

**Deadlines**: All assignments for the course are to be completed and submitted on time as recorded in order to receive full credit. Late assignments may be penalized 10% or one-half grade of the total points avail- able per assignment for each week late or portion thereof. Permission for late work is granted only by special request to your faculty.

**Advance Assistance**: Students wishing feedback (comments, no grade) from the instructor regarding ini- tial drafts of papers/presentations are invited to schedule such with the instructor sufficiently in advance of due dates to enable review, discussion, and subsequent refinement (as necessary).

**Make up work:** If a student has an “excused” absence from a weeks work that delays an assignment, they may make that up within the next week. If they have no excuse from the weeks work, they will receive a 10% drop in grade if submitted the next week, and 20% if submitted two weeks later. Assignment will not be accepted three weeks late. We all tend to mess up on an assignment, so there is recourse in one extra credit assignment for 2 extra marks.

**Returns:** I attempt to grade work the week submitted though this is not always feasible. The course work and grades will be open to view two weeks after the end of the course.

**References to** author and text must be included whenever the author is quoted or ideas used. This is simple respect. Use the APA6 Author-Date system. It is required that you get a copy of EndNote from IMT or the Library for keeping your references over the years. **It will do most of the formatting for you.**

**Netiquette Policy:** Online classes provide a valuable opportunity to engage in in dynamic exchanges of ideas. To foster a positive learning experience, students are expected to adhere to the following Netiquette policy. Here are some Student Guidelines for the class: • Do not use offensive language. • Never make fun of others. • Use correct spelling and grammar. No text language or slang. • Keep an “open-mind.” • Be willing to express your opinion, even if others don’t share it. • Be aware that the University’s Academic Honesty Policy also applies to forum posts. • Think about your message and proofread before you click “Send”

**My commitment to creatively develop the course (Legal Disclaimer):** This course is in constant development and may change at the professor's discretion. All effort is made to not materially change major assignments once they have been begun, and if so to do so to the students' advantage. Grading rubrics are not a legal entity but simply a helpful guide to the student as to some elements the professor uses to grade, as grading involves considerable subjectivity. Creativity is encouraged and alternatives to assignments recognized, but normally should be negotiated beforehand.

##  VIII. Course Bibliography (800 pages of required reading)

### Introduction to Urban Health (Module 1)

##### Required

Farmer (2004): Chapter 9;

Minkler (2012):Chapters 2, 6 & 7

Suggested Reading

Green, L.W., Kreuter, M.W. 2005. “Glossary,” in *Health Program Planning: An Educational and Ecological Approach, 4th Edition*. McGraw-Hill, New York, NY. [Available on Populi] JUST TO GLANCE THROUGH

Khan, O.A. & Pappas, G. Eds. 2011. “Ch 12: Primary Care in Megacities of the Developing World,” in *Megacities & Global Health*. APHA, Washington, DC: 259-271. [Available on Populi]

People’s Health Movement. “Global Call for Action around the 30th Anniversary of the Alma Ata Declaration.” Access at: [http://www.phmovement.org/en/node/867.](http://www.phmovement.org/en/node/867)

###  Theology of Health (Module 2)

##### Required

Boan & Ayers (2021) Shared Resilience Chapter 2

Swartley,(2012) Health, Healing and the Church’s Mission Chap 6: Health and Healthcare from a Biblical Theological Perspective

Farmer, P. 2004. “Ch 3: Lessons from Chiapas,” p. 91-114; “Ch 5: Health, Healing & Social Justice: Insights from Liberation Theology,” p. 139-159.

Barker, Ash. 2012. Slum Life Rising: How to Enflesh Hope within a New Urban World. Kindle Edition. [Note: This book is worth getting your hands on if you don't already have it from other courses. For this topic, review "Chapter Thirteen: An Incarnational Approach to Urban Poverty Alleviation"]

(Re)Claiming the Church's Role in Promoting Health: A Practical Framework <https://journals.lww.com/journalofchristiannursing/fulltext/2015/04000/_re_claiming_the_church_s_role_in_promoting.12.aspx>

### Human Rights and the Ethics of Health Practice (Modules 3)

##### Required

A Short History of Human Rights <http://hrlibrary.umn.edu/edumat/hreduseries/hereandnow/Part-1/short-history.htm>

The Bible’s Impact on Human Rights <https://www.christianitytoday.com/ct/2019/june-web-only/not-what-you-think-michael-lauren-mcafee.html>

WHO: Human Rights and Health <https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>

