Toward Competency-Based Best Practices in Teaching and Learning: The Global Health Starter Kit

November 20, 2019

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Global Health Starter Kit timeline

- 2012
  - Pilot HSDM AGE global health course
  - Likert scale pre-post knowledge scores collected (N=13)

- 2012-2016
  - 5 year longitudinal AGE course knowledge evaluation (N=32)
  - Likert scale knowledge scores and career planning reported after five years (N=21)

- 2017
  - Pilot HSDM DMD global health core course
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- Spring/Fall 2018
  - Competency-based Global Health Starter Kit developed, based on pilot course outcomes
  - Non blinded peer review, followed by classroom testing
  - Likert scale pre-post knowledge scores collected and compared with previous years’ scores (N=40)

- Summer/Fall 2018
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  - Official public launch of the Global Health Starter Kit and website, December 2018

Image source: Lambert et al, JDE 2019
Global Health Starter Kit timeline

Figure 2. Students’ perceptions of their global oral health knowledge before and after taking the course (N=13; average scores on scale of 1=very poor, 2=poor, 3=fair/moderate, 4=good, 5=excellent)

Categories of global oral health knowledge measured in assessment:
A=Global burden of oral disease
B=Global population trends, theories, and the relationship to oral health
C=Global disease patterns, theories, and the relationship to oral health
D=Concepts in global oral health research
E=Global oral health organizations
F=The role of primary care in global oral health

Image source: Seymour et al, JDE 2013
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## Global Health Starter Kit timeline

### Student-reported impact of course on participation in aspects of global health practice and aspects of enrollees’ career planning

<table>
<thead>
<tr>
<th>Likert Scale</th>
<th>1 (none)</th>
<th>2 (a little)</th>
<th>3 (some)</th>
<th>4 (a lot)</th>
<th>5 (a tremendous amount)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aspect of global health practice</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaborating with health professionals both within and beyond dentistry</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Collaborating with non-health professionals (non-clinicians)</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Providing clinical care to vulnerable/underserved populations</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Providing services other than direct patient care to vulnerable/underserved communities and/or populations</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Engaging in any policy work or advising</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Securing funding to improve the health of communities</td>
<td>2</td>
<td>2</td>
<td>7</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Working with governments or NGOs to improve the health of communities</td>
<td>1</td>
<td>4</td>
<td>6</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td><strong>Aspect of enrollees’ career planning</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refining career goals</td>
<td>0</td>
<td>3</td>
<td>10</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Deciding what to do after completion of training</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Considering career plans not previously contemplated</td>
<td>2</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Developing relationships with global health professionals and mentors</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Current career or program choices</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>5</td>
</tr>
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Competency-based Global Health Education (Consortium of Universities for Global Health, Global Oral Health Interest Group)

Global Dental Education

A Competency Matrix for Global Oral Health

Habib Benzian, PhD; John S. Greenspan, PhD; Jane Barrow, MS; Jeffrey W. Hutter, DMD; Peter M. Loomer, PhD; Nicole Stauf, MA; Dorothy A. Perry, PhD

Abstract: The Lancet Commission on Education of Health Profession for the needs and challenges of the 21st century to improve health sta makes recommendations for including core global health competenci groups of the public who are relevant to oral health in a global context from various professional backgrounds developed global oral health dental students, residents/trainee specialists (or equivalent), and denti stis, and dental therapists (or the equivalent); Group 3 was health pro nurse practitioners, and pharmacists; and Group 4 was non-health pro decision makers, key opinion leaders, and health and consumer advices. target groups are presented in a matrix. The suggested competency m ates should be readily assimilable in the national dental curricula.

