

**TUL650: Urban Community Health Programs *(3 units)***

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

[Revised Jan, 2019VG]

Mission and Purpose Statement of WCIU

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

## Master of Arts in 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, Mexico]

## Course Information

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| Program: MA in Transformational Urban Leadership |  | Number of Credits |
| MA in Transformational Urban Leadership |  | Three (3) semester hours graduate credit |
| Instructors: Prof., PhD | Email: ----@wciu.edu | Online, Tuesday 5:30 – 7:30 PST |
| **Updated:** 10.25.19 | To do: Check all references |  |

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

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 urban slums. Students serve as mentored interns with a health organization in the community where they live or work.

II. **The Need**

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

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

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

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

III **Course Pedagogy**

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

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

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

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

The course is organized around four projects that build upon each other in addition to online discussion,1 linked to Student Learning Outcomes (SLO) in the next section:

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

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, 4)
2. Community Health Ecology Project that includes observational and secondary research and asset mapping of the relationships between environmental, social and political determinants of health for a specific health issue in the local slum context (Note: in some locations a similar project organized through a local health course can substitute for some credit of this project, to be determined by WCIU faculty). (SLO: 1, 2)
3. Community Health Reportback involves collecting primary (interviews) data on innovative community-based interventions, as course practice in research methods, and using the findings to develop a culturally/contextually-relevant and useful handover tool for the internship (as agreed upon through the internship). (SLO: 4, 5)
4. Final Presentations of i) report back key findings to the internship organization and community stakeholders, and ii) a summary presentation to the course cohort via Zoom. (SLO: 5)

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

## Note on Research: This is not a full research course but one that includes practicing some types of research skills common to community health professionals; thus, students are not required to obtain IRB exemptions but to be familiar with the ethics issues and processes. Students are required to complete the reduced training and participate in cohort discussion on ethics in research.

**IV. Student Learning Outcomes (SLO)**

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

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

V**. Required & Recommended Course Materials**

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

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

**Required**

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

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

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

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

**Recommended**

## Swartley, W.M. (2012). Health, Healing and the Church’s Mission. Inter Varsity Press Academic, Downers Grove, IL. (Amazon: $15, Kindle: $10)

* Evans, Abigail Rian. (1999). *The Healing Church: Practical Programs for Health Ministries*. United Church Press, Cleveland, Ohio. (Amazon $17, No Kindle Edition)

## Khan, O.A. & Pappas, G. (2011). *Megacities & Global Health*. American Public Health Association, Washington, DC. (Amazon: $60, No Kindle Edition)

VI. **Pedagogy**

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

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

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

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

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| **Course**  **Schedule** | **Zoom Discussion Content** | **Readings & Assignments** (completed by course  Zoom session, unless otherwise noted) |
| TUL650: Primary Health Care in Urban Slums | | |
| Module 1 (starts first Zoom session) | *Introduction to Urban Health*   * Course introduction and overview Definitions of health * Impacts of global/urbanization * Review of relevant course terminology Health actors/systems in urban areas * Personal health reflections (entrance stories) Guidance on internship orgs | Reading:  Text: Farmer (2004): Chapter 9; Minkler (2012):  Chapters 2, 6 & 7  Online: See Course Bibliography  Populi: Welcome Letter, Syllabus, Project Descriptions, Discussion Topics docs, Rossi and Green Glossaries, Khan (2011): Chapter 12, and multi-media resources  Assignments:  Identify and contact potential internship sites and order/ download course materials.  Forum Threaded Discussion (FTD) #1 on Populi: Personal Health Reflection, original post.  Zoom Discussion: Course Introduction, Sign up for health topic briefs and faith & health reflections |
| Module 2 | *Social (Economic and Political) Determinants of Health (SDH)*  Review of SDH and other public health frameworks & discussions of health disparity (student 5-10 minute health topic briefs):   * Racism/discrimination * Violence * Local governance/participation * Access to Medicine * Gender Equity, etc.   *Active Observation/Context Research*   * “Windshield” (Sunglasses) Survey * Asset/Context Mapping | Reading:  Text: Farmer (2004): Chapters 1 & 6, Minkler  (2012): Chapters 9 & 10  Online: See Course Bibliography  Populi: See Reading/Multi-media Resources  Assignments:  Contact and visit potential internship sites.  FTD #1 on Populi: Respond (at least twice) to the prior Module’s forum posts.  Zoom Discussion: SDH |
| Module 3 | *Ethics Training- to prepare students for master’s project* | Reading:  Text: n/a  Online: See Course Bibliography  Populi: Barg (2005, in Handbook): Ch. 13, Green (2005): Ch. 2, Judd (1991): Ch. 13, See  Reading/Multi-media Resources  Assignments: Complete online IRB Ethics training, print certificate to receive points, must be completed before next class call  FTD#2 on Populi: Ethics of human subjects in research- Original post. |

