

# Diversity & Democracy

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A Publication of the Association of American Colleges and Universities

## Undergraduate Global Health Education: Innovation and Evolving Practices



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Published by the Association of American Colleges and Universities, 1818 R Street, NW, Washington, DC 20009; tel 202.387.3760; fax 202.265.9532. *Diversity & Democracy* (formerly *Diversity Digest*) is published quarterly and is available at [www.aacu.org](http://www.aacu.org). Copyright 2019. All rights reserved. ISSN: 2476-0137 (print); 2476-0145 (online).

The opinions expressed by individual authors in *Diversity & Democracy* are their own and are not necessarily those of *Diversity & Democracy's* editors or of the Association of American Colleges and Universities.

*This issue of Diversity & Democracy was produced in partnership with, and funded in part by, Allegheny College.*

*Cover photo: Women walk to collect fresh drinking water from a deep tube well nearly 1 km (0.6 miles) away from their village in the Sunderban Islands, Bangladesh. (Photo © 2010 Tushar Sharma, courtesy of Photoshare)*

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## FROM THE EDITOR

## Liberal Education in an Interconnected World

In today's globally connected world, a liberal education that empowers people to deal with complexity, diversity, and change is increasingly crucial. Liberally educated students have a strong sense of social responsibility and are prepared to communicate with all kinds of people, engage with a variety of perspectives, and apply skills and knowledge to analyze and solve complex global problems. This year, in response to the need to cultivate citizens who are globally minded in all areas of their lives, the Association of American Colleges and Universities (AAC&U) launched a new Office of Global Citizenship for Campus, Community, and Careers, which strives to prepare students for work, life, and citizenship in an interconnected world.

This double issue of *Diversity & Democracy* centers around a relatively new field—undergraduate global health education—that exemplifies how a liberal education can meet these goals. Undergraduate global health programs not only prepare students for a variety of careers but also teach them to understand global systems and their own place in the world and to collaborate across disciplines and viewpoints with thoughtfulness and humility.

As undergraduate global health education programs and courses emerge and evolve, they raise important issues that the contributors to this volume of *Diversity & Democracy* carefully examine. Readers both within and outside the field of global health will find much here to inform their work. Our contributors explore themes that are relevant across higher education, including experiential learning, cultural humility, critical reflection, ethical engagement, social justice, constructive dialogue, curricular coherence, and interdisciplinary collaboration.

AAC&U is grateful to Allegheny College, which partnered with us to produce this volume of *Diversity & Democracy* and generously provided part of the funding. We would especially like to thank Caryl Waggett and Vesta Silva of Allegheny College for their leadership and guidance in serving as guest editors for this issue. They played an instrumental role in planning and executing this volume, and it was an honor and a pleasure to work with them. In addition, we want to express our thanks to Dawn Michele Whitehead, vice president of AAC&U's Office of Global Citizenship for Campus, Community, and Careers and editorial advisor for *Diversity & Democracy*, for her guidance and support throughout the editorial process.

AAC&U's work with Allegheny College on undergraduate global health education dates back to 2015, when Caryl Waggett of Allegheny College envisioned and developed a summer institute on undergraduate global health curriculum and course design, with support from Dawn Michele Whitehead and Susan Albertine of AAC&U and Kathryn Graff Low of Bates College. At that first institute, held at Allegheny College and funded by the Howard Hughes Medical Institute, forty-four participants and facilitators from many disciplines gathered to develop new or modify existing global health courses and explore collaborations. At the next institute, held in 2017, attendance doubled. The third iteration of this institute, cosponsored by Allegheny College, AAC&U, and Child Family Health International (CFHI), will be held at Allegheny College in Meadville, Pennsylvania, June 16–18, 2020. In addition, AAC&U and Allegheny College work with Centro Interamericano para la Salud Global—InterAmerican Center for Global Health, the Association of

Schools and Programs of Public Health, CFHI, the Consortium of Universities for Global Health, and GASP (the Working Group on Global Activities by Students at Pre-health Levels) to cosponsor the Integrating Experiential Learning in Global Health and Public Health Faculty Development Workshop. This workshop is held annually in Costa Rica in January. For more information on both of these opportunities, see page 43.