###  Community Research Design (Modules 4)

See Ethics training (to be added)

##### Required

Understanding community-based participatory research through a social movement framework: a case study of the Kahnawake Schools Diabetes Prevention Project <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-5412-y>

Research Methods in Community Based Studies <https://www.ndsu.edu/fileadmin/socanth/Natural_Disaster_Recovery/Chapter_2_Research_Methods__3_.pdf>

Community Toolbox. “Section 15: Qualitative Methods to Assess Community Issues.” University of Kansas. Retrieved July 2012; [http://ctb.ku.edu/en/tablecontents/section\_1050.aspx.](http://ctb.ku.edu/en/tablecontents/section_1050.aspx)

##### Recommended

Barg, F,K, and Kauer, J. 2005. “Ch. 13: An Anthropological Perspective on Urban Health,” in *Handbook of Urban Health: Populations, Methods and Practice*. (Galea, S. and Vlahov, D., eds) Springer, New York: 243-258. [Available on Populi]

Green, L.W., Kreuter, M.W. 2005. “Ch 2: Social Assessment, Participatory Planning and Situation Analysis,” in *Health Program Planning: An Educational and Ecological Approach, 4th Edition*. McGraw-Hill, New York, NY: 29-77. [Available on Populi]

Judd, C.M., Smith, E.R., Kidder, L.H., 1991. “Ch. 13: Qualitative Research: Fieldwork and Participant Observation,” in *Research Methods in Social Relations, 6th Edition*. Holt Rinehart and Winston, Orlando, FL: 298-320. [Available on Populi]

Leeuw, ED. 2009. “Mixing Urban Health Research Methods for Best Fit.” *Journal of Urban Health*: Bulletin of the New York Academy of Medicine, Vol. 87, No. 1. [Available on Populi]

Palena, N. et al. 2006, May. Preparing a Case Study: A Guide for Designing and Conducting a Case Study for Evaluation Input. Pathfinder International Tool Series: M&E-1. [Available on Populi]

Sami, M. 2011. “Bridging the Gap in Urban Health and Poverty Research.” Conference Paper. 14 June. [Available on Populi]

USAID. 2006, Sept. Urban Health and Care-Seeking Behavior: A Case Study of Slums in India and the Philippines. Prepared by Abt Associates. [Available on Populi]

###  Translating Evidence into Practice: Quality Improvement, and Best Practice (Module 5)

##### Required

Translating Research Findings into Clinical Nursing Practice <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5396371/>

Identifying Barriers and Facilitators of Translating Research Evidence into Clinical Practice: A Systematic Review <https://onlinelibrary.wiley.com/doi/full/10.1111/hsc.13898#:~:text=Healthcare%20professionals'%20lack%20of%20motivation,of%20research%20into%20clinical%20practice>.

##### Recommended

###  Community and Environmental Health (Module 6)

##### Required

Carboni, I. and J. Huddle. "It has opened our eyes: overview of evaluation accountability" (PowerPoint). World Vision International. [Available on Populi].

Werner, D. and Bower, B. 2012. Helping Health Workers Learn. Hesperian Health Guides, Berkeley, CA. [Access at <http://hesperian.org/books-and-resources/>and review a few chapters online to prepare your report back,  i.e. Helping People Look at Their Customs and Beliefs or Storytelling or Homemade Written Materials.]

WHO Urban Health Initiative in Accra, Ghana: summary of project results (download link) https://www.who.int/publications/i/item/9789240060784

##### Recommended

### Nutrition, Sanitation, and Food Security (Modules 7)

##### Required

Water Supply, Sanitation, and Hygiene (WASH) Poverty Diagnostic Initiative <https://www.worldbank.org/en/topic/water/publication/wash-poverty-diagnostic>

WASH and Covid 19 <https://www.worldbank.org/en/topic/water/brief/wash-water-sanitation-hygiene-and-covid-19>

The Intertwined Relationship between Malnutrition and Poverty <https://www.frontiersin.org/articles/10.3389/fpubh.2020.00453/full>

### Communicable and Infectious Diseases (Module 8)

##### Required

Poverty, Global Health, and Infectious Disease: Lessons from Haiti and Rwanda <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3168775/>

A Narrative Review of Stigma Related to Infectious Disease Outbreaks: What Can Be Learned in the Face of the Covid-19 Pandemic? <https://www.frontiersin.org/articles/10.3389/fpsyt.2020.565919/full>

