GHIP

Global Health Immersion Program

2019 Syllabus

G H 572
MEDSCI 501P

UNIVERSITY *of* WASHINGTON
DEPARTMENT OF GLOBAL HEALTH
SCHOOL OF MEDICINE • SCHOOL OF PUBLIC HEALTH

TABLE OF CONTENTS

OVERVIEW

Welcome to the fourth year of the **Global Health Immersion Program (GHIP)**. The GHIP faculty director is Dr. Susan Graham, and the course manager is Ms. Kendria Dickson. We hope you have a safe and rewarding summer! This syllabus contains your roadmap for learning about, engaging with, and giving back to your host organization and the community it serves. Although it may feel like you are about to step off into the void, those students who have gone before you have found that *the program works* if you follow it, trust in the process, and remember to have fun. You will definitely find yourself challenged at various points during the summer, but you'll also likely find that by the end of GHIP, your perspectives on medicine, global health, and yourself have been transformed.

A few tips:

- Stay in close contact with Dr. Graham this summer, and let her know as soon as possible if questions, issues, or concerns arise. We want to know how you are doing, and we want to help if needed.
- Keep up with the assignments. The summer will pass very quickly, and everything generally takes *much* longer than you think it will. Don't let yourself fall behind. The program is designed to keep you busy!
- You will get out of GHIP what you put into it. Your ability to work hard, collaborate with your partners, and be adaptable, patient, independent, creative, and persistent will determine your success.
- Be willing to change course if a particular approach, topic, or project isn't working out.

Ana Moreno with school children in Peru.

GOALS AND OBJECTIVES

The Global Health Immersion Program grew out of students' desire to have a meaningful, field-based global health experience early in their medical training. You will undoubtedly confront many challenges during the summer: the difficulties of living within a different culture and climate, frustration from trying to implement a worthwhile community health project, the emotional impact of seeing poverty and sickness up close. Our hope is that as you take on these issues you will grow as person, gain deeper understanding of the plight of the world's poor, begin to appreciate the challenges for your host country's providers and public health practitioners, and learn to work as part of an interdisciplinary team to address inequities in health and well-being at home and across the globe.

At the end of GHIP, students should be able to do the following:

KNOWLEDGE

- Discuss the burden of a specific health condition and why it is important in your GHIP host country.
- Identify some of the socioeconomic, political, environmental, and cultural factors influencing the health problem you have focused on.
- Describe and give a critical assessment of various strategies for reducing disparities and improving outcomes for your chosen health problem.
- Discuss the challenges faced by individuals and organizations working to improve health in resource-limited areas in general and for your chosen health problem specifically.

SKILLS

- Interact respectfully and constructively with individuals from your host organization and the community it serves.
- Utilize the medical literature to investigate a specific health problem.
- Perform an assessment of a community's health needs with respect to addressing your chosen health problem.
- Collaborate effectively with local partners to develop and implement a small project for improving health outcomes related to your chosen health problem.
- Evaluate the effectiveness of your community health project, using at least two indicators of project impact.
- Effectively cope with culture shock and reverse culture shock.

PROFESSIONALISM

- Adopt a set of ethical principles for humanitarian work.
- Seek to foster goodwill and increase understanding between the U.S. and other countries.
- Be inspired to pursue a career focused on decreasing health disparities.
- Become an advocate for poor, powerless, and marginalized populations in the U.S. and internationally.

At the University of Washington, diversity and inclusion are integral to excellence. We value and honor diverse experiences and perspectives, strive to create welcoming and respectful learning environments, and promote access, opportunity and justice for all.

PRE-DEPARTURE CHECKLIST

This checklist is designed to help ensure you complete all necessary steps prior to travel. Note that there are also some assignments that need to be turned in before you leave for your site. All forms mentioned below should be posted to the GHIP Google Forms page or submitted to Kendria Dickson in the Global Health Resource Center (GHRC) office in the Harris Hydraulics Laboratory Building, or mail to UW Box 357965, Seattle, WA 98195. You may also scan and email documents to dghsom@uw.edu.

☐ Sign and submit your **GHIP Contract**.

☐ Sign and submit the **GHIP Code of Conduct**.

☐ Complete and submit **Emergency Contact Information form**.

☐ Complete and submit the **GHIP Health Information form**.

☐ Complete and submit the **GHIP Travel Information form**.

☐ Attend a **Travel Health Appointment** and comply with health recommendations from Hall Health or other travel health clinic.

☐ Purchase **CISI Travel Insurance** through the UW Study Abroad website: http://www.washington.edu/globalaffairs/global-travelers/global-insurance/insurance/.

☐ Enroll in the U.S. State Department **Smart Traveler Enrollment Program (STEP)**: https://travelregistration.state.gov/ibrs/ui/.

☐ Submit a copy of your **Passport** and **Visa** (if applicable).

☐ Submit a detailed copy of your **Flight Itinerary**.

☐ Coordinate your arrival dates, housing, and other logistical issues with the **host country GHIP supervisor**. Be sure to ask if there are any administrative fees that need to be paid.

☐ Make a **financial aid appointment** with Diane Noecker to discuss procedures for the summer.

☐ Review the **GHIP Syllabus** and complete all required pre-departure assignments.

- ☐ Read through the **GHIP Guide** for your host country.

- ☐ Learn as much as possible about your host country and site, including some basics of the **local language**. If going to a site whose language you know (i.e., Peru), start practicing now by watching television shows, listening to the radio or tapes, reading articles and newspapers, etc. The "News in Slow Spanish" podcast is a great way for Spanish-speakers to do this.

- ☐ Make arrangements to have a **mobile phone** you can use at your site. You may be able to have your phone "unlocked" so you can insert a SIM card purchased in your site country.

- ☐ Contact your **bank and credit card company** and advise them of your travels.

- ☐ Make arrangements for your **mail, rent, bills**, etc. to be taken care of in your absence.

- ☐ Make **copies of important documents**: Passport, Credit Cards, Health insurance cards, etc. Email yourself a scanned copy, and leave another with your emergency contact.

- ☐ Although your GHIP project should focus on health promotion or health education, you will likely spend at least some time observing in the hospital or clinic affiliated with your host organization. To do this, the following are required:

  - ○ Complete **NIOSH RESPIRATOR** fitting and training and purchase an appropriate supply of N-95 masks.

  - ○ Bring an adequate supply of gloves, hand sanitizer, etc. along with a stethoscope, penlight, and white coat.

  - ○ Be sure to have access to HIV post-exposure prophylaxis.

- ☐ Complete the **GHIP online quiz**.

GRADING

GHIP consists of two related courses:

1) **MEDSCI 501P: Independent Investigative Inquiry, Selective 5**. This is worth eight credits, and includes the community health project and reflective essays.

2) **G H 572: Global Health Fieldwork: Preparation, Integration, and Re-entry.** This is worth two credits, and includes the Orientation Session, readings, and the GHIP Debriefing Seminar at the end of the summer, Friday August 30th.

For the sake of simplicity, this booklet has combined the requirements of both courses. Each course is being given on a pass/fail basis. In order to pass the course, students must attend and participate in both days of Orientation, complete and turn in all assignments in a timely manner, attend and participate in the GHIP Debriefing Seminar after you return from your site, and adhere to the professional standards set out in the Code of Conduct.

We understand that spotty Internet access can sometimes cause difficulties in accessing Canvas while overseas. If you are having trouble submitting your work, call, email or Skype the course director (Dr. Graham) to avoid being penalized and to discuss alternatives. **All assignments must be completed and uploaded to Canvas by midnight on September 15, 2019** in order to pass the courses and receive credit.

Students will receive feedback midway through the summer as to the quality of their work. Students with marginal work will be informed at this time, and given the chance to remediate**. If work continues to be inadequate, the student will receive a failing grade and will not receive credit for their III-5.** Be aware that a failing grade may have important implications for your financial aid package. Students who fail will need to work with the School of Medicine Dean's Office to come up with an alternative way to fulfill their III requirement.

At the end of summer quarter, students will receive notification from Dr. Graham informing them of their grade, and a notification will be sent to the Dean's Office for those students who successfully completed their III requirement.

A discussion with female community health workers in India

Student work will be judged by the following criteria:

PASS: *the student demonstrated all of the following*:

- Assignments were completed in a timely manner, and demonstrated work that was of good quality.

- All classroom session were attended.

- There were no significant instances of unprofessional behavior.

FAIL: *the student demonstrated one or more of the following*:

- Course assignments were consistently late or incomplete.

- Responses were of poor quality and demonstrated a lack of effort or lack of understanding.

- The student did not attend one or more classroom sessions.

- The student failed to abide by the code of conduct, and behaved in a way that was frequently unethical or unprofessional.

SUBMITTING YOUR WORK

> **ALL WRITTEN ASSIGNMENTS SHOULD BE UPLOADED TO THE CANVAS WEBSITE.**

How to access the GHIP Canvas Page:

1. Log on to the **Canvas** web site: https://canvas.uw.edu/

2. Sign in with your **UW Net ID.**

3. Look under "**Courses**" and choose "**G H 572: Global Health Fieldwork: Preparation, Integration, Reentry.**"

Canvas is the main means through which you will communicate with the GHIP course director during the summer. Dr. Graham will be checking your assignments regularly, and will post feedback on your work to the Canvas site. On the Canvas site you will also find several important resources, including an electronic copy of this syllabus, the country guides, resources from orientation, copies of the assigned readings, supplemental reference material, and safety/security information.

Several of the written assignments have multiple parts, and it is fine to upload one portion of each assignment at a time. It is also encouraged to upload early drafts if you are not sure if you are on the right track. Please ask for help if you need it! This is especially encouraged for your abstract and poster. Ultimately, all final versions of all assignments must be posted to Canvas before the end of the course in order for you to receive course credit.

At some sites, Canvas as well as UW emails can be difficult to access. We recommend that you set up an alternative email (Gmail, Yahoo, etc.) if you don't already have one, and be sure that you have electronic and/or paper copies of everything you need prior to leaving for your site. If you have difficulties using Canvas, please **contact Dr. Graham** to discuss alternative ways of submitting your work. Often, an e-mail attachment works best.

Dr. Graham's contact info:	
Email:	grahamsm@uw.edu
SKYPE:	grahamsm
Phone:	+1-206-351-0414

ASSIGNMENTS & DEADLINES
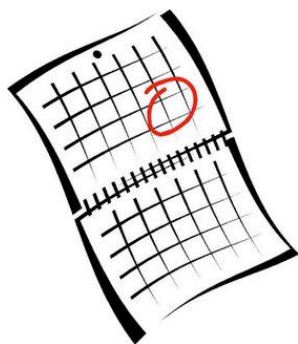
The assignments in this syllabus are designed to guide you through the steps necessary to better understand the health issues faced by your community and to develop a meaningful health project. You should go through these assignments in order: trying to work on a project without undertaking the background steps is ill advised. You will be most successful if you set aside a few hours each day to work on the course requirements.

You should plan on spending the first 3 weeks learning about your community, your partner organization, and the health topic you wish to address, and the rest of your time developing and carrying out a community health project in collaboration with your local partners. You may wish to take short weekend cultural excursions so that you have chance to familiarize yourself with your host country. We recommend allowing a total of 9 weeks for GHIP to incorporate travel, settling in, and 8 weeks of on-site program experience; some students choose to travel after their GHIP experience and before they return home. GHIP students should not plan to leave their host country during their 8 weeks of program participation.

It is important to be realistic about how much can be accomplished during such a short period of time as a visiting outsider in a foreign country. During the summer, you will be evaluated mostly on your evaluation of the health needs of your community and how your chosen project focus fits in, your thoughtfulness in reflecting on your experiences, and your ability to draw connections between what you are observing locally and larger global health issues. Less emphasis is placed on the success of the community project itself than on your ability to collaborate with and learn from your host institution. Your project will have more impact if it builds on work already being done by your partners.

Don't let yourself fall behind. Understanding the lay of the land, making the necessary connections, obtaining official permissions, sorting out logistics — all of these things can take you much longer than you expect. If you are having difficulty with some aspect of completing or submitting your work, contact the GHIP Director promptly to discuss the issue.

> **IF YOU ARE HAVING TROUBLE WITH ASSIGNMENTS, DEADLINES, OR ISSUES RELATED TO YOUR HOST SITE OR PROJECT, CONTACT DR. GRAHAM AS SOON AS POSSIBLE TO DISCUSS THE SITUATION AND DEVELOP A PLAN.**

TIMELINE:

	Assignment	Due Date
Before you leave for GHIP	**BACKGROUND PREPARATION**	Before departing
	ONLINE QUIZ	Before departing
	FIRST REFLECTIVE JOURNAL	Before departing
While at your host site	**COMMUNITY ASSESSMENT AND HEALTH TOPIC SELECTION**	End of week 2
	BACKGROUND RESEARCH	End of Week 3
	PROJECT PROPOSAL	End of Week 4
	PROJECT EVALUATION	End of week 8
	REFLECTIVE JOURNALS **Two entries while on site**	End of Week 1 End of Week 5
	SITE EVALUATION Please ask your in-country supervisor to complete an evaluation of your work	Due to Dr. Graham By August 30
After you return	**LAST REFLECTIVE JOURNAL**	August 30
	ABSTRACT	August 30
	POSTER	Draft due September 7 Final printing due September 14
	POWERPOINT PRESENTATIONS	August 30
	DISCUSSION GROUPS	August 30

COUNTRY RESEARCH

Before leaving for your site, you will want to learn as much about your country as possible. In prior years, we have had students do a 10-15 minute overview of their host country at the GHIP Orientation. That requirement was waived this year due to the CPR Foundations exam.

