Consortium of Universities for Global Health

CUGH Global Health Education Competencies Tool Kit

The Consortium of Universities for Global Health (CUGH) is a membership organization for institutions involved in higher education and global health - including education, research, and practice. The CUGH Competency Sub-Committee of the Education Committee has been instrumental in defining competencies for global health education and professional development, as well as exploring ongoing conversations and controversies around global health competencies and careers. In 2015, the Competency Sub-Committee and collaborators published a seminal article in the Annals of Global Health defining levels of proficiency, as well as desirable competencies for two levels- the global citizen level and the basic operational program oriented level.

What follows 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 jevert@cfhi.org. Thank you for your interest in this tool and global health education.

Competency 1a: Describe the major causes of morbidity and mortality around the world, and how the risk of disease varies with regions. (Global Citizen and Basic Operations Levels)

Prepared by: Cristina Redko, Wright State University (credko@wright.edu) and Mireille (Mickey) Aramati, Tufts University (Mireille.Aramati@tufts.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 lecture or in-class activities to cement the utility of various measures (DALYs, prevalence, incidence, etc.). Interactive possibilities for a flipped classroom or team-based learning setting include having students hypothesize their own hypothetical measure for the burden of disease before being introduced to those currently in practice. This competency is a good opportunity to introduce research methods and encourage students to complete independent research to assess the extent of disease in certain countries/communities. Further, a number of the tools listed below are interactive inviting the generation of creative out-of-class assignments.

Websites:
1. Gap Minder. (n.d.). Retrieved from https://www.gapminder.org/

2. Institute for Health Metrics and Evaluation. (2016). Data visualizations. Retrieved from http://www.healthdata.org/results/data-visualizations
3. International Consortium for Health Outcomes Measurement. (n.d.). Retrieved from http://www.ichom.org/
4. The Lancet. (n.d.). Global burden of disease. Retrieved from http://www.thelancet.com/global-burden-of-disease
5. World Bank. (2013). Global burden of disease study: Main findings for Sub-Saharan Africa. Retrieved from http://www.worldbank.org/en/region/afr/publication/global-burden-of-disease-findings-for-sub-saharan-africa
6. World Health Organization. (n.d.). Global burden of disease. Retrieved from http://www.who.int/topics/global_burden_of_disease/en/

Articles and Reports:
1. Murray, C. J. L., Phil, D., & Lopez, A. D. (2013). Measuring the global burden of disease. *New England Journal of Medicine, 369*(5), 448-57. Retrieved from http://www.ph.ucla.edu/epi/faculty/detels/PH150/GlobBurdDis_NEJM_2013.pdf
2. World Health Organization. (2011). Burden: mortality, morbidity and risk factors. In *Global status report on noncommunicable disease* (pp.9-31). Retrieved from http://www.who.int/nmh/publications/ncd_report_chapter1.pdf

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Competency 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) (Global Citizen and Basic Operations Levels)

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Teaching Strategies:
Educators may consider starting with the current picture of global health funding and intervention (SDGs, etc.) or take a historical perspective (colonial medicine, etc.) and use past example of changing priority to allow students to think critically about current global health efforts. Educators may also consider including some local efforts to reduce health disparity in their own communities. If teaching Competency 1A prior to 1B, consider bridging the two competencies by discussing the concept of needs assessment and how prioritization may change the way global efforts are mediated.

For educators in the health professions, it should be noted that MedEd Portal has a number of lectures/exercises pertaining to this competency that are freely available for download and adaptation.

Websites:
1. Bill & Melinda Gates Foundation. (n.d.). Retrieved from http://www.gatesfoundation.org
2. Centers for Disease Control and Prevention. (2008). Promoting health equity: A resource to help communities address social determinants of health. Retrieved from http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf

3. Global Health Fellows II. (n.d.). Global health fellows program II. Retrieved from https://www.ghfp.net/
4. Kaiser Family Foundation. (n.d.). Retrieved from http://kff.org/
5. National Partnership for Action to End Health Disparities. (2016). Toolkit for community action. Retrieved from http://minorityhealth.hhs.gov/npa/files/Plans/Toolkit/NPA_Toolkit.pdf
6. PolicyLink. (2013). Community engagement guide for sustainable communities. Retrieved from http://www.policylink.org/find-resources/library/community-engagement-guide-for-sustainable-communities
7. Public Health Agency of Canada. (2011). What determines health? Retrieved from http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php
8. Sustainable Development Knowledge Platform. (n.d.). Retrieved from https://sustainabledevelopment.un.org/
9. Sustainable Development Solutions Network. (n.d.). Retrieved from http://unsdsn.org/
10. The Global Fund. (n.d.). Retrieved from http://www.theglobalfund.org/en/
11. The World We Want 2030. (n.d.). Retrieved from https://www.worldwewant2030.org/
12. United Nations. (2015). The millennium development goals report 2015. Retrieved from http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG 2015 rev (July 1).pdf
13. UNFPA, United Nations Population Fund. (n.d.). Retrieved from http://www.unfpa.org
14. UNICEF, Children's Rights & Emergency Relief Organization. (n.d.). Retrieved from www.unicef.org
15. USAID, U.S. Agency for International Development. (n.d.). Retrieved from https://www.usaid.gov/
16. W. Montague Cobb/NMA Health Institute, Cobb Institute. (n.d.). Retrieved from http://www.thecobbinstitute.org/index
17. World Health Organization (WHO). (2015). From MDGs to SDGs: A new era for global pubcl health 2016 – 2030. Retrieved from http://www.who.int/about/finances-accountability/funding/financing-dialogue/MDGstoSDGs_Summary.pdf
18. WHO. (n.d.). Retrieved from http://www.who.int/en/

Articles and Reports:
1. Ezzati, M., Friedman, A. B., Kulkarni, S. C., & Murray, C. J. L. (2008). The reversal of fortunes: Trends in county mortality and cross-county mortality disparities in the United States. *PLoS Medicine,* 5(4), 0557–0568. Retrieved from http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0050066
2. Hill, P. S., Buse, K., Brolan, C. E., & Ooms, G. (2014). How can health remain central post-2015 in a sustainable development paradigm? *Globalization and Health,* 10(18), 1–5. Retrieved from http://globalizationandhealth.biomedcentral.com/articles/10.1186/1744-8603-10-18
3. Jamison, D. T., Summers, L. H., Alleyne, G., Arrow, K. J., Berkley, S., Binagwaho, A., Yamey, G. (2013). Global health 2035: A world converging within a generation. *The Lancet, 382*(9908), 1898–1955. Retrieved from http://www.afdb.org/fileadmin/uploads/afdb/Documents/Publications/Global health 2035 - a world converging within a generation.pdf
4. Marmot, M., Friel, S., Bell, R., Houweling, T. A. J., & Taylor, S. (2008). Closing the gap in a generation: Health equity through action on the social determinants of health. *The Lancet, 372*(9650), 1661–9. Retrieved from

https://www.researchgate.net/publication/23460262_Closing_the_Gap_in_a_Generation_
Health_Equity_Through_Action_on_the_Social_Determinants_of_Health

5. Satcher, D. (2000). Eliminating global health disparities. *JAMA, 284*(22), 2864. Retrieved from http://jama.jamanetwork.com/article.aspx?articleid=193359
6. Waage, J., Banerji, R., Campbell, O., Chirwa, E., Collender, G., Dieltiens, V., Unterhalter, E. (2010). The millennium development goals: A cross-sectional analysis for goal setting after 2015. *The Lancet, 376*(9745), 991–1023. Retrieved from http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(10)61196-8.pdf

Study Questions for Global Citizen Basic Operational Level:

1. What life expectancy and child mortality measures tell about health and development?
2. Explain why the notions of developing and developed country are outdated.
3. What is the the Global Burden of Disease
4. Why Sustainable Development Goals are important to global health?
5. What does it mean to be a global citizen?

Competency 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) (Basic Operations Level Only)

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Teaching Strategies: Validating the health status of populations has taken a historical leap in the last several years due to more accurate data gathering at macro and micro levels and with the publications of the widely disseminated Global Burden of Disease Studies.
Initial background on this topic will require a combination of landmark articles, a textbook assigned as required reading, with supplemental assignments of videos, blogs, and exploration of websites, lecture or flipped classrooms with voice over power points. It will also include individual and team based learning to encourage active learning and better retention.

Websites:

1. Centers for Disease Control and Prevention (CDC). (2015). Community health status indicators. Retrieved from https://wwwn.cdc.gov/communityhealth
2. CDC. (2016). Health, United States, 2015. Retrieved from https://www.cdc.gov/nchs/hus/
3. Institute for Health Metrics and Evaluation. (2015). GBD compare: Viz hub. Retrieved from https://vizhub.healthdata.org/gbd-compare/
4. Institute for Health Metrics and Evaluation. (n.d.). Retrieved from http://www.healthdata.org/
5. Organisation for Economic Cooperation and Development (OECD) I Library. (n.d.). Retrieved from http://www.oecd-ilibrary.org/
6. Partners in Information Access for the Public Health Workforce. (2017). Health data tools and statistics. Retrieved from https://phpartners.org/health_stats.html
7. The Kaiser Family Foundation. (n.d.). Retrieved from http://kff.org/

8. The Lancet. (2010). Global burden of disease study 2010. Retrieved from http://thelancet.com/gbd/2010
9. The World Bank. (n.d.). Health. Retrieved from http://data.worldbank.org/topic/health
10. U.S. National Library of Medicine. (2017). Health services research information central (HSRIC): Health informatics. Retrieved from https://www.nlm.nih.gov/hsrinfo/informatics.html
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12. WHO. (n.d.). The data repository. Retrieved from http://www.who.int/gho/database/en/
13. WHO. (n.d.). WHO statistical information system (WHOSIS). Retrieved from http://www.who.int/whosis/en/

Article and Reports:
1. Murray, C. J., Vos, T., Lozano, R., Naghavi, M., Flaxman, A. D., Michaud, C., Memish, Z. A. (2012). Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990-2010: A systematic analysis for the global burden of disease study 2010. *The Lancet, 380*(9859), 2197–2223. Retrieved from http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)61689-4/abstract
2. United Nations, Department of Economic and Social Affairs. (2014). Population and vital statistics report (Vol. LXVI, pp 1– 22). Retrieved from http://unstats.un.org/unsd/demographic/products/vitstats/sets/Series_A_2014.pdf

Books:
1. Skolnik, R. (2016). *Global health 101* (3rd Ed.). Burlington, MA: Jones and Bartlett Learning.

Videos:
1. U.S National Library of Medicine. (2015). Community health status indicators (CHIS 2015) web application briefing [Webinar]. Retrieved from https://www.nlm.nih.gov/nichsr/CHSI_Webinar/Community_Health_Status_Indicators_2015.html

PowerPoint Presentations:
1. Woods, C. W. (2012). Estimating global burden of disease [PowerPoint slides]. Duke Global Health Institute. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwizo9GXic3RAhXpwFQKHcImB4EQFggfMAA&url=https%3A%2F%2Fglobalhealthchallenges2012.files.wordpress.com%2F2012%2F08%2Fglobal-burden-of-disease-talk-2012.ppt&usg=AFQjCNHbQDCRVI0K

Study Questions for Basic Operational Level:
1. Identify the most important global/public health indicators in use today to validate the health status of populations
2. Define and discuss the key health status indicators being used currently in Low and Middle Income Countries (LMICs) and their drawbacks. How reliable are these indicators?

3. Discuss the historical significance and impact of the Global Burden of Disease Study
4. Identify the composite metrics used to measure burden of disease locally and globally. Select and apply the metric to compare and contrast a chronic condition such as diabetes or obesity or an infectious disease such as HIV-AIDs or Malaria.
5. Discuss the strengths and limitations of data sources such as patient-reported data; clinician-reported data; medical chart abstraction data; Electronic health records data and existing registries such as Health Plan and Health Care data.

