

**International Public Health & Medical Care:
A Systems Approach
(World Medical Care)**

Syllabus and Course Guide for IH 704, Spring 2010

4 Credits

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"For every difficult and complicated question there is an answer that is simple,
easily understood and wrong."

H.L. Mencken

I – Introduction

This document is more than a syllabus. It will be worth your time to read the entire document carefully. It is organized in the following sections:

- I. Introduction
- II. Goals and Objectives
- III. Course Structure, Exams & Grading
- IV. Viewing & Reading Assignments
- V. Class Schedule
- VI. Making the Course Work - Administrative Notes
- VII. Plagiarism, Cheating and Academic Dishonesty
- VIII. Teaching Assistant & Student Group Assignments
- IX. Closing

The Syllabus in its entirety is posted on the course website under “Course Documents” and has been emailed to all students enrolled as of January 10. If you would like a hard copy, please print at your convenience.

This course requires a lot of work. Missing classes and missing the discussion in class leads to poor performance. Just doing the readings is not enough. Just reviewing the slides and notes is not enough. **We (Jen, Rebecca, Aiesha, Joe, Syamak, Lauren, our guests and I) present to you the ingredients – Classroom, Readings, Paper, Presentations and your choice of one required option. It is your responsibility to integrate all of this into a cohesive whole.** While the course structure, TAs and instructors facilitate the integration of these components, it is up to you to actually do it. To the extent you do less, you will get less out of the course and your grade will likely suffer. We emphasize again, **this course requires a lot of work.**

There are a total of **15 required class sessions**, two optional mid-term review sessions, a required mid-term and final. In addition there is a required paper and an out of class assignment that each student must sign up for. There 8 out of class option to choose among. Details are further below.

An Important Point for Your Personal Planning:

The Mid-Term is Thursday March 4 starting as early as 4:30 pm if you feel you want extra time. (Anyone who wants to begin at 4:30 should advise their TA as from 4:30 to 5pm we may have to be in a different room, depending on the availability of Keefer Auditorium.)

An occasional student, for light-hearted reasons, has asked to take the mid-term at a different time. This was NOT approved. The only type of reason that may justify a different time or special arrangement is a sudden death or critical illness of a close family member. Invitations to a dance in Holland or a wedding in the Caribbean fall into the category of light-hearted. There are too many people in the class to have multiple exams at different times. If you know you cannot do the mid-term on March 4 at the scheduled time, I suggest you take the HPM core instead of this course.

If you have multiple mid-terms clustered around the time for the IH 704 mid-term, the same restriction applies. **The time and date for the exam will not be changed. Therefore, please plan ahead.**

YOU WILL BE ADVISED OF ANY CHANGES IN THE CLASS SCHEDULE OR ASSIGNMENTS BY AN ANNOUNCEMENT ON BLACKBOARD 8 (BB8).

YOU ARE STRONGLY ADVISED TO CHECK THE ANNOUNCEMENTS SECTION IN BB8 AT LEAST WEEKLY. TWICE A WEEK WOULD BE A GOOD IDEA.

All class sessions will be webcast and should be available within an hour after class for viewing over the internet.

For the fourth time, this course is being taught in a revised, large class, format. We welcome your feedback during the course and will make a special effort at the end of the course to solicit your comments and suggestions with a view toward improving the course for 2011.

Class enrollment is about 100. For a large class to be successful, we must all work together. There are five Teaching Assistants. The class will be divided into five groups and each student will be assigned a specific TA. Your TA should be your primary point of contact for questions, concerns and feedback. Student assignments to teaching assistants have been made by using a random sequence generator (<http://www.random.org/sequences/>) and are shown in Section VIII.

Anyone who registered late and does not have a TA group assignment please see any TA at

the break on January 14. We will make small adjustments as needed to make the sections approximately equal.

Class begins promptly at 5:45pm. The course meets Thursday evenings from 5:45pm to 8:45pm in Keefer Auditorium. The first five minutes may be used to distribute handouts, collect papers, submit drafts, and make announcements, etc. The lecturer/presenter will begin their delivery no later than five minutes past the scheduled start of class.

All sessions except for the mid-term and final, will be preceded by an optional opportunity to participate in an open-ended review/discussion of whatever may be on your mind and is reasonably related to the intent of the course. These sessions will begin at 5:00pm and may go until 5:40pm. We have additional rooms near Keefer. Jen and the TAs may organize various sessions for smaller groups in these rooms. You will be advised of this by email and/or an announcement in BB8 and/or by an announcement in class.

Thursday, January 21, before Session #2 begins, I urge as many as possible to arrive at 5pm in Keefer in order to break up into your groups and make arrangements for the timing and frequency of tutorial sessions outside of class with your TA as well as doing sign-ups for one of the four required options.

NOTE: On Thursday, March 11 there is NO class as it is Spring Break and on Thursday, April 22 there is no class because Monday classes meet on Thursday that week.

Prior to the mid-term there will be two review sessions, Monday 3/1 and Tuesday 3/3, from Noon to 2pm in Crosstown, 4th floor. The review sessions are driven solely by your questions. You ask and I try to answer. A set of exam-like questions to guide your review will be distributed by or before February 18. The first review session will be video-taped and put on the web. As the review is in response to your questions, low attendance means few questions and less value.

This syllabus contains descriptions of topics likely to be covered in each class session, with accompanying reading assignments (to be read BEFORE that session). There are additional reading assignments not specific to any one class session, but required to be completed before the mid-term or the final exam. These readings are presented in the “Reading Assignments & Class Schedule” section of the syllabus.

I will try and stick to the order of the sessions as outlined. However, please note that this may change depending on the travel schedules of the faculty and availability of guests. In the event of such changes, we will try to inform you in good time and make you aware of any new plans.

Not all readings will be covered in class. In fact, many, perhaps most, will not and this is by design. You are responsible for all readings and are expected to integrate them into the totality of the course. This will be crucial to your performance on the midterm and final exam. See below for a discussion of how the readings are intended to work in this course. This may be quite different from some other courses.

If you wish to discuss the readings with your classmates, the TAs or me, the optional, before

class, sessions mentioned above are a good opportunity to do this. **We also encourage students to consider forming small groups for ongoing discussion, exam review, and paper peer review outside of class hours.**

II – Goals and Objectives

The course has two parts: 1) Gaining an awareness of the breadth and content of public health and understanding the relationships between and the substance of the building blocks relevant to the organization, delivery and financing of medical care and 2) the application of this knowledge to medical care and the public's health with a focus on lower income countries. Part 1 is mostly before the mid-term and part 2 mostly after the mid-term.

A – Intent or Goals

This course is intended to give students:

- An understanding of the importance of systems thinking in public health.
- A framework for understanding the field of public health and how medical care falls within public health.
- A good understanding of the building blocks or elements common to all medical care systems.
- An appreciation of the factors that influence the shape, cost, performance and acceptability of medical care systems.
- An appreciation of the value of cross-cultural and cross-national comparisons.
- An appreciation of the relationships between health, medical care, socio-economic development and equity.
- An understanding that answers must be preceded by questions and all too often we neither ask good questions nor know the best questions to ask.
- A vivid and lasting understanding of the need for respect and humility, particularly when giving advice or working in someone else's country and culture.

We will use examples from countries whose wealth and stage of development vary widely.

B – Course Objectives

The overall objective of the course is for students to gain an understanding of underlying forces that affect the organization, delivery and financing of medical care and to appreciate the strengths and weaknesses of alternative approaches to the financing and delivery of medical care.

Specifically, at the end of the course students should be able to:

- To present and discuss an inclusive framework for public health.

- To name and discuss the medical care components of the health sector and their interactions which tend to be common across countries and cultures.
- To understand and be able to apply systems thinking and a systems approach with regard to the organization, delivery and financing of medical care.
- To discuss 1) the factors which affect the shape, cost, performance, acceptability and equity of medical care systems as well as 2) indicators of performance.
- To explain what health sector reform and health systems strengthening may mean and how the meaning may differ between countries, and to discuss and critically comment on the problems and potential of both.
- To compare and contrast government structures as they affect health care with specific reference to the degree to which decision-making is at the sub-national, national or supra-national level and give examples from countries at varying stages of development.
- To appreciate the limits and benefits of different approaches to financing medical care.
- To discuss and analyze the strengths and weaknesses of different medical care financing mechanisms, including the limits and benefits of various forms of managed care, 'pay-for-performance' and reimbursement based on outcomes in countries at different levels of development and with different styles or types of government.
- To discuss and give examples of the common mechanisms for development assistance in health and the major types of donors/lending agencies and their distinguishing features.
- To give examples of common errors that often stem from a lack of respect by donors and their experts and suggest ways to decrease the likelihood and severity of perpetuating problems bred by arrogance.
- To identify and discuss:
 - the impact of social, cultural and demographic factors on the organization, delivery and financing of medical care.
 - the major problems in health care facing low and middle income countries
 - the strategic options available to these countries to address these problems.

