



AZUSA PACIFIC UNIVERSITY

Master of Arts in Transformational Urban Leadership

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



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

TUL650: *Primary Health Care (3 units)* **Exploring public health issues in urban slums** **Fall 2012**

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I. Course Description

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

II Expanded Course Description

In major urban centers across the globe, slums are evolving from informal squatter communities consisting mostly of wooden shacks and gravel streets to communities where concrete and brick houses are being built, streets are paved, water lines laid, and metered electricity installed. Much of this infrastructural work is being carried out through concerned individuals organized through various types of community associations and other organizations, including churches.

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

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

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

III Course Rationale

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

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

The goals of *Primary Health Care* (PHC) are: (1) to comprehend slum health problems in their economic, environmental, social and political context, (2) to consider the catalytic role of churches and local

organizations implementing effective and innovative PHC programs, and (3) To associate public health with the holistic message of salvation of all beings and creation.

The course includes (a) weekly student and faculty interaction through online forums and Skype calls, introducing key ideas and frameworks for exploring primary health care in urban slums (30-40 hours), accompanied by (b) self-directed project work—reading, observation, interviewing, research, etc. (60-80 hours)—that is completed in conjunction with (c) practical training within a community health organization (50 hours). Course requirements total 160 hours of “invested learning.”

The course is organized around four projects that build upon each other in addition to online discussion*, linked to Student Learning Outcomes (SLO) below:

Online Discussion with weekly participation through group calls and forum threaded discussions, providing time for content review, experiential exchange and reflection. Students are expected to prepare for discussions and in some instances present course content to the cohort. (SLO: 1.1, 2.1)

1. Internship with a community-based health organization providing primary health care services to slum populations, with weekly guidance and evaluations provided by a supervisor. This experience informs the student’s health topic focus of the course and final projects. (SLO: 1.1, 3.1)
2. Community Health Ecology Project that includes windshield/sunglasses survey and asset mapping of the relationships between environmental, social and political determinants of health in the local slum context (Note: in some locations a similar project organized through a local health course will substitute for this project, to be determined by APU faculty). (SLO: 1.1, 1.2)
3. Data Collection & Analysis involves collecting primary (interviews) and secondary (national health statistics and database research) data and using mixed methods research for critical analysis of the data on a specific health issue for a target population as agreed upon through the internship. (SLO: 1.3, 3.1, 3.2)
4. Community Health Project & Presentation that compiles and builds upon the previous three projects, and the work is appropriately presented to the internship organization. (SLO: 1.3, 3.1)

*Note: See Expanded Project Description & Discussion Topics documents for full guidance on project development and expectations.

IV. Student Learning Outcomes

By the end of this course students will fulfill the following outcomes:

1. Cognitive (HEAD):

- 1.1 Identify major health issues among the urban poor.
- 1.2 Articulate the impact of multi-dimensional factors (social, political, spiritual/religious, environmental, etc.) on health.
- 1.3 Critically analyze and discuss one health issue experienced by residents in the student’s host (slum) community.

2. Affective (HEART):

2.1 Embrace the role of health promotion and justice for one's faith and in the life of Christian communities.

3. Practice (HANDS):

3.1 Apply theoretical knowledge to experiences with the internship in order to understand the challenges and innovations of health care delivery in slum communities.

3.2 Conduct qualitative research and gather secondary data to triangulate findings for a health topic.

V. Required & Recommended Course Materials

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

Please see Course Bibliography (Section VIII) for complete list of required reading, more reference material and online resources. **Required Materials marked with an asterix.** Others recommended.

- *Farmer, Paul. 2003. *Pathologies of Power: Health, Human Rights and the New War on the Poor*. California Series in Public Anthropology, Berkeley, CA. (Amazon: \$17, Kindle: \$15)

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

- *Minkler, Meredith. 2008. *Community Organizing and Community Building for Health*, 2nd edition. Rutgers University Press, New Brunswick, NJ. (Amazon: \$26, Kindle: \$16)
- Evans, Abigail Rian. 1999. *The Healing Church: Practical Programs for Health Ministries*. United Church Press, Cleveland, Ohio. (Amazon \$15, No Kindle Edition)
- Khan, O.A. & Pappas, G. 2011. *Megacities & Global Health*. American Public Health Association, Washington, DC. (Amazon Used: \$40, No Kindle Edition)
- Werner, D. and Bower, B. 2012. *Helping Health Workers Learn*. Hesperian Health Guides, Berkeley, CA. (Access entire text at <http://hesperian.org/books-and-resources/> or purchase hard copy for \$20)

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

VI. Course Calendar

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

The instructed learning component of the course will utilize weekly online discussions, including the APU Sakai forum threaded discussions (approximately 1 hour/week) and group Skype calls/discussions (1.5 hours/week). The online discussions will be guided by the instructor, including introductions of new health topics and concepts, processing of internship experiences, faith & health reflections and exchange between the cohort on local health issues and solutions. The course will focus on both an overview of urban health issues and important public health concepts as well as the participatory research each student has focused on a critical health topic in his/her slum community. Most of the course is dependent on the student taking responsibility to do independent reflection, research and writing, utilizing both experience and local/global health literature in order to accomplish the course learning outcomes.

The course is scheduled around the online discussions and four major projects. (See extended Project Descriptions and Discussion Topics documents for explanation of each assignment in detail). The course schedule, topics, evaluation and assignments may be altered at the instructor's discretion.