Your research on your future host country should include the following

- Brief overview of the country (geography, history, culture, etc.)
- Key health and development indicators
- Main burden of disease
- Social and political factors contributing to health issues

BACKGROUND PREPARATION

Learning about your host country is an essential part of GHIP. You should learn as much as possible about your country and site before leaving, including history, politics, economics, culture, and important health issues. Learning some of the local language or brushing up on a language you have studied will also be extremely useful to you. Prior to leaving for your site, contact your site leads about any recommended reading material or other presentations. Discuss what might be a good focus for your project in advance, and do a literature search before you go, so you can download larger pdf files (e.g., UNAIDS Reports, WHO documents, examples of educational materials, etc.) that you might find useful at your site.

> There is no submission needed for this assignment. It is rather a general recommendation that you start preparing for your GHIP time in advance by assembling readings and reference materials that are likely to be useful. Prior GHIP students who worked at your site may have good recommendations. Please ask Kendria Dickson for their contacts, if available.

There are many sources of information available for learning about your host country. In addition to those listed above, **Travel Guidebooks** such as Brandt, Lonely Planet, and Moon often contain useful information. The **Oxfam Country Profiles** are highly recommended. Reading literature from local authors can also give you insight into the country and its cultures in ways that can be hard to glean from nonfiction accounts. Some suggested readings are included in your country guide.

QUIZ

Prior to departure for your GHIP site, you are required to complete the online quiz **Core Concepts in Global Health.** This is an open-book, multiple-choice exam **covering the material presented during Orientation**. The quiz is available on Canvas, and you will be emailed a link to it. You must score at least 80% to pass, but may take the exam as many times as you like.

Please review the materials presented at the Orientation and closely follow the instructions for preparation, using the GHIP checklist to ensure that you are adequately prepared for departure.

Quechua women in rural Peru

READING MATERIAL
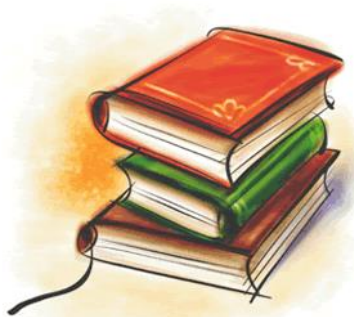
The **reading material** for this course is intended to help you as you think about your community health project. In addition, there are a number of articles that will be discussed in class when the GHIP class reconvenes in early September. (It is recommended that you read and take notes on these during your last week or so at your site, so you are not scrambling to get through them the night before class). PDF versions of all readings are available on Canvas, both as individual documents associated with each related assignment, and as a single combined PDF available on the "course materials" section of the site. You should download and/or print out all reading material before you leave for your site.

In addition to the required articles, it is expected that you will do some reading on your own to learn more about your host country. (Some suggestions are included in the country guide). You will also do background research on the health topic on which your community project will focus, including a **literature review** to find out what is known about the epidemiology (distribution and determinants) of that problem in your GHIP country and to identify any effective interventions you could adapt or use to help address it. We realize that this can be a bit of a challenge while overseas, so contact the GHIP Course Director if you need help finding pertinent articles.

REFERENCE BOOKS

The reference textbook for the course is **Global Health 101 (3ʳᵈ Edition)** Skolnik R. The book contains useful information about many of the health problems you are likely to encounter clinically during the summer, discussed from a public health point of view. This textbook is available at the UW bookstore and can be ordered online.

Other references that are highly recommended are those published by the **Hesperian foundation,** particularly *Where There is No Doctor* (David Werner with Carol Thuman and Jane Maxwell, Hesperian Foundation, 2010) and *Helping Health Workers Learn* (David Werner and Bill Bower, Hesperian Foundation, 1982). These and other excellent resources are available in several languages, and can be downloaded for free, or ordered as printed copies, from the Hesperian foundation website: http://hesperian.org/books-and-resources/. You are encouraged to visit their website and download other titles that interest you before you leave.

REFLECTIVE JOURNALS
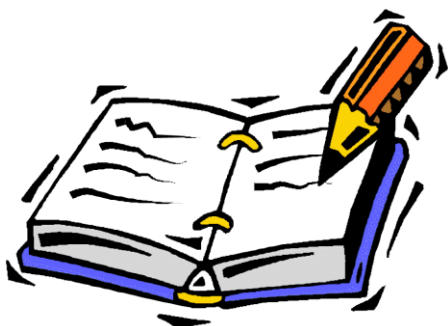
GHIP offers a unique opportunity to step outside of the classroom and learn through experience. During the summer, you will be immersed in a different culture, witness new things, confront new ideas, and challenge your own views and beliefs. You may find yourself surprised as much by what you are seeing as by your own reactions. The purpose of writing short reflective essays is to maximize the educational value of your experiences, and to help crystallize the lessons you are learning. The objective is to promote personal discovery, enhance self-awareness, foster critical thinking, and cultivate personal and professional growth. The GHIP Course Director will read your entries and provide written feedback, which may include additional questions for you to consider. Your journal entries are considered confidential, and will not be shared with anyone outside of the GHIP program without your consent. At the post-GHIP debriefing seminar, we will ask students to select one journal entry to share (in full form or selected excerpts) with the class.

You need to submit a total of four **reflective journal entries**, approximately one every 3 weeks, although you are welcome to submit more. The first should be written before you leave for GHIP, and the last one can be written after you have returned to the U.S.

The first and last entry should include responses to the prompts listed below. For the other entries, you are free to write about what you wish, though some suggestions are provided. **Each entry should be between 500 and 1,000 words in length.**

First Journal Entry:
- What are your personal goals for the summer? What are your fears or concerns? What impact do you hope to leave on your host community? What impact do you hope the program will have on you?

Final Journal Entry:
- To what extent did the summer meet your goals and expectations? What were the best and worst moments of the summer? What was the most unexpected part of GHIP? What were the most important lessons you learned? Would you do it again?

Suggestions for other journal entries:

- Reflect on your first impressions of the country. How do they compare to what you expected? What things stand out the most?

- What is life like for the people at your site? How do things compare to the U.S.? How do you feel about the disparities you are seeing?

- Interview a local health worker. What are their greatest struggles and frustrations? What do you like about their work? Can you see yourself doing similar work in the future? In what ways would you aspire to be similar to or different from them?

- What are some of the biggest challenges living and working at your site? What are some ways that you are dealing with them?

- How do the local people deal with sickness and death? Is there anything in particular that has made an impression on you?

- Reflect on what it is like interacting with the local culture. What things are hardest to get used to? What things do you admire? Is there anything that surprised you?

- Has the experience changed your view of life in the U.S.? Has it changed your view of "Global Health?"

EFFECTIVE JOURNALING

During your summer you will likely be exposed to many new and unexpected situations. In your journal entries, you should try to move beyond simply reporting events and evaluate more critically what you have learned from them and how they have impacted your view of yourself and your place in the world.

Journaling Skills

Reporting of observations and one's emotional reactions to events	Increased awareness of self and of how one is perceived by others	Critical assessment of situations, evaluation of their meaning, challenging of prior assumptions	Integration of new knowledge into old, re-evaluation of past experiences in light of new insights

Beginning skills ⟶ *Advanced skills*

GETTING STARTED

- Briefly describe a situation or event that occurred during the week.

- Explain why you chose this incident. What was good or bad about it? Does it represent a larger problem, health need, or cultural issue you are confronting?

- Describe what were you thinking and feeling at the time of the incident. In what ways did it challenge you?

- Explain how you responded to the situation. How do you feel about your response in hindsight?

- Tell what you learned from the occurrence and your response to it. Have you gained any insights into your assumptions, prejudices, or biases? If you are describing a problem or conflict, have you come up with any potential solutions?

- Reflect on how the experience changed the way you understand the world or the way you view yourself.

- Speculate on how this experience might influence your future attitudes, behavior, or career.

JOURNALING vs. BLOGGING

Your journal should not be a blog entry. Blogs, even at their most colorful and well-written, tend to be mere descriptions of events, and lack the critical scrutiny and honest self-reflection we are asking for in your journal entries. You are welcome to keep an online blog in addition to submitting your journals. However, please be sensitive to the fact that blogs are public, and can be read by your hosts, potential program funders, and future employers. Be cognizant of how your blog reflects on your own maturity, compassion, and cultural sensitivity. Private medical information should *never* be included in a blog, and comments that could be damaging to the relationship the UW has with your hosts should be avoided.

ILLUSTRATION BY ANTHONY RUSSO

COMMUNITY PARTNERSHIP
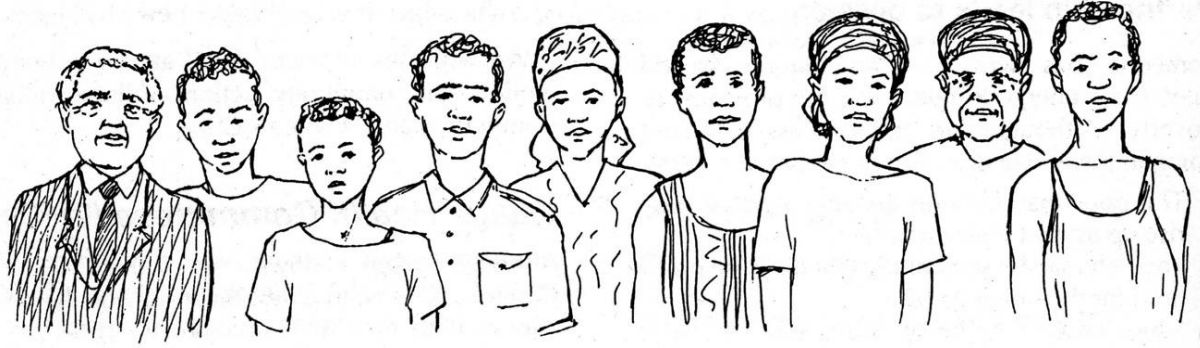
from Lankester (2009), *Setting up Community Health Programmes*. Hesperian; Berkeley, CA. p 28 & 18.

Your relationship with the host community and your host organization is at the heart of the Global Health Immersion Program. The more you are willing to learn from the community and the local partners you have been paired with, the more enriching your experience will be. It is the community that will teach you their secrets of living, relating, enduring hardship, and celebrating life. They will provide you with insight into how economic disparities manifest themselves as the stories and struggles of real people. Your GHIP partners will serve as invaluable guides to the community, helping orient you, explaining things that puzzle you, and providing oversight to ensure that your work is culturally adapted.

People living in resource-poor settings are quite used to exploitation, failed promises, and outsiders coming in and proclaiming themselves instant experts, only to leave at the end of their funding cycle. You will likely be viewed initially with some suspicion, skepticism, or as a way to get a handout. By building trust within the community and contributing hard work to help your host partner, you will be able to move beyond these sorts of interactions and towards mutual respect and understanding. Your GHIP hosts, local medical centers, local NGOs, religious organizations, and schools all offer opportunities for creating meaningful ties to the community.

from Lankester (2009), *Setting up Community Health Programmes*. Hesperian; Berkeley, CA. p 28 & 18.

Partnership with the community is the only way to develop a meaningful project. Working with members of the community helps to ensure that what you are working on is important to them, relevant to their needs, and appropriate for their culture. It helps to assure the project's chances for success and sustainability. In addition, the more that others work alongside you, the more you are helping to build local capacity and community empowerment.

Note: Although many of you will have the opportunity to explore healthcare settings during the summer, you are cautioned against spending more than one day a week in a clinical setting. GHIP is focused on the unique lessons that are waiting for you outside the doors of the hospital or clinic.

GUIDELINES FOR WORKING WITH A COMMUNITY[*]

- Learn as much as you can about the community and try to respect any customs expected from you as a visitor.
- On arrival, ask your GHIP hosts to help you meet the appropriate community leaders and host organization contacts, and explain who you are and why you are there.
- Engage the community with a spirit of friendship, openness, and curiosity.
- Dress and act modestly and respectfully.
- Learn as much of the local language as possible.
- Listen and learn from others. Sharing should be mutual.
- Accept hospitality when offered, while avoiding romantic or inappropriate relationships.
- Be truthful and straightforward. Avoid making promises you cannot keep.
- Avoid being seen as patronizing, judgmental, or critical in your words, actions, or demeanor.
- Don't take sides in disputes or political or religious arguments.
- Avoid using or showing off expensive technology, unless you plan on leaving it behind and training someone how to use and maintain it.
- Donations and gifts are best funneled through local charities, churches, or other institutions. Avoid handing out money or gifts.
- Be flexible and patient. Be willing to change your plans and adapt your strategies.
- Don't sabotage your relationship with the community in a quest for short-term results.
- Be attentive to non-verbal communication and social hierarchies.
- Think about what your impact will have been after you are gone.