There will be a substantial emphasis on the systems approach and systems thinking. To that end you will be reading a bit of C. West Churchman's work and some other related papers. Churchman is a founding father in the fields of Operations Research and Systems Analysis. He has a fascinating background beginning with a PhD in philosophy and soon thereafter chairman of a Department of Philosophy. He was equally at home in space sciences and management. If you Google him take a particular look at his entry in Wikipedia. It is short, readable, interesting and, in part, says:

In a 1981 lecture in systems science presented to the University of California at Berkeley Churchman summarized his life-long philosophical quest:

“The design of my philosophical life is based on an examination of the following question: is it possible to secure improvement in the human condition by means of the human intellect? The verb 'to secure' is (for me) terribly important, because problem solving often appears to produce improvement, but the so-called 'solution' often makes matters worse in the larger system (e.g., the many food programs of the last quarter century may well have made world-wide starvation even worse than no food programs would have done.) The verb 'to secure' means that in the larger system over time the improvement persists. I have to admit that the philosophical question is much more difficult than my very limited intellect can handle. I don't know what 'human condition' and 'human intellect' mean, though I've done my best to tap the wisdom of such diverse fields as depth psychology, economics, sociology, anthropology, public health, management science, education, literature, and history. But to me the essence of philosophy is to pose serious and meaningful questions that are too difficult for any of us to answer in our lifetimes. Wisdom, or the love of wisdom, is just that: thought likes solutions, wisdom abhors them.”

Churchman devoted his career to applying rational and systematic thinking to promote human flourishing. He defined Operations Research as an intellectual tool “to secure improvement in the human condition by means of the scientific method.” His view of the field and its possibilities was wide ranging, sweeping in all disciplines and all walks of life

What is Systems Thinking? In brief:

Systems Thinking is any process of estimating or inferring how local policies, actions, or changes influence the state of the neighboring universe. It is an approach to problem solving that views ‘problems’ as parts of an overall system, rather than reacting to present outcomes or events and potentially contributing to further development of the undesired issue or problem. Systems Thinking is a framework that is based on the belief that the component parts of a system can best be understood in the context of relationships with each other and with other systems, rather than in isolation. The only way to fully understand why a problem or element occurs and persists is to understand the part in relation to the whole. Consistent with systems philosophy, systems thinking concerns an understanding of a system by examining the linkages and interactions between the elements that compose the entirety of the system.

Systems thinking attempts to illustrate that events are separated by distance and time and that small catalytic events can cause large changes in complex systems.

Acknowledging that an improvement in one area of a system can adversely affect another area of the system, it promotes organizational communication at all levels in order to avoid the silo effect. Systems thinking techniques may be used to study any kind of system — natural, scientific, engineered, human, or conceptual."

http://en.wikipedia.org/wiki/Systems_approach

C – Two Conceptual Frameworks

This course is organized to illuminate major policy issues relevant to most countries without regard to income level. Lessons will be drawn from countries that vary substantially in terms of medical care systems, culture and economic development.

One organizing principle will be the use of the **Health Services Equation**:

$$\frac{\text{RET} + \text{$$$} + (\text{MP and Fac})}{\text{Population} + \text{Culture}} = \text{HS}$$

RET = research, education and training

\$\$\$ = money, its sources, magnitude and how it flows

MP = manpower as it is deployed

Fac = facilities as they are used and equipped

HS = health services or, more accurately, medical services

Pop = Population in terms of numbers, structure and disease burden

Culture = The crucible within which medical care and public health sit and interact.

If you understand this equation, including the dynamics of the interactions between the terms and the forces affecting the interactions, as it applies in any particular country, you will have a substantial understanding of the health system, particularly as it relates to medical care. It is important to emphasize that this is a qualitative not a quantitative equation. As culture is a major determinant of health services, sound interpretation requires a good understanding of the relevant cultural context. The near overwhelming importance of culture is well illustrated by the current US efforts at health care reform (think about the public option and abortion to mention only two and how differently these would be considered in countries like Canada, Holland and France.)

A complementary way of looking at medical care in different countries and cultures is to remember the acronym **CARE** – **C**ulture, **A**ging, **R**ationing and **E**quity. Without an understanding of the **culture** in which a medical care system is embedded, it is very difficult to understand its problems and potential. **Aging** of populations varies but population aging is everywhere; the impact of population aging on medical care costs leads immediately to a consideration of national resources, technology and to what extent **rationing** is imposed. And, cultural issues will profoundly affect the shape of rationing. Finally, **equity**. We are all in favor fairness, but what is fair?

III – Course Structure, Exams & Grading

A – The Class

All sessions are videotaped and available on the web shortly after class is over.

The class will be in a lecture format with, because of the size, limited discussion. All students are required to:

- attend class
- be prepared to present a 5 minute summary of the previous week's class.
- complete a paper according to the guidelines and timetable below
- choose **one** of four additional options
- take the mid-term and final exam.

Each week, before instruction begins, the TAs will select three students to briefly summarize the major themes and ideas from the previous week. **Each student should be prepared to do this each session. Your review should not exceed 5 minutes and its quality and brevity will be taken into account when your final grade is determined.** The second student should only add and not repeat what was covered by the first student. The 3rd student should only add what has not been covered by the first two students.

The four options (all are described a bit more fully later in the syllabus):

1 – A 12 minute presentation done in teams of two (limit 16 students): The point here is to enrich the class by having you share an experience of yours that is relevant to this class or present some topic where you have special and rich knowledge). There will be one 12 minute presentation at the beginning of Sessions 4, 5, 6, 7, 9, 11, 12, and 13.

2 – Participation in one of five fieldwork options and presentation to the class done in teams of 5 to 7 looking at issues facing populations with special and often difficult to meet needs: prisoners, the severely mentally and physically disabled, recent immigrants, the elderly, and legal and illegal aliens. (The homeless are considered in depth by guest lecturer Dr. Jim O'Connell on March 18).

3 - Lessons from the former East Block by Professor Rich Feeley: described further below (limit 30 students).

4 – Strengthening Health Systems by Promoting Good Governance and Combating Corruption by Professor Taryn Vian. (limit 30 students).

Just before the 2nd class and at the break, I will ask those who would like to present (option 1) to submit their topics along with the names of the two people in your group. If there are more submissions than space available, the instructional team will make a selection and will choose those they think will best add value to the course. The group who has the courage to

present first on February 4 gets special thanks and a better grade for bravery.

Starting at 5pm before the 2nd class, the TAs will be coordinating sign-up for all four options. The workload associated with each option is intended to be approximately the same.

Not everyone will be able to get their first choice of options. We will do our best to accommodate your desire. However, some reassignments may be needed to balance out the numbers. If you do not sign up for one of the four options you will automatically be assigned based on numbers.

Whatever option you choose, you may attend option 3 and/or 4 but you are NOT required to do the written assignment. A number of students wanted more access to the options last year, therefore we are trying this approach.

B – A Note on Course Structure and Readings

The design of the course seeks to have the various pieces come together in a complementary way by the end of the course. The readings, unless clearly stated to the contrary, often do not relate directly to a particular class session. **In fact, there are four courses going on simultaneously: 1) the classroom, 2) the readings, 3) the options and 4) the paper.** We will seek to present the materials in a way that fosters integration. However, the full value of the course is only obtained if you integrate the various pieces. **The process of integrating the various components is at the heart of the course and is your responsibility.**

Many students have reported that, particularly for this course, they have found it helpful to organize into discussion groups to meet and discuss readings, other assignments and class material outside of classroom hours. We encourage you to do this.

Learning, the acquisition of knowledge and skills, is not a passive process. It is an active and interactive one. Participation and paying attention in class is important. Attendance is expected and required as is arriving in time for the class to start promptly.

