



CIEE Global Institute - Paris

Course name:	Comparative Health Care Systems
Course number:	(GI) PUBH 3003
Programs offering course:	Open Campus
Open Campus track:	Global and Community Health
Language of instruction:	English
U.S. semester credits:	3
Contact hours:	45
Term:	Fall 2019

Course Description

Students learn about the economic, cultural, ethical, and structural challenges faced by health care systems today. The course explores different approaches to health care system organization and financing, strategies for using limited resources, and challenges to providing universal access to health care. Students address specific approaches to these challenges, with a comparative focus on European countries and the United States.

Learning Objectives

By the end of this course, students will be able to:

- Articulate the most important challenges in national/local health care
- Analyze specific approaches to challenges in a comparative, international context
- Understand the problems emerging from the interaction of different national health care systems
- Identify instances where cultural and religious traditions impact health care
- Critically assess or adapt specific approaches to such challenges and developments

Course Prerequisites

None.

Methods of Instruction

This course consists of 13 class sessions, approximately two of which include a field visit or guest speaker. For in-class sessions, students will participate in discussions, debates, collaborative peer work, and presentations. For field visits, students will meet with experts and visit private and public health institutions. Students will also complete individual and group assignments outside of class time.

Each class session will be 3 hours. A seminar-style method of instruction will be used in which discussion and group analysis will be privileged rather than lecture. Students will lead discussions to share their own research and thoughts. Film viewings and interpretation will be incorporated into the course. The class will visit exhibitions and other sites related to



class themes. Guest speakers from the French health care system will be integrated into the program.

Assessment and Final Grade

Weekly Quick Quiz (5)	15%
Class Debate	10%
Health System Models Paper	10%
Group Presentation/Discussion	20%
Final Paper	25%
Class Participation	20%

All assignments will be graded using a rubric. Students should fully review the rubric for each assignment to ensure they fulfill all of the requirements as expected. Assignment details and rubrics are available in the course Canvas page.

Course Requirements

Important: all course assignments must be turned in on time. Any late submissions, or assignments not delivered on the due date (such as presentations) will receive a grade of 0%.

Quick Quizzes

Students will complete five “quick quizzes”, approximately one per week of the course. The quizzes are unannounced and will take place during the first 15 minutes of the class session. Quizzes are short essay questions based on the readings that are due for class that day. Absolutely no make up quizzes are given, and all quizzes must be completed during the allotted class time. That is, if you are not in class during the time the quiz is being given, you will not be able to make it up.

Class Debate

Students will participate in a class debate on the topic of the health care “iron triangle”. Students will be assigned to one of three groups associated with an aspect of the triangle (cost, quality, or access). With their group, they should prepare a three- to five-minute overview of their assigned aspect and be prepared to engage in a debate with the other groups. During the debate, each group should “stump” for their side regarding why their assigned aspect of the triangle is the most important consideration in health care and refute the arguments put forward by the other groups. Students will be given some in-class time to prepare for the debate, but groups should also plan to meet outside of class as necessary. The debate will be graded based on overall presentation/discussion of the material (group grade), individual participation in the debate (individual grade), and reflection on the debate



(individual grade, 50% instructor and 50% teammates). Additional details and grading rubric for the assignment are posted in the course's Canvas site.

Health System Models Paper

Students will complete a three- to four-page paper discussing one health system model (Beveridge, Bismarck, National Health Insurance, or Out-of-Pocket). The paper should include a description of the model, the pros and cons of the model, an example of the model as implemented by a country, and reflections on the effectiveness of the model as it relates to the health care "iron triangle". Additional details and grading rubric for the assignment are posted in the course's Canvas site.

Group Presentation/Discussion

The class will be divided into four or five groups (depending on class size), each of which will study the health care system of a particular country. Each group will be responsible for leading a one-hour, two-part class presentation and discussion. The first portion of the presentation will provide an overview of the assigned country's health system, and the second portion of the assignment will focus on how the country is responding to a priority health issue. The joint presentation/discussion should show a good understanding of the country and the ability to relate it to prior course content. The assignment will be graded based on overall presentation/discussion of the material (group grade), individual participation in the presentation/discussion (individual grade), and reflection on the preparation and presentation (individual grade, 50% instructor and 50% teammates). Additional details and grading rubric for the assignment are posted in the course Canvas site.