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| **Course**  **Schedule** | **Course Content** | | | **Readings & Assignments** (completed by course  Zoom session, unless otherwise noted) |
| Module 4 | Zoom discussion: Questions on ethics proposals, joined by guest from an ethics office and facilitated by Program Director.  “Urban health research requires a combination of epidemiologic observations, ecological characterization, and a description of the lived experience of individuals living in a given environment.” (p 254) *Handbook of Urban Health* | | | Zoom discussion: students to complete IRB training before Module 4. |
| FTD #2 on Populi: Respond (at least twice) to the prior Module’s forum posts. |
| Module 5 | | *Theology of Health*  Review of:  1.historical foundations for theology of health & health ministry  2. review church-based models for primary health care in urban slums  3.the Farmer model of non-church, but faith-based care/POFP.  4. Community Health Evangelism methodology | Reading:  Text: Farmer (2004): Chapters 3 & 5 Online: See Course Bibliography  Populi: Evans (1999): Chapter 1 +; Swartley (2012): Chapters 4-5; See other Reading/ Multi-media Resources (*LISTEN TO AUDIO:* [*https://www.youtube.com/watch?v=msmTIBkheJU*](https://www.youtube.com/watch?v=msmTIBkheJU)*)*  Link to CHE  Assignments:  Be prepared to share and discuss the required reading for the Zoom discussion. Preparing for final presentations.  FTD #7 on Populi: Theology of health original post.  Zoom Discussion: Theology of Health Discussion; Sign up for presentations during final Modules. | |
| Module 6 | *Environmental Health*  Review of environmental health issues and risks in cities (student 5-10 minute health topic briefs):   * Population density & built environment * Water and Sanitation (WASH) * Pollution/Toxins (Ag/Industrial) * Disasters/Climate Change | | | Reading:  Text: n/a  Online: See Course Bibliography  Populi: See Reading/Multi-media Resources  Assignments:  Work on internship contracts and learning agreements, begin to consider your health issue focus.  FTD #3 on Populi: Reflection on the Local Health Ecology with an original post, and remember, always reference at least one course resource.  Zoom Discussion: Environmental Health |
| Module 7 | *Infectious Disease*  Review of common infections and communicable disease (CD) in urban slums and the basics of transmission and epidemiology (student 5-10 minute health topic briefs):   * HIV/AIDS * TB, * Malaria, * Cholera/Ebola * Immunization campaigns (Diptheria, Typhoid, Hepatitis, etc.)   *Identifying a health issue & target population*   * Gathering Secondary Data- Describe the health topic, determine magnitude,   determinants and describe the population/context | | | Reading:  Text: Farmer (2004): Chapter 7; Minkler (2012):  Chapter 11  Online: See Course Bibliography  Populi: Rossi (1999): Chapter 4; See Reading/Multi- media Resources  Assignments:  Identify health issue & target population  Learning Agreement/Contract due (for Project #1).  FTD #3 on Populi: Respond (at least twice) to the prior Module’s forum posts.  Zoom Discussion: Infectious Disease and Secondary Research. |
| Module 8 | *Chronic & Non-Communicable Disease (CNCD)*  Review of common CNCD in urban slums (student 5-10 minute health topic briefs):   * Diabetes, | | | Reading:  Text: n/a  Online: See Course Bibliography See Reading/Multi-media Resources  Assignments: |