Global Dental Education

Going Global: Toward Competency-Based Best Practices for Global Health in Dental Education

Brittany Seymour, DDS, MPH; Elizabeth Shick, DDS, MPH; Benjamin W. Chaffee, DDS, MPH, PhD; Habib Benzian, DDS, MScDPh, PhD

Abstract: The Global Oral Health Interest Group of the Consortium of Universities for Global Health (GOHIG-CUGH) published recommended competencies to support development of competency-based global health education in dental schools. However, there has been no comprehensive, systematically derived, or broadly accepted framework for creating and delivering competency-based global health education to dental students. This article describes the results of a collaborative workshop held at the 2016 American Dental Education Association (ADEA) Annual Session & Exhibition designed to build on the GOHIG-CUGH competencies and start to develop systematic approaches for their practical application. Workshop organizers developed a preliminary theoretical framework for guiding the development of global health in dental education, grounded in published research.
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<tr>
<th>Year</th>
<th>Activities</th>
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<tr>
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<td>• Pilot HSDM AGE global health course&lt;br&gt;• Likert scale pre-post knowledge scores collected (N=13)</td>
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</tr>
</tbody>
</table>

*Image source: Lambert et al, JDE 2019*
Global Health Starter Kit timeline

Student perceptions of their knowledge before and after taking the original DMD global health course (N=33), compared with the DMD Global Health Starter Kit (N=30). (average scores, 1=very poor, 2=poor, 3=fair/moderate, 4=good, 5=excellent)

A=Global burden of oral disease, risks, and preventive strategies at the population level
B=Global population trends, theories, and the relationship to oral health
C=Global disease patterns, theories, and the relationship to oral health
D=Concepts in global oral health research
E=Global oral health organizations
F=The role of primary care in global oral health
G=Health systems and their impact on health and health equity
H=Social determinants of health, oral health and health disparities
I=Health care policies and their impact on the oral health of populations
J=Professionalism (ethics) in the global setting

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<tr>
<th>Location</th>
<th>Target Audience</th>
<th>Existing Program or Curriculum</th>
<th>Planned Use for GHSK</th>
</tr>
</thead>
<tbody>
<tr>
<td>US dental school</td>
<td>Pre doc dental students</td>
<td>GH research electives</td>
<td>Selective course, IPE</td>
</tr>
<tr>
<td>US dental school</td>
<td>Pre doc dental students</td>
<td>Public and community health curriculum</td>
<td>Flipped classroom and enhanced community health course</td>
</tr>
<tr>
<td>US dental hygiene program</td>
<td>Dental hygiene students</td>
<td>Clinical service learning program</td>
<td>Educational framework for clinical service trip</td>
</tr>
<tr>
<td>US dental school</td>
<td>Pre doc dental students</td>
<td>Student GH study club</td>
<td>Self guided exercise</td>
</tr>
<tr>
<td>LMIC dental school</td>
<td>Pre doc dental students</td>
<td>Public health curriculum</td>
<td>New PH course due to curricular reform</td>
</tr>
<tr>
<td>LMIC dental school</td>
<td>Pre doc dental students</td>
<td>Social dentistry program</td>
<td>Pre-requisite for field course</td>
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Image source: Lambert et al, JDE 2019
Welcome to the Global Health Starter Kit, a competency-based global health ‘starter’ curriculum designed for dental educators and students. This curriculum is free and available for anyone to use and is organized into two versions. The first version contains materials for educators and teachers, and the second version contains materials for students and self-guided learning. This Starter Kit consists of five modules: 1) Global Trends, 2) Global Goals, 3) Back to Basics- Primary Care, 4) Social Determinants and Risks, and 5) Ethics and Sustainability. Please enjoy the video below to learn more about the Global Health Starter Kit. Thank you for your interest and enjoy!
The Global Health Starter Kit

"Module 1: Global Trends" Instructor Materials
- Module 1 Instructor Materials
- Instructor Guide
- Instructor Notes
- Instructor Presentation
- Video Transcript

"Module 1: Global Trends" Learner Materials
- Module 1 Learner Materials
- Learner Guide
- Learner Notes and References
- Video Transcript

Please note: As mentioned in the For the Learner Video, a supplemental video is included with this Module for your enjoyment.
Brittany Seymour, DDS, MPH

Brittany_Seymour@hsdm.harvard.edu

I wish to acknowledge the following:

Jane Barrow, HSDM Office of Global and Community Health, and Department of Oral Health Policy and Epidemiology.