Final Paper

As a culminating assignment, students will submit a six to eight page final paper. This paper will allow students to synthesize the information discussed during the course in an effort to create the "best" health care system possible. Students will select a country (other than the ones studied in class), describe the current health system, and create a plan to "fix" the country's health system in order to provide the highest quality of care to the most people at the lowest cost. The paper should include a discussion of the primary health system needs of the country based on the information provided, major aspects of the proposed health care system, the pros and cons of the proposed system, and reflections on the effectiveness of the model as it relates to the health care "iron triangle". In the final session of the course, students will provide a brief presentation of their proposed model. Additional details and grading rubric for the assignment are posted in the course Canvas site.



Course Participation

Participation is valued as meaningful contribution in the digital and tangible classroom, utilizing the resources and materials presented to students as part of the course. Meaningful contribution requires students to be prepared in advance of each class session and to have regular attendance. Students must clearly demonstrate they have engaged with the materials as directed, for example, through classroom discussions, online discussion boards, peer-to-peer feedback (after presentations), interaction with guest speakers, and attentiveness on co-curricular and outside-of-classroom activities.

More specifically, and besides regular class attendance and punctuality (see below), students will be expected to do the required readings, participate in outings, lead class discussions on selected themes, and participate actively in discussions. Some classes will involve workshop-style participatory activities or exchanges. The participation grade will evaluate students' involvement in all these activities as well as focus and engagement during class time and during outings. Simply attending class without engaging does not count as active participation in the class session. In this course, specifically, students are expected to have electronic devices (phones, laptops, etc.) turned off and put away for the entire class session to prevent any disruptions, except for specific class activities as directed by the instructor.

Educational Accessibility

I am committed to ensuring equal access to all qualified students with disabilities in accordance with the Americans with Disabilities Act. If you experience a disability that will impact your ability to access any aspect of my class, please contact me as soon as possible (prior to the start of the course, if possible) so that we can work together to ensure that appropriate accommodations are available to you.

Course Attendance

Regular class attendance is required throughout the program, and all unexcused absences* may result in a *lower participation grade* for any affected CIEE course. Due to the intensive schedules for Open Campus and Short Term programs, unexcused absences that constitute more than 10% of the total course will result in a written warning and the final course grade will be reduced by 3 percentage points.

*Students who transfer from one CIEE class to another during the add/drop period will not be considered absent from the first session(s) of their new class, provided they were marked present for the first session(s) of their original class. Otherwise, the absence(s) from the original class carry over to the new class and count against the grade in that class.

For CIEE classes, *excessively tardy (over 15 minutes late) students will be marked absent.*



Attendance policies *also apply to any required co-curricular class excursion or event**, as well as to *Internship, Service Learning, or required field placement*.

*With the exception that some class excursions cannot accommodate any tardiness, and students risk being marked as absent if they fail to be present at the appointed time.

Students who miss class for personal travel, including unforeseen delays that arise as a result of personal travel, will be marked as absent and unexcused. *No make-up or re-sit opportunity will be provided.*

An absence in a CIEE course will only be considered excused if:

- a doctor's note is provided
- a CIEE staff member verifies that the student was too ill to attend class
- satisfactory evidence is provided of a family emergency

Unexcused absences will lead to the following penalties:

<i>Percentage of Total Course Hours Missed</i>	<i>Equivalent Number of Open Campus Semester classes</i>	<i>Minimum Penalty</i>
Up to 10%	1	Potential reduction of participation grade
10 – 20%	2	Written warning; reduction of final grade by 3%.
More than 20%	3	Automatic course failure, and possible expulsion

Course Schedule

NOTE: this schedule is subject to change at the discretion of the instructor to take advantage of current experiential learning opportunities.