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)

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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:
1. Common Wealth. (2017). Interactive maps and data. Retrieved from http://www.commonwealthfund.org/interactives-and-data/maps-and-data
2. Health Finance & Governance (HFG). (2015). Health systems strengthening indicators. Retrieved from https://www.hfgproject.org/resources/tools/health-systems-strengthening-indicators/
3. HFG. (n.d.). Publications. Retrieved from https://www.hfgproject.org/resources/publications/
4. Health Systems 20/20. (2012). Health systems strengthening-PRO virtual learning course. Retrieved from https://www.hfgproject.org/wp-content/uploads/2015/02/Health-Systems-Strengthening-PRO-Virtual-Learning-Course-Brief.pdf
5. HRH Global Resource Center. (n.d.). Health Systems in transition country profiles. Retrieved from http://www.hrhresourcecenter.org/node/1572
6. International Training & Education Center for Health. (n.d.). Retrieved from http://www.go2itech.org/
7. Management Sciences for Health. (n.d.). Retrieved from http://www.msh.org/
8. Management Sciences for Health. (n.d.). Universal health coverage. Retrieved from http://www.msh.org/our-work/initiative/universal-health-coverage
9. World Health Organization (WHO). (2015). Universal health coverage. Retrieved from http://www.who.int/universal_health_coverage/en/
10. WHO. (n.d.). Global health observatory (GHO) data. Retrieved from http://www.who.int/gho/health_systems/en/
11. WHO. (n.d.). Health systems. Retrieved from http://www.who.int/topics/health_systems/en/

Article and Reports:

1. Backman, G., Hunt, P., Khosla, R., Jaramillo-Strouss, C., Fikre, B. M., Rumble, C.,…Viadescu, C. (2008). Health systems and the right to health: An assessment of 194 countries. *The Lancet, 372*(9655), 2047–2085. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/19097280

2. Berman, P., & Bitran, R. (2011, May). *Health systems analysis for better health system strengthening* (Discussion Paper). Retrieved from World Bank website: http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/HealthSystemsAnalysisForBetterHealthSysStrengthening.pdf

3. Brolan, C. E., & Hill, P. S. (2016). Universal health coverage's evolving location in the post-2015 development agenda: Key informant perspectives within multilateral and related agencies during the first phase of post-2015 negotiations. *Health Policy and Planning, 31*(4), 514–526. Retrieved from http://heapol.oxfordjournals.org/lookup/doi/10.1093/heapol/czv101

4. Bump, J., Cashin, C., Chalkidou, K., Evans, D., González-Pier, E., Guo, Y.,…Yamey, G. (2016). Implementing pro-poor universal health coverage. *The Lancet Global Health, 4*(1), 14–16. Retrieved from http://thelancet.com/journals/langlo/article/PIIS2214-109X(15)00274-0/fulltext

5. Frenk, J., & Moon, S. (2013). Governance challenges in global health. *New England Journal of Medicine, 368*(10), 936–942. Retrieved from http://www.nejm.org/doi/full/10.1056/NEJMra1109339

6. Hoffman, S. J., Cole, C. B., & Pearcey, M. (2015). *Mapping global health architecture to inform the future* (Research Paper). Retrieved from Chatham House website: https://www.chathamhouse.org/publication/mapping-global-health-architecture-inform-future

7. Lu, C., Schneider, M. T., Gubbins, P., Leach-Kemon, 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

8. Oderkirk, J., Ronchi, E., & Klazinga, N. (2013). International comparisons of health system performance among OECD countries: Opportunities and data privacy protection challenges. *Health Policy, 112*(1-2), 9-18. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/23870099

9. Piña, I. L., Cohen, P. D., Larson, D. B., Marion, L. N., Sills, M. R., Solberg, L. I., & Zerzan, J. (2015). A framework for describing health care delivery organizations and systems. *American Journal of Public Health, 105*(4), 670–679. Retrieved from http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2014.301926?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub=pubmed

10. Rice, T., Rosenau, P., Unruh, L. Y., Barnes, A. J., Saltman, R. B., & van Ginneken, E. (2013). United States of America: Health system review. *Health Systems in Transition 15*(3), 1–43. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0019/215155/HiT-United-States-of-America.pdf

11. Squires, D. A. (2011). The U.S. health system in perspective: A comparison of twelve industrialized nations. *The Commonwealth Fund 16*, 1–12. Retrieved from

http://www.commonwealthfund.org/publications/issue-briefs/2011/jul/us-health-system-in-perspective

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

Books:

1. Johnson, J. A., & Stoskopf, C. (2010). *Comparative health systems: Global perspective* (10th Ed.)*.* Burlington, MA: Jones & Barlett Publishers.
2. Skolnik, R. (2016). *Global Health 101* (3rd ed.). Burlington, MA: Jones & Bartlett Learning.

Videos:

1. Fuchs, V. (2009, December 4). International health policy: Comparative health care systems [Video file]. Retrieved from https://www.youtube.com/watch?v=uLPSk6f7pQw
2. World Health Organization & Alliance for Health Policy and Systems Research. (2010, May 14). Systems thinking for health systems strengthening [Video file]. Retrieved from https://www.youtube.com/watch?v=iIs6zQXUpAU

Study Questions for Basic Operational Level:

1. Compare the health care systems of two countries with respect to a one of the following indicators: maternal morbidity and mortality; infant morbidity and mortality; immunization rates; access to long-term care; and indicators of quality of care for non-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.

Competency 2b: Describe how global trends in healthcare practice, commerce and culture, multinational agreements and multinational organizations contribute to the quality and availability of health and healthcare locally and internationally **(**Basic Operations Level Only**)**

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Teaching Strategies:

Educators will work with learners to define health systems, how they are organized and highlight differences in functioning and provision of services at the country level. Attention should also be directed to the differences in the availability and standards of care that may contribute to differences in health outcomes. More importantly, learners can be introduced to the role of

technology and its application in resource limited environments. Consideration of various financing options, public and private expenditures in health care, and how care is allocated based on financial decisions can also be an important topic for discussion. Case studies on these topics are widely available and should be used to provide concrete examples of these issues. Assigning topics for extensive discussion include using the debate format to discuss the pros and cons of governmental relationships with multinational, large conglomerate, big business and pharmaceutical companies and how these can represent competing and sometimes conflicting interests to those of the citizens of a particular country. Globalization, commerce and an increase in trade agreements may lead to unintended public health consequences. Learners should also begin to examine details of the implementation of the new 2030 Sustainable Development Goals and the implications for the health workforce and health services delivery.

Websites:
1. Clinton Foundation. (2016, October). Helping Haiti recover and stand strong in the wake of hurricane Matthew. Retrieved from https://www.clintonfoundation.org/blog/2016/10/13/helping-haiti-recover-and-stand-strong-wake-hurricane-matthew
2. Physicians for Human Rights. (2004). An action plan to prevent brain drain: Building equitable health systems in Africa. Retrieved from http://physiciansforhumanrights.org/library/reports/action-plan-to-prevent-brain-drain-africa-2004.html
3. RBF Health. (n.d.). Retrieved from http://rbfhealth.org./
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5. The World Bank. (2006). A practitioner's guide: Health financing revisited. Retrieved from http://siteresources.worldbank.org/INTHSD/Resources/topics/Health-Financing/HFRFull.pdf
6. The World Bank. (2007). What is a health system? Retrieved from http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1154048816360/AnnexLHNPStrategyWhatisaHealthSystemApril242007.pdf
7. World Health Organization (WHO). (2011, April 7). Health system strengthening: Current trends and challenges. Retrieved from http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_13-en.pdf
8. WHO. (2016). Global health observatory data repository. Retrieved from http://apps.who.int/gho/data/node.main.75?lang=en
9. WHO. (n.d.). Health systems. Retrieved from http://www.who.int/topics/health_systems/en/
10. WHO. (n.d.). New in RHL. Retrieved from https://extranet.who.int/rhl

Articles and Reports:
1. Aggarwal, A. K., & Travers, S. (2001). E-Commerce in healthcare: Changing the traditional landscape. *Journal of Healthcare Information Management, 15*(1), 25–36. Retrieved from https://pdfs.semanticscholar.org/3a64/5b2dd6a1d7e079282586ada20c407370e96b.pdf
2. Cometto, G. (2014, December 4). *Health workforce 2030 - Tackling health workforce challenges to universal health care coverage: Setting targets and measuring progress* [PowerPoint slides]. Retrieved from http://healthworkforce.eu/wp-content/uploads/2015/09/4dec_slides_cometto.pdf

3. Jasso-Aguilar, R., Waitzkin, H., Landwehr, A. (2004). Multinational corporations and health care in the United States and Latin America: Strategies, actions, and effects. *Journal of Health and Social Behavior, 45* (Suppl), 136–157. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2965354/

4. Kissick, K. (2011). The "brain drain:" Migration of healthcare workers out of sub-Saharan Africa (Factsheet Final). *Stanford University, School of Medicine, School Health Evaluation and Research.* Retrieved from http://med.stanford.edu/schoolhealtheval/files/KissickBrainDrainFactSheetFinal.pdf

5. Riley, P., & Caressi, G. (n.d.). *Converging trends: Shifts in healthcare and information technology align to support industry transformation* (White Paper). Retrieved from Frost and Sullivan website: http://www.frost.com/prod/servlet/cio/290885980

6. Schnidman, A. (2006). The global effects of the brain drain on health care systems. *Georgetown University Journal of Health Sciences, 3*(1). Retrieved from https://blogs.commons.georgetown.edu/journal-of-health-sciences/issues-2/previous-volumes/vol-3-no-1-march-2006/the-global-effects-of-the-brain-drain-on-health-care-systems

7. T'Hoen, E. F. N. (2009). *The global politics of pharmaceutical monopoly power.* The Netherlands: AMB Publishers. Retrieved from https://www.msfaccess.org/sites/default/files/MSF_assets/Access/Docs/ACCESS_book_GlobalPolitics_tHoen_ENG_2009.pdf

8. World Health Organization (WHO). (2000). *The World Health Report 2000 - Health systems: Improving performance*. Retrieved from http://www.who.int/whr/2000/en/

9. WHO. (2014). *Migration of health workers: WHO code of practice and the global economic crisis.* Retrieved from http://www.who.int/hrh/migration/14075_MigrationofHealth_Workers.pdf

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Study Questions for Basic Level – Operational Level:

1. Define current trends in health systems. Compare and contrast various models and services provided.
2. Describe the role of financing in health systems. Compare and contrast various models.
3. Explain how financing contributes to health outcomes. Provide specific country level and community level examples.
4. Identify various stakeholders in global healthcare market. What are their interests and how do they affect operations at the country level?
5. Describe human resource challenges, specifically the effect of the brain drain on the health care in high, middle and low income countries.
6. What are they key elements of a high quality health system? Is there a difference between high, middle and low income countries?
7. How does the GDP of a country affect the health system? Does the GDP of a country affect health outcomes? Defend your answers with specific examples.
8. How do we balance the need to facilitate commerce which has been greatly increased by trade agreements with the need for regulation of health professionals in specific countries?

9. How do we halt the migration of highly educated health professionals from low income countries to high income countries? What impact is this migration likely to have on the provision of health services in these countries?
10. Which practices can be implemented and sustained?

Competency 2c: Describe how travel and trade contribution to the spread of communicable and chronic diseases (Global Citizen & Basic Operations Levels)

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Teaching Strategies:
Initial background on this topic will likely require a combination of seminal or landmark articles or a specific textbook as required reading, with supplemental materials of videos, blogs, exploring websites, on-line/in-class lectures or activities to illustrate the issues in of how "historically globalization, travel and trade contribute to the spread of communicable and noncommunicable diseases". Interactive possibilities for simulations, interactive modules, for example, practice mapping communicable diseases (Zika virus, H1N1, SARS etc). In addition, have students' debate strategies addressing border policies and enforcement for quarantine during an "outbreak"; and addressing widespread fear. Other teaching strategies could include writing an overview paper exploring challenges including historical/geo-political/cultural contexts of the spread of these diseases; small working groups to develop 'action plans' to address a particular outbreak.

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Study Questions for Global Citizenship / Basic Operational Level:
1. Summarize how travel and trade contribute to the spread of communicable and chronic diseases.
2. Identify a recent communicable disease, for example, ebola and map the spread of the disease.
3. Identify a potentially "emerging" disease that faces your community, and propose a strategy to address this issue.
4. Identify three examples in which trade agreements have influenced health/disease prevalence (example: food industry rules and obesity) and discuss their implications.
5. Interview someone from a healthcare organization, in your community and ask them about policies related to the roles of health care workers in an epidemic.

Competency 2d: Describe general trends and influences in the global availability and movement of health care workers (Basic Operations Level Only)

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Teaching Strategies:
Initial background on this topic will likely require a combination of seminal or landmark articles or a specific chapters in textbook(s) as required reading, with supplemental materials of videos, blogs, exploring websites, on-line/in-class lectures or activities on definitions of the global health workforce, global health workforce shortage, and ideas around task-shifting and task-sharing. Interactive possibilities, such as flipped classroom, or team-based learning activities such as having students debate strategies to develop actions plans to encourage the development of a Global health Workforce, including an understanding of the inherent cost, and the need to create an educational system which is relevant to the career requirement for each country. In a larger group referring to the gapminder website, discuss and explore who provides health care. Other teaching strategies could include writing an overview paper exploring challenges of having a shortage of qualified professional health care workers, i.e., rural locations; outpost settings; the stress placed on healthcare providers when, for example, a HIV epidemic may cause the death of many of the health care providers, or following a natural disaster, such as after the earthquake in Haiti – the need for rehabilitation trained professionals.

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Study Questions for Basic Operational Level:

1. Summarize the basic principles involved in the challenge of developing a global health workforce.
2. Identify "root causes" of health care workers movement and propose strategies to address them.
3. Identify examples of the impact that a shortage of health care works can have on the system.