How Churches Fight the Stigma of H.I.V. <https://www.nytimes.com/2019/11/21/opinion/how-churches-fight-the-stigma-of-hiv.html>

##### Recommended

### Maternal & Child Health (MCH), Including Household Food Security (Modules 9)

##### Required

Poverty, maternal health, and adverse pregnancy outcomes <https://pubmed.ncbi.nlm.nih.gov/17954684/>

Abuya, B.A., Ciera, J.M., Kimani-Murage, E. 2012, June 21st. Effect of mother's education on child's nutritional status in the slums of Nairobi. *BMC Pediatrics*, 12(1): 80. [Available on Populi]

Burns, A.A., et al. 2012. Where Women Have No Doctor. Hesperian Health Guides, Berkeley, CA. [Access at <http://hesperian.org/books-and-resources/>and choose two chapters to read online that are relevant to your context, i.e. Female Genital Cutting or Sex Workers or Breastfeeding.]

Holmes S. 2008, June 5th. World hunger's urban edge. BBC News. Retrieved July 2012; [http://news.bbc.co.uk/2/hi/europe/7437808.stm.](http://news.bbc.co.uk/2/hi/europe/7437808.stm)

Khatun F, et al. 2012, Jan. Causes of neonatal and maternal deaths in Dhaka slums: implications for service delivery. *BMC Public Health*, 12: 84. [Available on Populi]

##### Recommended

Agarwal S, Bhanot A, Goindi G. 2005. Understanding and addressing childhood immunization coverage in urban slums. *Indian Pediatrics*, 42:653-663. [Access from: [http://indianpediatrics.net/july2005/july-653-663.htm]](http://indianpediatrics.net/july2005/july-653-663.htm)

Awasthi S, Agarwal S. 2003. Determinants of childhood mortality and morbidity in urban slums in India.

*Indian Pediatrics*, 40: 1145-1161. [Available on Populi]

Maruyama, E. et al. 2014, July. Understanding the Context for Agriculture for Nutrition Research: Identifying Country Typologies of Child-Stunting Determinants. International Food Policy Research Institute (IFPRI), Washington, DC. [Access [http://www.ifpri.org/sites/default/files/publications/ifpridp01362.pdf]](http://www.ifpri.org/sites/default/files/publications/ifpridp01362.pdf)

RUAF Foundation. 2009. Women feeding cities: Mainstreaming gender in urban agriculture & food security. Edited by: Alice Hovorka, Henk de Zeeuw and Mary Njenga, Practical Action Publishing, Rugby, UK. [Access from: [http://www.ruaf.org/publications/women-feeding-cities-mainstreaming-gender-urban-agriculture-and-food-security]](http://www.ruaf.org/publications/women-feeding-cities-mainstreaming-gender-urban-agriculture-and-food-security)

WHO. 2007. Community-based management of severe acute malnutrition. A Joint Statement by the World Health Organization, the World Food Programme, the United Nations System Standing Committee on Nutrition and the United Nations Children’s Fund. (Updated 2011) [Access at: [http://apps.who.int/iris/bitstream/10665/44295/1/9789280641479\_eng.pdf]](http://apps.who.int/iris/bitstream/10665/44295/1/9789280641479_eng.pdf)

###  Public Health and Resilience (Module 10)

##### Required

A History of Public Health . <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7170188/>

Creating Shared Resilience: The Role of the Church in a Hopeful Future (Boan & Ayers)

Community Toolbox. “Section 6: Conducting Focus Groups/ 12: Conducting Interviews.” University of Kansas. Retrieved July 2012; <http://ctb.ku.edu/en/tablecontents/section_1018.aspx>(FGDs) and <http://ctb.ku.edu/en/tablecontents/section_1047.aspx>(Interviews).

##### Recommended

Conducting Key Informant Interviews in Developing Countries (1989). Access at: <http://pdf.usaid.gov/pdf_docs/pnaax226.pdf>

 **Mental Health, Trauma, and Spiritual Injury**

### (Module 11)

##### Required

Boan, D. (unpublished report) Twelve Days in Cameroon (Instructor will email report to students)

Psychological First Aid Guide for Field Workers (WHO) <http://apps.who.int/iris/bitstream/handle/10665/44615/9789241548205_eng.pdf;jsessionid=67D4ED2A546C3BECD9F129974E032F88?sequence=1>

##### Recommended

###  Social Determinants of Health (Module 12)

##### Required

COVID-19 and the social determinants of health and health equity: evidence brief <https://www.who.int/publications/i/item/9789240038387>