Course Schedule	Course Content	Readings & Assignments (completed before Skype discussion, unless noted otherwise)
TUL650: Primary Health Care in Urban Slums		
Week 1 [Sept 3-9]	<i>Introduction to Urban Health</i> Course introduction and overview Definitions of health Impacts of global/urban-ization Review of relevant course terminology Health actors/systems in urban areas	<u>Reading:</u> Text: Farmer (2003): Chapter 9 Online: See Course Bibliography Sakai: Welcome Letter, Syllabus, Project Descriptions, Discussion Topics docs, Rossi and Green Glossaries, Khan (2011): Chapter 12 <u>Assignments:</u> Identify and visit potential internship sites and review, order/download course material. <u>Forum Threaded Discussion (FTD) on Sakai:</u> Personal Health Reflections, post by Sept 6 th <u>Skype Discussion:</u> (Thursday, Sept 6 th 9-10:30pm PST) Course Introduction
Week 2 [Sept 10-16]	<i>Social (Economic and Political) Determinants of Health (SDH)</i> Review of SDH and other public health frameworks (lifespan, ecological approach, health belief model) & discussions of health disparity (student 5-10 minute presentations on topics below): <ul style="list-style-type: none"> • Racism/discrimination • Violence • Local governance/participation • Access to Medicine 	<u>Reading:</u> Text: Farmer (2003): Chapters 1 & 6, Minkler (2008): Chapters 8 & 9 Online: See Course Bibliography Sakai: n/a <u>Assignments:</u> Learning Agreements/Contract (for Project #1), due Sept 16 th <u>FTD on Sakai:</u> Respond (at least once) to the prior week's forum posts by Sept 16 th .

	<ul style="list-style-type: none"> • Gender Equity, etc. <p><i>Active Observation/Context Research</i></p> <ul style="list-style-type: none"> • “Windshield” (Sunglasses) Survey • Asset/Context Mapping 	<p><u>Skype Discussion:</u> (Thurs, Sept 13th 9pm PST), SDH and Health Ecology Project (Project #2)</p>
<p>Week 3 [Sept 17-23]</p>	<p><i>Environmental Health</i></p> <p>Review of environmental health issues and risks in cities (student 5-10 minute presentations on topics below):</p> <ul style="list-style-type: none"> • Population density & built environment • Water (access & quality) • Sanitation & Waste • Air/Pollution • Toxins (Ag/Industrial) • Disasters/Climate Change 	<p><u>Reading:</u> Text: n/a Online: See Course Bibliography Sakai: n/a</p> <p><u>Assignments:</u> Project #2 due Friday Sept 22nd: Health Ecology Project- 4-5 page description of the community context and health determinants of internship setting, including observational research.</p> <p><u>FTD on Sakai:</u> Reflect on “Sunglasses” Survey and Asset Mapping, post by Sept 20th</p> <p><u>Skype Discussion:</u> (Thurs, Sept 20th 9pm PST), Environmental Health and Identifying Health Issue</p>
<p>Week 4 [Sept 24-30]</p>	<p><i>Infectious Disease</i></p> <p>Review of common infections and communicable disease (CD) in urban slums and the basics of transmission and epidemiology (student 5-10 minute presentations on topics below):</p> <ul style="list-style-type: none"> • HIV/AIDS (including REAP programming overview) • TB, Malaria, • Cholera, • Immunization campaigns (Diphtheria, Typhoid, Hepatitis, etc.) <p><i>Identifying a health issue & target population (with internship)</i></p> <ul style="list-style-type: none"> • Gathering Secondary Data- Describe the health topic, determine magnitude, determinants and describe the population/context 	<p><u>Reading:</u> Text: Farmer (2003): Chapter 7 Online: See Course Bibliography Sakai: Rossi (1999): Chapter 4</p> <p><u>Assignments:</u> Identify health issue & target population with internship supervisor</p> <p><u>FTD on Sakai:</u> Respond (at least once) to the prior week’s forum posts by Sept 30th.</p> <p><u>Skype Discussion:</u> (Thurs, Sept 27th 9pm PST), Infectious Disease and Project #3a</p>
<p>Week 5 [Oct 1-7]</p>	<p><i>Chronic & Non-communicable Disease</i></p> <p>Review of common CNCD in urban slums (student 5-10 minute presentations on topics below):</p> <ul style="list-style-type: none"> • Diabetes, • Cancer, • Substance abuse, • Heart Disease and Hypertension, • Mental Health/Stress Disorders 	<p><u>Reading:</u> Text: n/a Online: See Course Bibliography Sakai: n/a</p> <p><u>Assignments:</u> Project 3a due Friday Oct 5th: Secondary Data Collection- 2-3 page report on the health topic from secondary data and online research</p>