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|  | * Cancer, * Substance abuse, * Cardiovascular disease, * Mental Health/Stress Disorders | Work on Project #2  FTD #4 on Populi: Describe the emerging urban health issue you’re thinking of for Project #2, provide original post.  Zoom Discussion: CNCD |
| Module 9 | *Maternal & Child Health (MCH)*  Review of common MCH issues in urban slums, including impacts of household-level food insecurity and malnutrition (student 5-10 minute health topic briefs):   * Women’s reproductive health and family planning (inc. maternal mortality) * Childhood illness (children under five)- diarrhoeal, pneumonia, etc. | Reading:  Text: Minkler (2012): Appendix 2 Online: See Course Bibliography  Populi: Judd (1991): Ch. 11, See Reading/Multi- media Resources  Assignments:  DUE: Project #2 by Friday Midnight PST Identify interview participants with internship  FTD #4 on Populi: Respond (at least twice) to the prior Module’s forum posts.  Zoom Discussion: MCH and discuss Project #3 |
| Module 10 | *Household Food Security & Nutrition*  Review of impacts of household-level food insecurity and malnutrition (student 5-10 minute health topic briefs):   * Household-level nutrition (quantity, quality & variety of nutrient deficits) | Reading:  Text: n/a  Online: See Course Bibliography  Populi: See Reading/Multi-media Resources  Assignments:  Identify interview participants (with internship).  FTD #5 on Populi: Share insight from interviews and community stories from internship for an original post  Zoom Discussion: Food Security/ Nutrition |
| Module 11 | *Primary Research Toolkit*  How to conduct Key Informant Interviews (KII), Focus Groups (FGs) and Individual Case Studies/Health Histories- research methods practice- as directed through internship org | Reading:  See Reading/Multi-media Resources  Assignments: Work on Project #3  FTD #5 on Populi: Respond (at least twice) to the prior Module’s forum posts.  Zoom Discussion: Primary Research |
| Module 12 | *Community Interventions and Best Practice*  Interventions/Case Studies Review- What | Reading:  Text: Minkler (2012): Appendix 4, 7 & 8 |

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|  | are people doing to address the issue? And what is considered the best practice?   * Summarize community-based interventions, the challenges, successes and lessons learned * Review types of interventions (Prevention, Education, Access, Behavior, Advocacy) and pick one type to be the focus. * Example of SWOT analysis for applying to local context/capacity assessment. * Discussion of best practices. * “Ten Commandments of Community- based Research” | Online: See Course Bibliography  Populi: Lawrence (2005): Ch. 24, etc. See Reading/Multi-media Resources  \*Students will research local case studies of interventions and best practice on the health issue.  Assignments: Project #3 in process  FTD #6 on Populi: Best practices for the health issue, and are the biblical, with contributions from the church? Submit original post.  Zoom Discussion: Community-based Interventions and Best Practice |
| Module 13 | *Accountable Research:*  Discussion on concepts of accountability and empowerment in sharing data.  Planning for student presentations or ‘reportbacks’ of CHP to internships and/or stakeholders   * Interpretation and application of the research (policy-making/advocacy, program planning, public awareness, fund-raising, etc.) * What product will be “handed over” or be of most use to the org? | Reading:  Text: Minkler (2012): Appendix 3 [Refer to Parts 6 & 8 of this text if applicable to your Project #4]  Online: See Course Bibliography  Populi: LeCompte (2010): Ch. 9, See Reading/Multi- media Resources  Assignments: Project #3 DUE by Friday, midnight PST  FTD #6 on Populi: Respond (at least twice) to the prior Module’s forum posts.  Zoom Discussion: Accountable Research and Project #4 |

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| Module 14 | *Presentation of Projects/Findings to Cohort*  *Conclusions*  *Evaluation* | Reading:*n/a*  Assignments: Student final project presentations to cohort. \*All remaining assignments due **Friday at midnight PST.** Internship docs: Signed Service Log, Self-Assessment & Intern Evaluation of the Agency, and Performance Evaluation documents all due. Complete course evaluation.  Zoom Discussion: Students are prepared to give 10-minute presentation to the cohort. Clarifications for all final assignments. |

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

**Zoom Conferences**

We will be using a service called ***Zoom*** for all of our conference calls.