The Consortium of Universities for Global Health’s Global Oral Health Interest Group

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Funding for the Global Health Learning Helix was provided by the Abundance Foundation

Inter American Center for Global Health

Amy Yu and Frederick Lambert, RAs
Linking the **Starter Kit** to field based learning

Carlos A. Faerron Guzmán, M.D., M.Sc.
One-week experiential field course in rural Costa Rica

Co-designed and co-facilitated by HSDM and CISG faculty

HSDM and UCR dental students (taught in English)

Builds on the Starter Kit (required for all participants)
WHAT WE DO

OUR ROLE:

Our primary role is serving as an academic interface to create ethical and transformative global health educational programming with our institutional partners.

We also provide a platform for universities, students, researchers, and global health practitioners to come together and collaborate with local organizations and communities in the southern region of Costa Rica.
OUR ACADEMIC MODEL

☑ IMMERSIVE LEARNING: We believe in learning through doing. The field is our classroom. Students are taken into the communities to work collaboratively toward inclusive, ethical, and sustainable health solutions.

☑ GOING UPSTREAM: We analyze health challenges comprehensively; starting from their structural causes, ensuring that our students fully understand the multi-layered nature of global health.

☑ TAILORED PROGRAMS: Our programs match students to their current training level, guaranteeing that objectives are met.

☑ ETHICAL PROGRAMS: The paternalistic roots of global health often lead to power imbalances that may generate program failure and poor health outcomes. We teach students how to interact in ethical ways with local communities and organizations to further health.

☑ PARTICIPATORY LEARNING STRATEGIES: Students are encouraged to explore and experience global health through active participation and interaction with local organizations and communities.

☑ COMPETENCY BASED MODEL: Our students will gain the competencies required to become part of a new generation of global health practitioners. Our programs are aligned with the AAPH and CUGH competency model.
EXPERIENTIAL LEARNING OPPORTUNITIES

STUDENT CAPACITIES / NEEDS

OBJECTIVES OF HOME INSTITUTION

LOCAL COMMUNITIES & INSTITUTIONAL NEEDS
WHEN CONSIDERING DEVELOPING EXPERIENTIAL LEARNING

3 matrixes:

• Learning outcomes/competencies vs experiential learning objectives
• Objectives vs activities
• Assessments vs objectives
Table 1. Competency matrix domains for global oral health

<table>
<thead>
<tr>
<th>Number</th>
<th>Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Knowledge</td>
</tr>
<tr>
<td>1.1.</td>
<td>Oral health and oral diseases</td>
</tr>
<tr>
<td>1.2.</td>
<td>Risk factors and determinants</td>
</tr>
<tr>
<td>2.</td>
<td>Skills and abilities</td>
</tr>
<tr>
<td>2.1.</td>
<td>Disease prevention and health promotion</td>
</tr>
<tr>
<td>2.2.</td>
<td>Disease management</td>
</tr>
<tr>
<td>2.3.</td>
<td>Advocacy</td>
</tr>
<tr>
<td>2.4.</td>
<td>Research, monitoring, and evaluation</td>
</tr>
<tr>
<td>3.</td>
<td>Supporting competencies and principles</td>
</tr>
<tr>
<td>3.1.</td>
<td>Interprofessional/intersectoral competencies</td>
</tr>
<tr>
<td>3.2.</td>
<td>Cultural and social competencies</td>
</tr>
<tr>
<td>3.3.</td>
<td>Professional ethics</td>
</tr>
</tbody>
</table>

