



CIEE Global Institute – Berlin

Course name:	Community and Public Health
Course number:	(GI) PUBH 3002 BRGE
Programs offering course:	Berlin Open Campus, Berlin Global Architecture + Design
Open Campus Track:	Global and Community Health
Language of instruction:	English
U.S. semester credits:	3
Contact hours:	45
Term:	Spring 2019

Course Description

This course examines the interface of community involvement and highly effective governmental approaches to public health. By studying how actors in the public health sphere collaborate to identify public health needs, select appropriate responses, and implement large-scale projects, students will gain understanding of the different public health issues facing communities in Europe, and the varied approaches to public health. The course pays special attention to identifying and understanding the main actors in public health systems, how public health policies and systems are influenced, and how the implementation of public health tools are affected by cultural and religious traditions. Students participate in site visits to public health institutions at various levels (local, regional, national).

Learning Objectives

By the end of the course students should be able to:

- Gather public health knowledge and literature, analyze and synthesize it
- Understand key public health concepts and know how to apply and adapt them
- Provide an overview of public health core functions and services
- Understand the determinants of health and their effects on population health
- Understand some of the key modern public health challenges

Course Prerequisites

None. However, an interest in community and public health issues is essential. Previous knowledge and courses related to health and health services is beneficial.

Methods of Instruction



This course is taught through lectures, discussion of assigned preparatory readings and content provided in class, and individual and group work and presentations. Excursions will offer the opportunity to visit organizations in Berlin working on or relevant to public health. Student responses to readings and theatrical productions will contribute significantly to discussion.

Assessment and Final Grade

Students will be assessed according to the following criteria:

1. Participation:	20%
2. Group presentation on class topic:	25%
3. Country health profile – Section 1:	15%
4. Country health profile – Section 2:	20%
5. Presentation of country health profile:	10%
6. Peer evaluation of other student presentations:	10%
TOTAL	100%

Course Requirements

Group presentation on class topic

Students in pairs or small groups (depending on number of students in course) will conduct a 15-minute presentation on an issue/sub-topic related to the overarching topic for that session/week. The allocation of students to pairs/groups and specific weeks and sessions will take place during Week 1 and the issue/sub-topic should be determined in advance in consultation with the instructor. Each presentation must include a bibliography of readings (at least three) recommended to fellow students in order to gain a fuller sense of issue/sub-topic. This assignment will be graded on thoroughness of research, skill of presentation and responding to student / instructor questioning, and peer evaluation.

Country health profile – Section 1

Over the six-week course, students will develop a paper of 2000 words that presents a public health profile of a country of their choice. Students will progressively develop components of this final paper that correspond to the topics covered in the sessions. This paper is split into two sections. Section 1 of the paper will be due in Week 3, should be 1000 words, and focus on the history of the health system, organization of the health system and the population health and epidemiology in the country. The country health profile paper will be graded according to the academic rigor and



thoughtfulness of analysis and argument, engagement with the material, as well as structure, grammar, spelling and style.

Country health profile – Section 2

Building on Section 1, during Weeks 3 to 6 students will develop Section 2 of their paper presenting a public health profile of the country of their choice. Components of this paper will again correspond to the topics covered in the sessions. Section 2 of the paper will be due in Week 6, should be 1000 words, and focus on key prevention initiatives, equity and social determinants of health considerations and current challenges and opportunities for improving public health in the country. The country health profile paper will be graded according to the academic rigor and thoughtfulness of analysis and argument, engagement with the material, as well as structure, grammar, spelling and style.

Presentation of country health profile

In the final week of the course (Week 6), each student will conduct a 10-minute presentation on their country public health profile in class. This will take place in the final one or two sessions, depending on the number of students in the course. The presentation will be graded on thoroughness of research, skill of presentation and responding to student / instructor questioning, and peer evaluation.

Peer evaluation of other student presentations

Students will submit to the instructor a written peer evaluation (grade and short comment) of the country profile presentation conducted by all the other students. In addition, each student will be required to provide evaluative feedback verbally to one other student in-class immediately following that student's presentation.

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.



Attendance Policy

Regular class attendance is required throughout the program, and all unexcused absences will 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.

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 must 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. 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.

Attendance policies also apply to any required class excursion, 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.

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 content classes, or up to 2 language classes	Participation graded as per class requirements
10 – 20%	2 content classes, or 3-4 language classes	Participation graded as per class requirements; written warning



More than 20%	3 content classes, or 5 language classes	Automatic course failure , and possible expulsion
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Weekly Schedule

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

Week 1

1.1 Orientation and introduction to community and public health
Topics: Introduction to course, course requirements, formal aspects; introduction to community and public health

Recommended Reading:

- Frieden, T. R. A framework for public health action: the health impact pyramid. *American Journal of Public Health* 2010, 100(4), 590-595. Available: www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/pdf/590.pdf
- Video: Global Health with Greg Martin. What is public health? www.youtube.com/watch?v=jA8uYvJ_i8Y
- Video: The Milken Institute: The Promise of Public Health www.youtube.com/watch?v=-Hs5kyu-gPE

Week 2

2.1 History of population health in Germany and Europe and insights into the German (public) health system
Topics: History and development of European public health systems; the German public health system; contemporary challenges and opportunities for the German system (and comparisons with the US health system)

Reading:

- Busse R, Blümel M, Knieps F & Bärnighausen T. Statutory health insurance in Germany: a health system shaped by 135 years of solidarity, self-governance, and competition. *The Lancet* 2017; 390(10097): 882-897. [http://dx.doi.org/10.1016/S0140-6736\(17\)31280-1](http://dx.doi.org/10.1016/S0140-6736(17)31280-1).