		<p><u>FTD on Sakai:</u> Identify and explain chosen health issue & target population for CHP, post by Oct 4th</p> <p><u>Skype Discussion:</u> (Thursday Oct 4th 9pm PST), CNCD</p>
<p>Week 6 [Oct 8-14]</p>	<p><i>Maternal & Child Health (MCH)- Including Household Food Security</i></p> <p>Review of common MCH issues in urban slums, including impacts of household-level food insecurity and malnutrition (student 5-10 minute presentations on topics below):</p> <ul style="list-style-type: none"> • Women’s reproductive health and family planning • Mother & infant mortality • Childhood illness- diarrhoeal, pneumonia, etc. • Household-level nutrition (quantity, quality & variety of nutrient deficits) <p><i>Primary Research Toolkit: How to conduct Key Informant Interviews (KII), Focus Groups (FGs) and Individual Case Studies/Health Histories</i></p>	<p><u>Reading:</u> Text: Minkler (2008): Appendix 1 Online: See Course Bibliography Sakai: Judd (1991): Ch. 11</p> <p><u>Assignments:</u> Identify interview participants (with internship) – be prepared to share during Skype discussion</p> <p><u>FTD on Sakai:</u> Respond (at least once) to the prior week’s forum posts by Oct 14th.</p> <p><u>Skype Discussion:</u> (Thursday Oct 11th 9pm PST), MCH and Food Security/ Nutrition and Project #3b</p>
<p>Week 7 [Oct 15-21]</p>	<p><i>The Interviews: Capacity Assessment & Case Studies-</i></p> <ul style="list-style-type: none"> • NGOs/Churches • Health Provider & Traditional Healer • Government/MoH • Community leader • Community member first-hand experience with the health topic 	<p><u>Reading:</u> n/a</p> <p><u>Assignments:</u> Finish conducting interviews and expanding notes/narratives during this week; Remind internship supervisor of required mid-term Performance Evaluation, due Oct 28th</p> <p><u>FTD on Sakai:</u> Summarize one interview or health history narrative and share, post by Oct 18th</p> <p><u>Skype Discussion:</u> (Thursday Oct 18th 9pm PST), Guest Speaker</p>
<p>Week 8 [Oct 22- 28]</p>	<p><i>Mixed Methods- Triangulation</i></p> <p>Why mixed methods for urban health research?</p> <ul style="list-style-type: none"> • The “gold standard” in health research and the limitations • Identifying the components of your “triangle” diagram <p>“Urban health research requires a combination of epidemiologic observations, ecological characterization, and a description of the lived experience of individuals living in</p>	<p><u>Reading:</u> Text: n/a Online: See Course Bibliography Sakai: Barg (2005, in Handbook): Ch. 13, Green (2005): Ch. 2, Judd (1991): Ch. 13</p> <p><u>Assignments:</u> Project 3b due Friday Oct 26th: Primary Data Collection- 5-6 page description of local capacity and case studies (interviews)</p> <p><u>FTD on Sakai:</u> Respond (at least once) to the prior week’s forum posts by Oct 28th.</p>

	a given environment.” (p 254) <i>Handbook of Urban Health</i>	Skype Discussion: (Thursday Oct 25 th 9pm PST), Mixed Methods Critical Analysis and ‘Discussion’ of CHP (Project #4a)
Week 9 [Oct 29-Nov 4]	<p><i>Critical Analysis and Discussion of Best Practice</i></p> <p>Case Studies Review- What are people doing to address the issue?</p> <ul style="list-style-type: none"> • Summarize community-based interventions, the challenges, successes and lessons learned • Review types of interventions (Prevention, Education, Access, Behavior, Advocacy) • Example of SWOT analysis • “Ten Commandments of Community-based Research” 	<p><u>Reading:</u> Text: Farmer (2003): Chapters 1 & 6, Minkler (2008): Appendix 4 & 11 Online: See Course Bibliography Sakai: Lawrence (2005): Ch. 24 *Students will research local case studies of best practice on the health issue.</p> <p><u>Assignments:</u> (To be completed and compiled with final CHP, Project #4): 3-4 page discussion of triangulation findings and summary of three community-based “best practice” approaches to address the health topic- describe the lessons learned using different interventions and applicability to your context</p> <p>FTD on Sakai: Summarize and justify at least one of the best practices to address the health issue in your context, post by Nov 1st</p> <p><u>Skype Discussion:</u> (Thursday Nov 1st 9pm PST), Guest Speaker</p>
Week 10 [Nov 5-11]	<p><i>Accountable Research: Preparing for Community Reportback</i></p> <p>Discussion on concepts of accountability and empowerment in sharing data.</p> <p>Planning for student presentations or ‘reportbacks’ of CHP to internships and/or stakeholders</p> <ul style="list-style-type: none"> • Interpretation and application of the research (policy-making, program planning, public awareness, etc.) • What product will be “handed over” to be of most use to the org? 	<p><u>Reading:</u> Text: n/a Online: See Course Bibliography Sakai: LeCompte (2010): Ch. 9</p> <p><u>Assignments:</u> This week is used to prepare reportback of CHP</p> <p>FTD on Sakai: Respond (at least once) to the prior week’s forum posts by Nov 11th.</p> <p><u>Skype Discussion:</u> (Thursday Nov 8th 9pm PST), Accountable Research and Project #4b</p>
Week 11 [Nov 12-18]	<p>Community Reportbacks in progress... <i>Presentation of Projects/Findings to Cohort</i></p>	<p><u>Reading:</u> n/a</p> <p><u>Assignments:</u> Reportbacks in progress Assigned students are prepared to give 10-minute presentation of CHP to the cohort.</p> <p>FTD on Sakai: Reflect on how your community reportback went(!), what would you do the same or differently next time, post and respond (at least</p>