[*] Adapted from Lankester (2009), *Setting up Community Health Programmes*. Hesperian. Berkeley, CA.

COMMUNITY ASSESSMENT AND HEALTH TOPIC SELECTION

By the end of the second week at your site, submit a 1,400 - 2,000 word written assessment that summarizes what you've learned initially about your community and how the health topic you've selected fits into the overall health picture. Include the following parts:

Needs Assessment (500-750 words): Describe the major health issues faced by your community, and identify the key factors contributing to the local burden of disease. Include a discussion of the main social, political, environmental and economic factors that influence health in your community.

Community resources (500-750 words): Discuss the main assets that the community has available to improve health. Include information on your local GHIP partner's activities.

Health topic selection (400-500 words): Write a brief description of the health problem you would like to address with a rationale for the selection of this topic.

The following sections provide more detail on these four components of your assignment. In writing, please include the search methods and sources of information you used to complete your assessment.

Sources of information can be indicated by using footnotes or endnotes providing pertinent details (i.e., "Interview with Dr. Sanchez, clinic director, conducted July 2, 2016").

COMMUNITY ASSESSMENT METHODS

During your medical training, you will learn the skills necessary to make clinical diagnoses of individual patients. Yet our biology as individuals is deeply influenced by the circumstances in which we live and the health of our community. Just as a physician evaluates, diagnoses, and treats individuals, this summer you will learn how to evaluate, diagnose, and treat whole community.

There are three types of information you should obtain about your community. You want to gain an understanding of the types of illness impacting the community, and which specific groups are affected. This is referred to as the **burden of disease**. You also want to understand the underlying reasons leading to ill health, commonly referred to as the **social determinants of health**. Finally, you want to know what the tools or **assets** the community has available to improve its health and wellbeing.

The main approach you will use for gathering information about your community is sometimes called **participatory appraisal**. It is a method for gaining an understanding of a community in a limited period of time, using a variety of sources of information. You should take notes on your orientation to the GHIP sites, interviews with your GHIP partners, discussions with care providers, and interactions with community members as you learn about your community. It can be exciting to gain insight into the real nature of a community's problems and an appreciation of its strengths. Ask for feedback from your GHIP partners to increase your understanding of your findings, and help put everything in context.
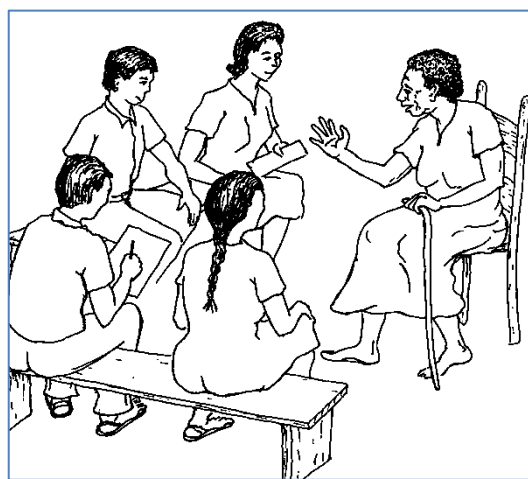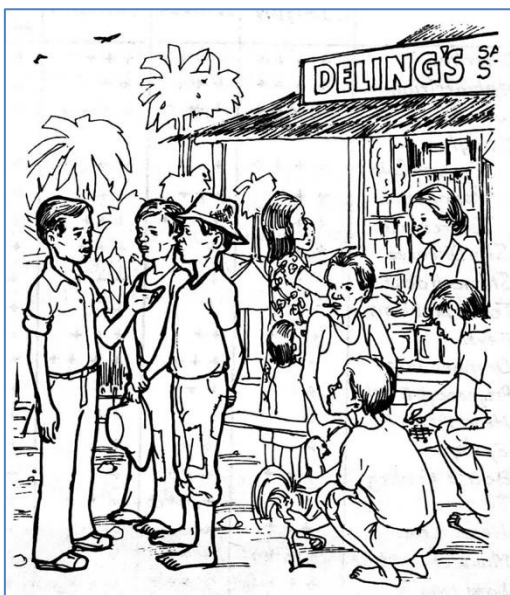
Werner and Bower (1982) *Helping Health Workers Learn*. Hesperian Foundation. Berkeley, CA. pp 6-5 & 3-18.

TECHNIQUES FOR USING PARTICIPATORY APPRAISAL

Some of the tips and methods below may be useful as you get to know your community.

- <u>Define the community</u> you are interested in. If your community is small, it might be your entire town. In a larger city, however, you may need to select a neighborhood or sub-district, or focus on a particular population (school children, taxi drivers, women, the elderly, etc.)

- <u>Decide ahead of time on your objectives</u> and the information you wish to obtain. Focusing on the particular health problem you have selected is fine, but do try to put it in context if possible.

- <u>Start with simple, direct observation</u>. Walk around town, visit with people, observe what happens in public spaces that may influence the health problem you will focus on. If possible, ask local GHIP program or other community <u>guide</u> to accompany you to explain things.

- Conduct informal <u>interviews with key informants</u>. Ask your GHIP partner to help you identify who best to talk to, in order to learn more about the health problem you would like to address. Be sure to get proper permissions and ask people if they are able to spend time helping you learn.

- <u>Visit the local hospitals and clinics</u> and talk with providers and with patients affected by your focus health problem. (Be sure you have obtained permission to do so, and that you have explained to them your reasons for the interview.) Find out where and how they live, and the ways they try and deal with their illness. Make note of the resources the hospital has for prevention, diagnosis, and treatment.

Where possible, see if you can get permission to review pertinent information that has been recorded by others. Hospital, clinic, and laboratory records, ministry of health data, and local NGO reports can provide useful sources of information about your community. (Be understanding if they don't feel comfortable sharing the information with you, and don't push the issue. Never look at records without authorization!) Remember, formal data collection (including tape recording interviews or focus groups) requires ethical approval and is not allowed in GHIP. Informal interviews and group discussions with note-taking are encouraged, but be aware of your participants' time and make sure you don't impose too much upon their hospitality. Your local GHIP partners should be able to point you towards the best sources of information and methods for obtaining the data you need.

If interviewing people who speak a language you are not fluent in, use an interpreter. **Guidelines for using an interpreter** are in the appendices of this document.

NEEDS ASSESSMENT

There are a number of models for understanding the determinants of health and disease:[1]

- The **biomedical model** views health and illness at the individual level. In this view, the body is a complex organism made up of constituent parts that can often be manipulated or repaired. To be healthy means that the organism is functioning optimally. The biomedical approach is largely curative, but also has a preventative armamentarium (vaccines, disease screening, drugs that modify risk factors, etc.) This approach has gained prominence in the past century due to dramatic advances in science, technology, and medical treatments. While these advances are real, not all problems can be solved using "magic bullets" or biotechnological solutions.

- The **behavioral model** views health and illness primarily as influenced by personal actions. Good health can be attained through healthy lifestyle choices, whereas ill health is a consequence of deficiencies in knowledge, motivation, or behavioral skills. Improvements in health come through changing personal or societal behavior, through education, counseling, and regulation.

- The **socio-ecological model** considers the political, social, economic, and cultural contexts in which disease and illness arise, and examines the ways in which societal structures influence who becomes sick and who can stay healthy. It recognizes that individuals exist within complex systems, and that health is impacted by things outside of individual control, such as access to good nutrition, education, decent housing, affordable healthcare, a safe work environment, etc. Under this model, sickness it the result of what Paul Farmer calls "pathologies of power," and health is improved by influencing these larger determinants, through improved public policy, community empowerment, stronger individual rights, and more equitable sharing of social resources. Health is viewed as more than just absence of disease.

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[1] This discussion adapted from Birn, Pillay, and Holtz (2009). The Political Economy of Health and Development. in: *Textbook of International Health*. Oxford University Press. New York. pp 132-191.
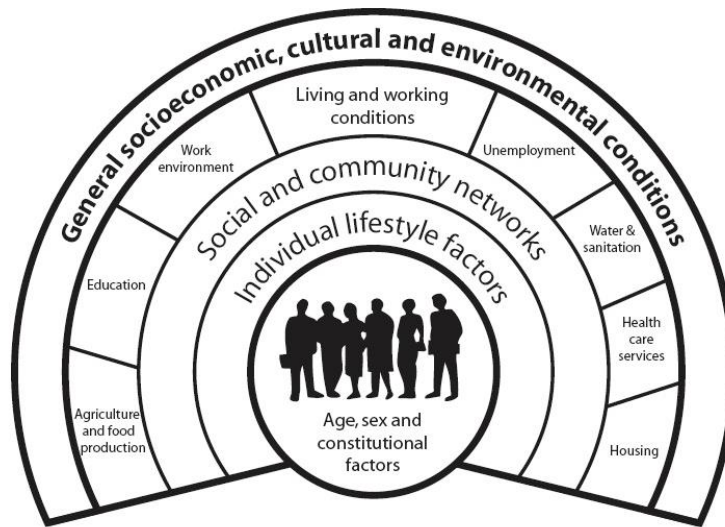
These models, of course, are not mutually exclusive, and in practice all of them overlap. However, the biomedical model tends to be given disproportionate credit for the improvements in health in the past century, an assessment that many feel is undeserved. As Hertzman writes:

> "In exhaustive research published during the 1970s, Thomas McKeown, a British epidemiologist, demonstrated conclusively that clinically effective vaccinations and antibiotic treatments did not deserve credit for the fact that the major infectious diseases of antiquity, such as tuberculosis, had precipitously declined in his country during the previous century and a half. These diseases had been the major causes of mortality for centuries, yet effective clinical prevention and treatment interventions were developed and implemented AFTER the death rates from these conditions had declined by approximately 90 per cent. Thus, in direct contradiction to common belief, the vaccine and antibiotic revolution played a relatively minor role in lengthening human life expectancies in the modern world's wealthy societies.
>
> The principal factors responsible for increasing life expectancy from less than 50 years to more than 70 years in wealthy countries are to be found outside the health care system as it is traditionally defined and, instead, in the broader socioeconomic environment. Socioeconomic factors that could be related to improved health include improvements in housing, water supply, pollution control, nutrition, child spacing, working conditions, education and a wide range of psychosocial conditions that are thought to be most hospitable in prosperous, tolerant, democratic societies with strong civic communities." [2]

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[2] Hertzman C. (2001) Health and human society. *American Scientist*. 89: 538-545.

Elements
Health
Learning
Livelihoods
Energy
Nutrition
Housing
Governance
Human rights
Gender relations
Communications
Climate stabilisation
Water
Population stabilisation
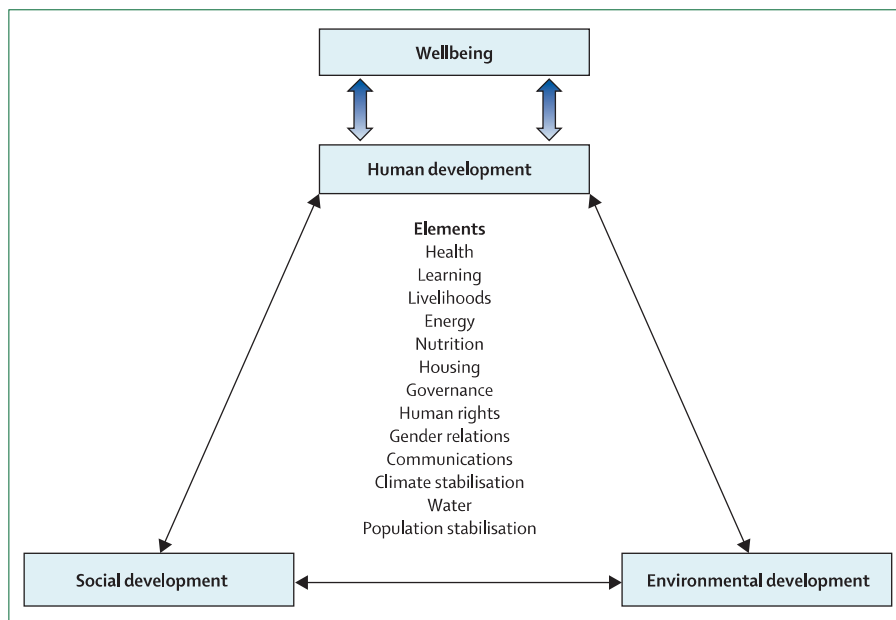
from Waage et al. (2010) *The Lancet*. 376 (9745) 991-1023.