As AAC&U's president, Lynn Pasquerella, remarked in a speech at Columbus State Community College in March,

The ability to engage and learn from experiences different from one's own and to understand how one's place in the world both informs and limits one's knowledge is essential to the crucial capacity to understand the interrelationships between multiple perspectives, including personal, social, cultural, disciplinary, environmental, local, and global. This understanding is pivotal for bridging cultural divides, necessary for working collaboratively to achieve our shared objectives around solving the world's most pressing problems—all the more reason colleges and universities need to redouble our focus on world citizenship and the interdependence of all human beings and communities as the foundation for education.

Undergraduate global health education programs provide examples of innovative ways to cultivate the skills and knowledge that global citizens need to thrive in a complex, interdependent world.

—Emily Schuster  
Editor, *Diversity & Democracy*

## [UNDERGRADUATE GLOBAL HEALTH EDUCATION]

# Five Powerful Myths of Undergraduate Global Health Education

■ **VESTA SILVA**, Associate Professor of Communication Arts and Global Health Studies at Allegheny College

■ **CARYL WAGGETT**, Associate Professor of Global Health Studies at Allegheny College

Undergraduate education in global health (GH) is, in many ways, a very young field. Although GH has roots in long-established disciplines such as epidemiology, biology, anthropology, sociology, communication, and economics, the interdisciplinary interweaving of these areas of study into a coherent curricular approach to health at the undergraduate level is quite recent. Indeed, the first undergraduate majors in GH are fewer than ten years old. This issue of *Diversity & Democracy* highlights some of the innovative thinking and creative problem solving that characterize programs in undergraduate GH education.

As with any interdisciplinary endeavor or emerging field, those working within GH education, particularly at the undergraduate level, have had to battle a number of misconceptions and mischaracterizations that can hinder the development of effective programs and student experiences. In this essay, we consider five of the most powerful myths that continue to affect the design, development, and implementation of GH education.

### **Myth 1: “Global” means only international.**

This is one of the most common misconceptions facing GH educators and students. As educators based in the United States, we find that the common and limited understanding of “global” to mean only the study of health outside the United States illustrates a number of related problems. First, and perhaps most significantly, it positions the United

States as the center of the world and of GH study, with US scholars and institutions presumed to be “reaching out” to the rest of the world through their involvement with GH education. This problematic positioning of Western conceptions of health, medicine, and education as the standard permeates many of the discourses of GH—from the delegitimization of field experiences within the United States as not “really” GH work, to the assumption that the United States represents the pinnacle of GH practice and training (when in fact hundreds of health metrics and indices show the United States is well below other high-income countries and even many low- or middle-income countries), to the exclusion of voices from the Global South or other regions in larger conversations about the field. This mind-set is found throughout many high-income countries and remains one of the most intractable legacies of colonialism and imperialism, which should not be perpetuated in curricular programs.

We can see a clear example of this issue by looking at problems with experiential learning opportunities (ELOs) in certain settings. Many institutions and students inaccurately see domestic ELOs as less valuable than those that take place abroad. Yet domestic ELOs within GH programs can be highly impactful, as showcased in the powerful reflective essays presented by Merrill on page 36 and by Edmunds, Henry, and Kovalsky on pages 37–39 of this volume. In addition, the centering of the US perspective feeds into a “savior complex,”

the artificial belief that lower-income peoples around the world need assistance from researchers and students from higher-income institutions, which can be deeply problematic both for students and for the communities taking part in ELOs. (For a student reflection on such assumptions, see Devenney’s article on pages 41–42.) Programs that do not consciously challenge such beliefs may conduct research or provide volunteers while simultaneously undermining local infrastructural changes and accomplishments and reducing the empowerment and development of local human capital.