4. Describe three ways in which the shortage of health workers act as a barrier to health and health care access
5. Share at least two potential solutions for increasing the number of health care providers (community health workers, clinical officers)
6. Discuss the concepts of task-shifting or task-sharing?
7. Small group activities: use gapminder website to explore disease burdens of two to three diseases and then compare to the health workforce in that region. Explore ways to estimate workforce needs based on the WHO website planning tools.
8. Many countries in Sub-saharan Africa are established new medical schools, for example, in Namibia, South Sudan, and Botswana. Debate the pros and cons of building these medical schools.

Competency 3a: Describe how cultural context influences perceptions of health and disease.(Global Citizen Level and Basic Operations Levels)

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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 the role culture has on health and health care delivery and reflecting personal experiences. If possible, clinical experiences can be arranged to immerse trainees in different cultures. Students might be encouraged to interview people from different cultures to ask about their views about health and illness.

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Study Questions for Basic Operational Level:
Questions 1-12 from Panel 10: Key questions for culture and health, Napier et al (2014)
Napier, A.D. et al. (2014). Culture and health. *Lancet* 384(9954), 1607-1639. doi: 10.1016/S0140-6736(14)61603-2.

1. How does health-care delivery have to be restructured to prioritise the promotion of wellbeing and acceptance of its sociocultural origin?
2. How can health priorities (personal, clinical, societal, and financial) be made to account for and adjust to the effect of culture on human behaviour (the culturally mediated behaviours of patients and providers) and the damaging effects of ignoring the effects of culture on curing of illness and advancement of wellbeing?
3. How can physical and perceived wellbeing be improved if beliefs, norms, behaviours, and practices are not understood and acknowledged?

4. In view of the damaging effects of clinical non-adherence, the waste it creates, and the inaccessibility of clinical care for some people, how can health-care providers become better and more effective if they are not culturally competent?
5. If most accurate diagnoses can be made by taking of careful case histories, how can caregivers be allotted more time to develop trusting relationships with their patients and the vulnerable populations that they serve?
6. How can caregivers understand patients' capacities for participating in patient-driven health improvement if caregivers are prohibited from, or not interested in, gaining a full understanding of patients' needs?
7. How can a caregiver know what a patient is trying to do unless he or she knows what that patient expects to happen?
8. How can doctors and nurses in training learn to value what is not yet known about culturally generated wellbeing if they are only judged on their ability to relate to an evidence base that values its own outstanding knowledge resource above negotiated caregiving?
9. How can the study of health-related practices in other cultures best be supported so that successes can be shared worldwide and vulnerabilities can be appropriately assessed and responded to locally?
10. What are the direct and indirect effects of the inadequate delivery of health care in disadvantaged and incapacitated communities?
11. Can private self-interest contribute to trust, general health, and wellbeing when competition for scarce resources prioritises personal gain over shared wellbeing?
12. What are the key drivers of positive change in care, and how can these drivers be improved to better humankind both locally and worldwide?

Study Questions for Global Citizen Level:
1. What is culture?
2. Describe a sociocultural approach to health.
3. How does culture affect health beliefs and perceptions of disease and illness?
4. How does having a better understanding of one's culture impact delivery of healthcare and public health interventions?
5. Describe two cultural practices that promote health. Describe two cultural practices that are harmful.

Competency 3b: List major social and economic determinants of health and their impacts on the access to and quality of health services and on differences in morbidity and mortality between and within countries (Global Citizen & Basic Operations Levels)

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Teaching Strategies:
It is important to place this topic within an historical context by illustrating the evolution of health interventions in relation to international declarations and statements. Students will best gain perspectives through a community tour or participatory discussions with local community agencies after the basic concepts have been introduced. An additional strategy for conveying the complexities of these themes is to house the discussion in a consideration of health policy at

multiple levels. The development of a "policy action plan" over the course of the didactic sessions may be a practical way to apply students developing knowledge within a skills development activity. If possible, longitudinal field experiences to participate or observe in participatory research may provide additional depth to students' comprehension of these concepts.

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Study Questions for Global Citizen Level:
1. Define the following terms:Social Determinants of Health, Access to Health Care, and Universal Health Care.
2. Illustrate your to apply concepts of social determinants of health inequities by answering the following questions about a community:
3. Is this a healthy community? Are some people healthier than other people in this community? Why or why not?
4. Do the history or values of this community influence the health of the community? How?
   a. What are the assets of this community? What are the barriers to accessing care in this community?
   b. How do social or economic conditions influence health in the community?

Additional Study Questions for Basic Operational Level:
1. Describe in detail the historical context of the development of the concepts associated with the social determinants of health.
2. Name and give examples of six categories of social determinants.
3. Describe the dimensions of access to health care.

4. Distinguish between "Primary Health Care" and "Primary Care." State where each are applied and provide examples of how one approach may be better suited to address the social determinants of health.
5. Describe common indicators used for measuring health gains through policy approaches.

Competency 3c: Describe the relationship between access to and quality of water, sanitation, food and air on individual and population health.[16,20] Global Citizen and Basic Operational Levels

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Teaching Strategies:
Students can be introduced to the topic in small group settings, where each group is asked to brainstorm ways that access to and quality of one of the above resources (water, sanitation, food, and air) affects individual and population health.

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Study Questions for Global Citizen Level:
1. Define "population health."
2. List three different diseases or conditions that can be caused by each of the following: poor water quality; poor sanitation; lack of access to safe, healthy food; and poor air quality.

Additional Study Questions for Basic Operational Level:
1. Give examples of both non-communicable and communicable diseases that are affected by access to and quality of water, sanitation, food and air on individual and population health.
2. Describe how access to and quality of water, sanitation, food and air can help to reach Millennium Development Goals (MDGs) 4 and 5.
3. Describe how struggles to access safe water and to secure food impact the health of women and children in refugee camps.

Competency 4a: Collaborate with a host or partner organization to assess the organization's operational capacity (Basic Operational Program-Oriented Level)

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Teaching Strategies:
Educators should consider starting with a discussion surrounding the components of "operational capacity" (legal, technical, financial, etc.) Brainstorming: Challenge students to examine how the operational capacity of an organization may differ based on the perspective(s) entering the partnership. Behavioral simulation Encourage students to envision partnering with a large, well-established organization (example: Partners in Health) as well as partnering with a new, smaller organization (ex: any nascent NGO based in a developing country). Have the students assess the operational components for each organization.
Scenario Analysis: In small groups, students should discuss their expectations and anticipations of what different organizations may look like (this can happen before or after being assigned a host/partner organization) as well as barriers to implementation as a result of the organization's operational capacity.

Complementary to Competency 5b, these two competencies can be taught concurrently.

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Study Questions for Basic Operational Level:
1. Select one existing organization that is in its early stages and select one organization that is well-established. Compare the operational capacities of the two organizations with respect to the following components: purpose, governance (both in terms of policies as well as human resource management), technology, and finances.
   a. Discuss how shortcomings in the operational capacity of the partnering organization may hinder the success of the relationship as well as strategies to overcome potential barriers.
   b. Compare and contrast expectations (as well as timelines for expectations) for your organization to work with the organizations chosen in question
2. Assess how the perspective or impression of one partner organization towards another may impact the relationship. Also found at http://www.hks.harvard.edu/thebehnreport/All Issues/BehnReport 2015-5May.pdf

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Competency 4b: Co-create strategies with the community to strengthen community capabilities and contribute to reduction in health disparities and improvement of community health. (Basic Operational Level)

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Teaching Strategies: This competency brings into focus international development and community engagement strategies and practices. International development has contrasting approaches, broadly known as deficit versus asset based strategies. In addition, there are controversies between those who favor increased foreign aid from richer to poorer settings, and those that advocate for more market-driven approaches. These two perspectives are captured,

respectively, by thought leaders such as Jeffrey Sachs and Dambisa Moyo. Understanding the geopolitical, historical, and broad determinants of GDP and a country's economic position is essential. In addition, the role of capacity building within and beyond the health sector cannot be overstated. Capacity building in a manner that is sustained and impactful is a skills set necessary for global health practitioners.

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Study Questions:

1. What is a key component of Asset-Based Community Development?

a) Needs Assessment
b) Asset-Mapping
c) Burden of Disease Evaluation
d) Legal Review

2. What is the first website to offer a free/open source Master's in Public Health (MPH)?
   a) HEAL Initiative
   b) NextGenU
   c) USAID
   d) University of Phoenix

3. Approaches to capacity building include:
   a) Bottom-Up Organizational Approach
   b) Top-Down Organizational Approach
   c) Partnerships
   d) Community Organizing
   e) All of the Above

Competency 4c: Integrate community assets and resources to improve the health of individuals and populations. (Basic Operational Level)

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Teaching Strategies: This competency builds on mere understanding of asset-based engagement and requires learners to apply an understanding of assets into health improvement strategies and approaches. Naturally this leads into monitoring and evaluation skills sets as improvements must be confirmed through measurement.

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Study Questions:
1) What is a key component of Asset-Based Community Development?
   a) Needs Assessment
   b) Asset-Mapping
   c) Burden of Disease Evaluation
   d) Legal Review
2) What is the first website to offer a free/open source Master's in Public Health (MPH)?
   a) HEAL Initiative
   b) NextGenU
   c) USAID
   d) University of Phoenix

3) Four approaches to capacity building include:
   a) Bottom-Up Organizational Approach
   b) Top-Down Organizational Approach
   c) Partnerships
   d) Community Organizing
   e) All of the Above

Competency 5a: Include representatives of diverse constituencies in community partnerships and foster interactive learning with these partners (Basic Operations Level Only)

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Teaching Strategies:

This topic will likely require interactive sessions with partner academic institutions from the Global North and the Global South. Instruction on the importance of involving Community Boards in research and local projects can be delivered through a variety of teaching styles: lectures, case studies on failed projects, interdisciplinary exercises, etc. Trainees can complete the University of Washington modules on Community-Based Participatory Research, listen to lectures on the different outcomes of when projects do vs. do not involve key community stakeholders, and simulation projects can be assigned between trainees from high, middle, and low-income countries, with the goal of completing the exercises through online video conferencing interfaces. To include diverse constituencies in community partnerships, networking with community leaders would be a helpful exercise. Knowing different global health programs have different levels of funding and resources available for field experiments and travel, some ongoing partnerships between diverse communities and involvement of diverse constituencies will have to take place through online interfaces and global case studies. Online lectures from experts in community-based projects can also take the place of more expensive field visits to highlight the importance of successful projects that included diverse community-involvement and failed projects that did not leverage diverse community support.

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Study Questions for Basic Operational Level: (Essay Format)
1. Name one community-based project you read about that was successful and describe why you think it succeeded at the local level? What aspects made it different from community-based projects that you've read about or seen fail?
2. Describe a community-based pilot project or large-scale (national or international) health initiative that failed? What about the content or the delivery of the project, in your opinion, led to its failure?
3. What components are necessary to building a successful community based partnership?

Competency 5b: Demonstrate diplomacy and build trust with community partners. (Basic Operations Level Only)

Prepared by: Kevin Dieckhaus (dieckhaus@uchc.edu), Janis Tupesis (jtupesis@medicine.wisc.edu), and Tifany Frazer (tfrazer@mcw.edu)

Teaching Strategies:
Educators may consider providing a brief overview of why the practice of community engagement is the cornerstone of successful research and programming. The main principles of community engagement should be presented and expand on the importance of placing priority on equitable partnerships. Educators may consider providing one domestic and one international successful effort in community engagement. The presenter may wish to discuss different models

for building trust. Concepts may be reinforced through a tabletop exercise of simulation/role playing whereby a hypothetical project is being vetted. Learners are divided into small groups and asked to represent differing stakeholders including NGOs, government, health care providers, community groups, and academics. After a period of group discussion, groups are asked to identify their specific interests or priorities in the project and negotiate with other stakeholders to meet their needs.

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Study Questions for Basic Operational Level:
1. What is a negative outcome if principles of community engagement are not applied?
2. Articulate the purpose of a community engagement framework.
3. Discuss the merits of formal agreements between partners (e.g. MOUs, Terms of Reference, Contracts).
4. Describe the plan for ongoing communication with partners.
5. Discuss how the project will prospectively evaluate the delivery of promised actions and commitments.

Competency 5c: Communicate joint lessons learned to community partners and global constituencies. Basic Operations Level Only

Prepared by: Kevin Dieckhaus (dieckhaus@uchc.edu) and Janis Tupesis (jtupesis@medicine.wisc.edu) and Tifany Frazer (tfrazer@mcw.edu)

Teaching Strategies:
Educators may consider reviewing the definition of global health as an emerging science that engages multiple stakeholders from a variety of disciplines. A set of guiding global health principles must be decided upon by community partners and global constituencies to jointly communicate their lessons learned. Educators may bring up that a joint dissemination strategy should include principles of collaboration, reciprocity, multidisciplinary engagement, and sustainability. The presenter may wish to discuss different models for communicating findings. Concepts may be reinforced through a tabletop exercise of simulation/role playing whereby a hypothetical project is being vetted. Learners are divided into small groups and asked to represent differing stakeholders including NGOs, government, health care providers, community groups, and academics. After a period of group discussion, groups are asked to identify their specific interests or priorities in the project and negotiate strategies for reporting.