* You have the option to connect via your computer and video in (this is preferable, as it can helped everyone connect).
* You can also download the app and join in via video through your smartphone.
* However, in the case that you are unable to access your computer or phone, you can also call into the call (number to be provided).

Please check the LMS to get the Meeting ID – each conference call will have its own ID

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

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

***Forum***

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

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

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

*Procedure*

•   Look for the topical question for the week.

•   Students post responses to the topic question.

•   Students interact with each other’s responses.

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

*Guidelines for participation*

-       Students adhere to specific timeframes for discussion and reflection.

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

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

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

V. **Evaluation & Assessment**

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| **Assessment Task** | **Max. Points** | **Weighting** |
| *Weekly Online Discussions via Populi & Zoom (40 hours)*  Populi (17 points total)- Forum Threaded Discussions include eight FTDs at  2.0 pts each topic (1 pt for original post + 0.5 pts each for two responses, 16 pts total) based on scale of quantity, timeliness and quality of posts. The additional point with FTD #8 is earned for submitting the course evaluation.  Zoom (8 points total + EC)- Group calls include three student-led short presentations at 2 pts/each for two Faith & Health Reflections and 4 pts for a Health Topic Brief based on timeliness and quality. Additional 0.25  pt of Extra Credit (EC) for ‘presence & participation’ on each call (13 calls=  3.25 possible EC pts). | 25 (+EC) | 25% |
| *IRB/Ethics Training, proof of completion sent to instructor by due date* | 5 | 5% |
| *Project #1: Health Organization Internship (40 hours of voluntary service)*  Evaluative criteria: Completeness of forms including signatures (60%), timeliness of submission (20%), and student effort/performance (20%):  \*Contract/learning agreement- 5 pts  \*Signed service log of completed hours- 10 pts  \*Self-assessment & Intern evaluation of agency- 5 pts  \*Performance Evaluation by supervisor- 5 pts | 25 | 25% |
| *Project #2: Community Health Ecology Project (20 hours)*  See Project Descriptions document. Evaluative criteria: timeliness, completeness, depth of analysis, writing quality | 15 | 15% |
| *Project #3: Community Reportback (25 hours)*  See Project Descriptions document. Evaluative criteria: timeliness, completeness, materials quality | 20 | 20% |
| *Project #4: Final presentations (10-15 hours)*  See Project Descriptions document. Evaluative criteria: timeliness, completeness, materials/presentation quality | 10 | 10% |
| *Total* | 100 | 100% |

**Forum Discussion Guidelines**

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

*Assessment rubric*

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

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

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

**Grading**

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

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| --- | --- | --- |
| **Delivery Mechanism** | **Approximate Hours** | |
|  | **Direct Contact & Fieldwork** | **Reading and Writing** |
| Content Delivery | 25 mediated by Zoom  10 hrs on forums  10 hours pre-class Professors videos |  |
| Ethics Training |  | 5 |
| Fieldwork and Writing | 40 | 5 |
| Writing |  | 15 |
| Readings |  | 25 |
|  | **85** | **50** |
| **Total hours** |  | **135** |

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

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

*The Meaning of the Grading System*

|  |
| --- |
| 1. *Outstanding performance:* virtually perfect attendance; always prepared for class with all assignments completed; shows intrinsic interest in the class and subject, asks penetrating questions or offers thoughtful reflections in class; demonstrates exceptional intelligence and insight with unusual creativity; earns high scores on course assignments—usually the highest in the class. |
| 1. *Above average* student in terms of attendance, preparation, attitude, initiative in asking questions, time management, and assignment quality. |
| 1. *Average* or typical student in terms of attendance, preparation, attitude, initiative in asking questions, time management, and assignment quality. |
| 1. *Below average* or atypical student in terms of attendance, preparation, attitude, initiative in asking questions, time management, and assignment quality — minimally passing in performance. |
| F. *Repeat course*. Inadequate/insufficient performance. |

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

# SECTION 4 – CLASS POLICIES

### Academic Integrity

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

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

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

### Extensions and Incompletes Policies

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

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

### Reasonable Accommodation for Academic Disabilities

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

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

The request should include the following:

• The nature of the disability and need for accommodation.