Barker, Ash. 2012. Slum Life Rising: How to Enflesh Hope within a New Urban World. Kindle Edition. [Note: This book is worth getting your hands on if you don't already have it from other courses. For this topic, review "Chapter Thirteen:

Minkler, Meredith. 2012. “Appendix 3: Challenging Ourselves: Critical Self-Reflection on Power and Privilege,” in *Community Organizing and Community Building for Health and Welfare*, 3rd edition. Rutgers University Press, New Brunswick. [Chapters in Parts 6 & 8 may also be relevant to the student’s reportback approach]

Recommended

###  Presentations(Module 13)

##### Required

##### Recommended

Barker, Ash. 2012. Slum Life Rising: How to Enflesh Hope within a New Urban World. Kindle Edition. [Note: This book is worth getting your hands on if you don't already have it from other courses. For this topic, review "Chapter Thirteen: An Incarnational Approach to Urban Poverty Alleviation"]

Campbell, A. 1995. Health as liberation, medicine, theology, and the quest for justice. Wipf & Stock Publishing. [Available for purchase on Amazon, no Kindle Edition].

DeHaven, M. et al., 2004. Health Programs in Faith-Based Organizations: Are They Effective? *American Journal of Public Health*, Vol 94, No. 6. June. [Access at: [http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448385/pdf/0941030.pdf]](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448385/pdf/0941030.pdf)

Tearfund. Resources (for purchase): Footsteps Magazine. [Access at: [http://resources.tearfund.org/tearfund\_resources/public/saleproducts.jsf?freeSearch=productGroup:Footsteps](http://resources.tearfund.org/tearfund_resources/public/saleproducts.jsf?freeSearch=productGroup%3AFootsteps)

World Vision International. "Child Health: Generating the Will" [Available on Populi] and go to: Resources: Health. <http://www.wvi.org/resources/health> [Note: so many good, free health guides here, take your pick!] Retrieved August 2012

### Key Faculty References for the Course (in addition to above)

American Public Health Association. Retrieved- ongoing 2012-2013: [www.apha.org](http://www.apha.org/)

Campus Compact Syllabi. Community-Engaged Urban Health Research Methods and Applications. University of Chicago. Retrieved July 2012; [http://www.compact.org/syllabi/community-engaged-urban-health-research-methods-and-](http://www.compact.org/syllabi/community-engaged-urban-health-research-methods-and-applications/16700/) [applications/16700/.](http://www.compact.org/syllabi/community-engaged-urban-health-research-methods-and-applications/16700/)

Grigg, V. 2009. "Ch. 2 Transformational Conversations," The Spirit of Christ and the Postmodern City. Emeth Press. JHSPH OpenCourseware. Urban Health in Developing Countries. Retrieved July 2012;

[http://ocw.jhsph.edu/index.cfm/go/viewCourse/course/UrbanHealth/coursePage/index/.](http://ocw.jhsph.edu/index.cfm/go/viewCourse/course/UrbanHealth/coursePage/index/)

Nadakavukaren, A. 2005. *Our global environment: a health perspective* (5th ed). Prospect Heights: Waveland Press. Sen, Amartya. 1999. *Development as Freedom*. Borzoi Books by Alfred A. Knopf, Inc., New York.

Taylor, D. and C. E. Taylor. 2002. *Just and Lasting Change: When Communities Own Their Futures*. The Johns Hopkins University Press, Baltimore.

### Calendar

January 9 Semester begins. Students are reminded to do the reading for the first class in advance

1. January 12 Module 1
2. January 19 Module 2 Start internship
3. January 26 Module 3 Field placement report outline due
4. February 2 Module 4
5. February 9 Module 5
6. February 16 Module 6 Share Field Placement health focus with class; Update outline.
7. February 23 Module 7
8. March 2 Module 8
9. March 9 Module 9 Project #2 due, Community Health Ecology
10. March 16 Module 10 Submit template for Project #3
11. March 23 Module 11 Project 3 update
12. March 30 Module 12

April 6 No Class Easter Break

1. April 13 Module 13 Final presentations
2. April 20 Module 14 Continue presentations.

April 22 Coursework Ends. All assignments due by noon MST

April 29 Grades Due to school

## *Appendix: Project Report Descriptions*

**TUL 650: International Community Health**

**Project Report Descriptions**

Students have three written assignments for this course. The first two are the report on the Heath Ecology Project and the Community Health Intervention report, the third is the final presentation.