At the institutional level, the interpretation of “global” as “international” can hinder broader interdisciplinary collaborations, especially when faculty and professionals doing domestic health-related work are unaware that their expertise could fit under the GH umbrella. And more narrow definitions of “health” can preference natural and biological sciences while precluding the engagement of programs that address ethics, mental health, social health, and community design. On pages 22–25 of this issue, West and Montgomery detail the idea of “structural competency” as a powerful frame to help students grapple with and understand these pervasive problems.

### **Myth 2: Undergraduate global health is a fad.**

As we noted earlier, undergraduate programs in GH are quite young relative to the fields upon which they draw. This can cause concern in some quarters that the “global health” model of undergraduate education may not stand the test of time—that perhaps, like some short-lived educational trends, undergraduate GH programs will lose their luster and be replaced by the next shiny new thing.

While no one can predict the future, we argue that the foundation of undergraduate GH is deeply grounded in the fundamental nature of liberal education

more broadly. GH programs ask students to think deeply about complex problems, to work collaboratively, and to draw creatively on a wide range of perspectives and ways of knowing. In other words, undergraduate GH programs position students to enter a range of health-related fields with a greater awareness of how their particular work depends upon and intersects with the work of others. The persistent and complex health-related challenges facing people around the world today indicate that we need more people trained in such interdisciplinary ways.

Institutions committed to engaging their undergraduates in the study of GH have a range of options, including curricular majors or minors, tracks within existing programs, and summer or short courses designed to introduce foundational GH concepts. Institutions can choose programs or activities that draw on existing institutional strengths. In this volume, we showcase both a reflexive assignment that could fit within a single GH course (see Rodriguez's essay on pages 14–17) and a semester-long multicourse collaborative exercise (the World Café) that engages students and faculty across disciplines in an in-depth discussion of a particular health problem (see Sage, Prichard, and Finnegan's article on pages 10–13).

### **Myth 3: Global health education is just public health rebranded.**

Some institutions respond to the perceived novelty of undergraduate GH by assuming that global health is merely another name for public health, which has been clearly defined by professional organizations such as the Association of Schools and Programs of Public Health. What these institutions miss when they draw such an equivalency, however, is how different the *missions* of public health programs, which are designed as professional training programs, are from the missions of undergraduate



*Fruits and medicinal plants in Devaraja Market in Mysuru, India. (Photo by Caryl Waggett)*

GH programs. Undergraduate students with GH training are attuned to a wide range of factors that affect contemporary understandings of health, expertise, and responsibility in ways that are essential to enacting meaningful change. A personal reflection by Sarkar on page 40 explores the sorts of broader learning made possible by GH experiences.

At the undergraduate level, GH is fundamentally a liberal approach to education, exposing students to a range of ways of knowing and learning about the world so they can engage problems from many perspectives, from the economic to the ecological to the political. GH education challenges students to think differently about the ways that health is constituted in different settings, with diverse groups of people, over time. In undergraduate GH experiences, students are taught to think about problems as complex and multifaceted, often without “right” answers. Undergraduate GH education is an area of study dedicated to producing educated global citizens who are well positioned to follow a wide range of professional and clinical pathways. As one example, Faerron Guzmán's essay on pages 26–29 highlights a physician's reflection on the incredible benefits that could accrue to clinicians if they had access to GH education at the

undergraduate level prior to their clinical training.

### **Myth 4: Effective global health education programs can simply compile existing courses from established departments under a new name.**

In times of tight fiscal constraints, administrators may look for low-cost and straightforward solutions to attract or retain students. One such strategy is to rebrand clusters of courses without the necessary design or intent to provide a coherent curriculum in GH (see Whitehead's article on pages 33–35). This approach is parallel to the way that some “pre-med” programs have been built, combining a string of unlinked courses created to fulfill medical school entrance requirements rather than designing a coherent curriculum.