- Jeffreys B (2017, 9 February). NHS Health Check: How Germany's healthcare system works. *BBC*. Retrieved from www.bbc.com/news/health-38899811.
- Video: Public Health 1800-1914 (part 1) www.youtube.com/watch?v=lorFse9ztaU

2.2

Health systems and the goal of Universal Health Coverage

Topics: Health systems and its components; universal health coverage (UHC); contemporary challenges and opportunities for health systems and UHC

Reading:

- Horton R, Das P. Universal health coverage: not why, what, or when – but how? *The Lancet* 2015; 385: 1156-1157. [http://dx.doi.org/10.1016/S0140-6736\(14\)61742-6](http://dx.doi.org/10.1016/S0140-6736(14)61742-6).
- Reich MR, Harris J, Ikegami N, Maeda A, Cashin C, Araujo EC, Takemi K, Evans TG. Moving towards universal health coverage: lessons from 11 country studies. *The Lancet* 2016; 20; 387(10020): 811-16. [http://dx.doi.org/10.1016/S0140-6736\(15\)60002-2](http://dx.doi.org/10.1016/S0140-6736(15)60002-2).
- Video: “WHO: The many paths towards universal health coverage”, World Health Organization, 2013. www.youtube.com/watch?v=VQ3sHfYzcv8

2.3

Co-Curricular Excursion: Robert Koch Institute

Visit to The Museum at the Robert Koch Institute, which shows selected exhibits from the estate of Robert Koch and presents on themes based on the current work of the Institute. The Robert Koch Institute is one of the most important bodies for the safeguarding of public health in Germany.

Reading:

- *The institute for the health of the nation: The Robert Koch Institute*. (2016). Available: www.rki.de/EN/Content/Institute/DepartmentsUnits/Flyer_RKI.pdf?__blob=publicationFile

Week 3

3.1

Epidemiology

Topics: Epidemiological study types and their advantages and disadvantages; critical appraisal frameworks for study types

Reading:

- Bonita R (2006). Chapter 3: Type of studies. In R Bonita, R Beaglehole and T Kjellström (Ed.), *Basic Epidemiology, 2nd edition* (pp. 39-62). Geneva: World Health Organization. Available: http://whqlibdoc.who.int/publications/2006/9241547073_eng.pdf.
- Video: Intro to Epidemiology studies. www.youtube.com/watch?v=sdFYHSxq_go

3.2

Evidence-based public health through systematic reviews and the Cochrane methodology

Topics: Cochrane methodology (goals, structure, methodology and outputs); evaluating the quality of scientific evidence and systematic reviews; developing well-designed systematic review questions

Reading:

- Beggs S, Foong YC, Le HC, et al. Swimming training for asthma in children and adolescents aged 18 years and under. *Cochrane Database Systematic Review*, 2013, 4: CD009607. Available: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009607.pub2/full>.
- Cochrane, 2016. The impact of Cochrane evidence on portion sizes and food consumption. Available: www.youtube.com/watch?v=BgUoPLi7FYA

3.3

Co-Curricular Excursion: Save the Children

Visit to the German office of The Save the Children Fund, to learn about its work on community and public health, and related areas such as nutrition and human rights. Save the Children is an international non-governmental organization that promotes children's rights, provides relief and helps support children in developing countries.

- *Save the Children Global Accountability Report 2016 – 2017*. April 2018. Pages 1-8 and 14-15. www.savethechildren.net/sites/default/files/libraries/Save%20the%20Child

Due date for submission of country health profile

Week 4

4.1

Prevention

Topics: Primary, secondary and tertiary prevention; behavioral prevention and environmental prevention, population and individual prevention; impact of the main modifiable risk factors on diseases and health outcomes.