• The specific accommodation being requested.

• Documentation regarding the disability.

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

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

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

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

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

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

**Incompletes:** “The grade I “incomplete” is to be given only if *special circumstances* exist. **Ministry or family commitments and obligations are not “special circumstances.”** An incomplete grade may be given upon recommendation of the professor, with the permission of the dean and/or chair of the respective school and/or department. To obtain an incomplete, the student must fill out the incomplete form available from the Office of the Graduate Registrar in the Graduate Center and obtain all necessary signatures. An extension may be granted for up to 12 weeks from the last day of the term.

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

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

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

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

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

### Introduction to Urban Health (Module 1)

Required

Course Documents: Welcome Letter, Syllabus, Discussion Topics and Project Descriptions documents

Farmer, P., 2004. “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 Populi] JUST TO GLANCE THROUGH

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

Minkler, Meredith. 2012. “Ch 2: Why Organize? Problems and Promise in the Inner City (by Barack Obama); Ch 6: Community, Community Development, and the Forming of Authentic Partnerships; Ch 7: Ethical Issues in Community Organizing and Community Building. In *Community Organizing and Community Building for Health and Welfare*, 3rd edition. Rutgers University Press, New Brunswick.

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

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 Populi] JUST TO GLANCE THROUGH

Multi-Media Resources (Recommended)

MP3: LiveTalk 2: Health in the Urban Slums: Let the People Lead the Way -Pam Lynam and Stuart Merkel, <http://ocw.jhsph.edu/courses/urbanhealth/PDFs/LiveTalk2a.mp3>[Time: 46 min, 17 sec]

PPT (that correlates with MP3 Live Talk) Title/Subject: Urban Health in Developing Countries (Jhpiego/Nairobi Case Study) of JHSPH: <http://ocw.jhsph.edu/courses/urbanhealth/PDFs/Urban%20Health%20Live%20Talk%202a%202009.pdf>

PPT: Title/Subject: Urban Primary Health Care and Health Systems by Abdullah Baqui & William Brieger, JHSPH: <http://ocw.jhsph.edu/courses/urbanhealth/PDFs/Urban-sec6_Baqui.pdf>

### Social Determinants of Health (SDH) (Module 2)

Required

Farmer, P. 2004. “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]](http://www.who.int/social_determinants/resources/globalization_and_sdh1.pdf)

World Health Organization. Commission on Social Determinants of Health. Access at:

## [http://www.who.int/social\_determinants/sdh\_definition/en/.](http://www.who.int/social_determinants/sdh_definition/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]](http://www.ehproject.org/PDF/Activity_Reports/AR109ANEUrbHlthweb.pdf)

Multi-Media Resources

PPT: Title/Subject: The Urban Social Environment by William Brieger, JHSPH, <http://ocw.jhsph.edu/courses/urbanhealth/PDFs/Urban-sec4_Brieger.pdf>

PPT: Title/Subject: Municipalization and Urban Health: Tendencies in the Americas, Lessons Learned, and Challenges by Marilyn Rice of JHSPH,

<http://ocw.jhsph.edu/courses/urbanhealth/PDFs/Urban-sec9_Rice.pdf>

### Active Observation/Local Ecology Research for Health (Modules 1-2)

Required

Community Toolbox. “Windshield and Walking Surveys.” University of Kansas. Access at: [http://ctb.ku.edu/en/tablecontents/chapter3-section21-main.aspx.](http://ctb.ku.edu/en/tablecontents/chapter3-section21-main.aspx)

Community Toolbox. “Identifying Community Assets and Resources.” University of Kansas. Access at: [http://ctb.ku.edu/en/tablecontents/sub\_section\_main\_1043.aspx.](http://ctb.ku.edu/en/tablecontents/sub_section_main_1043.aspx)

Minkler, Meredith. 2012. “Ch 9: Community Health Assessment or Healthy Community Assessment” and “Ch 10: Mapping Community Capacity,” in *Community Organizing and Community Building for Health and Welfare*, 3rd edition. Rutgers University Press, New Brunswick.