Even programs that explicitly state a desire to provide an interdisciplinary approach to GH in their undergraduate curriculum may end up with a set of courses that are mostly based around electives within a range of approved disciplinary areas. Unlike the definitional question in Myth 3 above, campuses encountering this misconception may have good institutional buy-in about the interdisciplinary goals and importance of GH but lack the investment of

resources needed to create and sustain a robust program. In other words, this problem is more about the practical allocation of institutional resources and governance structures than it is about intent. This problem can be found both at larger institutions where resources for interdisciplinary work tend to be allocated by program or number of enrolled students and at smaller institutions that may not have direct expertise in a particular area and thus need to draw on cognate fields.

Although GH takes an interdisciplinary approach to health problems, that does not mean that an institution can simply throw together an epidemiologist, anthropologist, economist, political scientist, and biologist and have a coherent GH program. If they want to avoid creating a collection of distinct courses that share only a common topic area, institutions need to invest in professional development focused on interdisciplinary collaboration and teaching for faculty and staff who have been trained in particular disciplinary practices.

In these amalgamated collections of courses, students often do not have clear opportunities to integrate multiple perspectives and reflect on their own practices and experiences. Although the expedient course of action to create an undergraduate GH program is just to glue together existing courses, such efforts actually hinder the development of GH education as a distinctly interdisciplinary way of teaching students to engage with their world.

And of course, as we address below, faculty labor is not the only labor needed to create and sustain such programs. GH programs require a great deal of staff support for students, particularly for ELOs, internship development, and professional networking. These efforts are likely to fail if the needs of GH students are simply added into the workload of full-time faculty (see Rusk's article on pages 30–32) or support and

administrative staff members who already have a full load of other responsibilities.

### **Myth 5: Field experience is a luxury, not a necessity.**

Because of the high costs associated with field experiences, many programs designate them as optional. Institutions often ensure that some ELOs are available but may not provide the necessary scaffolding within GH contexts, or may encourage interested students to seek out their own opportunities from private providers. In both of these instances, ELOs are presented as luxury opportunities available only to certain individuals.

We acknowledge that institutions require extensive human capital to design, maintain, and administer effective ELOs: time to identify appropriate community partnerships, time to work with partners to help shape the experiences to benefit both the student and host organizations, time to prepare the students before the experience, time to work with the students while they are engaged in their experiences, and time to help the students reflect on their experiences. One important strategy is to utilize existing tools and resources to help achieve program goals. In their essay on pages 18–21, McCunney, Reynolds, Sabato, and Young detail one tool (the Global Engagement Survey) that can facilitate student reflection and cultivate the cultural humility that is so essential to the effective cross-cultural work of ELOs.

The costs of ELOs are high not only for institutions but also for students—who, in addition to paying the fees for the program, may also be losing an opportunity to earn money. Thus, even scholarships designed to ease the burden on lower-income students may not adequately address the true costs of



*A coffee plantation owner in Southern India talks with students from Allegheny College and Cornell University about the difficulty of making a living in the mountainous region of Coorg, highlighting how globalization can affect prices and markets. (Photo by Caryl Waggett)*

participation. However, when colleges and universities ignore the enormous benefits that accrue from these experiences, they end up magnifying existing disparities in students' preparation for any career or academic pathway by the end of their college years, since those with means still recognize the benefits of these ELOs and take advantage of them, even without any programmatic oversight. Institutions building GH programs have a responsibility to work to address structural inequalities that exist for many of their students—in fact, for the “new majority” of students as discussed by McGrath on pages 7–9.

