



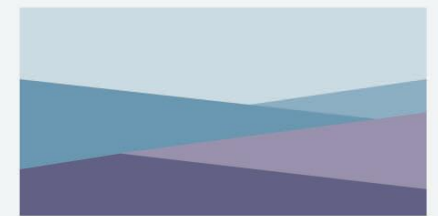
Global Health Education: Health Systems' Delivery & Policy

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NEW HORIZONS
IN INTERNATIONAL
EDUCATION



NAFSA
2015

Annual
Conference
& Expo

MAY 24-29, 2015
BOSTON, MA USA

NAFSA
Association of
International Educators

Aims

1. Share our vision for Global Health Education at *UMASS Boston*
2. Describe Global Health research collaboration
3. Learning outcomes and benefits
4. Reflect on:
 - Lessons learned, key challenges, questions for educators

Our Vision for Global Health Education at UMASS Boston

- Developing PhD students in Global Health track of Global Governance & Human Security PhD program:
 - To become leaders in Global Health *as scholars or practitioners*
 - By constructing learning environment that:
 - ✓ Gives field exposure to PhD students in real world settings: Sri Lanka, Kenya, South Africa
 - ✓ Engages complex global health problems: e.g., *HIV, violence against women, mental health*
 - ✓ Is research intensive
 - ✓ Multi-disciplinary → potentially trans-disciplinary
 - ✓ Keeps people and **health equity** at the center

South Africa Research Collaboration

- UMB faculty-student collaboration with **Wits Reproductive Health and HIV Institute, Faculty of Health Sciences**
- Purpose: To understand how and why South African (SA) nurses screen and treat female patients for intimate partner (domestic) violence
 - Considered role of *health policy* and *health systems* to address global health problem of IPV with SA as case study
- Research conducted in five public health clinics/hospital
- 28 health providers interviewed
- Students involved in transcription, analysis, writing and all aspects of research collaboration

Student Learning Outcomes

- Knowledge acquired
 - **Poorer-resource settings** How 80% of the world, in developing countries, live and experience health care
 - **How health systems function** and fail to function: organization, structure, delivery, leadership, culture
 - **Role of physical infrastructure**/investments for health
 - **Social determinants of health** as major shapers of health: sanitation, safe water, housing, living conditions
 - **Economic determinants** - employment, income, education
 - **State's obligation** and role of constitutional law to protect women against violence
 - **Physical, mental health consequences** of violence

Student Learning Outcomes

- Knowledge acquired
- Understanding of links between gender and health:
 - Cultural and social norms of violence against women
 - Gender relations and gender inequality
 - Other cultural practices and factors that put women at risk of abuse, HIV and ill health
- How to use theory - women's 'agency' (strengths/limits)
- How to apply theory to findings
- How to generate original research findings that contributed to knowledge and potentially clinical practice!

Student Learning Outcomes

■ Skills' Development

- Research design/methods in the field:
 - Empirical data collection and analyses
- Negotiation and discussion within the North-South research project: how do we access and manage data; authorship; roles; power; hierarchies?
- Understanding cultural difference
- Problem solving:
 - Bureaucracy, funding constraints, time management, ethics protocols, getting access to nurses

Other Benefits to Students

- Published journal article
- Paper selected for presentation at *London School of Economics*; Published in special issue on IPV in *Global Public Health* → with **kudos** from *Journal Editor, Columbia University SPH*
- Personal growth and development
 - Overcoming own barriers
 - See themselves as part of a cadre of GH researchers and practitioners
 - Self-identify as global ‘problem solvers’
 - Understand they can make genuine, needed contributions to society, following this training
 - Developing confidence, knowledge, skills and experiences that set them apart

Challenges for GH Educators

- *Research funding* for ‘learning’ research collaborations, including student travel
- *Doing the ‘global’* is resource and time-intensive!
- *Scalability* – reliance on a few faculty members with true global health training
- *Learning from other GH educators’* experiences: through what forums/mechanisms

Lessons Learned for GH Educators

- No 'perfect' educational project
- Best learning may emerge from unintended areas or consequences: e.g., when problems surface (unplanned)
- Need to make several years of investments (building and construction, labor) before seeing 'fruits'
- Research partnerships/collaborations are sensitive and must be managed by faculty members who are 'the core'
- Perhaps need more room and time to risk and fail (may learn more)
- In spite of challenges, the work is worth it!