Week 1

Session 1.1

Introductions

Introduction to health systems



Reading:
Review syllabus

Session 1.2

Spectrum of public health & medicine
Health and social justice
Debate team assignments and planning

Readings:

- Hsiao, 2003
- Donohoe, 2012
- Krishnan, Kapoor, & Pandav, 2014

Week 2

Session 2.1

Determinants of health
Epidemiology
Health indicators

Readings:

- Carneiro & Howard, 2011
- Commission on Social Determinants of Health, 2008
- Kimball & Fried, 2012

Session 2.2

Class debate: cost-quality-access
Health system models
Country assignments & planning

Class debate

Readings:

- Berwick, Nolan, & Whittington, 2008
- Reid, 2009

Week 3

Session 3.1

Site visit

Readings:



- OECD, 2015

Session 3.2

Measuring effectiveness

US healthcare system

[Health system models paper](#)

Readings:

- Schneider, Sarnak, Squires, Shah, & Doty, 2017

Week 4

Session 4.1

French health care system

Smoking-related illness

Readings:

- Durand-Zeleski, 2017
- World Health Organization, 2015

Session 4.2

German health care system

Obesity

[German group presentation/discussion](#)

Readings:

- Blümel, & Busse, 2017
- OECD, 2017a

Session 4.3

Japan health care system

Ageing

[Japan group presentation/discussion](#)

Readings:

- Matsuda, 2017
- OECD, 2017b

Week 5

Session 5.1



UK health care system
Alcohol and other drugs

UK group presentation/discussion

Readings:

- Thorlby & Arora, 2017
- Health and Social Care Information Centre, NHS Digital, 2018

Session 5.2

Cuban health care system
Maternal and child health

Cuba group presentation/discussion

Readings:

- Campion & Morrissey, 2013
- World Health Organization, 2011

Week 6

Session 6.1

Site visit

Final paper

Readings:

- *TBA - based on student interests*

Session 6.2

Final paper brief presentations
Designing the “perfect” health system

Final paper brief presentations

Course Materials

There is no formal textbook for this course. Course materials include book chapters, journal articles, professional/organizational reports, websites, and videos. Assigned materials for each class are posted in the Canvas course site. Students are expected to come to class having thoroughly reviewed all of the assigned materials for the day and be ready to discuss them.

Required Readings



- Allin, S. & Rudoler, D. (2017). The Canadian health care system. International Health Care System Profiles. New York, NY: The Commonwealth Fund. Retrieved from <http://international.commonwealthfund.org/countries/canada/>
- Berwick, D., Nolan, T., & Whittington, J. (2008). The triple aim: care, health, and cost. *Health Affairs*, 27(3), 759-769.
- Blümel, M. & Busse, R. (2017). The German health care system. International Health Care System Profiles. New York, NY: The Commonwealth Fund. Retrieved from <http://international.commonwealthfund.org/countries/germany/>
- Campion, E. W. & Morrissey, S. (2013). A different model -- medical care in cuba. *The New England Journal of Medicine*, 368(4), 297-9.
- Carneiro, I., & Howard, N. (2011). Chapter 1 & Chapter 2. *Introduction to Epidemiology* (pp. 5-26). Maidenhead, Berkshire: McGraw-Hill Education.
- Commission on Social Determinants of Health. (2008). Part 1: Setting the scene for a global approach to health equity. Closing the gap in a generation: *Health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health* (pp 25-39). Geneva, Switzerland: World Health Organization.
- Donohoe, M. (2012). Chapter 1: Universal Declaration of Human Rights & Chapter 2: Public health as social justice. Public health and social justice (pp. 5-19). San Francisco, CA: John Wiley & Sons, Incorporated.
- Durand-Zeleski, I. (2017). The French health care system. International Health Care System Profiles. New York, NY: The Commonwealth Fund. Retrieved from <http://international.commonwealthfund.org/countries/france/>
- Health and Social Care Information Centre, NHS Digital. (2018). Statistics on drugs misuse, England, 2018. Retrieved from <https://files.digital.nhs.uk/publication/c/k/drug-misu-eng-2018-rep.pdf>
- Hsiao, W. C. (2003). *What is a Health System? Why Should We Care?* Harvard School of Public Health Working Paper.
- Krishnan, A., Kapoor, S. K., & Pandav, C. S. (2014). Clinical medicine and public health: Rivals or partners? *The National Medical Journal of India*, 27(2), pp. 99-101.
- Kimball, M., & Fried, B. J. (2012). Chapter 2: Defining and measuring health systems. In L. M. Gaydos & B. J. Fried (Eds.) *World Health Systems : Challenges and Perspectives* (pp. 29-47). Chicago, Ill: Health Administration Press.
- Matsuda, R. (2017). The Japanese health care system. International Health Care System Profiles. New York, NY: The Commonwealth Fund. Retrieved from <http://international.commonwealthfund.org/countries/japan/>
- OECD. (2015). Chapter 1. *Health at a Glance 2015: OECD Indicators* (pp. 17-28). Paris, France: OECD Publishing.
- OECD. (2017a). Obesity update 2017. Retrieved from <https://www.oecd.org/els/health-systems/Obesity-Update-2017.pdf>