Assigned readings are of three types:

- 1) Assignments directly related to the content of a particular session(s),
- 2) Assignments that should be read by a certain time and add richness to the classroom but are not related to any particular session, and
- 3) Assignments that are related to the course overall.

For example, you might ask why on earth are we reading parts of Development as Freedom by Amartya Sen? Because, although we mainly consider the medical care component of the health sector, we need to look at medical care and its contribution to health in the overall context of development and social justice. Thus, you may also read an article or two by Norman Daniels, former chairman of the Philosophy Department at Tufts.

Do not expect all or even most readings to be discussed in class. Some will be used in class but not discussed and some won't. The purpose of the readings is to enrich the course. As mentioned in the first paragraph of this section, the course has four parts – class, options the paper, and readings. It is our hope that the structure of the course provides a framework that allows you to integrate the parts into a cohesive whole. You can expect the mid-term to draw from all types of readings and the content of the class sessions. The final exam, explained below, is intended to facilitate the process of integration.

Assigned readings will either be on the course website, occasionally on reserve or given to you as a handout. **There is no printed course reader to purchase in this course.**

In addition to assigned readings, there may be readings on the web site which some will find of interest and others will not. These are entirely optional. No test questions will ever draw from optional readings. However, you may find that material from optional readings will give you richer and deeper insights and therefore you may be better able to answer some essay questions on the mid-term and final.

C - Options

1 – Presentations: Presentations will be done in teams of two. There will be 8 teams and one presentation in Sessions 4, 5, 6, 7, 9, 11, 12 and 13. The first team will present at the beginning of Session #4 on February 4.

For your presentation consider the four approaches below and develop your own approach that meets the intent of the suggestions:

- Choose a topic based on your own experience which is relevant to the course and construct an informative presentation that fits within 12 minutes.

OR

- Focus on a country and briefly summarize the key features of its health care system and then spend most of your time considering in more detail on one or more elements of the system and/or changes/reforms that have either positive or negative relevance for other countries – Total time 12 minutes.

OR

- Focus on no more than two or three countries highlighting key similarities and differences and then discuss the relevance, either positive or negative, for other countries – Total time 12 minutes.

OR

- Focus on an issue, theme or problem that is common to several or many countries. In this case, you will be expected to present the topic in some depth, discuss its importance and set the stage for a short class discussion – Total time 12 minutes.

Each team's presentation may take up to 12 minutes. In team presentations you are expected to work together, however, the actual presentation may be shared or not and, if shared, the time need not be equal. You will each receive the same grade without regard to who presents.

Use the above four approaches as guidelines or suggestions, not rigid prescriptions. Basically, We are looking for presentations relevant to the course that are focused, interesting, analytic, comparative, policy-oriented and not merely descriptive.

Each presentation is **strictly limited to no more than 12 minutes**. The time limit is intended to force organization and discipline on the presenters. Tight, well-honed oral presentations are often required in the public health workplace. You should consider using visual aids and you **MUST** practice beforehand and videotape yourselves. When your videotape presentation is down to 10 minutes **and you are not embarrassed when you look at your own videotape**, you will be ready to present. You may videotape using our camera or at home. If you have not videotaped you will not be able to present and, if there is time later in the course, your presentation will be rescheduled. However, we do not guarantee rescheduling. The oral presentation in class is a part of your grade. Your paper and presentation may be on the same topic, but this is strictly your choice. **Please bring your practice videotape (or CD or DVD) to class and give it to your TA on the day of your presentation. No CD or video tape, no presentation.**

Your presentation will be followed by up to 10 minutes of class discussion on your presentation. You should be prepared to answer questions and debate challenges from your colleagues. As well, a short critique of the style of your presentation (slides, handouts, organization, speed, etc.) will be provided to you by the instructors, the TAs and two students.

You may, but do not have to, use PowerPoint. Some excellent presentations have been made with no audio-visuals at all. However, if you use PowerPoint you must email your slides by **Thursday Noon**, the day of your presentation, 5 hours before class to the TA responsible for your section and Bill at wbicknel@bu.edu. If you do not receive a confirmation back that your slides have been received and opened by 2pm the afternoon of the class, you are responsible for burning a CD-ROM or saving to a Flash Drive and bringing it to class. **It is far better to email your slides earlier.**

2 – Field work in Small Groups (TOTALLY REVISED AND NEW FOR 2010):

The choices for fieldwork are:

- Prisoners: Suffolk County Jail and likely more: Visit and find out what prison life means for prisoners, staff and health care. And when the prisoner is freed? It is not quite as straightforward as one might think. Final sites will be announced shortly.
- Severely mentally and physically disabled: South Norfolk County ARC and more -Programs for persons with severe developmental disabilities in and near Canton and Westwood.
- Recent immigrants: Cambodian Mutual Assistance Association and the Cambodian community - (Lowell)
- The elderly: Care for those who are my age – Life care at Lasell Village at Lasell College (Newton) and a Medicaid-only nursing home (to be arranged).

- Aliens, legal and illegal: Has Mass Health fixed it all?

The thrust of these options is to give you and, via your presentations, the entire class a rich, first-hand sense of the special needs of very different populations. How well or how poorly are they met? What is the impact on the person, their families and the state? Societally, how well are we doing? As you approach this assignment remember we are in a resource rich country and similar populations exist in all countries from very rich to very poor. In different countries with different cultures and 1/10 or 1/100 of the money we have, what are the options? What are the trade-offs? What is fair? What is decent? What is humane?

3 – Organizational, delivery and financing lessons of experience from the former East Block and around the world. Professor Feeley will be presenting this material in a lecture/discussion format in two 1.5 to 2 hour sessions the Week of March 15. Exact times, dates and location to be announced. The thrust of his lecture will be along the following lines:

Stressing a Health System: What Happens to Patients and Institutions When The World Changes Radically - Lessons from Experience in the Former Soviet Union Since 1989.

The Soviet Union built an extensive health care system but funded it on the “residual principle,” budgeting state funds only after perceived needs in defense, agriculture and heavy industry were met. Nevertheless, the system scored some impressive improvements in public health by the middle of the last century. Then improvements in life expectancy stagnated, and when the Communist system collapsed, the system was exposed to stresses for which it was little prepared. At the same, time life expectancy for working age males deteriorated badly, while there seemed to be little effect on mortality in children and the elderly. What happened to the system and Russian males? We will briefly review important developments since 1989, and discuss why the Russian health care system has responded (or failed to respond) as it has.

Readings will be provided in advance of the session.

For those of you who take this option, Professor Feeley will provide you with an assignment that must be turned in. The timing of this will be covered by Rich in class.

4 – Strengthening Health Systems by Promoting Good Governance and Combating Corruption. Professor Taryn Vian - NEW FOR 2010!

Taryn is one of the world's leading experts on this. It, like all the other options, will be a superior choice. However, **it is not available to anyone has taken or is taking her corruption course IH 757 Fighting Corruption Through Accountability & Transparency.**

Fighting corruption requires strategies which are grounded in theory yet adapted to context. Development agencies are promoting “mainstreaming” of anti-corruption, that is, incorporating anticorruption approaches in all sectors and at all intervention levels in order to achieve sustainable impact. But how do we adapt anticorruption principles to the particular context of health systems? What are the weaknesses in health systems that create vulnerabilities to corruption, and how can institutional structures and systems be strengthened to reduce the extent of fraud and abuse?

This session will bring together theory and practice in mainstreaming anticorruption in the health sector, focusing especially on strategies to restore integrity in governance through accountability and transparency. Examples will include approaches for reducing informal payments, increasing accountability for results in health budgeting, and controlling procurement abuses. The goal of the session is to convince students that interventions to increase transparency and reduce corruption can also save lives.

For those of you who take Taryn’s option, you are required to turn in a 2 to 3 page typed summary of the readings assigned for this session, integrated with your summary of the actual classroom content as presented and discussed. This written assignment is to be submitted to your TA by email no later than two weeks after the option has been taught..