Table 3. Global oral health competencies relevant for dental students

<table>
<thead>
<tr>
<th>Competencies Relevant for Dental Students</th>
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</thead>
<tbody>
<tr>
<td>1.1. Explain the global burden of oral diseases with regard to prevalence, distribution, and the relationship among oral disease, population trends, and global disease patterns.</td>
</tr>
<tr>
<td>1.2. Understand the essential facts about the etiology of main oral conditions and their symptoms and signs.</td>
</tr>
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<td>1.3. Describe the impact of oral diseases on well-being and quality of life, as well as its social and economic impact.</td>
</tr>
<tr>
<td>1.4. Identify and assess relevant oral health information and make sound decisions (oral health literacy).</td>
</tr>
<tr>
<td>1.5. Identify and describe common risk factors of oral diseases.</td>
</tr>
<tr>
<td>1.6. Identify and describe common (social) determinants of oral disease.</td>
</tr>
<tr>
<td>1.7. Identify and describe reciprocal links among oral disease, systemic diseases, and general health.</td>
</tr>
<tr>
<td>2.1. Conduct an assessment to define oral health needs of the population.</td>
</tr>
<tr>
<td>2.2. Understand and apply health promotion and risk reduction strategies such as healthy eating, cessation of tobacco, and reduction of harmful alcohol use.</td>
</tr>
<tr>
<td>2.3. Promote general oral hygiene knowledge and skills, including toothbrushing twice a day with fluoride toothpaste and cleaning between the teeth.</td>
</tr>
<tr>
<td>2.4. Promote and apply other appropriate fluoride interventions.</td>
</tr>
<tr>
<td>2.5. Identify patient populations at increased risk for oral diseases and ensure regular attendance through oral health professionals.</td>
</tr>
<tr>
<td>2.6. Promote essential oral health knowledge and skills for expectant mothers and parents to enable appropriate self-care and care for their children.</td>
</tr>
<tr>
<td>2.7. Educate, counsel, recognize, and act on the links between oral health/disease and systemic health/disease.</td>
</tr>
<tr>
<td>2.8. Understand and be familiar with the health care system in the community/country.</td>
</tr>
<tr>
<td>2.9. Identify barriers to access and use of health and oral health services (e.g., affordability, lack of insurance or providers, cultural and geographic issues); facilitate solutions to overcome them.</td>
</tr>
<tr>
<td>2.10. Advocate for relevant strategies to prevent and reduce risk factors based on an advocacy strategy to identify, mobilize, and connect relevant stakeholders/actors.</td>
</tr>
<tr>
<td>2.11. Identify and advocate to address specific oral health needs, and reduce inequities and health care system deficits.</td>
</tr>
<tr>
<td>2.12. Understand and utilize political processes as well as roles/functions of national/international stakeholders (e.g., use global and national policy frameworks to guide local action).</td>
</tr>
<tr>
<td>2.13. Translate research data into meaningful information tailored for communication and advocacy with specific target audiences.</td>
</tr>
<tr>
<td>2.14. Identify and assess the range of global oral health research questions.</td>
</tr>
<tr>
<td>2.15. Be able to design effective and appropriate survey tools/data collection methods.</td>
</tr>
<tr>
<td>2.16. Collect, evaluate, translate, and disseminate data.</td>
</tr>
<tr>
<td>2.17. Monitor and evaluate actions taken to ensure transparency, effectiveness, and impact.</td>
</tr>
<tr>
<td>3.1. Demonstrate an interdisciplinary, team-oriented, integrated, and multilevel approach to patient-centered health and oral health care.</td>
</tr>
<tr>
<td>3.2. Recognize the different roles and responsibilities of medical and non-medical professionals in oral health promotion, disease prevention, and, if applicable, treatment, care, and referral.</td>
</tr>
<tr>
<td>3.3. Recognize the areas of specialization in medicine and dentistry.</td>
</tr>
<tr>
<td>3.4. Demonstrate ethically and culturally competent actions, and show awareness and respect in community settings, customs, differences in values, opinions and practices, cultural norms, and medical cultures (local perceptions of oral health care, attitudes toward dental health, oral care, and seeking professional care).</td>
</tr>
<tr>
<td>3.5. Demonstrate responsive and respectful communication with patients and families, within the oral health team and with other health professions colleagues.</td>
</tr>
<tr>
<td>3.6. Identify, evaluate, and use culturally relevant media and technology.</td>
</tr>
<tr>
<td>3.7. Demonstrate professionalism, providing service delivery according to appropriate level of training and ability and representing the profession of dentistry in a responsible manner.</td>
</tr>
<tr>
<td>3.8. Demonstrate leadership in providing information, education, and planning for oral health to non-dental professionals and community members.</td>
</tr>
</tbody>
</table>