- OECD. (2017b). Chapter 11: aging and long-term care. *Health at a Glance 2017: OECD Indicators* (pp. 197-215). Paris, France: OECD Publishing. Retrieved from http://dx.doi.org/10.1787/health_glance-2017-en
- Reid, T. R. (2009). *Sick Around the World*. London, UK: Penguin Press. Excerpt retrieved from <http://www.pbs.org/wgbh/pages/frontline/sickaroundtheworld/countries/models.html>
- Schneider, E. C., Sarnak, D. O., Squires, D., Shah, A., & Doty, M. M. (2017). *Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care*. New York, NY: The Commonwealth Fund. Retrieved from <http://www.commonwealthfund.org/interactives/2017/july/mirror-mirror/>
- Thorlby, R. & Arora, S. (2017). The English health care system. *International Health Care System Profiles*. New York, NY: The Commonwealth Fund. Retrieved from <http://international.commonwealthfund.org/countries/england/>
- World Health Organization. (2011). *Monitoring maternal, newborn and child health: understanding key progress indicators*. Retrieved from http://apps.who.int/iris/bitstream/10665/44770/1/9789241502818_eng.pdf
- World Health Organization. (2015). WHO global report on trends in prevalence of tobacco smoking 2015. Retrieved from http://apps.who.int/iris/bitstream/10665/156262/1/9789241564922_eng.pdf?ua=1

Suggested Readings

- Bilano, V., Gilmour, S., Moffiet, T., d'Espaignet, E. T., Stevens, G. A., Commar, A., Shibuya, K. (2015). Global trends and projections for tobacco use, 1990-2025: An analysis of smoking indicators from the WHO comprehensive information systems for tobacco control. *The Lancet*, 385(9972), 966-976.
- Boslaugh, S. (2013). *Health Care Systems Around the World : A Comparative Guide*. Thousand Oaks, Calif: SAGE Publications, Inc.
- Gaydos, L. M., & Fried, B. (2012). *World Health Systems : Challenges and Perspectives*. Chicago, Ill: Health Administration Press.
- Grosios, K., Gahan, P. B., & Burbidge, J. (2010). Overview of healthcare in the UK. *The EPMA Journal*, 1(4), 529–534.
- Ishii, S., Ogawa, S., & Akishita, M. (2015). The state of health in older adults in japan: Trends in disability, chronic medical conditions and mortality. *PLoS One*, 10(10).
- Nay, O., Béjean, S., Benamouzig, D., Bergeron, H., Castel, P., & Ventelou, B. (2016). Achieving universal health coverage in France: Policy reforms and the challenge of inequalities. *The Lancet*, 387(10034), 2236-2249.
- Mensink, G., Schienkiewitz, A., Haftenberger, M., Lampert, T., Ziese, T., Scheidt-Nave, C. (2013). Overweight and obesity in Germany. *Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz*, 56(5-6): 786–794.
- Mossialos, E., Djordjevic, A., Osborn, R., & Sarnak, D. (Eds.). (2017). *International Profiles of Health Care Systems*. New York, NY: The Commonwealth Fund. Retrieved from



http://www.commonwealthfund.org/~media/files/publications/fund-report/2017/may/mossialos_intl_profiles_v5.pdf?la=en

- Muennig, P., & Su, C. (2013). Chapter 3: the global burden of disease. *Introducing global health : practice, policy, and solutions* (pp 63-85). Somerset: John Wiley & Sons, Incorporated.
- Muir, T. (2017). Measuring social protection for long-term care. *OECD Health Working Papers*, No. 93. Paris, France: OECD Publishing. Retrieved from <http://dx.doi.org/10.1787/a411500a-en>
- NCD Risk Factor Collaboration. (2016). Trends in adult body-mass index in 200 countries from 1975 to 2014: A pooled analysis of 1698 population-based measurement studies with 19.2 million participants. *The Lancet*, 387(10026), 1377-1396.
- OECD. (2011). *Health Reform: Meeting the Challenge of Ageing and Multiple Morbidities*. Paris, France: OECD Publishing. Retrieved from <http://dx.doi.org/10.1787/9789264122314-en>
- Pampel, F.C., Bricard, D., Khlaf, M., Legleye, S. (2017). Life course changes in smoking by gender and education: a cohort comparison across France and the United States. *Population Research and Policy Review*, 36(3): 309-330.
- Rodwin, V. G. (2003). The Health Care System Under French National Health Insurance: Lessons for Health Reform in the United States. *American Journal of Public Health*, 93(1), 31–37. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447687/>
- UCLA (Producer). (2009, Sept 16). Quality, access and cost are keys to healthcare reform, Subramaniam Ramanarayanan [Video file, 21:25 minutes]. Retrieved from <https://www.youtube.com/watch?v=7qTa8WK9kME>