Reading:

- World Health Organization. 2014. Chapter 7. Global target 7: Halt the rise in diabetes and obesity. *Global status report on noncommunicable diseases*. Geneva: WHO. Available: www.who.int/nmh/publications/ncd-status-report-2014/en/

4.2

Health equity and the social determinants of health

Topics: Health equity and the social determinants of health (concepts and principles) and their relevance in the broader public health context

Reading:

- Braveman P, Egerter S & Williams D. The Social Determinants of Health: Coming of Age. *Annual Review of Public Health* 2011, Vol. 32: 381-398.
- Audio lecture 1: Michael Marmot (2016). Health inequality and the causes of the causes. First lecture from the 2016 Boyer Lectures 'Fair Australia: Social Justice and the Health Gap'. Available: <http://www.abc.net.au/radionational/programs/boyerlectures/boyer-lecture-health-inequality-and-the-causes-of-the-causes/8172022>

Week 5

5.1

Epidemics and humanitarian emergencies: AFTERSHOCK humanitarian crises game



Topics: Global and national stakeholders and responses to epidemics and humanitarian emergencies

Reading:

- Peleg K. Disaster and emergency medicine – a conceptual introduction. *Frontiers in public health* 2013; 1:1-2. DOI: 10.3389/fpubh.2013.00044.

5.2

Access to medicines: An African or American issue?

Topics: Access to medicines; Intellectual property and its effects on access to medicines;

Reading:

- Torreele Els (2015, 13 October). Only a radical overhaul can reclaim medicines for the public interest. In “Talking about Drug Prices & Access to Medicines Pt 1: By Els Torreele, Open Society Foundations”. Available: <http://blogs.plos.org/yoursay/2015/10/13/talking-about-drug-prices-access-to-medicines/>.
- Video: Manica Balasegaram: Patients first: Promoting Access & Innovation to Save Lives. www.youtube.com/watch?time_continue=7&v=T49yX7K96yg

Week 6

6.1

Presentations by students of their country public health profiles (1 of 2)

Topics: Public health profiles from different countries; Exploring similarities and differences in country public health systems

Reading:

- Giving Constructive Feedback on Presentations. Duke University Center for Instructional Technology. https://learninginnovation.duke.edu/pdf/grad/constructive_feedback.pdf

Due date for submission of presentation of country health profile

6.2

Presentations by students of their country public health profiles (2 of 2)



Topics: Public health profiles from different countries; Exploring similarities and differences in country public health systems

Reading:

- Giving Constructive Feedback on Presentations. Duke University Center for Instructional Technology.

https://learninginnovation.duke.edu/pdf/grad/constructive_feedback.pdf

Due date for submission of peer evaluation of other student presentations

Readings

Beggs S, Foong YC, Le HC, et al. Swimming training for asthma in children and adolescents aged 18 years and under. *Cochrane Database Systematic Review*, 2013, 4: CD009607. Available: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009607.pub2/full>.

Bonita R (2006). Chapter 3: Type of studies. In R Bonita, R Beaglehole and T Kjellström (Ed.), *Basic Epidemiology*, 2nd edition (pp. 39-62). Geneva: World Health Organization. Available: http://whqlibdoc.who.int/publications/2006/9241547073_eng.pdf

Braveman P, Egerter S & Williams D. The Social Determinants of Health: Coming of Age. *Annual Review of Public Health* 2011, Vol. 32: 381-398.

Busse R, Blümel M, Knieps F & Bärnighausen T. Statutory health insurance in Germany: a health system shaped by 135 years of solidarity, self-governance, and competition. *The Lancet* 2017; 390(10097): 882-897. [http://dx.doi.org/10.1016/S0140-6736\(17\)31280-1](http://dx.doi.org/10.1016/S0140-6736(17)31280-1).

Frieden, T. R. A framework for public health action: the health impact pyramid. *American Journal of Public Health* 2010, 100(4), 590-595. Available: www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/pdf/590.pdf

Horton R, Das P. Universal health coverage: not why, what, or when – but how? *The Lancet* 2015; 385: 1156-1157. [http://dx.doi.org/10.1016/S0140-6736\(14\)61742-6](http://dx.doi.org/10.1016/S0140-6736(14)61742-6).

Jeffreys B (2017, 9 February). NHS Health Check: How Germany's healthcare system works. *BBC*. Retrieved from www.bbc.com/news/health-38899811.



Peleg K. Disaster and emergency medicine – a conceptual introduction. *Frontiers in public health* 2013; 1:1-2. DOI: 10.3389/fpubh.2013.00044.

Reich MR, Harris J, Ikegami N, Maeda A, Cashin C, Araujo EC, Takemi K, Evans TG. Moving towards universal health coverage: lessons from 11 country studies. *The Lancet* 2016; 20; 387(10020): 811-16. [http://dx.doi.org/10.1016/S0140-6736\(15\)60002-2](http://dx.doi.org/10.1016/S0140-6736(15)60002-2).

Torreele Els (2015, 13 October). Only a radical overhaul can reclaim medicines for the public interest. In “Talking about Drug Prices & Access to Medicines Pt 1: By Els Torreele, Open Society Foundations”. Available: <http://blogs.plos.org/yoursay/2015/10/13/talking-about-drug-prices-access-to-medicines/>.

World Health Organization. 2014. Chapter 7. Global target 7: Halt the rise in diabetes and obesity. *Global status report on noncommunicable diseases*. Geneva: WHO. Available: www.who.int/nmh/publications/ncd-status-report-2014/en/