D – Paper

You are required to develop and craft a thoughtful **1400 word paper (or a bit shorter, but not one word more)** pertaining to a significant issue relevant to the organization, delivery and financing of medical care in a country or countries other than the US (Students who are not US citizens or long-time residents may write about the US.) You should be specific, clear, and focused when selecting your topic. The topic should be of interest to you. The paper allows you to go more deeply into an area than is possible in the classroom. The topic must relate to the intent of the course but is not limited to what we are covering in class or in the readings. The cover page, title and references do not count in the page limit. An abstract is optional, not needed and is probably not a good idea for a paper this short. If you have one, the paper and abstract must fit within the 1400 word limit. You are limited to no more than 15 good references. Less than 10 is probably not sufficient. The paper must be new and cannot either duplicate or be a rework of a paper for another course. You will be expected to fully use the resources of the library and the internet in preparing your paper.

The “Story of Jakoby” was 1391 words and there are several examples of short papers on the course website in the assignments section:

Two published examples:

- James and Foster on DALYs published in The Lancet (1352 words)
- Bicknell on Smallpox published in the New England Journal of Medicine (1390 words)

And some student papers from previous semesters:

Each of these examples has ~1400 words. Take a look and you will see what we are looking

for. Why so short? Because it is both harder and more realistic. In practice, most things that are read, remembered, and acted upon, are short, well written and to the point. A good 1400 word paper is much harder to write than a 3000 or 4000 word paper. Please take note of this and do not try to write your paper the night or the week before it is due. **It should go through multiple drafts before you turn in your best shot.** We suggest at least three drafts and you may do up to 10 or more.

The paper must be **submitted by email** on or before **Session 10, March 25th**, to your TA with the text double spaced, references can be single or double spaced, in 12 point, Times New Roman typeface. You must include a word count with the paper. The word count excludes the title, references and footnotes (if any). **Papers over 1400 words will be returned and not read. The TAs will verify the words are at or under 1400, the references between 10 and 15 and then they will send the papers to Jen and Bill. Jen will read half the papers and Bill will read half. The TAs will send us the papers using the random sequence generator.** Jen and Bill read, review and grade papers differently. This may sound unfair but it is the real world and exactly what happens when you submit a proposal or paper. The reviewers do it their way.

Citations: You may use one of two systems for references. The International Committee of Medical Journal Editors (ICMJE) Uniform Requirements for Manuscripts Submitted to Medical Journals reference style used in the Smallpox piece is simple, widely used and works. The first reference is 1. If you use it again later in the paper you just repeat 1. No *op cit* or *ibid* and no authors or titles in parentheses. You can find information on ICMJE formatting at http://www.nlm.nih.gov/bsd/uniform_requirements.html.

You can also use the Author – Date system. You can find information on APA on the Purdue Online Writing Lab: <http://owl.english.purdue.edu/owl/resource/560/01/>.

We strongly encourage you to use Refworks or Zotero, web-based bibliographic citation management programs. Refworks is available to all BU students at <http://www.bu.edu/library/refworks/>. Zotero is the more user-friendly system of the two. It is available through an open-access download.

Writing Support: Jen and the TAs will offer optional discussion sessions to help you develop/narrow your topic and write the Problem Purpose Statement. They will also offer optional group discussion sessions throughout the writing process (see separate schedule posted on BB8).

Feedback on Drafts: The TAs are available to read drafts of your paper and provide you with feedback. They will read the papers with an eye toward helping you to improve the organization and clarity of what you are trying to say. They will not, however, edit papers.

We also encourage you to share your drafts with one another. **Find 1 or 2 people whose judgment you trust and ask them if they will be willing to read your draft and give you some feedback.** You can do the same in return for them. The paper is an individual endeavor (i.e., each paper has only 1 author), but the best papers go through many revisions. Getting commentary from your peers is a good way to make this process successful. A former

student and Bill very recently published a paper. It went through over 20 drafts; this is much more the rule than the exception.

Research Support: The reference librarians will be available during two drop-in sessions scheduled specifically for IH704 students (see schedule on BB8). At least two reference librarians will be available to answer any questions you have about researching your topic. They are also available outside of these sessions. You can email or call them to schedule an appointment at refquest@bu.edu or (617) 638-4228.

Paper Deadlines: Please adhere to the following schedule, which is designed to help you complete this assignment on time and allow us to give you useful feedback:

1. TOPICS – Topics should be submitted to your TA via email **before** Session 3 (January 28).
2. PROBLEM-PURPOSE STATEMENT (PPS) – PPS should be submitted to your TA via email **before** Session 5 (February 11) with your working bibliography. This must be sufficiently detailed that the reader can discern what you are going to write about, how you are going to approach the topic and that the paper will be doable. A problem purpose statement is one, possibly two paragraphs, and may be in the form of a substantial outline with 6 to 12 good references and is rarely more than 1 to 1.5 pages. Your TA will let you know if your statement is sufficient. Your TA will also let you know if you need to revise and resubmit your PPS.
3. COMPLETED FINAL PAPER WITH REFERENCES – due Session 10, March 25. **SUBMIT BY EMAIL AS A WORD (.doc) ATTACHMENT TO YOUR TA** with your name and 704 included in the file name. Please be certain the attachment contains your name and email address. A hard copy is not acceptable.

This is to be **your best shot** at a final and complete paper. **THIS MEANS COMPLETELY FINISHED.** Complete means the paper has a title, the full text, footnotes and references (abstracts are not necessary). This version is equivalent to what you would submit to a journal for review prior to publication. **IT IS A FINISHED, POLISHED, FINAL PAPER – NOT A DRAFT.**

4. Either Jen or Bill will critically review your final paper with care. **BE SURE TO SUBMIT IN WORD (.doc) FORMAT.** You will be expected to carefully consider comments, revise as you see fit and re-submit at the beginning of the last session (the final exam). Jen may mark up papers by hand or electronically. I will mark up papers electronically and return by email as soon as I finish each paper. It is our intent to return all papers no later than the week of Session 12, hopefully by Friday, April 9.
5. REVISED PAPER – due in **HARD COPY** at the start of Session 15, May6, the final meeting of the class. If you choose to turn in a revised paper, it must be accompanied by a printed copy of your original paper with the comments you received from Bill or Jen.

Remember, topics must be approved as well as your problem purpose statement. Your paper will not be read if you have not gone through the topic approval and problem-purpose statement steps. You will receive a grade on the version you submit in March. If you decide to revise, your grade may go up but an improved grade is not guaranteed. Revision must be substantial for grades to improve. We will not accept the final paper without the antecedent steps or the original paper with our comments.

E – Exams

The mid-term and final exams are very different. The mid-term focuses more on the nuts and bolts of medical care while the final focuses more on larger policy issues and the forces affecting medical care. If this were a course in measurement, the mid-term might ask how many inches are in a foot while the final might focus on why feet and more broadly why measure. If you prefer a military analogy, the mid-term has a tactical focus and the final a strategic focus.

Mid-Term: This will be a closed book exam given at Session 8. It will be primarily short answer with one or two essay questions. There will be no multiple choice or true false questions. The purpose of the exam is to ascertain if key basic terms and concepts central to the functions of public health and the organization, delivery and financing of health services have been grasped. Topics such as the demographic transition, insurance principles, basic terms and their definition, indicators of capacity and utilization, and principles underlying quality assurance are examples of subjects that may be included in the exam. This is an illustrative NOT an exhaustive list of topics you may expect to find on the exam. There will be two optional review sessions the week before the exam. The exam will cover material from class and the readings. We will also pass out or post on the course website **Suggestions for Areas and Topics to Study for the IH 704 Spring 2009 Mid-Term Exam** at or shortly after Session 6.

Final Exam: This is a closed book exam. Here is the question for 100% of the final exam grade:

Reflect on the course and what has been covered. Consider concepts, policy issues and specific examples that illuminate the challenges that are common to the health sector in many countries. Consider also the main thrusts of this course.

Part A – 20% to 30% - Write an integrative question whose answer 1) requires a good understanding of the basic principles underlying the organization, financing AND delivery of medical care, 2) draws from several different but complimentary parts of the course and 3) requires you to be familiar with some of the course readings as well as the material presented in class.

Part B – 70% to 80% - Answer your question.

You will be graded on the elegance of your question, the relationship of your answer to your question and the quality and completeness of your answer. The question and answer must fit

within one blue book. We will distribute blue books and the one we use has 8 pages but they are lined front and back so the real total is 16 pages. You can view a blue book at any campus book store to get an idea of the appropriate length.