Scholarly Sources Policy

You are expected to use scholarly sources for all of your assignments in this course. If you are not sure what a “scholarly source” is or how to find them, please review the student resources section of the Canvas course page. Your home institution’s library and/or writing center likely also has resources on this topic available. You must demonstrate the ability to understand and apply professional scholarly resources available via a library such as library databases and academic journals in addition to the class readings in your writing. Just using resources available via the internet does not demonstrate your ability to find and use scholarly sources. All of the sources used in your writing must be cited correctly in APA style (or other professional style with the approval of the instructor). Failure to use scholarly sources and/or cite your sources correctly in APA style is considered plagiarism and will result in a grade of F, with the numerical grade depending on the level of plagiarism.

Academic Integrity



All students are responsible for knowing and following policies pertaining to student conduct and academic integrity from both their home institution and CIEE (see below for specific information on this and the Academic Manual of Students for more details). Students are expected to refrain from any form of academic dishonesty or deception, such as cheating or plagiarism. Students are expected to do their own work specifically for this course. No recycled papers/assignments are allowed. Students found responsible of academic dishonesty may face a failing grade in this course and additional disciplinary action.

CIEE subscribes to standard U.S. norms requiring that students exhibit the highest standards regarding academic honesty. Cheating and plagiarism in any course assignment or exam will not be tolerated and may result in a student failing the course or being expelled from the program. Standards of honesty and norms governing originality of work differ significantly from country to country. We expect students to adhere to both the U.S. American norms and the local norms, and in the case of conflict between the two, the more stringent of the two will prevail.

Three important principles are considered when defining and demanding academic honesty. These are related to *the fundamental tenet that one should not present the work of another person as one's own*.

The first principle is that *final examinations, quizzes and other tests must be done without assistance from another person, without looking at or otherwise consulting the work of another person, and without access to notes, books, or other pertinent information* (unless the professor has explicitly announced that a particular test is to be taken on an "open book" basis).

The second principle applies specifically to course work: *the same written paper may not be submitted in more than one course. Nor may a paper submitted at another educational institution be submitted to satisfy a paper requirement while studying abroad*.

The third principle is that *any use of the work of another person must be documented in any written papers, oral presentations, or other assignments carried out in connection with a course. This usually is done when quoting directly from another's work or including information told to you by another person* (the general rule in U.S. higher education is that if you have to look something up, or if you learned it recently either by reading or hearing something, you have to document it).

There are three levels of escalation establishing the seriousness of the plagiarism in question.

- **Level one plagiarism:** minor or unintentional plagiarism; leading to passable grade/failing grade on the assignment, depending on perspective of lecturer. No opportunity for resubmission.



- **Level two plagiarism:** significant plagiarism, but potentially due to poor referencing rather than intellectual property theft. This leads to a failing grade (potentially zero points) on the assignment. No opportunity for resubmission.
- **Level three plagiarism:** significant plagiarism, requiring investigation by the Center/Resident/Academic Director, and subsequent disciplinary panel.

Faculty will report any suspected circumstances of plagiarism to the Center/Resident/Academic Director immediately. Faculty can, if they deem it appropriate, require students to submit the Plagiarism Declaration Form (Appendix D) with each assignment as it is submitted.

In any case where Academic Honesty is in question while the student is still onsite at the program, and will impact the grade for the assignment in question, the CIEE Academic Honesty form (Appendix E) will be completed by the Center/Resident/Academic Director, signed by the professor, delivered to the student for signature and added to the student's permanent records. For any Level three violation, or repeated lower level violation, the Center/Resident/Academic Director will inform the student's home institution of the infraction and subsequent penalty.