Students are provided with guidance on writing the first two, below. Further writing guidance on assignments can be found in the syllabus. The third and final assignment allows for more student creativity in presentation. The student is expected to submit something they produce for the final presentation, but the form need not be a traditional written report. Students are asked to submit a brief outline, the template is provided below, and confirm the instructors approval before the final presentation is due.

**Community Health Ecology Project**

Health ecology is an emerging field that studies the interactions between the multiple systems in a community (cultural, political, religious, environmental, etc) and their impact on health. This project explores the community context and health determinants of a specific health issue in the local impoverished community setting (preferably the population served by the field placement, but may be another). The primary method for this study will be interviews, but other sources might include existing reports (e.g. NGO annual report), observation, survey, etc.

Before starting any study, the student should submit a brief outline describing the focus or study question being addressed by the student, the sources for information, any ethical considerations (permissions, protection of subjects, etc), and the anticipated results. The outline should sharpen the focus of the project and help protect the student from “project creep”. Students should also note that the instructor values rigor of analysis and quality of writing over quantity.

This project includes a written report of not less than 3 and not more than 12 pages, with 5 hours of active observation research, 5 hours of project-specific secondary research, and 10 hours of reading and writing.

Project Outline Example:

Study Focus: This project will describe how poor sanitation, food insecurity, distrust of local police, and the arrival of people escaping violence and impacted child development in the impoverished village of Miselele (Cameroon).

Method / Data Sources: Interview with village religious leaders, interview selected parents, interview displaced family, observation of sanitation. Consider recruiting local village member as co-investigator.

Ethical Considerations: Informed consent, interview minors only with parental permission, participation of local people in method and developing results.

Anticipated Results: While sanitation and food insecurity pre-date arrival of displaced people, it is probable that presence of displaced people has exacerbated these problems in ways that are having a dramatic impact on child development.

The project report should include, but not be limited to, answering the following three key questions:

1. How do the various ecological components interact to impact the local people that is different from the impact of any one component by itself?
2. What do you observe about these components that might make them resistant to change?
3. What, if any, is the role a local faith community could play in changing this local ecology for the better?

**Community Health Intervention Report**

While the Ecology assignment focuses on studying the local ecology of a health issue, this assignment focuses on examining an innovative intervention strategy. The report involves collecting primary (interviews) data on innovative community-based interventions, as course practice in research methods, and using the findings to develop a culturally/contextually-relevant and useful reference for the internship (as agreed upon through the internship).

“Intervention” for the purpose of this assignment is any systematic effort to bring about a change. “Innovative” means any method that has been modified from the original form so that it become more useful or impactful, or a new method created in response to local needs and conditions.

Project Report Outline

Study Focus: Describe what intervention you selected and why. Explain what makes it an innovation. Include a brief history on how this intervention came about.

Method / Data Sources: Describe the data you collected, including interviews, report, etc.

Assessment: using the data you collected, provide your assessment of the innovation, including, whether it makes use of evidence in its design, in what way is the impact validated, if any, are there any efforts at improvement, etc.

Discussion: Building on your assessment, critique the intervention and develop at least 3 recommendations you might give to the people who manage it.

The project report should include, but not be limited to, answering the following three key questions:

1. Describe the role played by the people who are served by this intervention. That role may vary from having no role, to being project partners. If they have no role, has that limited the intervention in any way that you can observe?
2. What are the essential elements that make this intervention successful, or if it is not successful, but where the barriers to success?
3. What, if any, is the role a local faith community has or could play in this intervention? Cold this be done by a church or only an NGO? Discuss your opinion.

**Final Report**

Students are to provide a report on their field placement by the end of the course. The aim is to bring together the key lessons from the field placement. The report should incorporate the following, but the student is encouraged to be creative in how the report is organized. As always, insightful analysis is valued over quantity of general but not particularly meaningful content.

Report Structure

1. Brief description of the field placement, including type of organization, location, population served, size, source of funding, and connection to a faith community such as a denomination or church (if applicable)
2. Describe what you did at this placement.
3. Describe what course topics or discussions were most applicable to this placement and why.
4. List at least three lessons you learned from this placement.
1. The term “catalytic role” is an important starting point for discussing the role of the church as it implies a role in making a program happen and is different than the church as having a unique role in health. In some areas, it reinforces the perception of the church as facilitating the expertise of the NGO rather than having a separate and necessary role of its own. [↑](#footnote-ref-2)