You may discuss your question and answer with anyone before the exam. However, the question and your answer must be your own work. Take care not to have the same question as someone else.

The exam should be completed in 75 minutes. If anyone wants extra time they can begin at 4:30pm rather than 5:45pm. **Again, this is a closed book exam and no notes or other materials may be used.** All exams will be collected at 7:00pm.

After the exam there will be pizza and selected beverages followed by a 20 to 30 minute wrap-up and then the supplemental course evaluations will be given out. Then, the TAs, Jen and I will lead a discussion about the course. The discussion is intended to enrich the School and our supplemental written evaluation and provide feedback so we can improve the next iteration of the course. This session is invariably of value to the instructors and always leads to changes and improvements for the next year.

F – Grading

Summary, attendance and judgment 15%

Paper 18.75%

Option 1, 2, 3, or 4 = 18.75%

Mid-Term 23.75%

Final 23.75%

All exams are graded anonymously, so please only put your BU ID number on the exams, NOT your name. I read and grade all the mid-term and final exams. Jen grades half the papers and I grade half. Final grades are determined by the instructors in consultation with the TAs.

Arriving late and/or missing classes may result in a lower grade without regard to the criteria above. The same is true with regard to assignments being late unless you have made a specific prior arrangement with your TA.

The direction of grades is as important as the absolute value. Thus, if you start off weak and end up strong, you will be far better off in your final grade than the reverse. The student who improves consistently and the student who does the reverse could appear quantitatively identical except for the trend in their grades. The student who shows improvement will get a better grade. Finally, this is not a course where you can expect or count on an “A” or “A-” grade. Grades of “B” and “B+” are common and, occasionally, we give lower grades.

All work must be completed by the end of the semester. Because of the size of this class there will be no opportunity to work on paper revisions after the semester is over. And, there will be no opportunity to do extra or remedial work to raise your grade after the course is

over.

IV Viewing & Reading Assignments

There is NO course reader. Most of the material will be on BB8 or on the Web, and there will also be handouts from time to time. There are 6 books to buy. The books are short, inexpensive and very readable. They are best purchased off the web as they have not been ordered through the Bookstore (See just below).

This section discusses the viewing and reading assignments which relate to many class sessions, arguably the entire course, and when you should view, read or review them.

In addition there is often a specific reading assignment for a particular class session. Some of these can be found at the end of the description for a particular class session. Others will be announced and distributed in advance either on the course website or handed out in class.

Viewing Assignments:

Commanding Heights

This assignment is available on the web at:

<http://www.pbs.org/wgbh/commandingheights/hi/story/index.html>

Go to Episode One and click on “watch episode one”. Or you can watch chapter by chapter. Please watch all three episodes. Each episode is about two hours and the total assignment takes about 6 hours to watch and covers the economic development, arguably the economic wars, of the 20th century. Marx, Lenin, Keynes, Hayek, Freidman and more contemporary economists and politicians are featured in a very well integrated and easily understood format. As you watch this, think about the views of Amartya Sen and Bruce Scott. Also think how all of this is relevant to medical care and health care markets as well as our recent economic meltdown and the current health-care debate in the US and what may lie ahead.

Rashi Fein speaking on Health Care Reform in the United States at the Bicknell Lecture, September 2008

This ~ one hour talk on what the next President (recorded just pre-Obama) needs to know about health care and health financing is available online at

<http://www.bu.edu/phpbin/buniverse/videos/view/?id=271>

Please view this BEFORE Session 6, February 18.

Also before Session 6, please view a short segment from Jim Lehrer on NPR that addresses the shortage of primary care doctors – much of it was taken here at BUMC.

http://www.pbs.org/newshour/bb/health/jan-june09/doctors_01-06.html

Reading Assignments:

Other than the Payer, Sen, Barry, Easterly, Scott and Moyo books (see below), all the readings/viewings will either be on the course website or directly accessible on the WWW. Save yourself time and trouble – check the website before going to the library. And, you'll save yourself money if you learn to read on screen and selectively save materials rather than printing everything out. Becoming facile with online reading will be to your long-term professional advantage. The entire world is moving this way.

Reading Assignments from Books:

Reading assignments from books divide into before the mid-term (4 books) and after the mid-term (3 books). Before: Payer, Sen, Scott and Barry. After: Stark, Moyo and Easterly

Stark is free and will be available on the course web site. The others must be purchased. There are selected readings from three books (Payer, Sen, Barry & Moyo) and three books are to be read in their entirety (Scott, Easterly and Stark¹) assigned for this course. Their costs when bought new and used based on recent Amazon online prices are:

<u>Author</u>	<u>New</u>	<u>Used</u>
Payer	\$6.50	\$2.00
Sen	\$8.52	\$8.00
Barry	\$10.15	\$5.50
Easterly	\$10.19	\$9.00
Scott	\$12.68	\$12.46
Moyo	\$15.17	\$9.95*
Totals	\$63.21	\$46.91

* <http://dealoz.com>

My suggestion: Save money, buy used and share!

BEFORE THE MID-TERM

Medicine and Culture, Lynn Payer

READ BEFORE THE MID-TERM, choose any two chapters and read for intent, not for specifics.

Development as Freedom, Amartya Sen

READ BEFORE THE MID-TERM, please read the following, and feel free to read

¹ Stark, How To Succeed Working In An Overseas Job, A Practical Guide For Students And Professionals, is in press and, with the permission of the author, we will make available, probably in PDF on the course web site just after the mid-term. It is a fast, easy and terrific read. Everyone who works for me must read it.

the rest of the book.

- The Preface (pages xi - xiv), Introduction (pages 3 - 11) and all of Chapter 1 – The Perspective of Freedom (pages 12 - 34).
- Chapter 2 – The Ends and Means of Development – read p 35 and top of p 36, skim 36 and 37, read 38 through 53.

An aside: This course is all about exploring “...the capability to live really long (without being cut off in one’s prime) and to have a good life while alive...” and how to remediate situations where “...a great many people have little access to health care, to sanitary arrangements or to clean water, and spend their lives fighting unnecessary morbidity, often succumbing to premature mortality.” Our focus is on how to mitigate the “unfreedoms” associated with inadequacies in medical care. (Pages 14 and 15, Sen).

The Concept of Capitalism, Bruce R. Scott, 2009

READ BEFORE THE MID-TERM. As you read, keep "Commanding Heights" in mind as well as Amartya Sen and the concepts of freedom presented by both Sen and Scott. This is a quick (under two hours, 75 page), refreshing and informative read from a very different perspective. Scott is the Paul Whiton Cherington Professor of Business Administration, Emeritus at the Harvard Business School. You can Google him and find out more.

The Great Influenza (revised edition) – John M. Barry, Penguin Books, 2005.

BEFORE THE MID-TERM please read the first 87 pages. The whole book is a very good read for anyone with an interest in public health. **Be sure to get the revised 2005 edition. The assignment is ONLY the first 87 pages, which focus on the history of American Medicine.** Begin with the prologue and read through Chapter 5 to the end of “The Warriors.”

The Systems Approach, C. West Churchman.

By the mid-term read the Preface (pages vii - xi), all of Section I (pages 1 - 78) What is a System, Chapter 1 - 5, Thinking, Efficiency, Systems, An Illustration, Input-Output, (pay particular attention to pages 24 and 25), Chapter 14, Conclusion (pages 227 - 232) and Supplement #1, (pages 235 - 238).

An Introduction to Health Policy, Planning and Financing, Brian Abel-Smith

BEFORE THE MID-TERM all students should have read, in addition to any chapters assigned for a specific class session, Chapters 5 (History of the Organization and Financing of Health Services), 11 (Public Health Expenditure and the Economic Crisis), and 12 (Private Health Expenditure).

Health at a Glance – 2009, OECD

You should read through this COMPLETELY BEFORE THE MID-TERM. The point is to get a sense of major trends and the extent to which they vary across countries. It can be accessed by going to SourceOECD: http://www.oecdilibrary.org/oecd/sites/health_glance-2009-en/07/08/index.html and read online. Or, log on to the BMC Library (if off-campus you'll need VPN), under E-Resources select Databases, select "O", select OECD, in the search field at the top of the page type in Health at a Glance and hit Go. When I did this Health at a Glance - 2009 was the fourth entry, then click on full text PDF at the bottom of the page that opens and you have it.