Websites:
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2. CDC. (n.d.). Templates: Socialize the CDC unified process. Retrieved from http://www2a.cdc.gov/cdcup/library/templates/default.htm

Article and Reports
1. Afsana, K., Habte, D., Hartfield, J., Murphy, J., & Neufeld, V. (2009). *Partnership assessment toolkit.* Ottawa, Ontario: Canadian Coalition for Global Health Research. Retrieved from http://www.elrha.org/wp-content/uploads/2014/08/PAT_Interactive_e-1.pdf
2. Ahmed, S. M., & Palermo, A. S. (2010). Community engagement in research: Frameworks for education and peer Review. *American Journal of Public Health, 100*(8), 1380–1387. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2901283/
3. Christopher, S., Watts, V., McCormick, A. K., & Young, S. (2008). Building and maintaining trust in a community-based participatory research partnership. *American Journal of Public Health, 98*(8), 1398–13406. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/18556605
4. Gormley, W., Guyer-Miller, L., & Training Resources Group. (2007). *Partnership building: Practical tools to help you create, strengthen, assess, and manage your partnership or alliance more productivity.* Chapel Hill, NC: The Capacity Project. Retrieved from http://www.who.int/workforcealliance/knowledge/toolkit/35.pdf

Study Questions for Basic Operational Level:
1. What can result if communications about lessons learned are not jointly prepared?
2. What is a first step in communicating joint lessons learned to community partners and global constituencies?
3. How will all appropriate constituencies who may benefit from the project be identified and included in the plan for dissemination of findings - constituencies, funders, partners?
4. Describe the plan for providing regular updates to all partners and constituencies.
5. Describe the plan for reporting back final reports or findings to all partners.
6. Define who is responsible for dissemination of findings.
7. Define the plan for intellectual property rights of project findings and plans for academic authorship.

Competency 5d: Exhibit interprofessional values and communication skills that demonstrate respect for, and awareness of, the unique cultures, values, roles/responsibilities and expertise represented by other professionals and groups that work in global health. (Global Citizen & Basic Operations Level)

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Teaching Strategies:

Initial background on this topic could include a combination of key articles from various professional fields involved in global health: economics, dentistry, medicine, public health, business, statistics, nursing, pharmacy, information technology, engineering, psychology, anthropology, and others, with supplemental assignment of videos, blogs, exploring websites, lecture or in-class activities to contrast various professional approaches to global health problems. Online interviews with leaders from the various fields of study applicable to global health would be helpful for students to understand the various approaches different professions can take to contribute to the global health arena. Guest lecturers could then build on these online modules, allowing students to probe deeper into the methodology various fields take to solve global health problems and begin to build global health partnerships. Interactive simulation would be very beneficial for this competency, where students apply this competency via team-based interprofessional learning activities including having students prepare group presentations on global health case simulations. If possible, interprofessional field experiences can be arranged to further develop and apply this skill.

Websites:
1. Harvard University. (n.d.). Global health delivery project. Retrieved from http://www.globalhealthdelivery.org/case-studies/
2. Mind Tools. (n.d.). Servant leadership: Putting your team first, and yourself second. Retrieved from https://www.mindtools.com/pages/article/servant-leadership.htm
3. Simulation Use for Global Away Rotations, SUGAR. (n.d.). Retrieved from http://www.sugarprep.org/
4. World Health Organization. (n.d.). Transformative education for health professionals. Retrieved from http://whoeducationguidelines.org/case-studies

Article and Reports:
1. Chavez, F., & Nkowane, A. M. (2013). *Interprofessional collaborative practice in primary health care: Nursing and midwifery perspectives: Six case studies*. Geneva, Switzerland: World Health Organization. Retrieved from http://www.who.int/hrh/resources/IPE_SixCaseStudies.pdf
2. Mickan, S., Hoffman, S., Nasmith, L., & WHO Study Group on Interprofessional Education and Collaborative Practice. (2010). Collaborative practice in a global health context: Common themes from developed and developing countries. *Journal of Interprofessional Care, 24*(5), 492–502. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/20718595

Books:
1. Meads, G., & Ashcroft, J. (2005). *The case for interprofessional collaboration: In health and social care*. Oxford, UK: Blackwell.

Videos:
1. CUGH. (2016). 2016 Annual CUGH global health conference [Video file]. Retrieved from https://www.cugh.org/events/2016-annual-cugh-global-health-conference

If there is interest in providing videos from specific professional fields can include a video I presented during Mayo Clinic Pharmacy Grand Rounds in resource-limited settings.

Study Questions for Global Citizen Level:
1. What did you learn, if anything, from the lecture series about what the other global health professions can bring to global health?
2. How, if at all, will the knowledge gained from these lectures series and interprofessional collaborative in-class discussions help you to collaborate on future projects in the global health arena with colleagues from other professions? (The recommended lecture series can either be hosted by the global health program on campus or if the campus does not host a visiting lecture series for global health professionals, trainees can watch online lecture series (CUGH website deliverable) showcasing various professional fields via the "Global Health Career Series" (to be developed by Dr. Jessica Evert).
3. How would a field different than yours approach the global healthcare delivery problems addressed in the GHD case series? In what ways would their approach be different than your professions' approach to the global health problem at hand? In what ways would the other professions' approach be similar to yours? How, if at all, could you use your professions' approach similarities and differences to work together to better address the global health problem in the simulation?

Study Questions for Basic Operational Level:
1. What did you learn, if anything, from the lecture series about what skills, knowledge, and attitudes the other global health professions can bring to global health?
2. How, if at all, will the knowledge gained from these lectures series and interprofessional collaborative in-class discussions help you to collaborate on future projects in the global health arena with colleagues from other professions? (The recommended lecture series can either be hosted by the global health program on campus or if the campus does not host a visiting lecture series for global health professionals, trainees can watch online lecture series (CUGH website deliverable) showcasing various professional fields via the "Global Health Career Series" (to be developed by Dr. Jessica Evert).
3. How would a field different than yours approach the global healthcare delivery problems addressed in the GHD case series? In what ways would their approach be different than your professions' approach to the global health problem at hand? In what ways would the other professions' approach be similar to yours? How, if at all, could you use your professions' approach similarities and differences to work together to better address the global health problem in the simulation?
4. What did you learn, if anything, about interprofessional collaboration capacity to address global health challenges from your final interprofessional global health group project? (The final project can either be a simulation of a real-world global health problem as part of a course's final assessment, or the trainee can attain this skill through a final field project for their degree program. This interprofessional field project could range from solving a local health problem to an on-site field project in a region or country new to the group of interprofessional students completing the project.)

Competency 5e: Acknowledge one's limitations in skills, knowledge, and abilities (Global Citizen & Basic Operations Level)

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Edited by: Michelle Holm (Assistant Professor, Mayo Clinic) (Holm.michelle@mayo.edu)

Teaching Strategies:
This topic will likely require a combination of time devoted to reading global health ethics articles or a global health ethics textbook assigned as required reading, with supplemental assignments of videos, blogs, exploring websites, lecture or in-class activities - various methods to stimulate self-reflection within global health practice. It will be very important that the assigned readings, videos, and lectures on this ethics component within global health are balanced with time for the trainee to spend writing or discussing with their peers about what they learned from positive and negative past global health experiences. Written reflections on the readings as well as time for personal reflection will be important. Trainees should be encouraged to ponder "difficult cases" in global health – cases in which global healthcare delivery was done unethically due to individuals not recognizing their limitations. In addition, trainees should be encouraged to develop their own case studies with group members to hypothesize boundaries beyond which they would be passing their own knowledge or skills when working on global health problems. These interactive sessions could build off of themes learned from the readings and videos. If possible, particularly for the Basic Operational Level, clinical experiences can be arranged to observe how the trainees appropriately apply this skill and attitude in the field.

Websites:
1. Unite For Sight. (n.d.). Module 10: Trust and cultural humility. Retrieved from http://www.uniteforsight.org/cultural-competency/module10

Articles and Reports:
1. Adams, V., Burke, N. J., & Whitmarsh, I. (2014). Slow research: Thoughts for a movement in global health. *Medical Anthropology, 33*(3), 179–197. Retrieved from http://www.tandfonline.com/doi/abs/10.1080/01459740.2013.858335?journalCode=gmea20
2. Cole, D. (2016, February 11). The risks (and unexpected benefits) of sending health students abroad. *NPR: Goats and Soda*. Retrieved from http://www.npr.org/sections/goatsandsoda/2016/02/11/465428990/the-risks-and-unexpected-benefits-of-sending-health-students-abroad
3. Cushman, L. F., Delva, M., Franks, C. L., Jimenez-Bautista, A., Moon-Howard, J., Glover, J., & Begg, M. D. (2015). Cultural competency training for public health students: Integrating self, social, and global awareness into a Master of Public Health Curriculum. *American Journal of Public Health, 105*(S1), S132–S140. Retrieved from http://doi.org/10.2105/AJPH.2014.302506

Books:
1. Airhihenbuwa, C. O. (2007). *Healing our differences: The crisis of global health and the politics of identity*. Lanham, MD: Rowman & Littlefield.

2. Lupton, R. D. (2012) *Toxic charity: How churches and charities hurt those they help, and how to reverse it.* New York, NY: HarperCollins Publishers.
3. Pinto, A. D., & Upshur, R. E. (Eds.). (2013). *An introduction to global health ethics*. New York, NY: Routledge.

Videos:
1. Miller, M. M. (2014). *Poverty inc. Fighting poverty is big business, but who profits the most?* [Historical documentary]. Retrieved from http://www.povertyinc.org/
2. Rosling, H., & Rosling, O. (2014, June). How not to be ignorant about the world [Video file]. TEDsalon Berlin. Retrieved from https://www.ted.com/talks/hans_and_ola_rosling_how_not_to_be_ignorant_about_the_world?language=en

Study Questions for Global Citizen Level:
1. Have trainee complete a self-reflection piece to show that he or she has spent time reflecting on what it means to "acknowledge one's limitations in skills, knowledge, and abilities" in global health

Study Questions Basic Operational Level:
1. Have trainee complete a self-reflection piece to show that he or she has spent time reflecting on what it means to "acknowledge one's limitations in skills, knowledge, and abilities" in global health
2. As Basic Operational Level will spend a substantial part of their career influencing global health, additional assessment should include continuing educational activities (similar to Continuing Medical Education credits) which build in avenues for self-reflection on "acknowledging one's limitations in skills, knowledge, and abilities" in global health
3. Group project presentations in which interdisciplinary trainees discuss their limitations in the field of global health with their colleagues and share this presentation and discussion with the larger group
4. Potentially interviewing another health profession from a different specialty to learn about their discipline as it relates to global health

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Competency 5f: Apply leadership practices that support collaborative practice and team effectiveness (Basic Operations Level Only)

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Teaching Strategies:
Educators should create learning opportunities that focus on the importance of collaborating and partnering with a diverse group of stakeholders to advance global health goals and objectives. In addition to discussing major reasons why and how collaboration serves the needs of all, specific examples can be offered of successful partnerships which have led to positive health outcomes. Educators should also highlight examples when collaboration did not occur and the negative consequences that ensued to the health of the population or community of interest. Highlight the

importance of understanding the differences in leadership and management styles as well as developing strong cross-cultural, conflict resolution and effective communication skills. Students can be introduced to the challenges to collaboration when various stakeholders have different agendas. Educators should include problem-based and team-based learning, case discussion, perhaps role-plays of various stakeholders.