		<p>once) by Nov 25th</p> <p><u>Skype Discussion:</u> (Thursday Nov 15th 9pm PST), Student presentations of CHP, Explain finalization of CHP (Project #4)</p>
<p>Week 12 [Nov 19-25]</p>	<p><i>Finalize Presentations/ Break</i></p>	<p><u>Reading:</u> n/a</p> <p><u>Assignments:</u> Finalizing presentations, if needed, revising previous projects for compilation of CHP</p> <p><u>FTD on Sakai:</u> same as above</p> <p><u>Skype Discussion:</u> break</p>
<p>Week 13 [Nov 26- Dec 2]</p>	<p><i>Presentation of Projects/Findings to Cohort-continued</i></p>	<p><u>Reading:</u> n/a</p> <p><u>Assignments:</u> Assigned students are prepared to give 10-minute presentation of CHP to the cohort.</p> <p><u>FTD on Sakai:</u> break</p> <p><u>Skype Discussion:</u> (Thursday Nov 29th 9pm PST), Student presentations of CHP, Share progress on finalization of CHPs (Project #4)</p>
<p>Week 14 [Dec 3-9]</p>	<p><i>Theology of Health</i></p> <p>Review church-based models for primary health care in urban slums as well as the Farmer model of non-church but faith-based care:</p> <ul style="list-style-type: none"> • Cell groups [Guest speaker] • Farmer's theology summarized as "Preferential Option for the Poor" <p>Secular "Kingdom" work for health (Zapatistas, PIH, NMD/Samaritans, CCDA in the US)</p>	<p><u>Reading:</u> Text: Farmer (2003): Chapters 3 & 5 Online: See Course Bibliography (TBD) Sakai: Evans (1999): Chapter 1 +</p> <p><u>Assignments:</u> Be prepared to share and discuss the required reading above for the Skype discussion</p> <p><u>FTD on Sakai:</u> Share about how your personal perspective on faith & health has developed during this course, post by Dec 6th</p> <p><u>Skype Discussion:</u> (Thursday Dec 6th 9pm PST), Guest Speaker and discussion of Health Theology</p>
<p>Week 15 [Dec 10-16]</p>	<p><i>Final Projects Due</i></p>	<p><u>Reading:</u> n/a</p> <p><u>Assignments:</u> Final Community Health Projects #4 (20-22 pgs), Signed Service Log, Self-Assessment and Intern Evaluation of the Agency, and Final Performance Evaluation documents all due Dec 16th</p> <p><u>FTD on Sakai:</u> Respond (at least once) to the prior week's forum posts by Dec 16th.</p>

		Skype Discussion: n/a, individual email and Skype interaction as needed
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V. Evaluation & Assessment

Assessment Task	Max. Points	Weighting
<p><i>Weekly Online Discussions (30-40 hours)</i></p> <p>Forum Threaded Discussions (10.5 points total): Seven FTDs at 1.5 pts each topic (1 pt for original post + 0.5 pt for response) based on 4-item scale of quantity, timeliness and quality of posts</p> <p>Group Skype Calls (4.5 points total)- 1.5 pt each of three student-led presentations (Faith & Health Reflection x1 and Health Topic Briefs x2) based on 4-item rubric. Additional 0.25 pt of Extra Credit for 'presence & participation' on each call with no scheduled presentation (10 calls= 2.5 possible EC pts).</p>	15 (+2.5 EC)	15%
<p><i>Project #1: Health Organization Internship (10 hours to coordinate internship/meet with supervisor and 40 hours of voluntary service)</i></p> <p>Evaluative criteria: Completeness of forms and timeliness of submission: *Contract/learning agreement- 5 pts *Signed service log- 5 pts *Self-assessment- 3 pts *Performance assessment by supervisor (mid-term and final)- 10 pts (5/ea) *Intern evaluation of agency- 2 pts</p>	25	25
<p><i>Project #2: Community Health Ecology Project (15 hours)</i></p> <p>This project includes 4-5 page written report, 2 hours of active observation research (Sunglasses Survey/Asset Mapping), and 8 hours of project-specific reading.</p> <p>Evaluative criteria: timeliness, completeness, depth of analysis, writing quality</p>	10	10
<p><i>Project #3: Data Collection & Analysis (25 hours)</i></p> <p>Project 3a: Secondary Data- This assignment requires a 2-3 page report from 4 hours of online research and 4 hours of reading- 10 pts</p> <p>Project 3b: Primary Data- This assignment requires a 5 page report from 5 hours of interviews and 5 hours of reading- 10 pts</p> <p>Evaluative criteria: timeliness, completeness, depth of analysis, writing quality</p>	20	20

<p><i>Project #4: Community Health Project & Presentation (30-40 hours), final report 20-22 pages and formatted Endnotes/ bibliography</i></p> <p><i>Project 4a: Community Reportback/Presentation that include context-appropriate materials and a forum with stakeholders to summarize and share the student's work and presentation to cohort (10-15 hours)- 10 pts</i></p> <p><i>Project 4b: Final Community Health Project Report (20-25 hours)- 20 pts</i></p> <p><u>Main components of final report drawing upon previous projects, forum discussions, internship guidance & course literature:</u></p> <ul style="list-style-type: none"> ✓ 6 pgs: Background of local health issues and determinants, description of internship in context ✓ 5 pgs: Overview of identified health topic & target population from secondary and primary data ✓ 3 pgs: Overview of community-based interventions and approaches ✓ 4 pgs: Triangulation of data, capacity assessment and discussion of applying best practice ✓ 2 pgs: Summary and final reflections of community reportback and presentation ✓ Bibliography, Appendices, Photos, etc. <p>Evaluative criteria: timeliness, completeness, depth of analysis, writing quality</p>	30	30
<i>Total</i>	100	100%

VI. Grading Scales

Grades are assigned according to the following levels of proficiency for graduate level work:

Grade	APU	
	GPA	Numeric
A+		N/A
A	4.0	95-100
A-	3.7	92-94.99
B+	3.3	89-91.99
B	3.0	84-88.99
B-	2.7	81-83.99
C+	2.3	78-80.99
C	2.0	73-77.99
C-	1.7	70-72.99
D+	0	69-69.99
D	0	68-68.99
D-	0	65-67.99
F	0	0-64.99
Inc		

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

- **Class attendance:** Students are required to join in the class SKYPE discussions each week and to contribute to ongoing FTDs with an original post and at least one response to posts of peers within an approximate 2-week period. This gives the core coherence to the online learning process.
- **Late work and extra credit:** If a student has an “excused” delay from an assignment that is due, they may make that up within the next week. Excused delays may be acquired by contacting the APU instructor ahead of deadline and receiving written/email confirmation. If they have no excuse from the week’s work, they will receive a 5% drop in grade if submitted the next week, and 10% if submitted two weeks later, with progressive decline of the grade. As each assignment builds upon the next in this course and they are revised and compiled for the final project, it is important that students keep up with the pace of the course. Presence and participation in each Skype call allows for a total of 2.5 points of extra credit (0.25 pt/Skype in which the student is not scheduled to present, 10 total).
- **Incompletes:** The grade of “Incomplete” can only be given in the case of a verified personal/family emergency and with the approval of the course professor and the college dean.
- **Returns:** I will attempt to grade work the week submitted though this is not always feasible. The course work and grades will be open to view two weeks after the end of the course.