Keeping in mind these points, start your assignment by **writing a few paragraphs (500-750 words) describing the major health issues faced by your community, identifying the social determinants that impact health**. If you have a specific health topic in mind, think about that problem and how it fits into the overall picture of health and its determinants in your community. Below are some questions to think about as you do your assessment.

Social factors influencing health

Social patterns	Is the population young or old, diverse or homogeneous? Does the community seem to be cohesive or divisive? How important are caste, tribal, language, or religious groupings? What is the power structure and how is social status determined?
Family structure	How are families organized? What is the social impact of marriage customs, child-rearing practices, attitudes towards fidelity and divorce? Are orphans, single parents, or intimate partner violence problems? How are finances handled within the family or extended family?
Water	How do people obtain water for drinking, cooking, bathing, and washing? Is there enough? How clean is it?
Sanitation	How are garbage and human waste disposed of? What percentage of the community has improved sanitation?
Shelter	What are the typical dwellings made out of? How vulnerable are they to theft, disease vectors, the weather, or natural disasters? How crowded are they? Is homelessness a problem?

Nutrition	What percentage of the population is malnourished (stunted, wasted, or overweight)? How much dietary diversity is there? What percentage of household income is spent on food? Is there food insecurity?
Environment	Are climate change, environmental degradation, or pollution impacting health? Are there issues around property ownership or land rights?
Economics	How big is the gap between rich and poor? How evenly are economic resources distributed in the community? Is there a safety net for the poor? What is the availability of goods and services?
Education	What percentage of boys and girls complete primary and secondary education? What is the literacy rate? Are there differences in educational opportunity and achievement between boys and girls? What are the barriers to education?
Employment	What are the main occupations for men and women? How dangerous is the work? What is the unemployment rate? Is child labor common? What rights and protections do workers have? How do wages compare to cost of living?
Energy	What do people use for cooking and lighting their homes? How available is electricity? How high fuel prices are and what impact do they have on daily life?
Transportation	How do people get around the community? How easy or difficult is it to get to the nearest city or large town? What are the barriers to the movement of people, goods, and services?
Healthcare	How available, accessible, and affordable is healthcare? What is its quality? How strong is the health workforce and the primary health care system?
Media and Communication	How do people get information? To what degree is there a free press? How accessible is the internet? How prevalent are mobile phones?
Governance	To what extent is there political stability? To what degree is the government representative, transparent, and responsive to the will of the people? How strong are state institutions?
Security	How much of a concern is personal safety, particularly for women and vulnerable groups? What are the main threats to personal safety?

The outer circle (1) represents poverty in the country
The middle circle (2) represents poverty in the community
The inner circle (3) represents poverty in the family

LACK OF WEALTH

POOR COUNTRY – Inflation, recession foreign debts
INADEQUATE INFRASTRUCTURE – poor communications

POOR COMMUNITY – No local employment
GOVERNMENT AID – Inadequate & misappropriated by officials

LACK OF MONEY – for food + drugs, money wasted on drinking and smoking

LACK OF LAND

RIGHT WING GOVERNMENT – No interest in land reform
EXPLOITATION OF LAND – By multinationals, mining, commercial forestry.

10% OF PEOPLE OWN 90% OF LAND
Land of poor quality. No irrigation. No soil destroyed by deforestation and erosion.

LANDLESS LABOURER No land to grow crops either for food or income – No firewood

NO MONEY FOR MEDICINES NO TIME TO VISIT HEALTH CENTRE
NO CLEAN WATER SUPPLY
NO DOCTOR OR NURSE WILLING TO LIVE NEAR COMMUNITY
PRIMARY HEALTH CENTRE NOT FUNCTIONAL

DOCTORS + NURSES INAPPROPRIATELY TRAINED
FEW ESSENTIAL DRUGS MANUFACTURED OR IMPORTED

LACK OF HEALTH CARE

MONEY SPENT ON CIGARETTES AND TOBACCO
HOUSES WITHOUT CHIMNEYS FILLED WITH SMOKE

LAND PREVIOUSLY USED FOR FOOD BOUGHT BY TOBACCO COMPANY
ROADS UNMAINTAINED
CITIES OVERCROWDED

DESTRUCTION OF FORESTS
POLLUTION OF RIVERS AND ATMOSPHERE
ERADICATION OF NATIVE PLANTS AND ANIMALS

LACK OF HEALTHY ENVIRONMENT

CHILDREN NEEDED TO WORK AT HOME + IN FIELDS

NEAREST SCHOOL 5 km AWAY
SCHOOL BOOKS TOO EXPENSIVE

LITTLE MONEY IN COUNTRY TO TRAIN TEACHERS
OR BUILD SCHOOLS TEACHERS PREFER LIVING IN CITIES

LACK OF EDUCATION

COMMUNITY RESOURCES

The **needs-based model** has been a standard approach to development since the 1950's. Although useful, it has some important drawbacks. Take a look at the diagram above. Although it provides a comprehensive overview of the reasons for poverty in a particular community, it only focuses on the negative and doesn't give any credence to the intrinsic strengths, coping strategies, and resiliency the community may possess. Critics of needs-based approaches argue that problem-centered methods can have a demoralizing effect on the communities where they are being applied:

- Communities learn to define themselves by their needs, exacerbating a sense of powerlessness and dependency, and reinforcing the notion that they must rely on outsiders to come in and "fix things."
- Communities lose sight of their local capabilities and untapped potentials, and as a result don't adequately develop their own social capital or local solutions to problems.

An alternative approach, pioneered by McKnight and Kretzmann at Northwestern University, is known as **"ABCD,"** for **"Asset-Based Community Development**." It seeks to empower local communities by highlighting residents' resources, abilities, and insights into their own problems. With these examples as a guide, **include in your assignment a description of the main assets of your community that are relevant to health, both for your specific health focus and health in general (500-750 words)**.
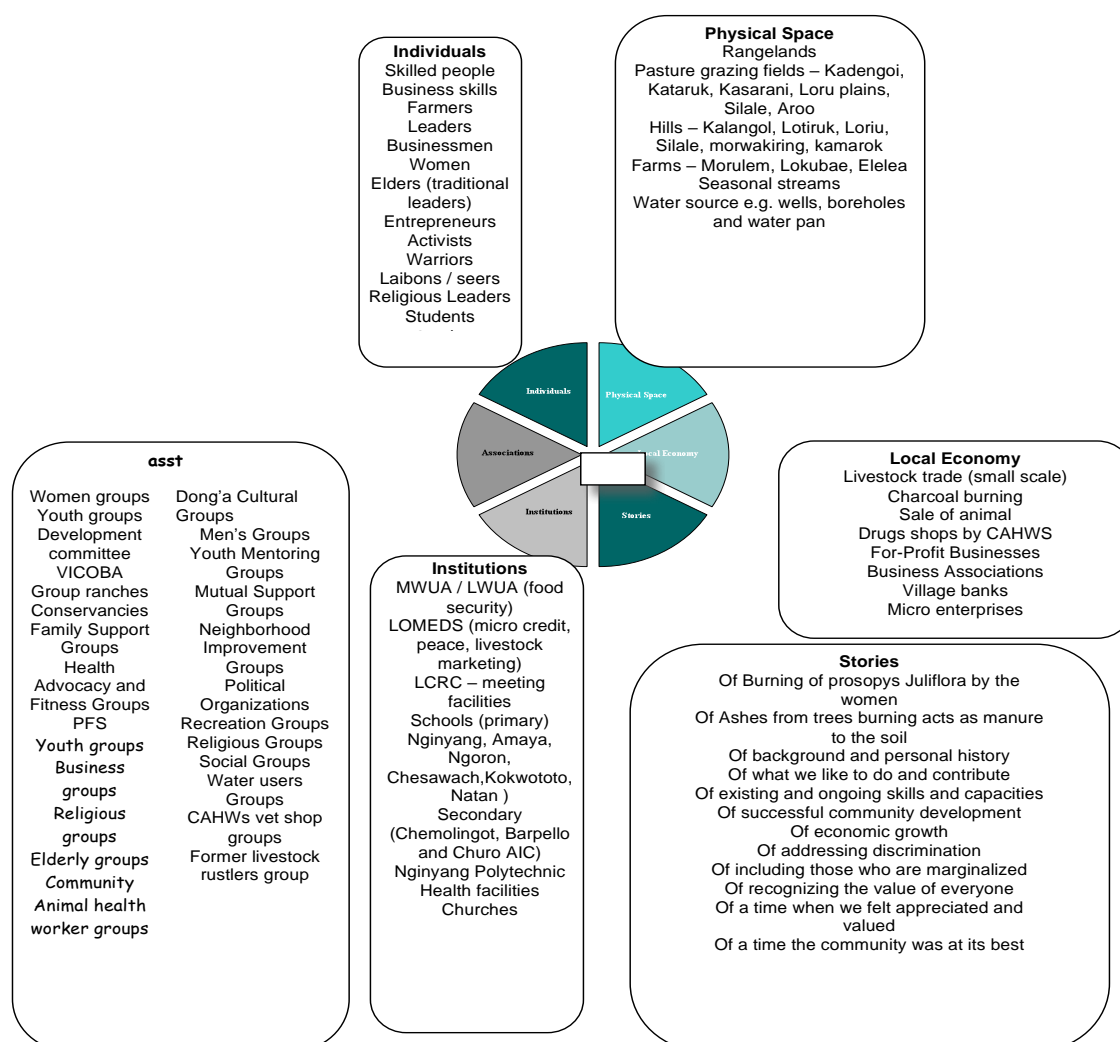
Image from Burns et al. (2010) *Where Women Have No Doctor*, Hesperian Foundation, Berkeley, CA, p 149.

Types of Community Assets:

Below are some examples of the types of assets to consider, including an example of an asset map developed of a rural community in Kenya.

Individuals	People with specific skills, knowledge, or leadership abilities
Environment	Agricultural or grazing land, water sources, forests, etc.
Economy	Local markets, enterprises, businesses, employers, goods and services
Associations	Community groups, religious groups, cultural organizations, cooperatives, youth groups, women's groups, etc.
Institutions	Hospitals, pharmacies, banks, churches, schools, aid organizations, governmental agencies
Social	Degree of cohesiveness, cooperation, empowerment

Individuals
Skilled people
Business skills
Farmers
Leaders
Businessmen
Women
Elders (traditional leaders)
Entrepreneurs
Activists
Warriors
Laibons / seers
Religious Leaders
Students

Physical Space
Rangelands
Pasture grazing fields – Kadengoi, Kataruk, Kasarani, Loru plains, Silale, Aroo
Hills – Kalangol, Lotiruk, Loriu, Silale, morwakiring, kamarok
Farms – Morulem, Lokubae, Elelea
Seasonal streams
Water source e.g. wells, boreholes and water pan

asst
Women groups
Youth groups
Development committee
VICOBA
Group ranches
Conservancies
Family Support Groups
Health Advocacy and Fitness Groups
PFS
Youth groups
Business groups
Religious groups
Elderly groups
Community Animal health worker groups

Dong'a Cultural Groups
Men's Groups
Youth Mentoring Groups
Mutual Support Groups
Neighborhood Improvement Groups
Political Organizations
Recreation Groups
Religious Groups
Social Groups
Water users Groups
CAHWs vet shop groups
Former livestock rustlers group

Institutions
MWUA / LWUA (food security)
LOMEDS (micro credit, peace, livestock marketing)
LCRC – meeting facilities
Schools (primary) Nginyang, Amaya, Ngoron, Chesawach,Kokwototo, Natan)
Secondary (Chemolingot, Barpello and Churo AIC)
Nginyang Polytechnic
Health facilities
Churches

Local Economy
Livestock trade (small scale)
Charcoal burning
Sale of animal
Drugs shops by CAHWS
For-Profit Businesses
Business Associations
Village banks
Micro enterprises

Stories
Of Burning of prosopys Juliflora by the women
Of Ashes from trees burning acts as manure to the soil
Of background and personal history
Of what we like to do and contribute
Of existing and ongoing skills and capacities
Of successful community development
Of economic growth
Of addressing discrimination
Of including those who are marginalized
Of recognizing the value of everyone
Of a time when we felt appreciated and valued
Of a time the community was at its best

Sample "Asset Map," from a pastoral community in Kenya

31

HEALTH TOPIC SELECTION

Once you have completed your evaluation of the community, you should have a better idea of what the most important health issues are, what things the community feels strongly about, and what assets it has as its disposal for dealing with problems. Out of this assessment, you should **select a topic for your community health project**. The topic should:

- Reflect an important community need

- Offer potential local interventions

- Yield itself to a project that can be completed within a short period of time.