Websites:

1. Centers for Disease Control and Prevention. (n.d.). Global health protection and security. Retrieved from http://www.cdc.gov/globalhealth/SMDP/
2. Global Health Corps. (n.d.). Program overview. Retrieved from http://ghcorps.org/program/overview/
3. Johns Hopkins University. (n.d.). Global leadership program: Mission, objectives, and curriculum overview. Retrieved from http://www.hopkinsmedicine.org/som/curriculum/genes_to_society/_documents/ghlp_curriculum.pdf.
4. Roll Back Malaria Partnership. (n.d.). Retrieved from http://www.rollbackmalaria.org
5. Simulation Use for Global Away Rotations, SUGAR (n.d.). Retrieved from http://www.sugarprep.org/-i
6. The Global Fund to Fight AIDS, Tuberculosis, and Malaria. (n.d.). Funding model. Retrieved from http://www.theglobalfund.org/en/fundingmodel/
7. University of Virginia, Department of Medicine. (n.d.). Global health leadership track. Retrieved from https://med.virginia.edu/internal-medicine-residency/training-tracks/global-health/
8. USAID. (2012). Global health strategic framework: Better health for development (2012). Retrieved from https://www.usaid.gov/sites/default/files/documents/1864/gh_framework2012.pdf
9. WHO. (n.d.). Bulletin of the world health organization. Retrieved from http://www.who.int/bulletin/en/

Articles and Reports:

1. Baytor, T., & Cabrera, O. (2014). Using experiential learning to develop interprofessional skills in global health: Perspectives from the O'Neill institute for national and global health law. *Journal of Law, Medicine & Ethics, 42*(2), 65–68. Retrieved from http://lme.sagepub.com/content/42/2_suppl/65.extract
2. Crump, J. A., Sugarmna, J., & Working Group on Ethics Guidelines for Global Health Training (WEIGHT). (2010). Ethics and best practice guidelines for training experiences in global health. *American Journal of Tropical Medicine and Hygiene, 83*(6), 1178–1182. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/21118918
3. Gilbert, J. H., Yan, J., & Hoffman, S. J. (2010). A WHO report: Framework for action on interprofessional education and collaborative practice. *Journal of Allied Health, 39*(2), 196–197. Retrieved from http://scholar.harvard.edu/hoffman/files/18_-_jah_-_overview_of_who_framework_for_action_on_ipe_and_cp_2010_gilbert-yan-hoffman.pdf
4. Guerin, T. T. (2014). Relationships Matter: The role for social-emotional learning in an interprofessional global health education. *Journal of Law, Medicine & Ethics 42*(Suppl 2)*, 38–44. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/25564709

5. Holm, M. R., & Burkhartzmeyer, H. L. (2015). Implementation of a phased medical educational approach in a developing country. *Global Health Action, 8.* Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4643178/
6. John, C. C., Ayodo, G., & Musoke, P. (2016). Successful global health research partnerships: What makes them work? *The American Journal of Tropical Medicine and Hygiene, 94*(1), 5–7. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/26483123
7. Kevany, S. (2016). New roles for global health: diplomatic, security, and foreign policy responsiveness. *The Lancet Global Health, 4*(2), e83–e84. Retrieved from http://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2815%2900245-4/fulltext?rss=yes
8. Leffers, J. M. (2014). Resources for global health partnerships. In Upvall, M. J,. & Leffers, J. M. (Eds), *Global health nursing: Building and sustaining partnerships* (pp. 123-132). New York, NY: Springer Publishing Co.
9. McIntosh, N., Grabowski, A., Jack, B., Nkabane-Nkholongo, E. L., & Vian, T. (2015). A public-private partnership improves clinical performance in a hospital network In Lesotho. *Health Affairs, 34*(6), 952–962. Retrieved from http://www.springerpub.com/global-health-nursing.html
10. Mickan, S., Hoffman, S. J., Nasmith, L., & World Health Organization Study Group on Interprofessional Education and Collaborative Practice. (2010). Collaborative practice in a global health context: Common themes from developed and developing countries. *Journal of Interprofessional Care, 24*(5), 492–502. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/20718595
11. Mitchell, P. H. (2014). Global education for collaborative practice. *International Nursing Review, 61*(2), 157–158. Retrieved from http://onlinelibrary.wiley.com/doi/10.1111/inr.12108/full
12. Musolino, N., Lazdins, J., Toohey, J., & IJsselmuiden, C. (2015). COHRED fairness index for international collaborative partnerships. *The Lancet, 385*(9975), 1293–1294. Retrieved from http://www.sciencedirect.com/science/article/pii/S0140673615606808
13. Peterson, E. A., Dwyer, J., Howze-Shiplett, M., Davsion, C. Y., Wilson, K., & Noykhovich, E. (2011). *Presence of leadership and management in global health programs: Compendium of case studies.* Washington, DC: The Center for Global Health, The George Washington University.
14. Pratt, B., & Loff, B. (2013). Linking research to global health equity: The contribution of product development partnerships to access to medicines and research capacity building. *American Journal of Public Health, 103*(11), 1968–1978. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3828705/
15. Rowthorn, V., & Olsen, J. (2014). All together now: Developing a team skills competency domain for global health education. *Journal of Law, Medicine & Ethics, 42*(4), 550–563. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/25565620

Study Questions for Basic Operational Level:

1. Identify factors important for effective collaboration and partnership at the community, district/regional and national levels which can impact health outcomes.
2. Identify factors that impede effective collaboration and partnership in these same areas.
3. What are some of the challenges to stronger collaborative efforts?
4. Who are the various stakeholders in global health and what roles do they play?

5. What are key knowledge and skills needed by the global health workforce to improve the likelihood of successful partnerships? Where and how can they enhance their knowledge and skill sets?

Competency 6a: Demonstrate an understanding of and an ability to resolve common ethical issues and challenges that arise in working within diverse economic, political and cultural contexts as well as working with vulnerable populations in low resource settings to address global health issues (Global Citizen and Basic Operations Levels)

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Teaching Strategies:
Competence in global health ethics begins with awareness of the diverse ethical concerns that accompany any engagement in a foreign environment due to resource disparities, cultural differences and different understandings of role expectations. For medical trainees pursuing short-term elective experiences, pre-trip preparation is essential. This includes mastery of the core principles of global health (see the 'Global Citizen' level in Jogerst, et al.), gaining a working knowledge of the host setting, including the historical background, cultural norms, social, behavioral and environmental determinants of health, and health care infrastructure. Opportunities to meet with people from the setting or those who have previously worked in the setting can be invaluable. Films, case discussions, reflective exercises, and developing a global health code of ethics can be very helpful in developing ethical awareness. Global health research involving human participants or identifiable human data is required by US law to be approved by an Institutional Review Board at the sending institution; ethics review may also be required at host settings.

Websites:
1. Global Health Bioethics, Research Ethics and Review. (n.d.). Retrieved from https://bioethicsresearchreview.tghn.org/
2. Global Health Ethics. (n.d.). Retrieved from http://www.globalhealthethics.org/
3. Jennings, B., Kahn, J., Mastrolanni, A., & Parker, L. (Eds.). (2003). Ethics and public health: A model curriculum. Retrieved from http://www.aspph.org/app/uploads/2014/02/EthicsCurriculum.pdf
4. U.S. Department of Health and Human Services, Office for Human Research Protections. (n.d.). International compilation of human research standards. Retrieved from https://www.hhs.gov/ohrp/international/compilation-human-research-standards/index.html
5. U.S. Department of Health and Human Services, Office of Minority Health. (n.d.). Think cultural health. Retrieved from https://www.thinkculturalhealth.hhs.gov/
6. World Medical Association (WMA). (1964). Declaration of Helsinki - Ethical principles for medical research involving human subjects. Retrieved from http://www.wma.net/en/30publications/10policies/b3/

Articles and Reports:
1. Benatar, S. R. (2013). Global health and justice: Re-examining our values. *Bioethics, 27*(6), 297–304. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/23718801

2. Benatar, S., & Upshur, R. (2014). Virtues and values in medicine revisited: Individual and global health. *Clinical Medicine Journal (London), 14*(5), 495–499. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/25301909

3. Council for International Organizations of Medical Sciences, CIOMS. (2002) *International ethical guidelines for biomedical research involving human subjects.* Geneva, Switzerland: CIOMS. Retrieved from http://www.cioms.ch/publications/guidelines/guidelines_nov_2002_blurb.htm

4. Crump, J. A., Sugarman, J. & WEIGHT. (2010). Ethics and best practice guidelines for training experiences in global health. *The American Journal of Tropical Medicine and Hygiene, 83*(6), 1178–1182. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2990028/

5. DeCamp, M., Rodriguez, J., Hecht, S., Barry, M., & Sugarman, J. (2013). An ethics curriculum for short-term global health trainees. *Globalization & Health*, *9*(5), 1–10. Retrieved from https://globalizationandhealth.biomedcentral.com/articles/10.1186/1744-8603-9-5

6. Emanuel, E. J., Wendler, D., Killen, J., & Grady, C. (2004). What makes clinical research in developing countries ethical? The benchmarks of ethical research. *Journal of Infectious Disease, 189*(5), 930–937. Retrieved from http://jid.oxfordjournals.org/content/189/5/930.full

7. Hunt, M. R., & Godard, B. (2013). Beyond procedural ethics: Foregrounding questions of justice in global health research ethics training for students. *Global Public Health, 8*(6), 713–724. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/23706108

8. King, K. F., Kolopack, P., Merritt, M. W., & Lavery, J. V. (2014). Community engagement and the human infrastructure of global health research. *BMC Medical Ethics, 15*(84), 1–6. Retrieved from http://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-15-84

9. Loh, C. L., Chae, S. R., Heckman, J. E., & Rhee, D. S. (2015). Ethical considerations of physician career involvement in global health work: A framework. *Journal of Bioethical, 12*(1), 129–136. Retrieved from http://link.springer.com/article/10.1007/s11673-014-9591-7

10. Murphy, J., Hatfield, J., Afsana, K., & Neufeld, V. (2015). Making a commitment to ethics in global health research partnerships: A practical tool to support ethical practice. *Journal of Bioethical Inquiry, 12*(1), 137–146. Retrieved from http://link.springer.com/article/10.1007/s11673-014-9604-6

11. Myser, C. (2015). Defining 'Global Health Ethics'. *Journal of Bioethical Inquiry, 12*(1), 1–5. Retrieved from http://link.springer.com/article/10.1007/s11673-015-9626-8

12. Pinto, A. D., & Upshur, R. E. (2009). Global health ethics for students. *Developing World Bioethics, 9*(1), 1–10. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/19302567

13. Pratt, B., & Hyder, A. A. (2015). Global justice and health systems research in low- and middle-income countries. *Journal of Law, Medicine & Ethics,* 43(1), 143–161. Retrieved from http://onlinelibrary.wiley.com/doi/10.1111/jlme.12202/abstract

14. Pratt, B., & Loff, B. (2014). A framework to link international clinical research to the promotion of justice in global health. *Bioethics, 28*(8), 387–396. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/23278523

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16. Romo, M.L. & DeCamp, M. (2015). Ethics in global health outreach: Three key considerations for pharmacists. *International Journal of Pharmacy Practice, 23*(1), 86-89.
17. Ruiz-Casares, M. (2014). Research ethics in global mental health: Advancing culturally responsive mental health research. *Transcultural Psychiatry, 51*(6), 790 – 805. Retrieved from http://journals.sagepub.com/doi/pdf/10.1177/1363461514527491
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20. White, M., & Evert, J. (2014). Developing ethical awareness in global health: Four cases for medical educators. *Developing World Bioethics, 14*(3), 111–116. Retrieved from http://europepmc.org/abstract/MED/23025791

Videos:
1. Holland, T. (2011, April 5). First, do no harm: A qualitative research documentary [Video file]. Retrieved from http://vimeo.com/22008886
2. Pasricha, T. (2013). A doctor of my own: The first medical students of Mamibia – VUSM medical student. Retrieved from http://globalhealth.vanderbilt.edu/2013/03/a-doctor-of-my-own-the-first-medical-students-of-namibia-a-film-by-trisha-pasricha-vusm-medical-student/

Books:
1. Pinto, A. D., & Upshur, R. E. G., (Eds.). (2013). *An introduction to global health ethics.* New York, NY: Routledge.
2. World Health Organization. (2015). *Global health ethics: Key issues.* Geneva, Switzerland: World Health Organization.

Study Questions for Global Citizen Level:
1. What are your motivations for pursuing a short-term global health elective?
2. How can you best prepare for this elective?
3. What are your primary ethical concerns when working with healthcare professionals in an unfamiliar environment?
4. How might the educational and professional expectations at your home institution differ from what is expected of you on your global health elective? How will you manage such conflicts?
5. How might your expectations and behaviors need to adapt in a low-resource setting?

Study Questions for Basic Operational Level:
1. How ought partnership activities to be negotiated and structured between home institutions and health care organizations in low-income countries?
2. What kinds of considerations may impact how these negotiations proceed?
3. How can you ensure that partnerships are mutually and fairly beneficial to both parties in the partnership?
4. What knowledge, attitudes, opportunities, and infrastructure are necessary for institutional partnerships to be both effective and sustainable?
5. What ethical considerations accompany global health research partnerships? What knowledge, attitudes, and skills may be necessary to ensure that research is mutually beneficial and ethically responsive to both home and host requirements?
6. Define cultural relativism and cultural humility
7. Analyze the ethical challenges inherent between the concept of cultural relativism and human rights for workers in global health

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Competency 6b: Demonstrate an awareness of local and national codes of ethics relevant to one's working environment (Basic Operations Level Only)

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Teaching Strategies:
The majority of the resources listed below emphasize the ethical dilemmas that various forms of global and public health outreach may engender, as well as the emotional responses of trainees in such experiences. If educators are preparing learners for specific global experiences, materials distinct to these communities, including information on community standards/cultural practices should also be included. The standards of this competency also open the opportunity for educators to emphasize cultural humility in global health practice.