VII. Course Policies

Attendance in the weekly online SKYPE calls or forum discussions is essential in any learning community, as each class builds on the previous.

Writing Assignments: Projects and Forum Discussions are due on assigned dates (by midnight PST). All assignments should be formatted as follows:

- Times New Roman, 12 point
- 1 inch margins
- Title, name and date in right upper corner,
- Page numbers in right lower corner
- Single-spaced
- Endnotes/bibliography
- Checked for spelling/grammatical errors

Preparation/Study time: In a 15-week course, the expected total course time for one class is up to 160 hours. The general rule of thumb is that a Module requires at least three hours of work off line for each hour the student spends online in class each week. In an online course there is less face-to-face time (Usually 2-3 hours per week including forum discussion), but the total of 8-10 hours per week remains.

Following the APU Credit Hour policy, to meet the identified student learning outcomes of this course, the expectation of a 3-unit course during a 15-week term approximates 160 hours of invested work:

- 2-3-hours/week of online class discussion or direct faculty interaction (30-40 hours total)
- 3 to 4-hours/week of internship (50 hours total)
- 4 to 5-hours/week of research/ fieldwork/ other academic work (60-80 hours total)

The aim of a course is not to overwhelm the student with stress, but create a positive learning environment. Learning a healthy work-life balance is part of the graduate experience. The instructor recognizes that healthcare may not be your field or expertise, thus adding an element of challenge, but it is hoped that the student complete the course with a new appreciation for the integration of health concepts in all types of social justice, church and community-based work, thus being able to supervise or partner with other development workers for whom this is their specialization.

Academic Integrity: The practice of academic integrity to ensure the quality of education is the responsibility of each member of the educational community at Azusa Pacific University. It is the policy of the university that academic work should represent the independent thought and activity of the individual student, and work that is borrowed from another source without attribution or used in an unauthorized way in an academic exercise is considered to be academic dishonesty that defrauds the work of others and the educational system. Engaging in academic dishonesty is a serious offense for which a student may be disciplined or dismissed from a program. The full academic integrity policy is available in the graduate catalog. Further, all university and departmental policies affecting student work, appeals, and grievances, as outlined in the Graduate Catalog and/or Department Handbook will apply, unless otherwise indicated in this syllabus

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

Disability Procedure: Students in this course who have a disability that might prevent them from fully demonstrating their abilities should meet with the MATUL program director, as soon as possible to initiate disability verification and discuss accommodations that may be necessary to ensure full participation in the successful completion of course requirements.

VIII. Course Bibliography

1. Introduction to Urban Health (Week 1)

Required

Farmer, P., 2003. "Chapter 9: Rethinking Health and Human Rights: Time for a Paradigm Shift," in *Pathologies of Power*. CSPA, Berkeley, CA: 213-246. (That's right, we are starting with the last chapter!)

Green, L.W., Kreuter, M.W. 2005. "Glossary," in *Health Program Planning: An Educational and Ecological Approach*, 4th Edition. McGraw-Hill, New York, NY. [Available on Sakai]

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

People's Health Movement. "Global Call for Action around the 30th Anniversary of the Alma Ata Declaration." Retrieved July 2012; <http://www.phmovement.org/en/node/867>.

Rossi, P.H., Freeman, H.E., Lipsey, M.W. 1999. "Glossary," in *Evaluation: A Systematic Approach*, 6th Edition. Sage Publications, Thousand Oaks, CA. [Available on Sakai]

Recommended

Harpham, T. 2009. Urban health in developing countries: What do we know and where do we go? *Health & Place*, 15: 107-116. [Access at <http://www.sciencedirect.com/science/article/pii/S1353829208000385>]

Harpham, T, Molyneux, C. 2001. Urban health in developing countries: A review. *Progress in Development Studies*, 1:113-137. [Access at <http://pdj.sagepub.com/content/1/2/113.abstract>]

Sclar, E.D., Garau, P., Carolini, G. 2005. The 21st century health challenge of slums and cities. *Lancet*, 365: 901-3. [Access at [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(05\)71049-7/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(05)71049-7/fulltext)]

2. Social Determinants of Health (SDH) (Week 2)

Required

Farmer, P. 2003. "Ch 1: Suffering and Structural Violence," p.29-50; and "Ch 6: Listening for Prophetic Voices: A Critique of Market-based Medicine," p. 160-178.

Labonte, R., & Schrecker, T. 2007. Globalization and the social determinants of health. *Globalization and Health*, 3:5. [Access at http://www.who.int/social_determinants/resources/globalization_and_sdh1.pdf]

Lind, A., Farnelo, M. 1996. Gender and urban social movements: Women's community responses to restructuring and urban poverty. *United Nations Research Institute for Social Development*. [Access at [http://www.unrisd.org/unrisd/website/document.nsf/0/c59d935ec5987d6180256b65004ff007/\\$FILE/dp76e.pdf](http://www.unrisd.org/unrisd/website/document.nsf/0/c59d935ec5987d6180256b65004ff007/$FILE/dp76e.pdf)]

World Health Organization. Commission on Social Determinants of Health. Retrieved July 2012; http://www.who.int/social_determinants/en/.