To complete your needs assessment, **write a brief paragraph (400-500 words) explaining why you have selected the health issue you would like to address with your community project and the social determinants that impact this health issue the most. Be explicit about what aspect of the population you would like to focus on and what specific population you have selected to be the target of your efforts.** Be sure to discuss your selection with the GHIP Course Director and your GHIP site mentors, to ensure that this is an appropriate topic.

Although it is good to pursue an issue that you feel excited about, you should not choose one based only on your own interests – your topic should reflect a true need of the community, and have the potential for ongoing impact after you leave. It is best if you can partner with your GHIP host organization, as this can help ensure that your efforts will have ongoing impact after you leave. If there have been former GHIP students at your site, you might also want to consider building upon their work in some way. *It is important that there is local enthusiasm around your idea, both from the community and from your GHIP partner.* You will be unlikely to be successful without community support.

> **Important!** Make sure that your idea for a health topic is approved by the GHIP Course Director before proceeding. Be aware that the UWSOM requires that each student engage in "independent work" in order to receive III credit. If there are other UW students at your site, each of you should generally select a separate health topic to pursue. If there are compelling reasons to pursue the same topic, you will need to discuss this with Dr. Graham, and develop a plan to demonstrate that you each had a unique individual contribution to the project. Collaboration with your local GHIP site mentors is advised for all projects.

To help you select a topic that will work for your GHIP project, you may find it useful to fill out the table below. At the top, list several key health problems in the community that you've considered, and then assign a score from 1 to 5 for each of the variables listed. Select one of the topics with the highest score as the basis for your project. To the extent possible, try to focus on a single health determinant (e.g., smoking) or problem to address via increased awareness and education (e.g., hypertension). Consider whether focusing on a specific population (e.g., adults with diabetes, school-age children, women with a first pregnancy) could help ensure that your scope is not overly broad and too ambitious.

QUESTIONS	Health Topic				
	A	B	C	D	E
How serious is the problem?					
How common is the problem?					
How much community interest is there to address the problem?					
To what degree are there community assets that can be used to address the issue?					
To what extent does the problem have known, simple solutions?					
How suitable is the problem for a GHIP project?					
TOTAL SCORE					

adapted from *Programming and Training Booklet 2. How to Design or Revise a Project*. U.S. Peace Corps. 2001.

BACKGROUND RESEARCH

By the end of the third week, submit a written report about the evidence that supports different approaches to address your health topic. The report should include the following two sections:

1) Topic Overview (1500 words, excluding references and tables). Provide an overview of the topic, including current approaches to prevention or control, based on the medical literature. Include at least 3 references that describe the epidemiology relevant to your country or region and 3 references on any interventions that have tried to address the problem, with a summary of the impact they had. Discuss what is currently being done at the local and/or national level, and what approach seems most promising for your project, given the local history and context.

2) Problem Tree (1 page). Complete a "problem tree" following the examples given below. The problem tree should be a visual representation of important factors at the individual, family, community, and societal levels that influence the problem you have selected, based on your reading and discussions with local partners.

TOPIC OVERVIEW

Now that you have chosen a health topic to pursue, you need to start learning more about it. Begin by finding out as much as you can from the medical literature, and write a summary of your topic based on the information you find. Your sources may include textbooks, review papers, published studies, and documents from major global health organizations. Use PubMed to identify published literature, and check for relevant guidelines available from the World Health Organization, the U.S. Centers for Disease Control and Prevention, or other relevant regional organizations (for example, the Pan American Health Organization, or PAHO). The review should cover following:

- Background of the health issue, with a focus on the epidemiology (i.e., the distribution and determinants) in your GHIP country or region.
- Current approaches to intervention and/or prevention, both those that have worked and those that have not.
- Discussion of what is (or isn't) being done locally to address the issue, and what has been tried in the past.

Your review should include a <u>minimum of six references</u> (3 on epidemiology and 3 on interventions), which should be cited. Please use the reference function in Word or a reference management software such as EndNote or Zotero, placing references at the end of the document (endnotes) rather than on the same page (footnotes). You may use any recognized style (e.g., Vancouver, NIH, APA, NEJM) you would like, but please be consistent in the style you select. All GHIP assignments are checked for plagiarism – please use your own words and do not copy-paste text for your assignments.

It is especially important to determine whether there are any ***evidence-based interventions*** for the issue you are addressing, or any current approaches advocated by the WHO, UNICEF, or other health authorities. The GHIP Course Director may be able to assist you with finding appropriate resources, if you are having trouble. An example of a background write-up is available on Canvas.
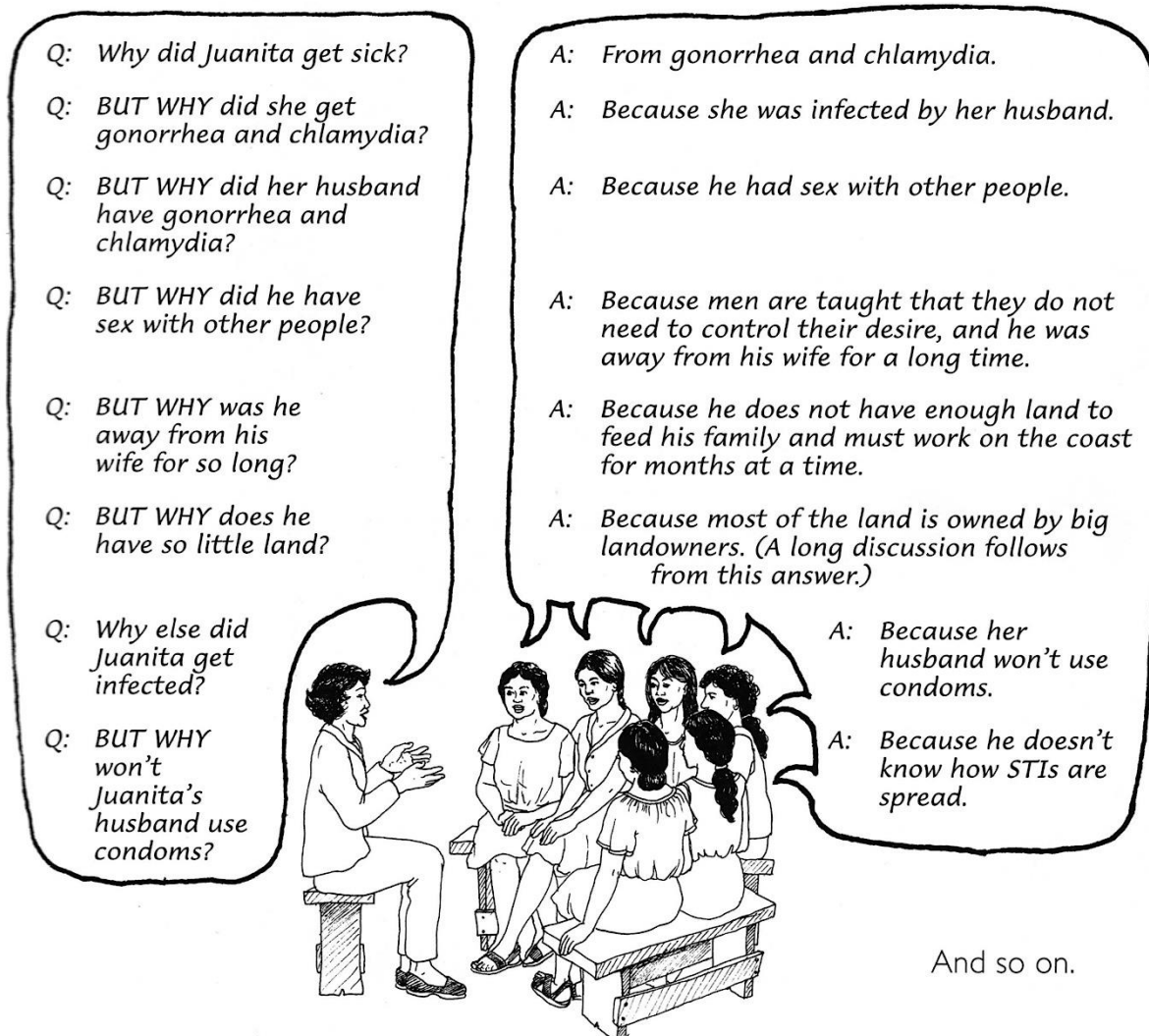
PROBLEM TREE

It is important to understand the underlying causes of the problem you have chosen, as well as the impact of the problem on the community. Once simple way to represent this is through a box and arrow diagram, sometimes referred to as a "problem tree" or causal web. An example for diarrhea is shown below. These diagrams are best created using a program like PowerPoint or Publisher. Alternatively, a problem tree can be drawn by hand and then photographed using a smart phone.

Problem Tree for Diarrhea
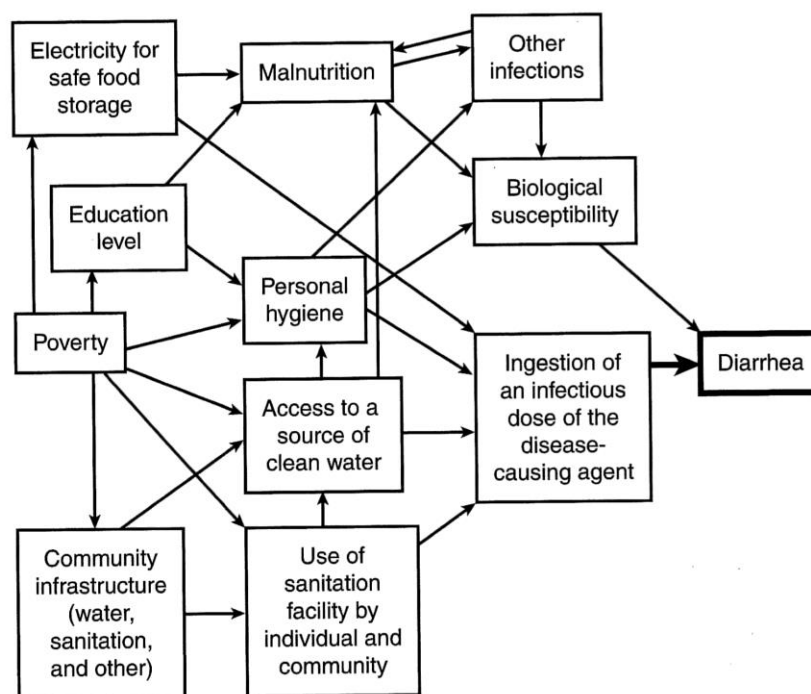
Jacobsen K. Introduction to Global Health. (2008). Jones and Bartlett. p 12

A simple way to create one of these is engage community members using the "But Why?" technique, promoted by David Werner and illustrated below. Although a bit overly simplistic, it does demonstrate an easy way to get people to think about underlying causes of a problem.

Q: Why did Juanita get sick?

A: From gonorrhea and chlamydia.

Q: BUT WHY did she get gonorrhea and chlamydia?

A: Because she was infected by her husband.

Q: BUT WHY did her husband have gonorrhea and chlamydia?

A: Because he had sex with other people.

Q: BUT WHY did he have sex with other people?

A: Because men are taught that they do not need to control their desire, and he was away from his wife for a long time.

Q: BUT WHY was he away from his wife for so long?

A: Because he does not have enough land to feed his family and must work on the coast for months at a time.

Q: BUT WHY does he have so little land?

A: Because most of the land is owned by big landowners. (A long discussion follows from this answer.)

Q: Why else did Juanita get infected?

A: Because her husband won't use condoms.

Q: BUT WHY won't Juanita's husband use condoms?

A: Because he doesn't know how STIs are spread.

And so on.

from Burns, A. et al. (2010). *Where Women Have No Doctor. A health guide for women*. Hesperian Foundation, Berkeley, CA. p 26.

Below are two additional examples.

Problem Tree for Child Malnutrition
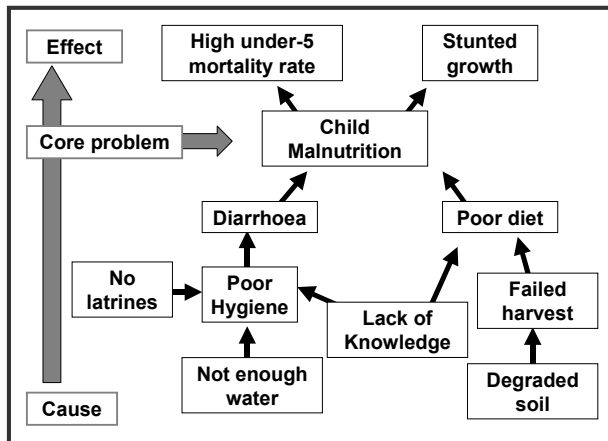
Problem Tree for Pneumonia

PROJECT PROPOSAL

Evan Yount and Nepali colleagues teach about diabetes complications

You are now ready to create and carry out a **Community Health Project.** By the **end of week 4 at your site,** submit a succinct **Project Proposal (1500 words)** and start working on your project!