### Ethics Training and Research Methods (Modules 3-4)

See Ethics training (to be added)

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.](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 Populi]

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

77. [Available on Populi]

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

Recommended

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

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

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

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

Multi-Media Resources

PPT: Title/Subject: A Framework for the Study of Urban Health, by Abdullah Baqui of JHSPH, Access at: <http://ocw.jhsph.edu/courses/urbanhealth/PDFs/Urban-sec1_Baqui.pdf>(disregard slides 3-6)

### Environmental Health (Module 5)

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.]

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/pmc/articles/PMC1891648/]](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1891648/)

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/pdf/11019460.pdf]](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2560839/pdf/11019460.pdf)

Recommended

International Institute for Environment and Development. Publications: Water and Sanitation. Access at: [http://pubs.iied.org/search.php?c=waters.](http://pubs.iied.org/search.php?c=waters) (Choose at least one report from this page to read on a water and sanitation issue.)

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 Populi, covers health effects of electronic, agricultural, industrial wastes dumped in poor countries]

Multi-Media Resources

PPT: Title/Subject: The Urban Environment and Health in Developing Countries by Abdullah Baqui, JHSPH, <http://ocw.jhsph.edu/courses/urbanhealth/PDFs/Urban-sec3_Baqui.pdf>

PPT: Title/Subject: The Burden of Urban Ill Health from Road Transport in Developing Countries by Adnan Hyder, JHSPH, <http://ocw.jhsph.edu/courses/urbanhealth/PDFs/Urban-sec5_Hyder.pdf>

### Infectious Disease (Module 6)

Required

Farmer, P. 2004. “Ch 7: Cruel and Unusual: Drug-Resistant TB as Punishment,” p. 179-195.

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

*Lancet,* 358. [Access at: [http://www.who.int/whr/2004/media\_centre/en/lancet.pdf]](http://www.who.int/whr/2004/media_centre/en/lancet.pdf)

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.full.pdf+html]](http://rstb.royalsocietypublishing.org/content/359/1447/1049.full.pdf%2Bhtml)

Wilson, P. "Giving Developing Countries a Shot: An Overview of Vaccine Access and R&D." Oxfam and Medecins Sans Frontieres. April. [Available on Populi].

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]](http://www.malariajournal.com/content/7/1/218)

Recommended

International AIDS Vaccine Initiative. [Access at: [http://www.iavi.org/]](http://www.iavi.org/)

Operation Whole Africa. Reference Materials: Resource Education for AIDS Prevention (REAP). [Available on Populi, see folder called "HIV/AIDS REAP Tools"].

Partners in Health. Cholera. Access at: [http://www.pih.org/pages/cholera/.](http://www.pih.org/pages/cholera/) (Scan webpage and choose one PIH report on Cholera in Haiti to read)

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]](https://tspace.library.utoronto.ca/bitstream/1807/7644/1/ms05079.pdf)

Thompson, Dick. 2014. “Ebola’s Deadly Spread in Africa Driven by Public Health Failures, Cultural Beliefs.” National Geographic Daily News. 2 July. [Access at: [http://news.nationalgeographic.com/news/2014/07/140702-ebola-epidemic-fever-](http://news.nationalgeographic.com/news/2014/07/140702-ebola-epidemic-fever-world-health-guinea-sierra-leone-liberia/) [world-health-guinea-sierra-leone-liberia/]](http://news.nationalgeographic.com/news/2014/07/140702-ebola-epidemic-fever-world-health-guinea-sierra-leone-liberia/)

WHO, UNICEF, World Bank. 2009. State of the world’s vaccines and immunization, 3rd ed. Geneva, World Health Organization. [Access at: [http://www.who.int/immunization/sowvi/en/]](http://www.who.int/immunization/sowvi/en/)

Weiss, R.A., McMichael, A.J. 2004 Social and environmental risk factors in the emergence of infectious diseases. *Nature Medicine*, 10: S70-S76. [Available on Populi].