Websites:
1. Ethical Challenges in Short-Term Global Health Training. (n.d.). Retrieved from http://ethicsandglobalhealth.org/
2. Simulation Use for Global Away Rotations, SUGAR. (n.d.). What is SUGAR? Retrieved from http://www.sugarprep.org/
3. GASP Working Group. (n.d.). Resources. Retrieved from http://www.gaspworkinggroup.org/resources/

Articles and Reports:
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Competency 6c: Apply the fundamental principles of international standards for the protection of human subjects in diverse cultural settings (Basic Operations Level Only)

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Teaching Strategies:
Courses with a historical focus may consider the origin of the Declaration of Helsinki and previous ethical violations in human subjects research when cultivating this competency. This also presents the opportunity to discuss historical ethical violations in community/domestic research and its role in health disparities and community distrust (the ramifications of the Tuskegee experiment in the United States, for example). Given the emphasis on application in this competency, educators could consider building cases that emulate research issues that learners may face in their own health outreach experiences. It is also recommended that students learn about institution-specific IRB requirements and regulations, especially pertaining to student participation in research. If your institution requires certification in human subjects research training, refer students to the appropriate training modules.

Websites:
1. Collaborative Institutional Training Initiative, CITI Program. (n.d.). Healthcare ethics committee (HEC). Retrieved from https://www.citiprogram.org/index.cfm?pageID=863
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Articles and Reports:

1. U.S. Department of Health and Human Services. (1979). The Belmont Report: Ethical principles and guidelines for the protection of human subjects of research. Retrieved from http://www.hhs.gov/ohrp/humansubjects/guidance/belmont.html
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Books:

1. Skloot, R. (2011). *The Immortal life of Henrietta Lacks.* New York, NY: Broadway Books.

Study Questions for Basic Operational Level:

1. Describe the concept of "informed consent." What are pre-requisites to ensure that a potential research subject is able to consent to participation? Name examples of populations who may not be able to consent or where risk of coercion is high.

Competency 7a: Demonstrate integrity, regard and respect for others in all aspects of professional practice. (Basic Operational Program-Oriented Level only)

Prepared by: Gabrielle Jacquet (gjacquet@bu.edu) and Lisa Adams (lisa.v.adams@dartmouth.edu)

Teaching Strategies:

Students could acquire basic background on this topic from reading a combination of published articles or textbook chapters on this subject. Supplemental assignments might include viewing online videos, blogs, and websites, and using in-class lecture, case studies or facilitated discussion to provide examples of how to maintain integrity and show respect for others in all contexts of one's professional practice. Outside of the classroom, possible strategies might include individual or group engagement in a community-based project or service learning experience during which students could reflect on challenges they encountered and adaptive responses they developed to ensure integrity, regard and respect for others were prioritized. This approach could also be applied to clinical experiences as well.

Websites:

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5. Western University (Ontario) Office of Interprofessional Education and Research. (n.d.). IPE online modules. Retrieved from http://www.ipe.uwo.ca/TDM.html
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Articles and Reports:

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2. Association of Schools of Public Health. (2011). *Global health competency model final version 1.1.* Retrieved from https://www.publichealth.pitt.edu/Portals/0/Main/ASPH%20GH%20Competencies.pdf
3. Bridges, D. R., Davidson, R. A., Odegard, P. S., Maki, I.V., & Tomkowiak, J. (2011). Interprofessional collaboration: three best practice models of interprofessional education. *Med Educ Online, 16*. doi: 10.3402/meo.v16i0.6035
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Books:
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2. Stern, D. T. (2006). *Measuring medical professionalism* (Vol. 19). New York, NY: Oxford University Press.
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Study Questions to Aid Assessment of this Competency:
1. What is interprofessional professionalism (IPP)? What are the key behaviors?
2. **How is interprofessional professionalism different from professionalism?**
3. How is IPP different in global health settings?
4. How do you define professional integrity? How do you define regard and respect for others in a professional setting?
5. What are barriers to maintaining professional integrity regard and respect for others? Can you provide specific examples? How were these barriers overcome?
6. What might be solutions or adaptive responses for maintaining professional integrity regard and respect for others? Can you provide specific examples?

Competency 7b: Articulate barriers to health and healthcare in low-resource settings locally and internationally (Basic Operational Program-Oriented Level only)

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Edited by: Michelle Holm (Assistant Professor, Mayo Clinic) (holm.michelle@mayo.edu)

Teaching Strategies:
 Students could acquire basic background on this topic from reading a combination of published articles or textbook chapters on this subject. Supplemental assignments might include viewing online videos, blogs, and websites, and using in-class lecture, case studies or facilitated discussion to provide examples of how to maintain integrity and show respect for others in all contexts of one's professional practice. Outside of the classroom, possible strategies might include individual or group engagement in a community-based project or service learning experience during which students could reflect on challenges they encountered and adaptive responses they developed to ensure integrity, regard and respect for others were prioritized. This approach could also be applied to clinical experiences as well.

Websites:
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Articles and Reports:
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Books:
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2. Conrad, P., & Gallagher, E. (1993). *Health and health care in developing countries: sociological perspectives*. Philadelphia, PA: Temple University Press.
3. Kidder, T. (2004). *Mountains beyond mountains: the quest of Dr. Paul Farmer, a man who would cure the world*. New York, NY: Random House.

Videos:
1. Barriers to Healthcare for Latino/ Hispanic Patients. (2013). Training at San Diego county [Video file]. Retrieved from https://www.youtube.com/watch?v=dP4CHL6yENQ
2. Nandi, P. (2013). Removing barriers to healthcare [TEDxDetroit]. Retrieved from https://www.youtube.com/watch?v=OeBWCnAU4W8
3. Manchanda, R. (2014). What makes us get sick? Look upstream [TED.com]. Retrieved from https://www.youtube.com/watch?v=dJEwC4wCM70

Study Questions for Basic Operational Level:
1. What are key barriers to healthcare access in low-income settings?
2. What are the social determinants of health? How do these affect access to health and/or healthcare?
3. What are some structural barriers to healthcare?
4. How do barriers to care differ in a low-income country versus a low-income community in the US?
5. How do barriers to care differ by specialty or service (for example, access to primary care versus to mental health care versus to sub specialty care)?
6. How are these barriers overcome? Can you provide specific examples?

Competency 7c: Demonstrate the ability to adapt clinical or discipline-specific skills and practice in a resource-constrained setting. (Basic Operations Level Only)

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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, small group discussions, exploring websites, lecture or in-class activities to illustrate the utility of various strategies (e.g. telehealth, point-of-care testing, task-shifting/task-sharing, primary care approaches, algorithm guided care, etc.). Interactive possibilities for simulation, "flipped classroom," or team-based learning activities include having students hypothesize their own strategies for working in interprofessional and multi-sectoral teams to address priority health needs in resource-constrained settings. If possible, clinical experiences can be arranged in low-resource settings in the local setting or in other settings (e.g. study-abroad experiences in other countries or other locales). Understanding of local culture and practices (impact local customs have on delivery of health care); would also apply to access to food, medications, healthcare. Other strategies include the use of role play, case-based learning, audio and visual documentation of encounters with faculty feedback.

Websites:
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(IMCI aims to reduce death, illness and disability, and to promote improved growth and development among children under five years of age, and has been widely used in low-resource settings to address the major causes of childhood morbidity and mortality.)

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4. Wootton, D., Patil, N. G., Scott, R. E., & Ho, K. (2009). *Telemedicine in the developing world*. London: Royal Society of Mediine Press.

Videos:
1. Thet Partnerships. (2013). Managing health equipment in low resource settings [Video file]. Retrieved from https://www.youtube.com/watch?v=kpPdhYZlbsA

Study Questions for Basic Operational Level:
1. Define the terms "task-shifting" and "task-sharing," and discuss how these approaches might influence provision of care in a low-resource setting. Discuss the pros and cons of these strategies.
2. Discuss results of research demonstrating the impact of the Integrated Management of Childhood Illness (IMCI) and the Integrated Management of Adult and Adolescent Illness (IMAI) on health outcomes in low-resource settings. Discuss how you, as a health professional, could use IMCI and IMAI in your practice.
3. Discuss factors that you would consider in setting priorities for management of human and material resources in a low-resource setting.
4. Analyze the impact of telehealth as a strategy to provide health care in low-resource settings.
5. Analyze the benefits and the potential disadvantages of point-of-care diagnostic assessments in low-resource settings.
6. Create scenarios based on actual patients from resource-constrained settings. In small groups have one student read the first scenario and have another student/facilitator lead the group in discussing how they might handle the case with the limited resources available to them (you might offer a list of what's available). What would be some likely risks in working in this environment? What might be some expected benefits of working with more limited resources?
7.   Have students think of 2-3 preventative measures for men and women to take against genital cancers. How might they teach these preventative measures in a resource-constrained setting? What might be some obstacles in a specific country or community, for the men, for the women?

Competency 8a: Apply social justice and human rights principles in addressing global health problems.(Basic Operations Level Only)

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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 illustrate the utility of various social justice and human rights challenges and principles, group discussion and participation in community projects. Interactive possibilities for simulation, "flipped classroom," or team-based learning activities include having students debate strategies to address human rights and social justice challenges, writing overview papers exploring these challenges including their historical and geo-political/cultural contexts, and working in small groups to develop action plans or campaigns or address a particular issue.

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Articles and Reports:
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30. WHO. (2006). *Constitution of the World Health Organization.* Retrieved from http://www.who.int/governance/eb/who_constitution_en.pdf

Books:

1. Farmer, P. (2004). *Pathologies of power: Health, human rights, and the new war on the pool*. Oakland, California: University of California Press.

2. Jacobsen, K. H. (2014). Chapter 14: Health, human rights, and humanitarian aid. In *Introduction to global health,* (2nd ed.). Burlington, MA: Jones and Bartlett. *This text also has interactive exercises at an online website and the book as the access code: http://go.jblearing.com/jacobsen2e.)*
3. Ruger, J. P. (2010). *Health and social justice.* London: Oxford University Press.
4. Skolnik, R. (2016). *Global health 101,* (3rd ed.). Burlington, MA: Jones & Bartlett Learning. *(Includes online course materials, and Chapter 4 "Ethical and human rights concerns in global health." All chapters include study questions.)*

Videos:
1. Health and Human Rights. (2009, February 4). Creating an open forum to advance global health and social justice [Video file]. Retrieved from http://www.bing.com/videos/search?q=social+justice+and+global+health&&view=detail&mid=5690FDD5FDC40799DB0D5690FDD5FDC40799DB0D&rvsmid=BF3F2F889F8691522BE2BF3F2F889F8691522BE2&fsscr=0
2. Ruger, J. (2012, April 19). Health and social justice [Video file]. Retrieved from https://www.youtube.com/watch?v=KJQeP0z0R1o
3. TED Talks on Social Justice. (n.d.). [TED series]. Retrieved from http://www.bing.com/videos/search?q=Social+Justice+TED+Talks&Form=VQFRVP

Study Questions for Basic Operational Level:
1. Summarize basic ethical principles that can be applied to global health challenges.
2. Identify a social justice issue that faces your community, and propose a strategy to enhance social justice and address this issue.
3. Interview a recruiter from a healthcare organization in your community and ask about policies of the organization related to recruitment of health professionals from other countries. Discuss the response in relation to the World Health Organization Code on Ethical Recruitment of health workers.
4. Examine your personal beliefs and practices, comparing them with beliefs and practices of other cultures. Sample questions provided in *Ann Intern Med.* 2007;147:654-665 Teaching about Racial and Ethnic Disparities in Health Care. W.Smith, et al.)
5. Identify an ethnic group in your community. What health disparities exist in this group? Reflect on what you learn with regard to their access to health services, including mental health services, what language barriers exist, what biases did you observe from others or your own? Think about what you learned and how you would apply this in a global health setting.

Other questions adapted from Jacobsen (2014):
1. Read the Universal Declaration of Human Rights and write a paper discussing whether you agree that all of these are human rights, and strategies to ensure that all of these rights are protected in all countries.
2. Apply an ethical principle to answer the question of "Who should pay for basic health care for those who cannot afford these services?"

Competency 8b: Implement strategies to engage marginalized and vulnerable populations in making decisions that affect their health and well-being (Basic Operations Level Only)

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Teaching Strategies:
 Background on this topic will include articles and readings that elaborate on the different types of vulnerable and marginalized populations (low-income, women and children, LGBT, mental health, trafficked people, etc.). Resources are aimed at allowing students to dissect through the social-economic-political restraints that impact these populations ability to make decisions. Research articles and policy documents are included to show efforts being made to address the concerns of these populations. Students would be challenged to critically evaluate the shortcomings of current interventions and to create new solution models. Documentaries and videos can be used to give students contexts within marginalized groups live and work in and for them to develop some degree of cultural difference awareness and influence their thinking on how to tackle the socio-cultural nuances involved with these groups.