### **Conclusion**

Although this list is certainly not exhaustive, the five myths we discuss here raise issues ranging from broad, philosophical questions facing any institution or individual working within undergraduate GH to some of the practical concerns that institutions must recognize and address for a program to succeed. As higher education in general, and liberal education in particular, have come under increasing public criticism, undergraduate GH education provides a vital and vibrant approach to the foundational principles of liberal learning that equips students to engage effectively with our complex and rapidly changing world. ☐

## [SUPPORTING OUR STUDENTS]

## Essential Learning Inputs: Rethinking Experiential Learning for the New College Majority

■ MORIAH McSHARRY McGRATH, Instructor of Urban Studies and Planning at Portland State University

Archetypal notions of student learning outcomes overlook a central aspect of the learning process: students' life experiences. This cognitive error, rooted in dominant assumptions about who students (and faculty) are as people, elides a distinctive class of contributions made by "nontraditional" students. This essay turns the mirror on faculty members, interrogating the ways that we conceptualize experiential learning, such as study abroad programs and practicum experiences, for the "new majority" of students who come to college later in life, have dependents, or come from backgrounds underrepresented in academe.

While universities are making great strides in expanding access to

experiential learning as a high-impact practice (HIP) (Kuh 2008), it is generally operationalized as yet another aspect of the curriculum where faculty pass knowledge on to students, ignoring the complementary ways that students shape the learning experience. Indeed, students often demonstrate skills and insights that faculty may lack, such as intercultural communication and relationship management (honed from years working retail, for example). Activities occurring in "the real world"—whether in a travel course or an internship/practicum—may put students in their element.

Grounded in my experience working on experiential learning in global

health and community development, I propose that educators should invert the logic of student learning outcomes in two ways. First, rather than speaking only of *outcomes*, educators should embrace the concept of essential learning *inputs*: the capacities that students bring to their experiential learning. Second, I urge the higher education community to reconceptualize the "barriers" to success created by students' nonacademic lives—e.g., being the first in their family to go to college, enrolling part-time, or parenting while in school. I suggest that such "impediments" can also foster skills and insights that beget excellence in experiential learning.

In my years working with students in study abroad and field-based learning experiences, my expectations about this relationship have been upended many times. In moments when I have observed how a group of students responded to yet another aggravating delay during an excursion, or reviewed the electronic portfolio of a student who had just completed a field experience with a community organization, I have been repeatedly humbled by discovering accomplishments that fell outside the frames of learning outcomes I constructed for the experience. Moreover, some of the students who were the least engaged classroom participants have become dynamos in the field.

Operating from a didactic model of global health learning, where learning outcomes are defined based on faculty expertise, can discount the critical real-world experiences of students. Normative learning outcomes not only devalue the skills and accomplishments that students bring to field-based learning but also systematically obscure experiences of personal transformation, which many of us would consider the ultimate learning experience.



In Ecuador, students participating in Sustainable Development in Latin America, a Global Education Oregon study abroad program, took part in ecological restoration activities, visited local protected areas and sustainable agriculture sites, and engaged with a community-based ecotourism initiative run by a small indigenous community. (Photo by Jesse Adams)

## Reconsidering Success for the New Majority

A brief from the Institute for Women's Policy Research compares "independent" college students, who now make up the majority of college students, with their dependent counterparts. The brief uses the Free Application for Federal Student Aid (FAFSA) definition of independent college students as those having at least one of the following characteristics: "at least 24 years old; married; a graduate or professional student; a veteran; a member of the armed forces; an orphan, in foster care, or a dependent or ward of the court since age 13; has legal dependents other than a spouse; an emancipated minor; or homeless or at risk of becoming homeless" (Reichlin Cruise, Eckerson, and Gault 2018, 1). According to the brief, independent college students are more likely to be female, be people of color, be parents of children under age 18, go to school part-time, work more than part-time, live on a low income, or have an unmet financial need for tuition. They are also 70 percent less likely to graduate within six years than dependent students (Reichlin Cruse, Eckerson, and Gault 2018). Accordingly, these populations are often discussed in terms of perceived deficits, such as inadequate preparation, barriers to success, language and culture gaps, health issues, and caregiving obligations that compete with academic work.