Recommended

Fry, S., Cousins, B., Olivola, K., 2002. Health of children living in urban slums in Asia and the Near East: Review of existing literature and data. USAID, Washington, DC. [Access at http://www.ehproject.org/PDF/Activity_Reports/AR109ANEUrbHlthweb.pdf]

Galea, S., Vlahov, D. 2005. Urban health: Evidence, challenges, and directions. *Annual Review of Public Health*, 26: 341-65. [Access at <http://www.annualreviews.org/doi/abs/10.1146/annurev.publhealth.26.021304.144708>]

Marmot, M. 2006, December 9th. Health in an unequal world. *Lancet*, 368: 2081-2094.

3. Active Observation/Context Research for Health (Weeks 2-3)

Required

Community Toolbox. "Windshield and Walking Surveys." University of Kansas. Retrieved July 2012; <http://ctb.ku.edu/en/tablecontents/chapter3-section21-main.aspx>.

Community Toolbox. "Identifying Community Assets and Resources." University of Kansas. Retrieved July 2012; http://ctb.ku.edu/en/tablecontents/sub_section_main_1043.aspx.

Minkler, Meredith. 2008. "Ch 8: Community Health Assessment or Healthy Community Assessment" and "Ch 9: Mapping Community Capacity," in *Community Organizing and Community Building for Health*, 2nd edition. Rutgers University Press, New Brunswick: 138-157.

4. Environmental Health (Week 3)

Required

Conant, J. and Fadem, P. 2012. *A Community Guide to Environmental Health*. Hesperian Health Guides, Berkeley, CA. [Access at <http://hesperian.org/books-and-resources/> and choose two chapters to read online that are relevant to your context, i.e. Protecting Community Water or Solid Waste or Sustainable Farming.]

Hyder, A., Ghaffar, A., et al. 2006. Health and road transport in Pakistan. *Journal of Public Health*, 120: 132-141. [Access at [http://www.publichealthjml.com/article/S0033-3506\(05\)00106-X/abstract](http://www.publichealthjml.com/article/S0033-3506(05)00106-X/abstract)]

International Institute for Environment and Development. Publications: Water and Sanitation. Retrieved July 2012; <http://pubs.iied.org/search.php?c=waters>. (Choose a report from this page on an issue for your context.)

Kjellstrom, T., Friel, S., et al. 2007, May. Urban environmental health hazards and health equity. *J Urban Health*, 84(3 Suppl): i86-97. [Access at <http://www.ncbi.nlm.nih.gov/pubmed/17450427>]

McMichael, A.J. 2008. The urban environment and health in a world of increasing globalization: issues for developing countries. *Bulletin of the World Health Organization*, 78: 1117-26. [Access at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2560839/>]

Recommended

Vallet, M. 2011. "Ch 13: The Export of Hazardous Waste," in *Risks of Hazardous Waste* (Rosenfeld, P. & Feng, L., Eds.) Elsevier, Oxford: 169-184. [Available on Sakai, covers health effects of electronic, agricultural, industrial wastes dumped in poor countries]

Worldwatch Institute. 2007. State of the world 2007: Our urban future. Retrieved July 2012; <http://www.worldwatch.org/bookstore/publication/state-world-2007-our-urban-future>. (Any of the State of the World reports are worth checking out, individual chapters available online.)

5. Infectious Disease (Week 4)

Required

Farmer, P. 2003. "Ch 7: Cruel and Unusual: Drug-Resistant TB as Punishment," p. 179-195.

McMichael, A.J. 2004. Environmental and social influences on emerging infectious diseases: Past, present, and future. *Philosophical Transactions of the Royal Society*, 359: 1049-58. [Access at <http://rstb.royalsocietypublishing.org/content/359/1447/1049>]

Operation Whole Africa. Reference Materials: Resource Education for AIDS Prevention (REAP). Retrieved July 2012; <http://operationwhole.com/referencematerials.html>. [REAP tools will be provided online/Sakai]

Partners in Health. Cholera. Retrieved July 2012; <http://www.pih.org/pages/cholera/>. (Scan webpage and choose one PIH report on Cholera in Haiti to read)

Tatem, A.J., et al. 2008. Human population, urban settlement patterns and their impact on Plasmodium falciparum malaria endemicity. *Malaria Journal*, 7: 218. [Access at <http://www.malariajournal.com/content/7/1/218>]

Weiss, R.A., McMichael, A.J. 2004 Social and environmental risk factors in the emergence of infectious diseases. *Nature Medicine*, 10: S70-S76. [Access at <http://www.nature.com/nm/journal/v10/n12s/full/nm1150.html>]

Recommended

Doctors Without Borders, *Kibera: HIV/AIDS care in Africa's largest slum*. Retrieved July 2012; <http://www.doctorswithoutborders.org/news/article.cfm?id=1569&cat=field-news>.

Farmer, P., et al. 2001, August 4th. Community-based approaches to HIV treatment in resource poor settings. *Lancet*, 358.

Granich, R., et al. 1999. *HIV health and your community: a guide for action*. Stanford University Press, Palo Alto, CA.

International AIDS Vaccine Initiative. Retrieved July 2012; <http://www.iavi.org/Pages/default.aspx>.

Ratho, R. K., et al. 2005, December. An outbreak of Dengue fever in periurban slums of Chandigarh, India with special reference to entomological and climatic factors. *Indian Journal of Medical Sciences*, 59(12): 518-526. [Access at <https://tspace.library.utoronto.ca/bitstream/1807/7644/1/ms05079.pdf>]

6. Identifying a health topic & Gathering Secondary Data (Weeks 4-5)

Required

Measure Demographic and Health Surveys. Data for more than 80 developing countries. USAID. Retrieved July 2012; <http://www.measuredhs.com/>.