Questions for Reflection

- How do we build in mechanisms for Critical Evaluation and Reflection:
 - To reflect on methods of learning and outcomes?
 - To create positive feedback loops that allow for research to feed into teaching and teaching to inform research?
- Are there additional ways to bring the 'global' into the Boston classroom without going to South Africa, Ghana or Mississippi?
- Are we sufficiently leveraging our position in Boston as a health hub for meaningful university, industry, foundation partnerships to flip the traditional global health paradigm?

Bharathi Radhakrishnan (Sri Lanka)



Theresa Sommers (South Africa)



Shelley Brown (Mississippi)



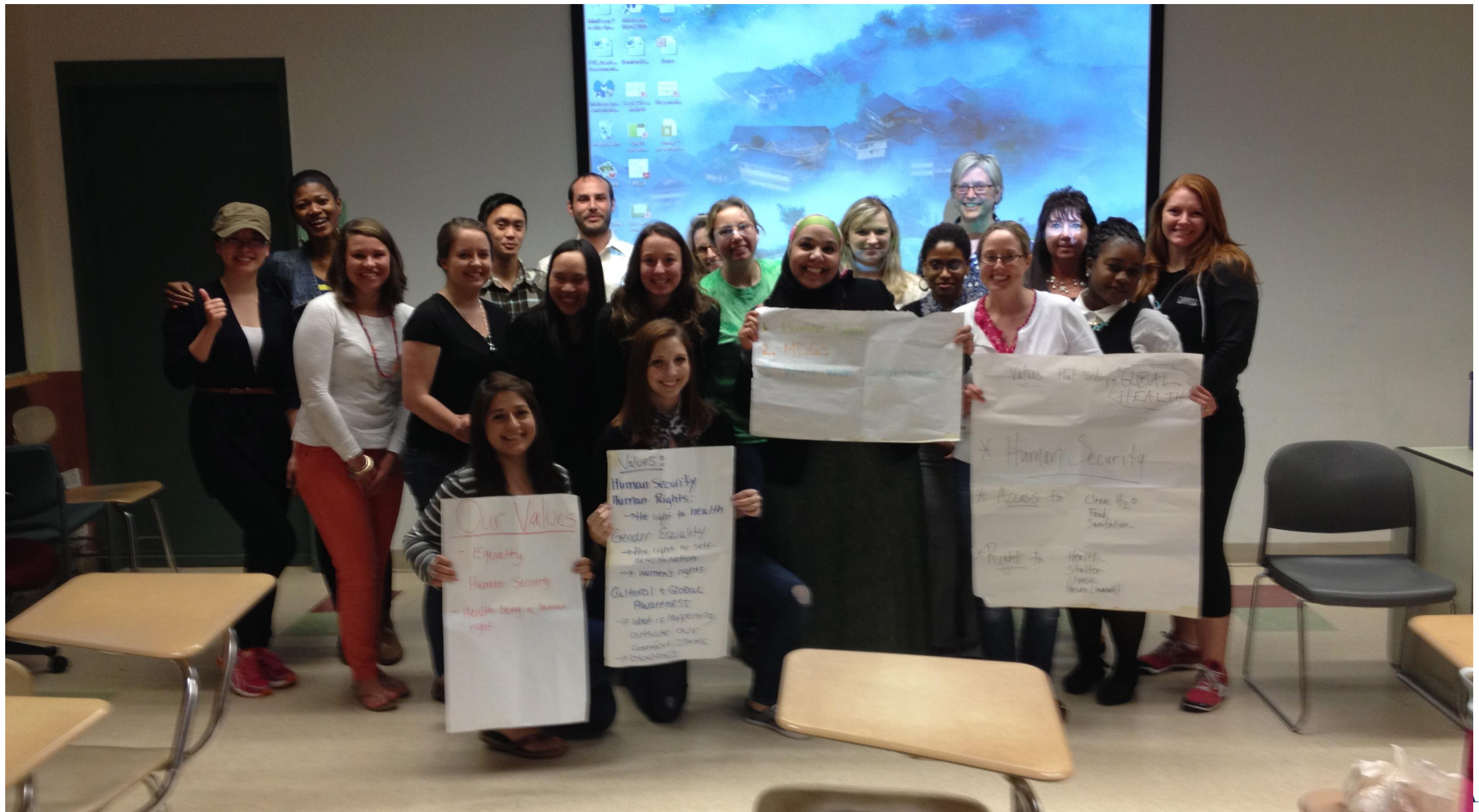
Research Presentations (UNC, Chapel Hill; Boston)



Sprague with Global Health PhD Students



UMASS Boston Global Health Class (2014)



Theresa & Shelley Research Presentation



Theresa Sommers Research Presentation (South Africa)



Thank you