Multi-Media Resources

PPT: Title/Subject: Urbanization and the Epidemiology of Infectious Diseases by William Moss of JHSPH, Access at: <http://ocw.jhsph.edu/courses/urbanhealth/PDFs/Urban-sec7_Moss.pdf>

### Identifying a health topic & Gathering Secondary Data (Modules 5-6)

Required

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

Minkler, Meredith. 2012. “Ch 11: Selecting and “Cutting” the Issue,” in *Community Organizing and Community Building for Health and Welfare*, 3rd edition. Rutgers University Press, New Brunswick.

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 Populi]

World Health Organization. *Countries / Health Topics*. Retrieved July 2012; <http://www.who.int/countries/en/>and [http://www.who.int/topics/en/.](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.](http://www.who.int/kobe_centre/measuring/urbanheart/en/index.html)

### Chronic & Non-Communicable Disease (Module 7)

Required

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. [Available on Populi].

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. [Available on Populi].

Gruebner, O., et al. 2012. "Mental health in the slums of Dhaka - a geoepidemiological study*." Bio Med Central Public Health*, 12:177. [Available on Populi].

Mbatia, J. et al. 2009. "Prevalence of Alcohol Consumption and Hazardous Drinking, Tobacco and Drug Use in Urban Tanzania, and Their Associated Risk Factors." *International Journal of Environmental Research and Public Health*, 6, 1991-2006; doi:10.3390/ijerph6071991. [Available on Populi].

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/pmc/articles/PMC2905566/]](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2905566/)

Popkin, B.M. 2004, July. The nutrition transition: an overview of world patterns of change. *Nutrition Review*, 62(7 Pt 2): S140-3. [Available at Populi].

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]](http://www.biomedcentral.com/1472-698X/7/2)

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/.](http://www.who.int/chp/knowledge/publications/icccreport/en/)

Multi-Media Resources

Video: Title/Subject: UN High-level Meeting on Non-Communicable Disease (NCDs) Prevention and Control,

Access at: <http://communicable-disease.purzuit.com/video/RGBmLQrKbSU.html>

[Time: 6 min, 22 sec] Webpage: <http://www.un.org/en/ga/ncdmeeting2011/index.shtml>

### Maternal & Child Health (MCH), Including Household Food Security (Modules 8-9)

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. [Available on Populi]

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

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

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

UNFPA. Family Planning and Poverty Reduction. [Available on Populi] Recommended

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

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

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

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

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

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

Multi-Media Resources

Video: Title/Subject: On the Margins in Mauritania In a city slum and a destitute village, two families struggle to feed their children as prices for basic foods sky-rocket, Access at:

<http://www.washingtonpost.com/wp-srv/world/globalfoodcrisis/marginsvideo.html> [Time: 8m:32s] PPT: Title/Subject: Feeding Cities by William Brieger of JHSPH, Access at; <http://ocw.jhsph.edu/courses/urbanhealth/PDFs/Urban-sec8_Brieger.pdf>

PPT: Title/Subject: Global Overview of Maternal Neonatal and Child Health – Need for an Urban Focus by Professor Robert Black, Chair of the Dept of International Health, Johns Hopkins University, Access at:

<http://uhrc.in/downloads/Presentations/Prof-Black.pdf>

### Primary Research Toolkit (Module 10)

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>(FGDs) 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 Populi]

Minkler, Meredith. 2012. “Appendix 2: Action-Oriented Community Diagnosis Procedure,” in *Community Organizing and Community Building for Health and Welfare*, 3rd edition. Rutgers University Press, New Brunswick.

Recommended

USAID ‘old school’ documents, but still good!:

TIPS: Conducting Focus Group Interviews (1996). Access at: [http://www.scribd.com/doc/6702074/Conducting-Focus-](http://www.scribd.com/doc/6702074/Conducting-Focus-Group-Interviews-233) [Group-Interviews-233](http://www.scribd.com/doc/6702074/Conducting-Focus-Group-Interviews-233)

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

### Community Interventions and Best Practice (Module 11)

Required

Community Toolbox. “Section 14: SWOT Analysis.” University of Kansas. Retrieved July 2012; [Access at: <http://ctb.ku.edu/en/tablecontents/sub_section_main_1049.aspx>].