DEVELOPING YOUR PROJECT

The analysis you have done so far should have left you with a good understanding of your health issue, including a number of causes to address and some current approaches to intervention. In creating a project, think about what you can do in a short time. Certain causes will be too deeply entrenched in the political or social structure for you to be able to make much impact, but others may provide opportunities for intervention. Students who have been successful in the past have helped serve as a catalyst in mobilizing community resources, bringing in new energy or ideas, or connecting groups that were working in isolation. Many successful GHIP projects have included an element of social outreach or health education. Lists of some prior student projects are available on Canvas.

An Ideal Project:

- Meets a true community need
- Has support from your local GHIP partner
- Has a good chance of success
- Builds upon current efforts
- Can be at least partially implemented while you are in country
- Has the possibility of continuing after you leave
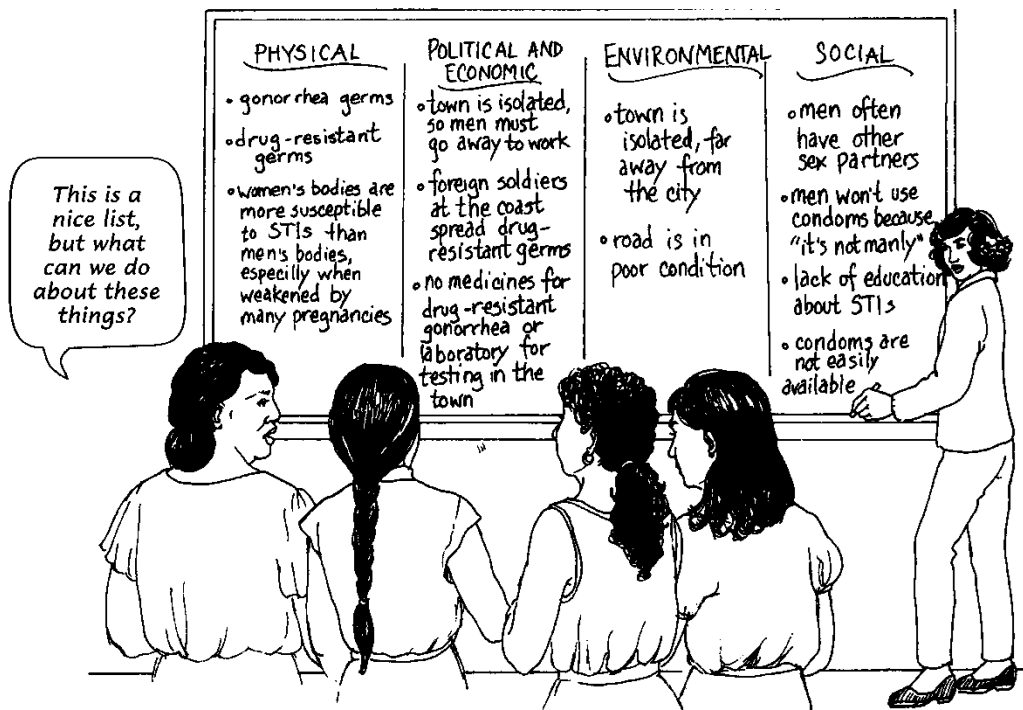
from Burns et al. (2010) *Where Women Have No Doctor*, Hesperian Foundation, Berkeley, CA, p 27.

The women in the picture above have completed a biosocial analysis of gonorrhea in their community, and are now at the stage of figuring out which of those things on the list makes the most sense to tackle for an intervention. This is more or less the stage you should be at as well. On the following page is a similar example for diarrhea: the table shows why the issue is important, what the causes are based on different models of illness, and suggests a range of options for intervention.

Causes and Treatment of Diarrhea according to Contrasting Approaches to Health

- Cause of 2.2 million deaths per year, 4% of deaths globally, and 8.5% of deaths in sub-Saharan Africa (WHO 2006b)
- Approximately 4 billion cases worldwide each year
- Primarily affects children under 5; it is the second largest killer of children globally
- Affects nutritional absorption, lowers labor productivity, and increases susceptibility to other diseases

Approach to Health	Determinants/Causal Explanations	Prevention/Treatment
Biomedical	Infectious agents enter the body and cause illness Certain intestinal diseases or other illnesses or disorders Allergic reaction to certain foods or medications Death occurs primarily as a result of dehydration	Vaccine against diarrheal diseases Oral rehydration therapy (ORT) Antibiotic/antiparasitic drugs
Behavioral	Ingesting food or water contaminated with an infectious agent Lack of knowledge/education about infectious agents and treatment Lack of personal hygiene, such as hand-washing Inadequate use of health services	Improve personal hygiene Avoid untreated water and potentially infected food Improve health education regarding causes and treatment of diarrhea
Political economy	Lack of access to safe drinking water Poor basic sanitation Lack of access to primary health care Poverty	Universal access to safe drinking water Improve sanitation and living conditions Universal access to health care Redistribution of wealth and political power

in Birn A-E., Pillay, Y. and Holtz, T. H. (2009) *Textbook of International Health*. Oxford University Press, New York. p 146.

PARTNERING WITH THE COMMUNITY

You should not create a community health project entirely on your own, with no input from local partners. You are encouraged to **partner with your local GHIP site mentors and possibly other local organizations** (NGO, hospital, health ministry, church, school, etc.), finding creative ways to support their efforts. The more you are able to partner with the community in developing your project, the greater the chance that it will continue after you leave. In addition to helping you contribute to local capacity, partnering will help you learn more and produce a project that is more culturally relevant. If you join with a pre-existing project, it is important that you can demonstrate that you added something unique, in order to obtain III credit. If you find that you are encountering unexpected resistance to your idea, it is usually better to move in a different direction than to struggle to get your initial idea to work. There may be political, cultural, or other factors at play.

WRITING A PROJECT PROPOSAL

Your proposal should be brief, but should include the following components:

Title: Be as specific yet concise as possible.

Rationale: Explain the reason for your project and why it is important to the community.

Objectives: Discuss what the program expects to accomplish. A tip for writing project objectives is to use the acronym **"SMART."** SMART objectives are:

> **S**pecific
> **M**easurable
> **A**chievable
> **R**elevant
> **T**ime-bound

For example, "reduce malaria transmission in the village," is a good goal, but it is much too general. A better objective might be: "distribute insecticide-treated bed nets to 100 families with young children during the next month."

Here are some examples based on projects from former students:

- Give a presentation on HIV transmission and reproductive health to 3,000 middle school students in Tamil Nadu over the next two weeks.
- Work with community members to create a locally appropriate promotional campaign for kangaroo mother care. Distribute 100 brochures to new mothers during the next three weeks.
- During the next two weeks, train three nurses and a local nutrition specialist to use specially developed educational tools on appropriate complementary foods for children with malnutrition. Hold educational sessions for 10 families.
- Over the next three weeks, hold men's discussion groups with at least 25 men about the consequences of delaying access to healthcare services for women in labor.

Role: Clearly state your role in the project.

Partners: Identify the key local individuals, organizations, and local institutions who will be involved in the project, and explain what their role will be.

Budget: How much do you anticipate you will need to spend to carry out your project? If funding is required, who will be paying for it? (Prior students have been able solicit friends, family, and local organizations for funding). Discuss any ideas you have for projects that require funding with Dr. Graham and your GHIP site leads, to ensure that you don't overcommit.

Timeline: Map out roughly how long you expect each part of the project to take.

Evaluation: How will you determine whether or not your project objectives have been met? You should build a strategy for evaluation into your project itself.

SWOT ANALYSIS

A SWOT analysis, which stands for **Strengths, Weaknesses, Opportunities,** and **Threats,** is a simple but powerful way of an analyzing your project so that you can develop strategies for success. It is recommended that you perform a SWOT analysis for your project, and submit it along with your proposal.

Below are two sample SWOT analyses based on prior student projects.

PROJECT: Increasing male awareness of the benefits of delivering children by skilled birth attendants.

SWOT	STRATEGY
Strength: There is evidence for improved maternal health outcomes from programs that target the behaviors of men.	Hold discussion groups with male heads of household highlighting the value of a birthing plan.
Weakness: Male involvement around issues of childbirth is rare in the local community.	Work with community leaders to generate interest in the topic among local men.
Opportunities: A number of church leaders have expressed interest in serving as facilitators.	Work with the facilitators to develop creative and culturally appropriate ways to engage men around birth planning.
Threats: The success of this program will depend upon how much interest can be generated in around this topic, and the availability of men are to attend discussion groups.	Combine the discussion sessions with other activities or venues that have a high level or male participation and attendance.

PROJECT: Improving knowledge of good dental hygiene through a primary school program

SWOT	STRATEGY
Strength: There is preexisting health program in the school put on by community volunteers who are interested in incorporating dental health into their activities.	Train the healthcare volunteers to carry out dental health promotional activities.
Weakness: There is not currently a dental health program targeting this group of children upon which I can build.	Learning what the children already know about dental hygiene and build upon this knowledge in an engaging way.
Opportunities: A number of potential donors interested in funding this program have been identified, three dentists offered to assist with training.	Work with the potential donors to secure needed supplies and make arrangements for ongoing contributions.
Threats: This program will rely on the continued dedication and enthusiasm of the volunteers.	Implement a tracking program through which the project coordinator can report to me each month about the progress of the program after I have left.

Women reading about cervical cancer while awaiting screening in Uganda

Readability

If you are developing any materials for education or training, try to keep the reading level appropriate to the audience you are targeting. Even if the material you create will ultimately be translated into another language, avoiding complicated sentence structure and education accessible to only well-educated persons is important. In fact, it may be more important when translation into a local language is planned, as many local languages do not have complicated grammar structures. Below are instructions on how to check readability statistics using Microsoft Word, and what those statistics mean.

WORD

1. Click the **File** tab, and then click **Options**.
2. Click **Proofing**.
3. Under **When correcting spelling and grammar in Word, m**ake sure the **Check grammar with spelling** check box is selected.
4. Select **Show readability statistics**.

After you enable this feature, open a file that you want to check, and [check the spelling](). When Outlook or Word finishes checking the spelling and grammar, it displays information about the reading level of the document.

UNDERSTAND READABILITY SCORES

Each readability test bases its rating on the average number of syllables per word and words per sentence. The following sections explain how each test scores your file's readability.

Flesch Reading Ease test

This test rates text on a 100-point scale. The higher the score, the easier it is to understand the document. For most standard files, you want the score to be between 60 and 70.

The formula for the Flesch Reading Ease score is:

$206.835 - (1.015 \times ASL) - (84.6 \times ASW)$

where:

ASL = average sentence length (the number of words divided by the number of sentences)

ASW = average number of syllables per word (the number of syllables divided by the number of words)

Flesch-Kincaid Grade Level test

This test rates text on a U.S. school grade level. For example, a score of 8.0 means that an eighth grader can understand the document. For most documents, aim for a score of approximately 7.0 to 8.0.

The formula for the Flesch-Kincaid Grade Level score is:

$(.39 \times ASL) + (11.8 \times ASW) - 15.59$

where:

ASL = average sentence length (the number of words divided by the number of sentences)

ASW = average number of syllables per word (the number of syllables divided by the number of words)

UNDERSTAND HOW LANGUAGES AFFECT READABILITY SCORES

The languages that you use in a document can affect how your Office program checks and presents readability scores.

- If you set up Word to check the spelling and grammar of text in other languages, and a document contains text in multiple languages, Word displays readability statistics for text in the last language that was checked. For example, if a document contains three paragraphs — the first in English, the second in French, and the third in English — Word displays readability statistics for the English text only.
- For some European languages within an English document, Word displays only information about counts and averages, not readability.

To increase the readability of your text, reduce the number of words per sentence, and use shorter, simpler words when possible. If a technical term is required, be sure to define it using simple, straight-forward language.

PROJECT EVALUATION

- Write a brief **summary** (750-1000 words) of how the project turned out, based on the questions below. Include information on at least 2 process or outcome indicators that show the impact of your work.
- Upload **2-3 photos** showing you carrying out your project.

The following questions can be helpful in thinking about the impact of your project:

- Which of your objectives were met? Which weren't?

- What do you see as the biggest successes?

- What were the main challenges of the project?

- Were there any unforeseen benefits or unintended consequences?

- Does your GHIP partner plan to continue the project after you leave?

- What do you think will be the impact of your project one year from now?

- What were the main things you learned in doing the project?

- What would you do differently if you were to do this again?

When evaluating a health program, it is important to clarify the types of indicators used.

- **Process indicators** evaluate the specific activities that are carried out, such as the number of bednets distributed, health workers trained, or persons in the target audience reached.

- **Outcome indicators** tell you what has changed as a result of the program, particularly changes in knowledge, attitudes, skills, or behaviors. (Examples: The number of HIV tests performed at the local health center per week doubled; School children demonstrated increase awareness of how HIV is transmitted, comparing pre-test to post-test scores).