Health Financing Revisited: A Practitioner's Guide (World Bank 2006)

Download at: <http://siteresources.worldbank.org/INTHSD/Resources/topics/Health-Financing/HFRFull.pdf>

This is a recent World Bank publication that provides a rich introduction to health care financing and third party payment mechanisms. Over the course of the semester about 2/3 of the book will be assigned by class sessions. **You can't go wrong by reading the overview and Chapter 1 – Health transitions, disease burdens, and health expenditure patterns now.** The PDF of this is on the course website. However, as you read it, consider some of the criticisms of what these authors say "must" be done by developing countries and donors that are illuminated by comments in Churchman and Easterly.

See readings by session for other chapters assigned.

The World Bank has many good resources and you may want to try their URL <http://www.worldbank.org/>. See particularly Public Health at a Glance. The Bank web site has both authoritative and very substantive material and, as is true with many web sites, just plain public relations material, read with care and a critical eye.

See also the Bank's new policy on access to information and transparency. Interestingly it does not seem to say what is excluded.

<http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:22426851~pagePK:64257043~piPK:437376~theSitePK:4607,00.html>

AFTER THE MID-TERM

The White Man's Burden, Why the West's Efforts to Aid the Rest Have Done So Much Ill and So Little Good, William Easterly.

READ AFTER THE MID-TERM. This is a very readable and current book on the challenges and absurdities of some donor assistance along with suggestions on how the process might be improved. Thanks to Taryn Vian for suggesting it.

Dead AID, Dambisa Moyo -2009

READ AFTER THE MID-TERM. There has been a lot of press about this book.

Please focus on page 1 – 68, 126 – 140 and 144 – 154. Feel free to read the whole book (the assignment is about 80%. It is an easy read and very much worth the few hours it will take you to read it. I will be interested in your feedback on this reading. To what extent does it add value to Easterly vs. duplicate?

International Consulting: A Practical Guide to Working in Somebody Else's Country – Ruth Stark

READ AFTER THE MID-TERM. This is the most practical, on-target down-to-earth guide to effectively working in someone else's country I have ever read. It is a book without footnotes, without references and is built on the author's own extensive experiences and observations with liberal input from others. Dr. Stark is a nurse, midwife, and nurse practitioner with a Ph D in health policy. She was the WHO Representative in Papua New Guinea and for the last 6 or so years ran the largest HIV/AIDS treatment program in South Africa as Director of Catholic Relief Services HIV/AIDS Program Office, South Africa. Ruth was also team leader for the sub-regional office responding to the HIV/AIDS pandemic and related food crisis in South Africa, Botswana, Swaziland, Namibia and Lesotho.

Additional BB8 Readings by Session

These are in folders by session within Course Documents on BB8. When the course web site opens the readings for the first three sessions will be available.

The TAs will post and update the list of required readings as the course unfolds.

V Class Schedule

Bill's early sessions (Classes 1, 2, 3, 4, 5, 6 and 7) will cover the framework of Public Health, determinants of health, the fundamentals of medical care, the building blocks of health systems as well as aspects of financing and insurance, quality assurance, licensure and regulation, health sector reform and health systems strengthening. We will consider in some detail the components that comprise the health sector and how they vary between countries and then move to a consideration of the US health care system. Key similarities and differences between the US and other countries will be highlighted. This is intended to allow us to discuss what is more and what is less relevant from the US when we move to other countries.

At appropriate times in the 7 sessions on fundamentals, we will discuss aspects of prevention, quality and human resources, primary, secondary and tertiary care and managed care. We will review the history of European and American medicine from the mid-19th century onwards from the perspective of major trends and important milestones. By the end of the fifth session we will have covered the nuts and bolts of the organization, delivery and financing of health care, setting the stage for more in-depth consideration of issues relevant to various insurance/financing mechanisms, the medical market place, regulation, health sector reform and the loci of decision making in health care.

Session 1, January 14 –A) Introduction to IH 704 and B) Public Health, Determinants of Health, Burden of Illness & Aggregate Indicators

- 1) Get started on the viewing assignment “Commanding Heights.”
- 2) Read I Don’t Have a Doctor by Jane A. Hale and The Story of Jakoby by Bill, both are on the course website. They are short and easy to read and both have already been sent to those registered by late December.
- 3) After you have read the Hale piece go to the Institute of Medicine (IOM) web site at http://www.nap.edu/catalog.php?record_id=10027
Look for the Download Free box and download “Report in Brief”. Pay particular attention to “Six Aims for Improvement and “Ten Rules for Redesign” on pages 2, 3 and 4. This is also on the course website. It too is short and easy to read, and see how close you think we are today to meeting the intent of the Six Aims and Ten Rules.
- 4) Scan and start to become familiar with Health at a Glance 2009
- 5) Measuring Up – Improving Health Systems Performance in OECD Countries, Chapter 1, Measuring Health Systems Performance: “Problems and Opportunities in the Era of Assessment and Accountability”.

Session 2, January 21 – Fundamentals Continued

Topics to TAs electronically for approval this week and next.

- 1) Abel-Smith, read the Preface (not numbered), Chapter 1 – Introduction and Chapter 2 – Inequities in Health, pages 3–32. Scan Chapter 3 – Lifestyle and Health Promotion pages 33–46 and read – Chapter 4 – Planning Health Policy, pages 47–76.
- 2) Bicknell W.J. Parks CL. As children survive: dilemmas of aging in the developing world. *Social Science & Medicine*. 28(1):59-67, 1989. Please read no later than the fourth week of class.

Session 3, January 28 – Fundamentals Continued and Dr. Khelda Jabbar as a guest.

Khelda’s short presentation at the beginning of class builds on her student presentation when she took IH 704 a few years ago. It is a blockbuster.

Your paper topic is due by email to your TA today (January 28).

Calculating bed need with a narrative handout and Excel spread sheet.

Session 4, February 4 – Fundamentals Continued

- 1) Please read Health Care Systems in Transition, An International Perspective, Powell and Wessen: Preface, pages ix – xii; Chapters 1 – The Comparative Study of Health Care Reform, pages 3-24; Chapter 2 – Lessons From Abroad, pages 25-34 on the course website.

Session 5, February 11 – Fundamentals Nearing an End

- 1) Abel-Smith Chapter 5 – The History of the organization and Financing of Services, pages 65 – 76 on the web
- 2) The Economist. 1/4/02 – Making the Poor World Healthier pages 10, 83 and 84. Both articles are on the course website. And do you think this is realistic? You can see results form initial follow-up at:

http://www.who.int/macrohealth/documents/tough_choices/en/index.html

- 3) Health Insurance Working Paper (Lesotho)

Problem-Purpose Statement to TAs by Session 5.

For those who signed up for the fieldwork options, In mid to late February the TAs will review the specifics of each assignment with each group. All field work must be completed and each group ready to present their findings at the beginning of Session 10, March 25. (Note: these are different groups than the usual presentations at the beginning of most class sessions).

Session 6, February 18 – Quality Assurance & Regulation

Be certain to go to this web site and watch both parts 1 and part 2 (part 2 is particularly telling) about US Health Care.

<http://english.aljazeera.net/programmes/general/2008/09/20089174835825392.html>

Note the source of this video. Does it fit your biases and understanding of Aljazeera?

Selected readings on cost-effectiveness analysis will be posted. By now you should be finishing up the readings required before the mid-term.

Session 7, February 25 – Insurance and More on Financing

This session will cover in some detail insurance principles and terms. We will consider principles and pitfalls of insurance and insurance regulation, the different types of health insurance. Risk and risk sharing, community rating and experience rating, including community insurance, rate setting, reserves, loss ratios, moral hazard, co-payments, deductibles, pre-payment, the differences between not-for-profit and for-profit providers and the role of the state in insurance regulation.

Reading Assignments prior to Session 7:

- 1) Please listen to and watch the slide show “Health Insurance in Low Income Countries” by Shaman Chao, a health economist at The World Bank. This can be downloaded from the course website. There are 25 slides.