Websites:
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2. For the Sake of All. (n.d.). Retrieved from https://forthesakeofall.org
3. Global Health Learning Center. (n.d.). Retrieved from https://www.globalhealthlearning.org/
4. Hopkins Center for Health Disparities Solutions. (n.d.). Retrieved from http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-health-disparities-solutions/index.html
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Articles and Reports:
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Relevant Journals:

1. Society, Health & Vulnerability (Co-Action Publishing)
2. Journal of Immigrant and Minority Health
3. JAMA
4. Global Health Action
5. Archives of Public Health
6. American Journal of Community Psychology
7. American Journal of Community Psychology
8. Annual Review of Public Health
9. International Journal of Health Services
10. BMC Public Health
11. Health Policy and Planning (Oxford Journals)
12. American Journal of Public Health
13. Social Science & Medicine
14. Clinical and Translational Science
15. Health Promotion Journal of Australia
16. PLoS Medicine
17. Medical Decision Making

Books:

1. Farmer, P. (2003). *Pathologies of power: Health, human rights, and the new war on the poor.* Oakland, CA: University of California Press.
2. Farmer, P., Kleinman, A., Kim, J., & Basilico, M. (2013). *Reimagining global health: An introduction*. Oakland, CA: University of California Press.

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Study Questions for Basic Operational Level:
1. Discuss the multi-dimensional factors that impede the ability for marginalized and vulnerable populations to access care and decide on health care interventions targeted towards them. Explore the historical contexts that created the marginalization/vulnerabilities currently observed and explore ways to engage the community in ways that build trust and cooperation.
2. How would you carry out a needs assessment for marginalized groups and how would you translate that information into a feasible intervention(s) to address the stated needs?
3. What socio-cultural factors and perceptions will affect proposed intervention strategies and how best do you accommodate the varied perceptions?
4. Critically evaluate an intervention aimed at addressing a public health problem in a particular community. Outline the positives and negatives of the program and suggest how to better refine the project to better meet the needs of the community.
5. How would you address problems with maintaining sustainability of interventions whilst ensuring the community takes ownership of the programs?

Competency 8c: Demonstrate a basic understanding of the relationship between health, human rights, and global inequities. [16,20] (Global Citizen and Basic Operations Level)

Prepared by: Quentin Eichbaum (qeichbaum@gmail.edu)

Teaching Strategies:
 Essential background on this topic will include familiarization with the issues at stake through a reading course consisting of a combination of seminal articles to provide context to the debate, as well as research reports, government reports, topical commentaries and current news articles.

Supplemental materials such a videos, blogs, newspaper articles and quality websites may also be useful. A core component to elicit the relevant components of the debate and to disseminate information will also be interactive class discussions and, where feasible, invited speakers dealing with human rights issues. Trainees should also be actively engaged in class participation through group and panel discussions, preparation of assigned presentation, as well as self-directed learning activities..

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Study Questions for Basic Operational Level:
1. Discuss the differences you understand between healthcare ethics and human rights
2. What do you understand by the "dyadic doctor-patient" relationship and how might this relationship come into conflict with human rights issues?
3. Discuss the concept of "dual loyalty" and the conflict this may raise for healthcare workers employed by governments or powerful organizations.
4. Discuss Article 25 of the UDHR and how it currently pertains to the US and other high income countries? How universally applied are the suggestions in this article? What factors hinder its implementation in high and low-middle income countries.

5. Discuss the impact of colonialism on human rights using the article in this link as a possible example: http://www.nytimes.com/2016/02/16/opinion/the-landmark-trial-of-hissene-habre.html?emc=eta1&_r=0

Competency 8d: Describe role of WHO in linking health and human rights, the Universal Declaration of Human Rights, International Ethical Guidelines for Biomedical Research involving Human Subjects.

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Teaching Strategies:
This topic would best be taught with a foundation rooted in the historical lens of the development of the Universal Declaration of Human Rights. This interdisciplinary competency should have strong leadership from the legal profession, with an emphasis on how litigating health as a human right varies from one country to another. The role of the WHO and the UN in linking health and human rights can be taught through a series of articles and legal case studies, followed by interdisciplinary discussion about the legal cases that led to strong case law in certain countries: such as South Africa and Colombia. Introduction to the development of IRBs for the ethical conduct of research on human subjects, with a particular emphasis about the ethical concerns of collaborative research projects and IRB approval for projects conducted in low-resource countries and areas. IRB training lends itself to watching videos on how to complete the IRB process, along with small group discussion on the need for, benefits, and limitations of IRB approvals for global research projects involving human subjects. The opportunity to complete hypothetical IRB documents would be a useful exercise for trainees at the Basic Operational Level.

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Study Questions for Basic Operational Level:

1. Compare and contrast health frameworks in countries where health can be litigated as a human right vs. countries where health is not legally a human right.
2. Multiple Choice Questions are present in each of the 4 IRB modules available through the NIH Office of Extramural Research website listed above.

Competency 8e: Demonstrate a commitment to social responsibility. (Global Citizen & Basic Operational Levels).

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Teaching Strategies:
This topic will likely require a lot of case-based lecture and discussion, highlighting the impact of various discipline-specific and interdisciplinary advocacy groups. This competency could be as broad reaching as to include topics of climate change and the importance of political involvement. Guest lecturers from grass-roots advocacy groups and social advocacy lobbying groups could form a foundation of lecture-based learning for trainees. The ability to try out the beginning stages of committing one's career to discipline-specific social responsibility could take the form of experiential learning through participation in a local, national, or international march, lobby, or political event, aimed at increasing political awareness about various social determinants of health. Apart from experiential learning, in which trainees can show their mentors their commitment to social responsibility, assessment will primarily need to be based on self-reflection, in an effort to encourage trainees to dedicate their lives to being socially responsible.

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Study Questions for Global Citizen Level:
　　1. What does it mean to be a socially responsible global citizen? (Essay Response)
　　2. What is corporate responsibility? How should it be enforced on a local, national, and international level? (Short-Answer/ Essay Response)

Study Questions for Basic Operational Level:
　　1. When one community experiences a health crisis, such as was experienced in Monrovia, Liberia, with the Ebola virus outbreak, what responsibility to other communities have to respond to the crisis? (Essay Response)
　　2. How can various discipline-specific social responsibility groups work together to achieve better health outcomes for their communities? (Essay Response)

Competency 8f: Develop understanding and awareness of the health care workforce crisis in the developing world, the factors that contribute to this, and strategies to address this problem

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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 factors influencing internal and external migration of health care workers, and working in teams with students from low and middle income countries to identify potential strategies to address the shortage of health care workers in a specific location. If possible, clinical experiences can be arranged to observe first hand the challenges of health workforce shortages in low resource settings.

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Books:
1. Crisp, N. (2010). *Turning the world upside down: The search for global health in the 21ˢᵗ century.* London: Royal Society of Medicine Press.

Videos:
1. Buchan, J. (2011, August 9). An 'ethical' approach to health workforce sustainability: desirable? achievable? [Video file]. Retrieved from https://www.youtube.com/watch?v=j4LtT0vAaqs

2. Global Health Workforce Alliance [Video files]. (n.d.). Retrieved from https://www.youtube.com/user/ghwavideos/videos

Study Questions for Basic Operational Level:
1. Compare the indicators of numbers of health workers per 10000 population in two countries. Discuss these indicators in light of the World Health Organization recommendations for minimal health workforce requirements, and discuss the factors that may account for the differences noted between the two countries.
2. Analyze the guidelines proposed by the World Health Organization and the International Council of Nurses for the ethical recruitment of health care workers.
3. What are factors that contribute to the shortage of physicians and nurses in many low resource countries?
4. What are evidence-based and low cost strategies that might be used in a low-resource country to retain health workers and prevent external migration?
5. What were the recommendations from the Third Global Forum on Human Resources for Health held in Brazil in 2013? Discuss the progress to date on achieving these recommendations.

Competency 9a: Plan, implement, and evaluate an evidence-based program.

Prepared by: Lynda Wilson (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 present examples of the steps for planning, implementing, and evaluating global health programs.   Interactive possibilities for simulation, "flipped classroom," or team-based learning activities include having students prepare presentations of strategies to plan, implement, and evaluate an evidence-based project to address

a global health problem. If possible, clinical experiences can be arranged to work with a team on developing, implementing, and planning the project.

Websites:
1. Global Health eLearning Center. (n.d.). Monitoring and evaluation. Retrieved from https://www.globalhealthlearning.org/program/monitoring-and-evaluation
2. International Initiative for Impact Evaluation. (n.d.). Retrieved from http://www.3ieimpact.org
3. World Health Organization. (n.d.). Health statistics and information systems: Country monitoring and evaluation guidance. Retrieved from http://www.who.int/healthinfo/country_monitoring_evaluation/en/

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Books:
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2. Skolnik, R. (2016). *Global health 101* (3rd ed.). Burlington, MA: Jones & Bartlett Learning.

3. Wholey, J. S., Hatry, H. P, & Newcome, K. E. (2010). *Handbook of practical program evaluation,* (3rd ed.). San Francisco, CA: Jossey Bass.

Videos:
1. Capacity for Health. (2011, October 4). Developing an evaluation plan [Video file]. Retrieved from https://www.youtube.com/watch?v=7ca_sY-BrR0

2. Catholic Relief Services and American Red Cross. (2013). Monitoring and evaluation for projects/programs. Retrieved from https://www.youtube.com/watch?v=ejVmqSxF33Q

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https://brownschool.wustl.edu/resources/ProfessionalDevelopment/Video/Pages/Global-Health.aspx

5. Health Equity Webinar Series. (n.d.). Using monitoring and evaluation to improve outcomes. Retrieved from https://www.youtube.com/watch?v=GC6EJLmCdlw
6. Lehman, K. (2013, November 5). Social work 240: Developing an outcome evaluation plan (Video file). Retrieved from https://www.youtube.com/watch?v=kkGkwlByCaQ
7. VIGH, Vanderbilt Institute for Global Health. (2012, March 9). Case studies in global health program planning and evaluation. Retrieved from http://www.bing.com/videos/search?q=youtube+global+health+program+planning+and+evaluation&view=detail&mid=083B88E9D58B9F16F449083B88E9D58B9F16F449&FORM=VIRE2

Study Questions for Basic Operational Level:
1. What are the key principles to consider when planning a community-based program?
2. Propose one objective and one SMART goal for evaluating a community-based program.
3. Describe a model for assessing the outcomes of a community-based program.
4. In collaboration with a team of students and a community partner, identify an objective, a plan, and a proposed evaluation strategy for a community-based program.

Competency 9b: Apply project management techniques throughout program planning, implementation and evaluation

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Teaching Strategies:
This competency is well suited to group work on case studies. A valuable teaching strategy is the assignment of a global health project at the beginning of the course and linkage of each course assignment to that project. For example, assigning a small group of students a public health issue (Zika) and a population and basing test questions and in-class discussions on that assignment will require students to research, discuss, and propose an approach for planning, implementation and evaluation of their project. This requires students to differentiate the techniques of general project management (which is well documented in the literature) from global health project management, which is quite specific and more complex since it requires consideration of program goals from a wide range of stakeholders.

Websites:
1. Bill and Melinda Gates Foundation. (n.d.). Integrated delivery: Strategy overview. Retrieved from http://www.gatesfoundation.org/What-We-Do/Global-Development/Integrated-Delivery
2. Centers for Disease Control and Prevention. (2016). Improving Public Health Management for Action (IMPACT). Retrieved from https://www.cdc.gov/globalhealth/healthprotection/impact/index.html
3. Centers for Disease Control and Prevention. (n.d.). Global health. Retrieved from http://www.cdc.gov/Globalhealth

4. Healthcare Project Management Program Skill Development. (n.d). Retrieved from http://www.managinghealthprojects.com
5. Tulane University. School of Public Health and Tropical Medicine. (n.d.). Retrieved from http://www.sph.tulane.edu/

Article and Reports:

1. Biesma, R. G., Brugha, R., Harmer, A., Walsh, A., Spicer, N., & Walt, G. (2009). The effects of global health initiatives on country health systems: A review of the evidence from HIV/AIDS control. *Health Policy and Planning*, *24*(4), 239–252. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/19491291
2. Frenk, J. (2010). The global health system: Strengthening national health systems as the next step for global progress. *PLoS Medicine, 7*(1). Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2797599/
3. Frenk, J., Gomez-Dantes, O., & Moon, S. (2014). From sovereignty to solidarity: A renewed concept of global health for an era of complex interdependence. *The Lancet, 383*(9911), 94–97. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/24388312
4. McCoy, D., Chand, S., & Sridhar, D. (2009). Global health funding: How much, where it comes from and where it goes. *Healthy Policy and Planning, 24*(6), 406–417.Retrieved from http://heapol.oxfordjournals.org/content/24/6/407.abstract
5. United Nations. (2015). *Transforming our world: The 2030 agenda for sustainable development* (A/RES/70/1). New York, NY: Sustainable Development, United Nations. Retrieved from https://sustainabledevelopment.un.org/content/documents/21252030 Agenda for Sustainable Development web.pdf

Books:

1. Carter, J., & Slack, M. (2009). Public health at the local, state, national and global levels. In *Pharmacy in public health: Basics and beyond* (pp.45 - 68). Bethesda, MD: American Society of Health-System Pharmacists. Retrieved from http://www.ashp.org/doclibrary/bookstore/p1725/p1725samplechapter.aspx

Videos:

1. Einterz, B. (2013, May 4). A case study in global health [TEDxBloomington]. Retrieved from https://youtu.be/x8vT6VM9W1M
2. The World Bank. (2013, May 24). Health systems create healthy futures: Meet Maya [Video file]. Retrieved from http://www.worldbank.org/en/topic/health/brief/meet-maya-health-systems-create-healthy-futures

Study Questions for Basic Operational Level:

1. Define project management as it relates to global programs. How is this different from a more general concept of (non-global) project management?
2. Present the specific steps involved in program planning, implementation and evaluation for a Case Study-based global health issue.
3. Who needs to be involved at the various stages?
4. What organizations will you look to for help in each stage?
5. How do you involve all stakeholders?
6. How would you engage the community in the program planning, implementation and evaluation?