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 Populi]

Lazenbatt, A. 2002. "Ch. 3: Evidence-Based Healthcare: Understanding 'Best' Practice," in *The Evaluation Handbook for Health Professionals*. Routledge, London and New York. [Available on Populi].

Minkler, Meredith. 2012. “Appendix 4: A Ladder of Community Participation in Public Health; Appendix 7: Using Force Field and SWOT Analysis as Strategic Tools in Community Organizing; Appendix 8: Checklist for Action,” in *Community Organizing and Community Building for Health and Welfare*, 3rd edition. Rutgers University Press, New Brunswick.

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. [Access at: <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

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

Perry, H. & P. Freeman. 2010. How Effective Is Community-Based Primary Health Care in Improving the Health of Children? A Review of the Evidence. Summary Findings Report to the Expert Review Panel (APHA). [Available on Populi]

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. Available on Amazon Kindle]

USAID. 2013, March. Sustainable Service Delivery in an Increasingly Urbanized World. Draft Policy Paper. [Available on Populi]

WHO Kobe Center. 2005, Aug. A Billion Voices: Listening and Responding to the Health Needs of Slum Dwellers and Informal Settlers in New Urban Settings. Analytic and Strategic Review Paper. [Available on Populi]

Multi-Media Resources

PPT: Title/Subject: Selected Strategies to Improve Access to and Quality of Urban Primary Health Care by Abdullah Baqui of JHSPH, Access at: <http://ocw.jhsph.edu/courses/urbanhealth/PDFs/Urban-sec11_Baqui.pdf>

### Accountable Research & Community Reportback (Module 12)

Required

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

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

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

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 Populi]

Multi-Media Resources

PPT: Title/Subject: “Developing Collective Community Leadership for Better Health of the Urban Poor” by Dr Siddharth Agarwal at the Fourth International Conference on Transforming Development to Alleviate Poverty and Climate Change on January 10th 2008 in New Delhi. Access at:

[http://www.uhrc.in//downloads/Presentations/idca-final.pdf](http://www.uhrc.in/downloads/Presentations/idca-final.pdf)

### Theology of Health (Module 13)

Required

Community Health Evangelism. Introduction to Global CHE Network PowerPoint [Available on Populi] and view website at: <http://www.chenetwork.org/>

Evans, Abigail Rian. 1999. *The Healing Church: Practical Programs for Health Ministries*. United Church Press, Cleveland, Ohio. [Available on Populi, Note: the entire book is a good read, chapter one is available on Populi]

Freethought Kampala Blog. "Does God Heal?" Part 1 and Part 2. Access at: <http://freethoughtkampala.wordpress.com/2010/02/03/does-god-heal-part-1/>

<http://freethoughtkampala.wordpress.com/2010/03/07/does-god-heal-part-2-why-claims-of-miracle-healing-arent-believable/>

[Note: these blogs help to 'play the devil's advocate' in providing the skeptic's view of God's healing, and some surprisingly good points! To be read in contrast to the Resurgence blog below]

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

Resurgence Blog, a ministry of Mars Hill Church. 2013. "Why Doesn't God Always Heal the Sick?" *Tough Topics by Sam Storms*. Access at <http://theresurgence.com/2013/05/09/why-doesn-t-god-always-heal-the-sick>

[Note: this blog provides the American mega-church evangelical view on God's healing]

Swartley, W.M. 2012. *Health, Healing and the Church’s Mission*. Inter Varsity Press Academic, Downers Grove, IL. [Available on Populi, Note: the entire book is a good read, select chapters are available on Populi]

Recommended:

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

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

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

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

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

Multi-Media Resources

Video: Title/Subject: “Re-imagining Accompaniment- Global Health and Liberation Theology,” discussion by Dr Paul Farmer and Father Gustavo Gutierrez at Notre Dame University (2011). Access at:

<http://www.youtube.com/watch?v=msmTIBkheJU>

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

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

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

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

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

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

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