- 2) This is also a good time to go to the glossaries and elsewhere to gain an understanding of: Adverse Selection, Moral Hazard, Co-payment, Deductible, Group Insurance, Community Rating, Experience Rating, Risk, Risk Sharing and Underwriting.
- 3) Because of the importance of Bismarck's reforms in the 19th century and their evolution until the present, we urge you to read for intent and policy implications, but not detail, the first part of Powell and Wessen, Chapter 4, pages 47 – 56, - From solidarity to Market Competition. This is a history of German Health Policy. This chapter is also posted on the website.
- 4) See also Can Social Insurance for Long-Term Care Work? The Experience of Germany. Health Affairs, volume 19, #3, please read pages 1 through 8 of the article by Cuellar and Weiner. It is on the course website.

Complete all assigned readings to this date.

OPTIONAL EXAM REVIEW SESSION(S): After Session 5 two optional mid-term exam review sessions have been scheduled for Noon to 2pm in Crosstown, 4th floor. In my experience it has never been possible to find a time that works for everyone. It is a good idea to review all assigned readings before the exam. The review session will be structured in Question and Answer format. You ask, I will do my best will answer. No questions mean no answers. The session is to answer your questions. It will not be a rehash or summary of everything covered. The first review session will be videotaped and put up on the web.

Session 8 March 5 – MIDTERM EXAM

There will be a study guide available the week of Session 5 - February 18, well before the mid-term. The study guide will be in the form of topics and types of questions that may be expected to occur on the mid-term exam. It will be distributed by email and posted on the course web site. I strongly recommend studying with a friend or in a small group to discuss your own questions and those in the study guide as well as studying alone. Many have found discussing issues in small groups to be very helpful.

This is a closed-book exam. It is not a test of speed. The exam will be designed to help you show what you have learned and the questions will seek to have you explain and integrate concepts and principles explored in the first section – sessions 1 through 7 – of the course.

Anyone who wishes may begin at 4:30pm. All papers will be collected at 8:45pm.

The exam will be designed to take 2 to 2.5 hours. Paper will be provided. There will be a length limit for each question. I am looking for quality not quantity. A good answer to an essay or short answer question is focused, direct and to the point. Avoid writing everything you know or think might be relevant to answer each question in the hope that something you say is on target. This will not help you. **DO NOT put your name on any paper just your BU student identification number ON EVERY PAGE.** All exams are graded before any individual is identified.

March 11 – **NO CLASS** – Spring Break

NOW IS THE TIME TO BEGIN READING **The White Man's Burden**. You should be ½ to ¾ of the way or more through this fast but informative read by Session 12, April 9 and have it finished before Session 14 on April 30.

Also now read Ruth Stark's book: How To Succeed Working In An Overseas Job A Practical Guide For Students And Professionals. This is a fast read and essential for anyone who plans to work short or long-term in another country. Plan to finish this by session 13 at the latest.

Session 9, March 18 - Special Populations – Dr. James O'Connell.

The intent of this session is to focus on populations with special needs by looking at one ongoing example - the Boston homeless - of how to do this and what it takes to make a difference. Dr. Jim O'Connell from Boston Medical Center will be talking about the health care program for the homeless that is run out of Boston Medical Center. It is an extraordinary program and it illuminates many general principles relevant to other populations with special needs. There are no countries without special populations. This has been a wonderful session for the last five years and I think you will find it to be gripping and relevant.

Session 10, March 25 – Field Work Presentations and Consultation Technique– Jon Simon has indicated he plans to attend the presentations if he is in town.

This session will start off with group presentations from the 5 field work groups with discussions of what each group found, concluded and what, if any, general principles can be abstracted. After the break I will begin a presentation on consultation technique based on my own experiences as a consultant, what I've seen and what I think works and does not work. No conceptual framework just down-to-earth stuff. It will be good to have read Ruth Stark's book by now.

Complete assigned readings in Health Financing Revisited and the Health Insurance Working Paper .

Your 1400 or less word paper – your very best shot – is due electronically today.

Session 11 – April 1 – Context & Consultation - Dr. Ayo Ajayi and Bill

Today we begin with a very special guest - The first international health graduate from the BU SPH - Dr. Ayo Ajayi. Dr. Ajayi graduated in the early 1980s, worked initially for the Pathfinder Foundation, then became the Africa Director for the Population Council based first in Kenya and more recently Ghana. About a year ago he joined PATH as their Vice-President for Field Operations. PATH was originally called the Program for Appropriate Technology in Health, hence the Acronym PATH. Ayo will talk to us about what PATH calls game-changing technologies - new developments that could make real differences - and share with us some of the lessons he has learned from a 30 year career in our field.

After the break I will continue the consulting and working in other countries presentation I began last week.

Session 12, April 8 – The Donor Process

Foreign Assistance and the role of various multinational and bilateral agencies and intermediaries in the health and development process. I will emphasize a missing ingredient – Respect. Once again we will consider systems issues as well as many of the points raised by Easterly in his book The White Man's Burden.

In addition to being well into Easterly, please read Chapter 4, External Assistance for Health, in Health Financing Revisited and the Ruth Stark Book. Ruth's book is mandatory reading for everyone who works for me and travels internationally.

Session 13, April 15 – Wrapping up the donor process

Then we will consider 1) accessing risk, 2) how the prediction and reality of risk are often at odds and 3) some of the consequences of flawed risk assessment in areas as diverse as HIV/AIDS, bioterrorism and influenza.

NO CLASS APRIL 22 (substitute Monday schedule)

All papers will be returned by April 23.

Session 14, April 29 - Learning from Lesotho

Lessons & Challenges from the real world today. Is it possible to make a difference? Our special guest is a French Professor from Brandeis. But why? You'll just have to come to class and find out.

Be sure to read the Working Paper on Rationing before class.

Session 15, May 6 – **Final Exam, Wrap-up and Evaluation (Bill, Jen and the TAs)**

<p>Final revised papers DUE in ONE HARD COPY when you get your blue book (before you begin the exam). Please attach a copy of the edited version sent to you by Jen and/or Bill as well. If you choose not to revise, resubmit your original paper as marked up by Jen or Bill.</p>
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The final exam is a one-hour and 15 minute essay exam – total time 75 minutes. The essay question and related information are given later in the syllabus. There is a page limit of one blue book for the essay. The exam is closed book. You may begin at 4:30pm if you wish. All papers will be collected promptly at 7:00pm.

About this time pizza and drinks should arrive and I will give a 15 to 20 minute wrap-up. Then Jen, The TAs and I will lead a group evaluation/discussion intended to provide more

richness and flexibility than is possible with the online SPH evaluation. What you tell us is very important for the next iteration of this class and your feedback from the online evaluation and the oral discussion is invariably very helpful and will be used to improve the course next time.

Readings: They should all be done by now!

PLEASE NOTE: **The final exam essay question is available to you now on page 16 of the syllabus.** It is a good idea to read this over early in the course and again after the mid-term.

VI – Making the Course Work – Administrative Notes

Contacts for the Instructors and TAs:

Bill – wbicknel@bu.edu, office & cell 617-283-5775, home 1-781-837-4101 up to 11pm any night. Weekdays anytime after 7:30am and Weekends not before 10 am. Bill will hold drop-in office hours at Crosstown, Room 390 from 1pm until 6pm every Friday when he is in town. If this will not work for you, contact him by email or phone.

Jen – jenbeard@bu.edu, office 617-638-4611, CT381. Office hours by appointment.

Aisha - aiesha.l.garrett@gmail.com, cell 732-406-4320. Please include “704” in the subject line of any course-related email.

Joe – josephmking@gmail.com, cell 443-414-8791 anytime. Please include “704” in the subject line of any course-related email.

Laura - laurataranto@gmail.com, cell 617-501-6177. Please include “704” in the subject line of any course-related email.

Syamak – moattari@gmail.com, cell 617-997-3008. Please include “704” in the subject line of any course-related email.

Rebecca – rebeccacondon@gmail.com, 207-730-2088. Please include “704” in the subject line of any course-related email.

TA office hours will be arranged and announced by the beginning of session #2

IH 704 website:

This course has a website on CourseInfo (BB8) <http://courseinfo.bu.edu/10sprgsph.html>
Look for IH 704, click and use your BU login name and Kerberos password and you will be there. This will be verified and announced during session #1.

Check this site at least weekly. During the first class session we will introduce you to the course website, its organization and how to access the class webcast.

Jen, Bill and the TAs will use the course website to the maximum extent possible. Except for the books, the course website is the class reader.