7. In what ways can the development of global programs help and hurt existing national health systems?

Competency 10a: Describe the roles and relationships of the major entities influencing global health and development

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Teaching Strategies:
This topic is interesting since there is considerable information available on the specifics of global health programs but very little written about the relationships between these entities. For that reason, teaching strategies may include extensive research into various governmental, non-governmental, and private global health programs. Students can then be given opportunities to explore ways in which the roles and goals of agencies overlap. Test questions, group work and case studies centering on exploration of roles related to specific global health issues provide valuable learning opportunities for students. Students can be further challenged to provide recommendations on ways in which global programs might enhance communication and collaboration (i.e.: technology…).

Websites:
1. CARE, International. (n.d.). About: Our mission. Retrieved from http://www.care.org/about/index.asp
2. Centers for Disease Control and Prevention. (n.d.). CDC's role in global health security. Retrieved from http://www.cdc.gov/globalhealth/security/cdcrole.htm
3. International Federation of Red Cross and Red Crescent Societies. (n.d.). Retrieved from http://www.ifrc.org/en/
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5. United States Department of State. (n.d.). Bureau of international information programs. Retrieved from http://usinfo.state.gov/products/pubs/principles/ngos.htm
6. World Health Organization. (n.d.). About WHO: The role of WHO in public health. Retrieved from http://www.who.int/about/role/en/

Article and Reports:
1. Centers for Disease Control and Prevention. (2014). CDC global health strategy. Retrieved from http://www.cdc.gov/globalhealth/strategy/pdf/cgh_strategy_overview.pdf
2. Frenk, J., Gomez-Dantes, O., & Moon, S. (2014). From sovereignty to solidarity: A renewed concept of global health for an era of complex interdependence. *The Lancet, 383*(9911), 94–97. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/24388312
3. McCoy, D., Chand, S., & Sridhar, D. (2009). Global health funding: How much, where it comes from and where it goes. *Health Policy and Planning, 24*, 407–417. Retrieved from http://heapol.oxfordjournals.org/content/24/6/407.full.pdf+html
4. Moss, K., & Kaiser Family Foundation. (2014). *NGO engagement in U.S. global health efforts: U.S.-based NGOs receiving USG support through USAID* (Pub. 8674). Menlo Park, CA: Kaiser Family Foundation. Retrieved from http://files.kff.org/attachment/report-ngo-engagement-in-u-s-global-health-efforts

5. Szlezák, N. A., Bloom, B. R., Jamison, D. T., Keusch, G. T., Michaud, C. M., Moon, S., & Clark, W. C. (2010). The global health system: Actors, norms, and expectation in transition. *PLoS Medicine, 7*(1). Retrieved from http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000183
6. United Nations. (2015). *Transforming our world: The 2030 agenda for sustainable development* (A/RES/70/1). New York, NY: Sustainable Development, United Nations. Retrieved from https://sustainabledevelopment.un.org/content/documents/21252030 Agenda for Sustainable Development web.pdf

Books:
1. Carter, J., & Slack, M. (2009). Public health at the local, state, national and global levels. In *Pharmacy in public health: Basics and beyond* (pp.45–68). Bethesda, MD: American Society of Health-System Pharmacists. Retrieved from http://www.ashp.org/doclibrary/bookstore/p1725/p1725samplechapter.aspx

Videos:
1. Boyd, D. (n.d.). Who are the key actors in global health, part 1 [Lecture 29]. Retrieved from https://www.coursera.org/learn/global-health/lecture/LACqY/who-are-the-key-actors-in-global-health-part-1
2. Boyd, D. (n.d.). Who are the key actors in global health, part 2 [Lecture 30]. Retrieved from https://www.coursera.org/learn/global-health/lecture/xei0z/who-are-the-key-actors-in-global-health-part-2

Study Questions for Basic Operational Level:
1. Locate the websites for, and research, the following major entities influencing global health and development (listed below by acronym). Describe the focus areas and relationship between these organizations.
    a. World Bank
    b. WHO
    c. UN
    d. UNAIDS
    e. CDC
    f. UNICEF
    g. Global Fund
    h. Gates Foundation
2. Pick two of these entities and describe how they work together to promote 2015-2030 Sustainable Development Goals.
3. Describe various sources of funding for global programs. Include the following:
    a. Governmental
    b. Private foundation
    c. NGO (non-governmental organizations)
4. Describe the role of non-governmental organizations in global health. How does their involvement affect and/or complicate global health development and sustainability?

Competency 11a: Identify how demographic and other major factors can influence patterns of morbidity, mortality, and disability in a defined population (Basic Operations Level Only)

Prepared by: Tom Hall (thall143@comcast.net) and Jill Raufman (Jill.Raufman@einstein.yu.edu)

Teaching Strategies:
To fully attain this objective, trainees will need to do some hands-on work. Preparatory reading should include material that emphasize includes: 1) information about goals and content of a needs assessment; 2) the steps necessary to execute what is involved in a needs assessment;, and 32) an example(s) of a needs assessment report. With the readings completed, trainees can then either develop a protocol for conducting a needs assessment in a designated or trainee-selected community or, if time permits and a higher level of competency attainment is sought, they could participate in conducting carry out the basics of an assessment. The amount of study time required for this competency could range from a minimum of about 10 hours to at least onea week if an actual assessment is to be done. During a longer competency exercise, other global health-relevant competencies could also likely be acquired.

Websites:
1. Institute for Health Metrics and Evaluation. (n.d.). About IHME. Retrieved from http://www.healthdata.org/about
2. GBD Compare. (n.d.). Retrieved from http://vizhub.healthdata.org/gbd-compare/
3. World Health Organization (WHO). (n.d.). Health impact assessment. Retrieved from http://www.who.int/hia/en/
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Articles and Reports:
1. Braveman, P., & Gotlieb, L. (2014). The social determinants of health: It's time to consider the causes of the causes. *Public Health Reports, 129*(2), 19-31. Retrieved from http://www.publichealthreports.org/issueopen.cfm?articleID=3078

Books:
1. Skolnik, R. (2016). *Global health 101* (3rd ed.). Burlington, MA: Jones & Bartlett Learning.

Videos:
1. Adelman, L., Smith, L., Herbes-Sommers, C., Strain, T. H., MacLowry, R., Stange, E., Garcia, R. P.,…Public Broadcasting Service (U.S.). (2008). *Unnatural causes: Is Inequality Making Us Sick?* San Francisco, CA: California Newsreel. Retrieved from http://www.unnaturalcauses.org/episode_descriptions.php

Study Questions for Basic Operational Level:
The below questions are from the text, Essentials of Global Health, 2008, by Richard Skolnik, Chapter 2, p. 38. The questions that reference DALYs and HALE would be appropriate only if those concepts had already been introduced.

1. What are the main factors that determine your health?
2. What are the main factors that would determine the health of a poor person in a poor country?
3. If you could only pick one indicator to describe the health status of a poor country, which indicator would you use and why?
4. Why is it valuable to have composite indicators like DALYs to measure the burden of disease?
5. What is a HALE and how does it differ from just measuring life expectancy at birth?
6. As countries develop economically, what are the most important changes that occur in their burden of disease?
7. Why do these changes occur?
8. In your own country, what population groups have the best health indicators and why?
9. In your country, what population groups have the worst health status and why?
10. How would the population pyramid of Italy differ from that of Nigeria and why?

Competency 11b: Conduct a community health needs assessment (Basic Operations Level Only)

Prepared by: Prepared by Tom Hall (thall143@comcast.net) and
Jill Raufman (Jill.Raufman@einstein.yu.edu)
Teaching Strategies:
To fully attain this objective, trainees will need to do some hands-on work. Preparatory reading should include material that includes: 1) information about what is involved in a needs assessment, and 2) an example(s) of a needs assessment report. With the readings completed trainees can then either develop a protocol for conducting a needs assessment in a designated or trainee-selected community or, if time permits and a higher level of competency attainment is sought, they could carry out the basics of an assessment. The amount of study time required for this competency could range from a minimum of about 10 hours to at least a week if an actual assessment is to be done. During a longer competency exercise other global health-relevant competencies could also likely be acquired.

Websites:
1. Centers for Disease Control and Prevention. (n.d.). CDC community health improvement navigator. Retrieved from http://www.cdc.gov/chinav/
2. Community Tool Box. (n.d.). Chapter 3: Assessing community needs and resources. Retrieved from http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources.
3. Kaiser Permanente. (2016). Community health needs assessments. Retrieved from http://share.kaiserpermanente.org/article/community-health-needs-assessments/
4. Millennium Project. (2004). Millennium development goals needs assessments: Methodology. Retrieved from http://www.unmillenniumproject.org/documents/MDG-needs-assessment-methodology-Nov7-04.pdf

Article and Reports:
1. Barnett, K. (2012). *Best practices for community health needs assessment and implementation strategy development: A review of scientific methods, current practices,*

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2. Skolnik, R. (2016). *Global health 101* (3rd ed.). Burlington, MA: Jones & Bartlett Learning.
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Study Questions for Basic Operational Level:
1. Name and briefly describe the main elements of a Community Health Needs Assessment.
2. What are the key benefits and risks of involving members of the community in the conduct of a Community Health Needs Assessment?
3. What are the key prerequisites for conducting a successful Community Health Needs Assessment?
4. What kinds of quantitative and qualitative data will be most useful in conducting a Community Health Needs Assessment?
5. What is the importance of cultural awareness and humility in a community to conducting an effective Community Health Assessment?
6. What is the relationship between an HIA and a community health assessment?

Competency 11c: Conduct a situational analysis across a range of cultural, economic, and health contexts

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Teaching Strategies:
Initial background on this topic will likely require some immersion in the business literature about strategic planning and basic literature about global health. Immersion in a culture different from a self-identified culture is critical to a comprehensive understanding. Guest presentations from people of different cultures, group presentations, assigned readings and videos are key learning strategies.

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child health: A global situational analysis through meta-review. *BMJ Open, 4*(5). Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/24852300

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1. Clarke, A. E., Friese, C., & Washburn, R. (Eds.). (2015). *Situational analysis in practice: Mapping research with grounded theory*. Walnut Creek, CA: Left Coast Press, Inc.
2. Swayne, L. E., Duncan, W. J., & Ginter, P. M. (2012). *Strategic management of healthcare organizations*. Hoboken, NJ: John Wiley & Sons.

Videos:
1. Situation Analysis of Children in Uganda. (2016). Retrieved from https://www.youtube.com/watch?v=CPSIPJKT_3k

Study Questions for Basic Operational Level:
1. Describe the basic elements included in a situational analysis.
2. Explain the purpose of the situational analysis.
3. Compare and contrast three situational analysis examples and their outcomes that were used in three different countries.
4. Conduct a situational analysis and write a report for a local community health care agency.

Competency 11d: Design context specific-health interventions based upon situation analysis.

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Teaching Strategies:
Initial background on this topic will likely require some immersion in the business literature about strategic planning. Students could benefit from required reading, with supplemental assignments of videos and websites, along with case studies in-class regarding situational analysis in various countries. Presentations from students regarding comparing the outcomes of situation analysis in different countries would provide insights. Implementing a situation analysis on a local level regarding health care of different populations would provide clinical practice.

Websites:
1. Sexual Violence Research Initiative. (2006). How to conduct a situation analysis of health services for survivors of sexual assault. Retrieved from http://www.svri.org/sites/default/files/attachments/2016-04-13/SituationalAna.pdf

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1. Clarke, A. E., Friese, C., & Washburn, R. (Eds.). (2015). S*ituational analysis in practice: Mapping research with grounded theory*. Walnut Creek, CA: Left Coast Press, Inc.
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Videos:

1. Situation Analysis of Children in Uganda. (2016). Retrieved from https://www.youtube.com/watch?v=CPSIPJKT_3k

Discussion Questions for Basic Operations Level:

2. What are ways that situational analysis leads to change?
3. Examine the outcomes of situational analysis within two countries on different continents.
4. Identify a local immigrant community and outline a situational analysis regarding health needs of the children.
5. Develop a report from the situational analysis for local legislatures with policy recommendations.
6. Assess how performing a needs assessment in a low context culture may be different than conducting a needs assessment in a high context culture.
7. What are some ways to verify a qualitative needs assessment with the wider needs of the community at the forefront are being performed?

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