PROGRAM OBJECTIVES

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

1. Appraise the complex relationships between health, development, politics, the environment, and the socio-cultural context.
2. Outline health needs and inequities among communities in southern Costa Rica.
3. Distinguish the similarities and differences in health systems, with a focus between Costa Rica and the U.S.A.
4. Analyze the challenges in achieving universal health coverage.
5. Recognize the diverse set of actors and stakeholders related to a variety of global health issues.
6. Correlate the changing demographic, nutritional, and epidemiological profile of LMIC and its relationship with health and health systems.
7. Assess opportunities and challenges for professional practice in the field of global health practice.
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<td>2.8. Understand the burden and distribution of oral and associated diseases in specific community and country.</td>
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<td>2.11. Advocate for relevant strategies to prevent and reduce risk factors based on an advocacy strategy to identify, mobilize, and connect relevant stakeholders/actors.</td>
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<td>2.12. Identify and advocate to address specific oral health needs, and reduce inequalities and health care system deficits.</td>
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<td>2.13. Understand and utilize political processes as well as role functions of national/international stakeholders (e.g., use global and national policy frameworks to guide local actions).</td>
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<td>2.14. Translate research data into meaningful information tailored for communication and advocacy with specific target audiences.</td>
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<td>2.15. Identify and assess the range of global oral health research questions.</td>
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<td>2.16. Be able to design effective and appropriate survey questions and data collection methods.</td>
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<td>2.17. Collect, evaluate, translate, and disseminate data.</td>
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<td>2.18. Monitor and evaluate actions taken to ensure transparency, effectiveness, and impact.</td>
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</tbody>
</table>

PROGRAM OBJECTIVES

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

1. Appraise the complex relationships between health, development, politics, the environment, and the socio-cultural context.
2. Outline health needs and inequities among communities in southern Costa Rica.
3. Distinguish the similarities and differences in health systems, with a focus between Costa Rica and the U.S.A.
4. Analyze the challenges in achieving universal health coverage.
5. Recognize the diverse set of actors and stakeholders related to a variety of global health issues.
6. Correlate the changing demographic, nutritional, and epidemiological profile of LMIC and its relationship with health and health systems.
7. Assess opportunities and challenges for professional practice in the field of global health practice.

1.1.1. Explain the global burden of oral diseases with regard to prevalence, distribution, and the relationship among oral disease, population trends, and global disease patterns.

1.2.1. Identify and describe common risk factors of oral diseases.
1.2.2. Identify and describe common (social) determinants of oral disease.
1.2.3. Identify and describe reciprocal links among oral disease, systemic diseases, and general health.

2.2.1. Understand the burden and distribution of oral and associated diseases in specific community and country.
2.2.2. Understand and be familiar with the health care system in the community/country.
2.2.3. Identify barriers to access and use of health and oral health services (e.g., affordability, lack of insurance or providers, cultural and geographic issues); facilitate solutions to overcome them.

2.3.1. Advocate for relevant strategies to prevent and reduce risk factors based on an advocacy strategy to identify, mobilize, and connect relevant stakeholders/actors.
2.3.2. Identify and advocate to address specific oral health needs, and reduce inequities and health care system deficits.
2.3.3. Understand and utilize political processes as well as roles/functions of national/international stakeholders (e.g., use global and national policy frameworks to guide local action).