- **Impact indicators** measure the overall effectiveness of the program at achieving its larger goals and objectives. (Examples: Hospital admissions for malaria decreased 40%, HIV prevalence fell from 18% to 8% during a 6-year period). You are unlikely to see this kind of effect due to a short-term project.

- Evaluation data can be **quantitative** (numerical) or **qualitative** (descriptive). Qualitative feedback on acceptability of the intervention, value placed on it by participants or trainers, and other aspects should be included in your evaluation.

Note: It is easier to upload your photos if they are compressed to medium-size JPEGs. You may also wish to wait until you are back in the US to do this if your bandwidth is low.

LEAVING YOUR COMMUNITY

Leaving your local community may be difficult now that you have gotten to know it, adjust to the lifestyle, and made friends. As you wind down your time in your GHIP country, take some time to prepare for your departure. We ask that you share what you have learned about the site to benefit future students, and make sure that the community knows the outcome of your work.

- **Share your work** with your supervisors and those who assisted you. If you have not yet completed your abstract or poster, make arrangements for your completed work to be sent to those at your site.
- Think about **how your work can continue** once you are gone. Make sure that you have left behind whatever material is needed by others to continue your efforts. Write down your ideas for how your local partners and future students can build upon what you have done.
- **Gather site information** for future students. Write down names and contact information for key people and organizations, as well as any tips regarding housing, transportation, places to eat, cultural issues, etc. We will use this information to update the country manual for next year.
- Submit the **Student Evaluation Form** to your local supervisor, and have them either fill it out by hand and return it to you, or email it to Dr. Graham. Blank forms in English and Spanish are on Canvas.
- **Thank** those who helped you, and say your goodbyes.

SYNTHESIZING YOUR WORK

Before the end of the summer, you need to produce two documents summarizing your project:

> A **Scientific Abstract** of *2500 characters or less*, due on **August 30, 2019**.
>
> An **Academic Poster**. A draft of your poster is due on **September 7**, and the
>
> final version is due on **September 14**.

Details on these assignments are given below.

WRITING A SCIENTIFIC ABSTRACT

An abstract is a concise summary of your work. The biggest challenge is usually keeping it succinct. An abstract should be written in the third person, using formal language. It is recommended that you submit a draft version for review and feedback by Dr. Graham and your GHIP site mentors. Do not use references in the abstract.

All students will submit their abstract to the UW School of Medicine for consideration to be selected for submission to the **Western Student Medical Research Forum (WSMRF)** in Carmel, CA. Specific requirements include a character limit of 2,500 (including spaces). Students whose abstracts are selected for the WSMRF conference will have their abstracts published in the *Journal of Investigative Medicine*. The abstract should have the following sections:

- **Title**: The title should describe your project in as succinct yet specific a way as possible. Include where the project took place in the title.
- **Purpose**: This should summarize the health problem selected, why this problem is important, and what the goals of the project were.
- **Methods**: Outline any key steps that you took in developing your project. You should include information on how you conducted your literature review and community assessment. Describe the role of community partners, and how their input helped tailor the project to your GHIP community. Do not include any results in the methods section.
- **Results**: This should include specifics on what you were able to accomplish with your project, including the number of people who received your intervention, an assessment of the effectiveness of your project, and any feedback that you received from the community. Include quantitative results (pre-test, post-test scores) and qualitative results (feedback from local partners and participants on feasibility, acceptability, potential impact).

- **Conclusions:** This can be very brief: two or three sentences. What is your overall assessment of the project? Were there any significant accomplishments, barriers, or unintended consequences? What was the main lesson learned? What remains to be done?

Along with your abstract, you will be asked to submit a statement about the evidence that supports your intervention methods. To respond to this question, you should briefly synthesize the material in your background research, including evidence of the extent of the problem and what interventions may be most promising, both based on the published literature and on discussions with local partners regarding feasibility and acceptability.

Below is a sample abstract from Linnea Pudwill, a former GHIP student to Peru. Additional examples of abstracts accepted for WSMRF can be found on Canvas.

Reducing Intestinal Parasitic Infections in Rural Peru through Community Education

Pudwill L *University of Washington School of Medicine, Seattle, WA.*

Purpose: Helminth infections are the second-leading cause of illness in Yantaló, a village in the tropical Amazon of northern Peru, for 2006-2010. The population is susceptible to parasitic infections due to the unsafe water, poor sanitation, crowded conditions, low education levels, poverty, agricultural activity, and subtropical climate. The aim of this project was to reduce intestinal parasitic infections in Yantaló through sustainable community-based education.

Methods: High school students were taught about parasite life cycles, health consequences, and prevention. Student volunteers then developed and gave presentations about hygiene and parasites to younger children. A presentation was given to a group of adults and hand-washing activities were done with kindergarten students. Educational materials were prepared for future use by educators, health workers, and volunteers with the Yantaló Foundation. The education coincided with the village's first anti-parasite medication distribution campaign, sponsored by the Ministry of Health. The work was done with the help of volunteers from the Yantaló Foundation.

Results: A total of 214 high school students received education about parasite prevention. Six groups of high school students gave presentations to 248 elementary students in twelve classes. Twenty adults attended the lecture about parasite prevention and received a handout. Fifty kindergarten students participated in the hand-washing sessions. All educational materials and information were given to the Foundation for future use in the community. The school nurse agreed to supervise high school students in teaching younger children. The clinic physician was assisted in the distribution of albendazole to school children, which will be repeated every three months.

Conclusions: The project increased awareness of hygiene, water treatment, and parasite prevention among school children through education that promoted community involvement. The education will be sustainable with cooperation of local students, the Yantaló Foundation, and the school nurse. It will be important to complement education with periodic distribution of anti-parasite medication. Additional adult education and water treatment measures are also necessary to reduce the prevalence of parasitic infections in Yantaló.


CREATING AN ACADEMIC POSTER

At the end of the summer, you need to develop a poster representing your work. You will present your poster to medical school faculty and staff during the UWSOM poster session at your WWAMI Foundations site in fall or winter quarter. Additional opportunities to present your poster include the WMSRF in Carmel and the Western Regional Global Health Conference, an annual event organized by graduate and professional students.

A poster is a visual representation of your project. An ideal academic poster:

- Attracts attention
- Communicates clearly, concisely, and visually
- Can stand alone and be understood without further explanation
- Tells a story
- Stimulates discussion
- Is visually appealing
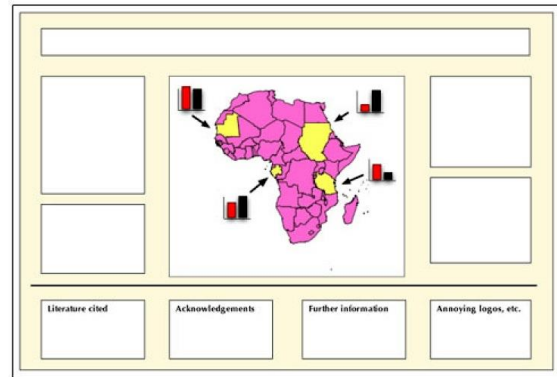
It can take 1-2 weeks to develop a final poster, considering feedback and edits. It can be based on your abstract, but should include images and graphics to help explain your project and highlight key points. You are strongly advised to share early drafts with Dr. Graham, and subsequent drafts with your GHIP site mentors. Current guidelines from the UW School of Medicine, which are based on recommendations for the Carmel meeting, will be sent to you in August. Please use these as a guide and let Dr. Graham or Kendria Dickson know if you have questions.

STEP 1. START WITH THE CORRECT SIZE.

Open up a new blank PowerPoint presentation. Go to File > Page Setup and choose **24 x 36 inches**. Select a horizontal layout.

There is a sample template attached to Canvas.

> **BE SURE THAT YOUR POSTER IS THE CORRECT SIZE. IT IS VERY TIME CONSUMING TO RE-SIZE A POSTER AFTER IT HAS BEEN CREATED.**

STEP 2. ORGANIZE THE POSTER.

Your poster should include the following sections:

- **Title:** Title of your project (often the same as the title of your abstract), your name, MS-1, University of Washington School of Medicine

- **Purpose:** This should be only one or two sentences long, and should summarize the main objective of your project.

- **Background:** This should include the problem you focused on, why it is important, and the rationale for your project. It should be clear from this box that your project addressed a key health need of the community, and why you chose the general approach that you did. A photo of the local community can often be helpful in this section.

- **Methods:** As for the abstract, the methods should include the key steps you took in developing your project, including how you conducted your literature review and community assessment. You should highlight anything that demonstrates community involvement. A picture that shows how you implemented the project is very useful here.

- **Results:** This should include specifics on what you were able to accomplish with your project, including the number of people who received your intervention, an assessment of the effectiveness of your project, and any feedback that you received from the community. In this section, you may want to include a graph or figure or data table with results.

- **Conclusions:** This should be a brief discussion of lessons learned from the project, as well as any plans for modifying, expanding, or continuing the work.

- **Acknowledgments:** You should acknowledge any funding sources, GHIP, and any local organizations, supervisors, or mentors. (This section can be in a smaller font if needed).

- **References:** You only need to include references if they are referred to in the text of your poster. Generally, there should be no more than 3 key articles. (This section can be in a smaller font if needed).

STEP 3. ADD TEXT AND IMAGES.

Make sure that you have a clean layout, easy-to-read text, and visually appealing color schemes. Keep things simple! Use graphics and images to attract attention and help tell the story. Images should add meaning to the poster, and should be adequate resolution that they print out well in their final size.

Avoid using too much text. You are trying to capture the highlights of your project in as concise a way as possible. Use bullet points where appropriate. Try to limit the total amount of text to 250 words, and do not use fonts smaller than 24 pt except for captions and references.

The best way to create a successful poster is to develop a rough draft and then refine it through successive revisions. It is recommended that you share your drafts with Dr. Graham initially and then with your GHIP site mentors subsequently for advice and feedback. The UW Poster Center in the Health Sciences building are also available for assistance.

STEP 4. PRINTING YOUR POSTER

The GHIP Program will cover the costs of printing **one proof** and **one final poster**, if submitted to UW posters by midnight on **September 14, 2019** Any additional costs after that deadline will need to be paid for by the student.

Get your poster approved by the GHIP Director, Dr. Graham, before submitting to UW posters.

Submit a draft of your poster to Canvas by September 7 following the steps below:

Go to the UW Posters website at http://depts.washington.edu/uwposter/

- Click on the green button in the upper right hand corner that says "ORDER OR REVISE"

- Click on "START NEW GROUP ORDER"

- Select "Global Health Immersion Program"

- Enter Access code "GHIP 2019"

- Complete all required fields, including name and contact information.

- Upload your PDF file.

- Select "YES" where it asks if you would like a printed proof.

- Choose semi-gloss paper, and be sure to indicate your correct operating system.

- Click "SUBMIT." You will be given an **order number** and **confirmation code**. SAVE THESE NUMBERS. You will need them to order the final print.

- The proof will be ready for your pick-up in 24-48 hours.

Print your final poster.

When your proof is ready you will receive an email prompt to review and approve for final printing. If you are in Seattle, please check the proof yourself; feel free to ask Kendria to take a look. If you are not in Seattle, Kendria will pick up the proof to check it and let you know whether any final changes are needed. Once you have received the OK from Dr. Graham to go final, go back to the UW Posters website, click "ORDER OR REVISE" and select "REVISE an existing order." You will need to enter your order number and confirmation code. Upload the file containing your final poster, and arrange for printing. If no changes are needed and the file they already have is the one you want to use, please direct them to "go final" to do the final printing.

Kendria will store all posters in the GHIP office until they are sent to WWAMI sites or brought to the Seattle Poster Session in November.

Don't forget to upload the electronic file for your FINAL POSTER to Canvas.

POST-GHIP SEMINAR

During the post-GHIP seminar on August 30, 2019, students will be expected to:

- **Present their work to GHIP faculty, staff, and fellow students**

- **Share one selected journal entry with the group**

- **Participate in discussions** about key global health issues, based on the course readings and their own experiences and observations during the summer.

PROJECT PRESENTATION

The post-GHIP seminar will be held on **Friday, August 30** from **9 am – 5 pm** in the **Harris Hydraulics Large Conference Room (Room 322)**. Students will be contacted by email in August with the specific date and time for each of their presentations. Guest faculty who help support the GHIP sites may be in attendance.

You should **prepare a PowerPoint talk** *no longer than 10 minutes in length,* with five minutes at the end for answering questions. The talk should follow the same general outline as your abstract and poster. It is recommended that you practice your presentation ahead of time to make sure you are under the time limit. It is best to limit your talk to a maximum of 10 slides, and to avoid putting too much text on each slide. On the day of your talk, please bring to class a flash drive containing your presentation.