You will need to have Acrobat Reader to access much of the web page content that will be in PDF format. If you do not have this on your computer it can be downloaded at no cost from: <http://www.adobe.com/products/acrobat/readstep2.html>

Class Sessions:

All class sessions in Keefer Auditorium will be webcast and should be available within minutes of the class being completed.

Email:

We will communicate with you via email and Blackboard. If you do not have a BU email account, be CERTAIN to get one immediately. BU email accounts for the purpose of this course end in @bu.edu. **We will not send back-up paper messages or notifications to any other email addresses or US mail addresses.**

If you send us email from a non-BU account such as Yahoo or Hotmail we should receive it. Answers will usually be sent to whatever address shows in the “From” line of your email. However, all broadcast emails to all members of the class will ONLY be sent to BU accounts. **We will not be sending essential class-related emails to any account that is not a BU account.**

If you prefer to use another email address, you must still get an “@bu.edu” account and set it to automatically forward to your preferred email address. The reason is the data available through the @bu.edu address is very helpful to everyone. This address also makes it far more likely you will get our messages and the BU course and student contact software only works for “@bu.edu” addresses. **This is one of the few absolutes you will encounter.** It is an absolute so the course can be managed.

Be advised that sometimes email forwarded to another address loses some or all of the attachments. If this happens it is **your problem**, not ours, and is a good reason to directly check your BU email and not have email automatically forwarded.

ANOTHER ABSOLUTE: All email addressed to Bill, Jen, Aisha, Joe, Laura, Syamak and Rebecca that you want them to see MUST have the number “704” somewhere in the subject line of your email. For example:

From: awishfulthinker@bu.edu

To: wbicknel@bu.edu

Subject: Has the 704 mid-term exam been cancelled?

The reason for this is that I receive a huge amount of email which can be a problem to

manage. My email program is set to filter all messages with 704 in the subject line to a special mailbox that, unless ill or out of the country, I will check daily. If your email gets mingled with all other email I may eventually find it. But, maybe not. Jen, Aisha, Joe, Laura, Syamak and Rebecca also get lots of mail and 704 in the subject line will help them too.

Cell phones:

Unless a family member is near death, these must be TURNED OFF during class.

VII – Plagiarism, Cheating and Academic Dishonesty

Plagiarism is one form of cheating. All forms of cheating at Boston University are viewed as extremely serious offenses that can be expected to result in dismissal from the school. Experience has shown us that it is extremely easy to misunderstand the meaning of plagiarism. Students have been dismissed for plagiarism and cheating on exams.

In brief:

- Never copy anyone's work, use notes, books or any other source when taking a closed book exam. If an exam is open book, do not copy anyone's work. If you help someone else cheat, you are at equal fault with the other student. Thus, if you knowingly allow someone to copy from you during an exam or you provide them a suggestion in writing or orally, you are cheating and the penalties for cheating will apply to you and the other person.
- When writing papers, never use ideas or more than three words or data from another source in your own work without providing a specific reference and, as appropriate, placing direct quotations within quotation marks. Rephrasing someone else's work does not remove the need to provide a proper citation.

Plagiarism, cheating and academic dishonesty are emphasized because they have different meanings in different contexts and can be easily misunderstood. There are some countries where students as a matter of principle help each other on exams. To not do so would be considered dishonorable. Do not make the mistake of thinking that the explanation "this is what we do at home" will be either acceptable or sufficient as an excuse. We want to avoid any misunderstanding because the consequences of plagiarism or cheating can result in your being expelled from the School. This has happened. Please take every precaution to be certain this does not happen to you. The School's statement on academic honesty is just below:

Boston University School of Public Health Information regarding Academic Honesty

Academic honesty is essential for students to attain the competencies the University and School expect of graduates, and any action by a student that subverts these goals seriously undermines the integrity of the educational programs at the School. Students at the Boston University School of Public Health are expected to adhere to the highest standards of academic honesty.

Academic misconduct is any intentional act or omission by a student which misrepresents his or her academic achievements, or attempts to misrepresent these achievements. While not an exhaustive list, the following acts constitute academic misconduct:

- Cheating on examinations. The use or attempted use of any unauthorized books, notes or other materials in order to enhance the student's performance in the examination, copying or attempting to copy from another student's examination, permitting another student to copy from an examination or otherwise assisting another student during an examination, or any other violation of the examination's stated or commonly understood ground rules.
- Plagiarism. Any representation of the work of another person as one's own constitutes plagiarism. This includes copying or substantially restating the work of another person in any written or oral work without citing the source, or collaborating with another person in an academic endeavor without acknowledging that person's contribution.
- Submitting the same work in more than one course without the consent of all the instructors
- Misrepresentation or falsification of data
- Allowing another student to represent your work as his or her own
- Violating the rules of an examination or assignment

Charges of academic misconduct will be brought to the attention of the Associate Dean for Education, who will review all such cases and decide upon the appropriate action. A student who is found guilty of academic misconduct may be subject to disciplinary action, up to and including dismissal from the School.

If you have any questions about plagiarism, cheating or academic honesty please be certain to raise them with your TA, Jen, or Bill.

VIII Teaching Assistant & Student Group Assignments

1 Rebecca Condon		2 Aisha Garrett		5 Laura Taranto	
Noite	Joy	Lustick	Daniel	Karr	Nicolas
Li	Yun	Mcmanemin	Karen	El-Bashir	Alaa
Lunstead	Julie	Brooks	Kathryn	Tekeste	Timnit
Young	Rebecca	Redford	Sofia	Islam	Fareesa
Song	Yang	Kim	Jadie	Wolfgang	Tahlia
Benjamin	Emily	Coit	Julia	Keller	Sara
Ahmed	Bilal	Clifford	Katie	Burda	Jennifer
Pepper	Micah	Goldstein	Aviva	Segan	Robert
McKenna	Jesse	Ochalek	Jessica	DeLeo	Charlotte
Richards	Sadie	Manahan	Sarah	Richardson	Elena
Bekele	Elshadey	Polich	Erin	Rennard	Naomi
Roach	Rebecca	Parambi	Ron	O'Donohue	Tricia
Tzioumis	Emma	Umphrey	Elizabeth	Deering	Rachel
Nguyen	Lai	Schrader	Teresa	Burns	Rachel
Nondorf	Melissa	Krieger	Chelsea	Horton	Brandon
Gilbert	Meredith	Kapadia	Tina	Waldron	Joni
Shah	Pratibha	Jung	Hyunhee	Ortiz	Teresa
Velarde	Marissa	Macabasco	Ryan	Dentro	Kara
McCoy	Molly	Bergling	Emily	Chung	Jessica
Giambusso	Kristen	Pierce	Joanna	Koseki	Sayaka
				Allain	Christina
4 Syamak Moattari		3 Joe King			
Lu	Steven	Hagewood	Jessica		
Butler	Sandra	Menon	Aiswarya		
Foth	Jennifer	Reynolds	Tera		
Abdel Megeed	Gilan	Stone	Jacquelyn		
Tabar	Lianna	Gatcomb	Patricia		
Lovaas	Jenna	Silver	Taryn		
Bassi	Miriam	Whaley	Lauren		
Huston	Jane	Draxler	Allyson		
Kenly	Katharine	Strothkamp	Sarah		
Zhang	Linxin	Athar	Uzma		
Tesfaye	Heywan	Iyer	Hari		
Nguyen	Kim	Stouff	Rebecca		
Priestley	Evan	Anathan	Julie		
Knell	Erica	Jeng	Karen		
Nicholson	Stephen	Ashigbie	Paul Gamelle Kwame		
Machin	Sally	Tomasulo	Anna		
Marco	Asween	Cerwensky	Kathryn		
Nguyen	Giac	Barrero Castill	Paola Alejandra		
Andrus	Lindsay	Shepherd	Shanta		
Schwaab	Elizabeth	Egan	Justine		

IX In Closing

As we engage on the realities of improving the lot of those whose lives are needlessly miserable, we need to know the best current thinking and the strengths and weaknesses of the newest approaches. However, perhaps of most importance, we need to learn from history whether Semmelweis, the Committee on the Costs of Medical Care, Easterly or Ha-Joon Chang, and remember the words of Harry Truman, 33rd President of the US, "Those who do not read and understand history are doomed to repeat it."

We hope you enjoy the course and find it worth your time.

And best wishes for a very happy and productive semester and New Year.

Bill, Jen, Aisha, Joe, Laura, Syamak and Rebecca