3.2.1. Demonstrate ethically and culturally competent actions, and show awareness and respect in community settings, customs, differences in values, opinions and practices, cultural norms, and medical cultures (local perceptions of oral health care, attitudes toward dental health, oral care, and seeking professional care).
3.2.2. Demonstrate responsive and respectful communication with patients and families, within the oral health team and with other health professions colleagues.
3.2.3. Identify, evaluate, and use culturally relevant media and technology.
3.3.1. Demonstrate professionalism, providing service delivery according to appropriate level of training and ability and representing the profession of dentistry in a responsible manner.
3.3.2. Demonstrate leadership in providing information, education, and planning for oral health to non-dental professionals and community members.
<table>
<thead>
<tr>
<th>UNIT</th>
<th>Topic</th>
<th>Case Study/Field Visit</th>
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</thead>
</table>
| 1    | Understanding health systems in context: The Costa Rican Social Security Fund  
  - Achieving universal health care: challenges and opportunities  
  - Comparative aspects of health systems  
  - Integrating oral health in primary care | The EBAIS system in Costa Rica |
| 2    | Global health governance: perspectives from the ground  
  - Leveraging cross-sectoral partnerships to tackle complex challenges  
  - Trans-border health challenges  
  - Migration and health | Rio Sereno Costa Rica and Panama Border Health Post |
| 3    | Systems thinking approach to the determinants of health  
  - Structural violence and indigenous communities  
  - Sexual and reproductive health issues in southern Costa Rica | Boruca Indigenous Community |
| 4    | Determinants of health focus: culture and health  
  - Intercultural approaches to healthcare delivery  
  - Challenges in intercultural contexts | La Casona Indigenous Community |
| 5    | Dealing with the triple-burden: globalization and the epidemiological, nutritional, and demographic transitions  
  - Ecosystem transformations and the impact on health  
  - Shifting diets, chronic diseases, and oral health | La Cuesta Community and Ministry of Health regional offices. |
| 6    | Ethics in global health delivery and research: best practices in participatory approaches  
  - Incorporating community members in global health work  
  - Challenges in participatory approaches | Oral Health Protection Program for Indigenous Population of Coto Brus |
PROGRAM OBJECTIVES

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

1. Appraise the complex relationships between health, development, politics, the environment, and the socio-cultural context.
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6. Correlate the changing demographic, nutritional, and epidemiological profile of LMIC and its relationship with health and health systems.
7. Assess opportunities and challenges for professional practice in the field of global health practice.

CONTENT OVERVIEW

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Global Health Learning Helix

The Learning Helix is about redundancy and iteration for optimal educational outcomes.

FORTHCOMING: Integrating competency-based didactic and experiential global health learning: The Global Health Learning Helix. Amy Yu, BA; R. Frederick Lambert, DMD, MA; Jose A. Alvarado; Carlos A. Faerron Guzman, MD, MS; Brittany Seymour, DDS, MPH
TEACHING AND LEARNING STRATEGIES

- Multi-formatted experience-based learning
- Collaborative learning environment that takes into consideration previous achieved learning outcomes
- Participatory methodologies
  - Field visits and key stakeholder interviews to observe and document key elements of global health.
  - In-class discussion of readings, and workshops to stimulate alternative ideas, and approaches.
  - Case study analysis and presentation on critical issues on global health to exemplify global health in context.
Meet Joe Example

But there's a problem...
"Module 4: Social Determinants and Risks" Learner Materials

- Learner Guide
- Learner Notes
- Learner Preparation
- Video Transcript

Please note: As mentioned in the For the Learner Video, a supplemental video is included with this Module for your enjoyment

- Module 4 Learner Video
- Supplemental Video
"Module 4: Social Determinants and Risks" Learner Materials

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- Module 4 Learner Video
- Supplemental Video
Module 4: Social Determinants and Risks

PLEASE READ ALL INFORMATION AND INSTRUCTIONS

How to Prepare:
Please plan for approximately three hours to complete Module 3. This includes three pre-readings, watching the video, and noting your answers to questions posed throughout the video. (Please note, one of the readings is longer than usual, please plan accordingly.)