Rossi, P.H., Freeman, H.E., Lipsey, M.W. 1999. "Ch. 4: Assessing the Need for a Program," in *Evaluation: A Systematic Approach*, 6th Edition. Sage Publications, Thousand Oaks, CA: 118- 152. [Available on Sakai]

World Health Organization. *Countries / Health Topics*. Retrieved July 2012; <http://www.who.int/countries/en/> and <http://www.who.int/topics/en/>.

World Health Organization. Urban HEART Reports and Country Profiles: Kenya, Iran, Philippines (etc.) Retrieved July 2012; http://www.who.int/kobe_centre/measuring/urbanheart/en/index.html.

7. Chronic & Non-communicable Disease (Week 5)

Required

Anand, K., Shah, B., et al. 2007, May-June. Are the urban poor vulnerable to non-communicable diseases? A survey of risk factors for non-communicable diseases in urban slums of Faridabad. *Natl Medical Journal of India*, 20(3): 115-20. [Access at <http://www.ncbi.nlm.nih.gov/pubmed/17867614>] (Covers smoking, diets, etc.)

Balogun, M.R., Odukoya, O.O., et al. 2012, March. Cervical cancer awareness and preventive practices: a challenge for female urban slum dwellers in Lagos, Nigeria. *African Journal of Reproductive Health*, 16(1): 75-82. [Access at <http://www.ncbi.nlm.nih.gov/pubmed/22783671>]

Campbell, T. & Campbell, A. 2007, May. Emerging disease burdens and the poor in cities of the developing world. *Journal of Urban Health*, 84(1), 54–64. [Access at <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1891650>]

Kokiwar, P.R., Jogdand, G.R. 2011, Jan-March. Prevalence of substance use among male adolescents in an urban slum area of Karimnagar district, Andhra Pradesh. *Indian J Public Health*, 55(1): 42-5. [Access at <http://www.ncbi.nlm.nih.gov/pubmed/21727681>]

Popkin, B.M. 2004, July. The nutrition transition: an overview of world patterns of change. *Nutrition Review*, 62(7 Pt 2): S140-3. [Access at <http://www.ncbi.nlm.nih.gov/pubmed/15387480>]

Somrongthong, R., Wongchalee, S., Laosee, O. 2012, July 15th. Depression among adolescents: a study in a Bangkok slum community. *Scand J Caring Sci*. Epub ahead of print. [Access <http://www.ncbi.nlm.nih.gov/pubmed/22804744>]

Recommended

Jenkins, R., Mbatia, J., Singleton, N., White, B. 2012, June. Common mental disorders and risk factors in urban Tanzania. *Int J Environ Res Public Health*, 7(6): 2543-58. [Access at <http://www.ncbi.nlm.nih.gov/pubmed/20644689>]

Riley, L.W. 2007. Slum health: diseases of neglected populations. *BMC International Health and Human Rights*, 7:2. [Access at <http://www.biomedcentral.com/1472-698X/7/2>]

Sawaya, A.L. 2005. Association between chronic undernutrition and hypertension. *Maternal and Child Nutrition*, 1: 155–163. Access at <http://www.blackwellsynergy.com/doi/pdf/10.1111/j.1740-8709.2005.00033.x>

World Health Organization. 2002. *Innovative care for chronic conditions: building blocks for action*. Geneva: WHO. Retrieved July 2012; <http://www.who.int/chp/knowledge/publications/icccreport/en/>.

8. Maternal & Child Health (MCH)- Including Household Food Security (Week 6)

Required

Abuya, B.A., Ciera, J.M., Kimani-Murage, E. 2012, June 21st. Effect of mother's education on child's nutritional status in the slums of Nairobi. *BMC Pediatrics*, 12(1): 80. [Access at <http://www.ncbi.nlm.nih.gov/pubmed/22721431>]

Awasthi S, Agarwal S. 2003. Determinants of childhood mortality and morbidity in urban slums in India. *Indian Pediatrics*, 40: 1145-1161. [Access from: <http://indianpediatrics.net/dec2003/1145.pdf>]

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

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

Khatun F, et al. 2012, Jan. Causes of neonatal and maternal deaths in Dhaka slums: implications for service delivery. *BMC Public Health*, 12: 84. [Access from: <http://www.ncbi.nlm.nih.gov/pubmed/22280444>]

Perry HB, et al. 1999. A comprehensive assessment of the quality of services provided by family planning field workers in one major area of Dhaka City, Bangladesh. *Journal of Health & Population in Developing Countries*, 2(1): 45-57. [Access at <http://www.ncbi.nlm.nih.gov/pubmed/12349109>]

RUAF Foundation. 2004. Women feeding cities: Gender mainstreaming in urban food production & food security. Proceedings of the workshop jointly organized by ETC-RAUF and CGIAR-Urban Harvest. 20-23 September 2004, Accra, Ghana. [Access from: <http://www.ruaf.org/node/59>]

Recommended

Brieger WR, et al. 2001. Community partners for health: Urban health coalitions in Lagos, Nigeria. *International Quarterly of Community Health Education*, 20(1): 59-81. [Access at <http://baywood.metapress.com/app/home/contribution.asp?referrer=parent&backto=issue,5,7;journal,47,121;linkingpublicationresults,1:300315,1>]

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

Hyder, A.A., Wali, S.A., & McGuckin, J. 2003. The burden of disease from neonatal mortality: a review of South Asia and Sub-Saharan Africa. *BJOG*, 110(10): 894-901.