Yet by navigating each of the challenges listed above, students can cultivate skills that are readily transferable to the academic realm—e.g., time management, empathy, communication (including nonverbal), and ability to build informal social networks. These skills are especially valuable in field-based learning, where the structures and supports of the university are reduced

or liminal due to the geographical or psychological distance from the learning environment.

Rather than assuming that students go into the field semi-skilled, working toward discipline-based benchmarks, we might view field learning as a site of interface between the university and the broader community, with each student's unique skill set catalyzing a new type of relationship between the two. That is, we might look at how students and others are changed by an experience rather than simply whether a certain set of boxes are checked.

In community-based learning, students' existing skills can be tremendously powerful. Recently, one of my students completed a practicum at a housing rights organization where he helped the volunteer coordinator overhaul the system for scheduling volunteer shifts on a renters' rights hotline. While he certainly drew on insights from his major, his years in the field of information technology before returning to college were also fundamental, as he used these skills to design the technological backbone of the system. No faculty member in the program would have been able to execute the system he designed or mentor him during the project. The student's accomplishments fit squarely in the field of community development and represented a *synergy* of his coursework and life experience rather than the achievement of a faculty-defined outcome.

Students' capacities may not just improve their learning experience but also contribute to their colleagues' learning. Language is one example: students who have had less exposure to English outside the classroom may be disadvantaged when it comes to academic writing, yet they bring irreplaceable skills to activities where

language barriers are present. During a recent sustainable development travel course I taught in Ecuador, a heritage speaker<sup>1</sup> of Spanish interpreted during some sessions when faculty and local counterparts were otherwise occupied. Doing so built his comprehension and familiarity with technical vocabulary and created a new entrée for students to discuss the course material—because a fellow student is often more approachable than a faculty member or guest speaker. (Instructors should ensure that students are not forced into such leadership or professional roles, as this could detract from the students' own learning or inhibit relationship building with their peers.) In this same program in Ecuador, US Latinx students enhanced their learning and that of their peers by introducing discussions about pan-Latinx identities and the specificity of Ecuadorian culture.

## Tapping Student Potential

Despite their contributions, nontraditional and underrepresented students are often poorly integrated into experiential learning programs. For example, not only are students of color underrepresented in study abroad programs, but the rate of growth in their participation lags behind their increasing representation in the college population overall (Sweeney 2013). And sadly, there is evidence that faculty may be a barrier rather than a facilitator to students of color studying abroad, through creating a campus climate that devalues study abroad and assumes that students of color are uninterested or unprepared (Sweeney 2013). A study of high-impact practices (HIPs) (Finley and McNair 2013)—including study abroad, service learning, and capstone experiences—found that Hispanic and Asian American students engage in

1. Heritage language speakers are those whose language learning occurs in household and cultural contexts rather than formal education; they may have any level of proficiency in the heritage language. In contrast, "native" speakers are fluent in what they consider their first language.

significantly fewer HIPs than white students do, although transfer students participate in significantly more HIPs than nontransfer students do. The same study also notes that while HIPs may be “good for everyone,” “equity effects” include stronger boosts for certain groups (Finley and McNair 2013, 19). For example, Finley and McNair cite Kuh’s work (2008) showing the greater impact of HIPs on “African American, Latino/a, and students with relatively low ACT scores” (2013, vi).

How might faculty lower barriers to underrepresented students engaging in HIPs, thereby boosting the equity effects? What would it mean to view students’ lived experiences as essential learning inputs?

First, humility is requisite. The passion for learning that drew many faculty to their careers should be assiduously applied here: we need to be open to what students can teach us and aware of the limitations in our patterns of thinking about what learning is and how we measure it. This requires reconceptualizing the notion of learning that underpins field-based learning experiences, away from topical knowledge and into a consideration of the catalytic process of the student’s engagement with the field setting.