What to Know:
Pay attention to the Learning Objectives of the module, as well as Key Messages outlined throughout the video and questions I pose along the way. These together indicate the take-home concepts you should master for this module.
Pre-readings:

  http://apps.who.int/iris/bitstream/10665/43943/1/9789241563703_eng.pdf


Pre-class Video:
After completing the readings, please watch the Module 4: Social Determinants and Risks pre-class video. Please refer to the video notes supplement document to support your learning and viewing.
The process of creating and designing this module took place in the following order:
Competencies → Learning Objectives → Evaluation Metric → Content → Pedagogy → Evaluation Measure

<table>
<thead>
<tr>
<th>Module</th>
<th>Themes</th>
<th>Related Competencies</th>
<th>Collaborating Author</th>
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</thead>
<tbody>
<tr>
<td>4</td>
<td>Social determinants for health and disease worldwide</td>
<td>1.2.1, 1.2.2, 2.1.2, 2.1.5, 2.2.3, 2.3.1</td>
<td>Jennifer Kasper, MD, MPH</td>
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<td>Karen Sokal-Gutierrez MD, MPH</td>
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<td>UC Berkeley-UCSF Joint Medical Program</td>
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Related competencies:
1.2.1. Identify and describe common risk factors of oral diseases.
1.2.2. Identify and describe common (social) determinants of oral disease.
2.1.2. Understand and apply health promotion and risk reduction strategies (such as health eating, cessation of tobacco, and reduction of harmful alcohol use).
2.1.5. Identify patient populations at increased risk for oral diseases and ensure regular attendance through oral health professionals.
2.2.3. Identify barriers to access and use of health and oral health services (e.g., affordability, lack of insurance or providers, cultural and geographic issues); facilitate solutions to overcome them.
2.3.1. Advocate for relevant strategies to prevent and reduce risk factors based on an advocacy strategy to identify, mobilize, and connect relevant stakeholders/actors.

Learning objectives:
- Define the social determinants of health
- Describe the social gradient in health
- Explain the concept of the ‘bottom billion,’ their indicators and characteristics
- Define the Biomedical Model and Sociocultural Models for health and discuss the advantages and disadvantages of each
What should Joe do?
The Social Determinants of Health

- Income and resource distribution
- Physical environment and housing
- Access to health services
- Education
- Employment and working conditions
- Food insecurity
- Social inclusion and support
- Race, gender, age, culture

...more
Please note: As mentioned in the For the Learner Video, a supplemental video is included with this Module for your enjoyment.

Module 4 Learner Video

Supplemental Video
What should Joe do?

First, before anything else can happen, Joe needs to decide to go to the dentist. And it’s not even that simple. How does Joe make this decision, what factors influence this decision?

1) Deciding to seek appropriate care
   - Cultural beliefs
   - Health/oral health literacy
   - Ability to take time off to go
   - Recognizing a need to go
   - Other pressing priorities
   - Finances
Global Health Starter Kit Modules

Module 1: Global Trends
Module 2: Global Goals
Module 3: Back-to-Basics Primary Care
Module 4: Social Determinants and Risks
Module 5: Ethics and Sustainability

Starter Kit FAQ.
Toward Competency-Based Best Practices in Teaching and Learning:
The Global Health Starter Kit

Q&A

Brittany Seymour DDS, MPH
Assistant Professor and Global Health Starter Kit PI
Harvard School of Dental Medicine

Carlos Faerron MPH MSc
Executive Director
InterAmerican Center for Global Health (CISG)

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