The **Western Student Medical Research Forum,** commonly called "Carmel" around the SOM, is a large scientific medical conference that takes place at the end of January every year. It is held in Carmel, California (near Monterey Bay), and showcases research conducted by medical students from schools in the western regions of the U.S. and Canada. The UW School of Medicine has a number of stipends available for selected students to attend the conference. You will receive more information about how to apply to attend the conference in September. The format for presentations at WSMRF is the same format as we are using in class.

REFLECTIONS ON THE GHIP EXPERIENCE

Select one journal entry that you would like to share with the class. We'd like each of you to read an entry that highlights how your expectations changed, how you overcame an obstacle, or how you learned something unexpected. You may select text if the entry is rather long or contains material you do not wish to share with the group.

After each journal entry, we will ask students to reflect on the presentation and how it relates to their own experience.

HOW CAN PHYSICIANS IMPROVE GLOBAL HEALTH?

Read the articles below as you wrap up your site experience and return to the US. At the post-GHIP seminar, each of you will be assigned in pairs to lead a discussion on one of the articles. Please come to class prepared to participate in discussions that will address the following questions:

- What are your motivations for wanting to do global health work? Do you think motivations matter?
- What would you want to know about a global health organization before working for it?
- Are some ways of "practicing global health" more helpful than others? How?
- What are some ways that physicians can help to decrease health disparities?
- How do you think you will you incorporate global health into your future career?

READINGS

Schwartz, Tomothy. (2010). Gutless Wonders – The Windmill Fiasco. *Travesty in Haiti. A true account of Christian missions, orphanages, food aid, fraud and drug trafficking.* BookScribe. Lexington, KY. pp 65 – 77.

Bhagwati J. (2010). Banned Aid: Why International Assistance Does Not Alleviate Poverty. Foreign Aff. 89(1): pp. 120-125.

Ivers L.C. and Walton D.A. (2012). The "First" Case of Cholera in Haiti: Lessons for Global Health. *Am. J. Trop. Med. Hyg.,* 86(1), pp. 36–38.

APPENDICES

USING AN INTERPRETER

It is impossible to develop a true understanding of a people and their culture without learning the local language. In some GHIP sites, many people will speak an indigenous language. You should make every effort to at least learn some basic words and phrases: you'll be surprised how far this can go in making connections with people. In your interactions with community members, however, you will likely need to use an interpreter. Communicating effectively through an interpreter is an important skill that takes some time to learn, but will serve you well as a physician, particularly if you work with underserved populations. Please keep in mind that while your GHIP host site may assign someone to help work with you on your project, this person will usually have other responsibilities and you should be respectful of their time. If you want to do extensive interviews or other work for which you'll need an interpreter, you should ask your GHIP host how best to arrange this and how to compensate that individual for their time.

TIPS FOR WORKING WITH AN INTERPRETER

1. **Select an appropriate interpreter**

A trained and certified medical interpreter is best, and in the U.S. it is actually a federal law that a certified interpreter be used for all patients with low English proficiency. The ideal interpreter has fluency in the individual's language and your own, and more importantly, has insight into both cultures, as well as an understanding of medical terms. You should avoid using family members; in particular, young children in particular should never be asked to interpret. Since at your sites you may end up relying on hospital staff, be sure that they are not being taken away form more important duties, and find out if there is an expectation of payment.

2. **Set the agenda**

Before interviewing the individual, explain to the interpreter what the goals of your interview are, and describe the manner in which you would like for him or her to interpret. Request that cultural input be provided where appropriate. You should make it clear that the interpreter is expected to respect confidentiality. Next, introduce yourself and the interpreter to the person you would like to interview, explain each of your roles, and ask their permission to proceed.

3. **Arrange yourselves properly**

Ideally, you should all be seated at eye level with each other, with the interpreter next to you so the interviewee can see both of you without turning his or her head.

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4.   **Speak directly to the interviewee**

You should address the individual you are interviewing directly, as if you both spoke the same language. Do not speak to the interpreter unless asking for clarification. (In other words, you would say to the interviewee "How are you feeling today?" rather than to the interpreter "Ask the interviewee how she is feeling.") The interpreter should respond in the first person, speaking as if he or she was the interviewee. This quickly becomes easy to get used to, and facilitates understanding and rapport-building between you and the interviewee.

5.   **Use phrased translation**

Generally, you *do not* want the interpreter to do word-for-word translation, even if such a thing were possible (which it usually is not). What you want is for the interpreter to act as a cultural mediator, to serve as a two-way bridge for conveying *meaning* and promoting dialogue and understanding. This is why seemingly simple questions such as "When were you born?" can become long discussions ("On the day that your mother brought you into the world, do you know if it was before or after the country's independence? Do you know about how may years before? Was it in the wet season or the dry season? . . .) Avoid attempts at simultaneous translation, which can be too confusing for the interviewee and challenging for the interpreter. You also want to avoid summary translation, in which the interpreter does the entire interview and then provides a summary of the information gathered. Too much pertinent information can be lost with this method. The preferred method is "phrased translation," where you speak in short sentences or phrases, and ask the interpreter to convey each one as accurately as possible. When the interviewee replies, the interpreter does their best to speak in the interviewee's voice.

6.   **Have a short feedback session afterwards**

Briefly check in with the interpreter after the interview. Ask for additional cultural input, and share feedback about the interview process.

Maren Shipe in Uganda.

COMMUNITY-LEVEL HEALTH EDUCATION

IF I **HEAR** IT
I FORGET IT.

IF I **SEE** IT
I REMEMBER IT.

IF I **DO** IT
I KNOW IT.

IF I **DISCOVER** IT
I USE IT.

Werner, D. and Bower, B. (1982) *Helping Health Workers Learn.* Hesperian Foundation. Berkeley, CA. Part Two - 1

Many of you will pursue projects that involve educating people about health issues. Remember that there is a difference between giving people knowledge, motivating people to change their behavior, and ensuring that people have the necessary resources and support to make change realistic and sustainable. For a program to be successful, all three of these must be addressed. For example, it doesn't help to just tell people that it is important to wash their hands: a cultural shift must occur where people begin to value this as a way to prevent disease, and soap must be locally available and affordable.

Suggestions regarding health education and motivation:

- People learn best through seeing and doing. Active participation is far more effective than lecturing.
- People remember more when they have discovered things themselves than when things are just told to them.
- Train others to teach the topics you want people to learn. People are more likely to become interested and excited when they are taught by peers. Using a "training of trainers" approach also helps to ensure the project can continue after you are gone, builds local capacity, and expands the reach of your project.
- Minimize written material. Pamphlets can be helpful in reminding people of things they have already seen and learned, but are not good as a primary means of sharing health information in communities with low literacy and limited educational achievement.
- If using images, make sure that they are properly interpreted and understood. Get feedback on your images, or use a local artist.
- Consider a variety of techniques, including role plays, dramas, group discussions, and radio dramas to generate enthusiasm for your project and disseminate health messages. Solicit local input about which techniques would be best received.
- Tap into the energy of young people.

- Be mindful of cultural norms related to dress and behaviors.
- Build slowly, use repetition, and create a fun, non-threatening atmosphere.
- Think about how you will evaluate whether the education has had the desired effect.
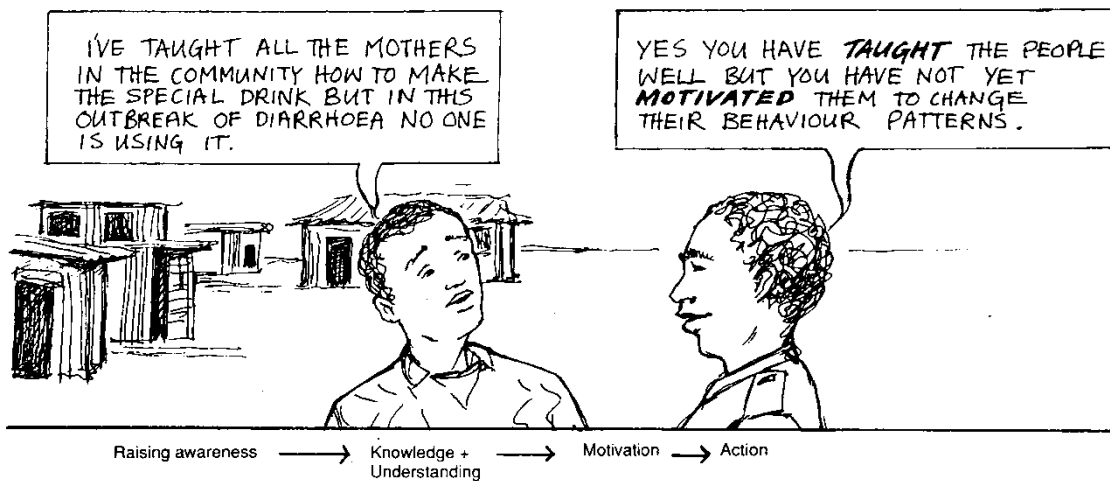
Lankaster, T. (2007) *Setting Up Community Health Programs*. Hesperian Foundation. Berkeley, CA. p. 39

GHIP STANDARDS OF CONDUCT

1) Conduct yourself in a way that demonstrates professionalism, cultural sensitivity, humility, and reflects positively on the University of Washington and the GHIP program.

2) Adhere to the rules and regulations of the host institution, and laws of the host country.

3) Submit assignments promptly. Inform the GHIP Course Director if there are issues with your Internet connection, etc. so you can make alternative arrangements for submitting your work.

4) Carry out independent work. Although exchange of ideas and discussion with other students is encouraged, to receive course credit you must demonstrate independent effort. (This will normally require that you select a topic for investigation different from other UW students at your site).

5) Exercise judgment if posting to web-based journals (blogs); refrain from writing material that reflects poorly on the University of Washington, host country, or host institution.

6) *Do not engage in any type of research* or formal data collection unless such work has been pre-approved.

7) Avoid misrepresenting yourself as a doctor or other licensed health professional.

8) GHIP is not intended as a clinical experience. *Do not engage in any unsupervised clinical activities.*

   a. Clinical activities should be limited to spending no more than one day per week observing local providers, obtaining patient histories, and performing physical exams in circumstances where these activities are permitted.

   b. Procedures (such as drawing blood and suturing) should not be performed by GHIP students.

   c. Interpreters should be used when conducting patient interviews and examinations, unless you are fluent in the patient's language.

9) Do not take photographs of patients or medical wards without express permission.

10) *Do not engage in any form of employment* during the GHIP program.

11) Exercise common sense and good judgment to reduce risks to personal health and safety. Follow the recommendations discussed during Orientation and your Travel Clinic appointment.

12) Be cautious about discussing religious or political ideology. Refrain from promoting a particular religious or political viewpoint. Avoid marches and demonstrations.

13) Refrain from the giving of gifts or money to local staff, beyond simple tokens of appreciation or payment for services (such as transportation or assistance with translation).

14) Do not travel more than 300 km outside of your host site without permission from the Global Health Resource Center and host country supervisor.

15) Contact the GHIP Course Director promptly if any serious issues, questions, or concerns arise.

16) If an emergency arises, call the UW Emergency response team for advice and instructions. If you are unwell, make sure someone at your site is aware and can assist you in seeking medical help.

CONTACT INFORMATION

	Name	Address	Telephone	Email or Website
UW Global Emergency # **UW Global Security Manager**	Daniel Brencic, UW Global Travel Security Manager	Office of Global Affairs Gerberding Hall 22	+1-206.616.7927 +1-206-632-0153 (24-hr hotline)	dbrencic@uw.edu travelemergency@uw.edu
GHIP Course Director	Dr. Susan Graham	NJB, room 1358 325 Ninth Avenue HMC 359909 Seattle, WA 98104	+1-206-351-0414 (mobile)	grahamsm@uw.edu
GHIP Administrator	Kendria Dickson	Harris Hydraulics, Room 315 Box 357965 Seattle, WA 98195	+1-206-685-7418 (office) +1-206-685-8519 (fax)	kendriad@uw.edu dghsom@uw.edu
GHRC Director	Daren Wade	Harris Hydraulics, Room 315 Box 357965 Seattle, WA 98195	+1-206 616-1159 (office) +1-206 685-8519 (fax)	dwade@uw.edu ghrc@uw.edu
Insurance	CISI UW Student Abroad Insurance	**CISI** 1 High Ridge Park Stamford, CT 06905 USA	call +1-888-331-8310 or collect +1-240-330-1414	http://www.washington.edu/globalaffairs/global-travelers/global-insurance/insurance/ ops@us.generaliglobalassistance.com
Hall Health Travel Clinic	Anne Terry, RN, MSN, ARNP	315 E. Stevens Circle Box 354410 Seattle, WA 98195	+1-206-685-1060 +1-206-685-1011	travel@uw.edu
Post-Exposure Prophylaxis	Harborview Madison Clinic	325 Ninth Ave Box 359930 Seattle, WA 98104	1-888-448-4911 (CDC hotline) +1-206-744-5100 (clinic #) +1-206-744-5100 (after hours #)	http://depts.washington.edu/madclin/providers/guidelines/pep_occ.html