Jones, G., Steketee, R.W., et al. 2003, July 5th. Child Survival Study Group- How many child deaths can we prevent this year? *The Lancet*, 362(9377), 65-71.

Mougeot LJA. 2006. Growing better cities: Urban agriculture for sustainable development. International Development Research Centre, Ottawa. [Access book online at <http://web.idrc.ca/openbooks/226-0/>]

Maxwell D. 1998, Feb. The political economy of urban food security in sub-Saharan Africa. International Food Policy Research Institute, Washington, DC. [Access at <http://www.ifpri.org/publication/political-economy-urban-food-security-sub-saharan-africa>]

World Health Organization. 2000. Management of the child with a serious infection or severe malnutrition: guidelines for care at the first-referral level in developing countries. Geneva. Retrieved July 2012; http://www.who.int/child-adolescent-health/publications/CHILD_HEALTH/WHO_FCH_CAH_00.1.htm.

9. Primary Research Toolkit (Weeks 6-7)

Required

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

Judd, C.M., Smith, E.R., Kidder, L.H., 1991. "Ch. 11: Questionnaires and Interviews: Asking Questions Effectively," in *Research Methods in Social Relations*, 6th Edition. Holt Rinehart and Winston, Orlando, FL: 228-265. [Available on Sakai]

Minkler, Meredith. 2008. "Appendix 1: Action-Oriented Community Diagnosis Procedure," in *Community Organizing and Community Building for Health*, 2nd edition. Rutgers University Press, New Brunswick, 433-435. (*Also review again the reading on "Healthy Community Assessment" as this will guide the tailoring of interview questions.)

10. Mixed Methods- Triangulation (Week 8)

Required

Community Toolbox. "Section 15: Qualitative Methods to Assess Community Issues." University of Kansas. Retrieved July 2012; http://ctb.ku.edu/en/tablecontents/section_1050.aspx.

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

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

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

11. Critical Analysis and Discussion of Best Practice (Week 9)

Required

Community Toolbox. "Section 14: SWOT Analysis." University of Kansas. Retrieved July 2012; http://ctb.ku.edu/en/tablecontents/sub_section_main_1049.aspx.

Global Health Case Studies Project. Sponsored by Bill & Melinda Gates Foundation, WHO, etc. Retrieved July 2012; <http://casestudiesforglobalhealth.org/>.

Lawrence, R.J. 2005. "Ch. 24: Building Healthy Cities: The World Health Organization Perspective," in *Handbook of Urban Health: Populations, Methods and Practice*. (Galea, S. and Vlahov, D., eds) Springer, New York: 479-501. [Available on Sakai]

Minkler, Meredith. 2008. "Appendix 4: Using Force Field and SWOT Analysis as Strategic Tools in Community Organizing/ App 11: Ten Commandments of Community-based Research," in *Community Organizing and Community Building for Health*, 2nd edition. Rutgers University Press, New Brunswick, 444-447, 464. [Available on Sakai]

Yazbeck, A. S., et al. eds. 2005. Reaching the poor with health, nutrition, and population services: What works, what doesn't, and why. World Bank Publications, Washington, DC. Retrieved July 2012; <http://siteresources.worldbank.org/INTPAH/Resources/Reaching-the-Poor/summary.pdf>.

*Note: The community-based best practices for your health topic and locale will need to be researched on your own.

Recommended

Taylor-Ide, D., & Taylor, C.E. (2002). *Just and lasting change: when communities own their futures*. Johns Hopkins Press. [Describes methods for mobilizing communities to take ownership and direct their own health programs. Most chapters describe community case studies.]

12. Community Reportback & Presentations (Weeks 10-13)

Required

LeCompte, M.D. and Schensul, J.J. 2010. "Ch. 9: Applying Ethnography," in *Ethnographer's Toolkit Book 1: Designing & Conducting Ethnographic Research*, 2nd Edition. AltaMira Press, Lanham, MD: 251-283. [Available on Sakai]

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

Recommended

Lankester, T. (2000). *Setting up community health programmes: a practical manual for use in developing countries* (2nd ed.). London: Macmillan.

Bensley, Robert. (2003). *Community health education methods: A practical guide* (2nd ed.) Jones and Bartlett Publishers.

13. Theology of Health (Week 14)

Required

Evans, Abigail Rian. 1999. *The Healing Church: Practical Programs for Health Ministries*. United Church Press, Cleveland, Ohio. (The entire book is a good read, chapter one is available on Sakai)

Gunderson, G. 1999. "Lecture: Good news for the whole community: reflections on the history of the first century of the social gospel movement." Interfaith Health Program of Emory Rollins School of Public Health. Retrieved July 2012; <http://www.ihpnet.org/goodnews.htm>.

Farmer, P. 2003. "Ch 3: Lessons from Chiapas," p. 91-114; "Ch 5: Health, Healing & Social Justice: Insights from Liberation Theology," p. 139-159.

Tearfund. 2006, June. Urban Renewal. *Footsteps Newsletter*. Retrieved July 2012; <http://tilz.tearfund.org/Publications/Footsteps+61-70/Footsteps+67/>. (Tearfund is a UK-based Christian international relief & development organization, all Footsteps issues can be read online.)

14. Key Faculty References (in addition to above)

American Public Health Association. Retrieved- ongoing 2012: www.apha.org

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

JHSPH OpenCourseware. Urban Health in Developing Countries. Retrieved July 2012;
<http://ocw.jhsph.edu/index.cfm/go/viewCourse/course/UrbanHealth/coursePage/index/>.

Nadakavukaren, A. (2005). *Our global environment: a health perspective* (5th ed.). Prospect Heights: Waveland Press Inc.