Second, we need to understand and valorize what students bring to the learning community. This means that faculty need to recognize that students are not blank slates, ask about their life experiences, and help make connections between their experiences and academic work. For example, I recently advised a student preparing applications for graduate school in urban planning who felt insecure about his limited experience in the field. But because I knew about his work history, I could point out that many years of working in restaurants had given him the capacity to work in busy settings and defuse interpersonal conflict: key

skills for urban planners managing sometimes inflammatory public meetings.

Third, we can build into the curriculum this idea of life experience as foundational to learning. As one example, I ask students to write positionality statements to reflect on how their life experiences influence their experience of the field. This advances students’ thinking about difference, power, and identity and also opens the conversation about what students bring to an experience in addition to what they take from it. Crucially, it also highlights the interactive processes that occur in the field setting, where different types of knowledge operate in sometimes unexpected and generative ways. Further, students can mentor each other through experiential learning by working in small groups or doing other collaborative activities that foreground students as experts.

Adopting these practices of faculty humility, inquiry about students’ life experiences, and reflective and synergistic practice among students shifts our conception of experiential learning to something where students with complex lives and histories of underrepresentation are experts and assets rather than outsiders and “less-than.”



Like most Global Education Oregon study abroad programs, the Sustainable Development in Latin America program was open to undergraduate and graduate students from any college or university. (Photo by Jesse Adams)

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## [SUPPORTING OUR STUDENTS]

### The World Café: Promoting Interdisciplinary Dialogue on Global Health Issues

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Interdisciplinary inquiry is an important pedagogical tool for faculty seeking to cultivate critical integrative thinking and problem-solving skills in students. It is also a necessary skill for the inter-professional practice of global health (Jogerst et al. 2015). Significant barriers, including university administrative structures, departmental resistance, and lack of resources, however, often inhibit faculty from developing interdisciplinary

teaching opportunities with colleagues (Kezar and Elrod 2012).

To overcome some of these barriers, faculty from the Department of Justice and Peace Studies (JPST) at the University of St. Thomas in St. Paul, Minnesota, designed a faculty-driven, interdisciplinary teaching and learning exercise based on the World Café model (World Café Community Foundation, n.d.). We intended this exercise to

encourage students to inquire thoughtfully, integrate knowledge, practice constructive dialogue, and make connections across disciplinary perspectives.

The World Café model promotes group dialogue on complex topics across diverse perspectives. Developed as a “simple, effective, and flexible format” for facilitating dialogue in large group settings, this methodological approach involves creating a space in which participants explore a set of guiding questions (World Café Community Foundation, n.d.). Since 2012, faculty at St. Thomas have used this model to facilitate conversations on critical health topics.

JPST faculty initially developed the learning exercise to represent a range of disciplines at our institution. Every year, JPST faculty invite faculty members from varied disciplinary backgrounds to collaborate, serve on the planning



Guests discuss gun violence and some political and social solutions during the World Café dialogue event at the University of St. Thomas in March 2018. (Photo by Joseph Lavigne)

committee, and commit to involving their students in the exercise. Once the faculty planning committee is identified each year, members convene to define the framing questions for the interdisciplinary dialogue. Committee members are paired to facilitate interdisciplinary classroom teaching exchanges, and all participating faculty work together to plan a large dialogue for all students enrolled in their courses (see table 1).

As long-standing members of the planning committee, we want to share this model with a larger audience so that it might be applied elsewhere. In this article, we also comment on some of our successes—including student learning outcomes and student, faculty, and community engagement—as well as our challenges.

### Paired Teaching Exchanges

In 2018, we used the World Café in conjunction with interdisciplinary paired teaching exchanges to explore the topic of gun violence. The faculty planning committee developed a set of framing questions to shape the teaching exchanges and the World Café large group dialogue on guns and weapons in our communities, nation, and world:

- What is and what should be the role of guns and weapons?
- How can we reduce gun violence and gun deaths?
- How do our different disciplines navigate these questions?

In previous years, faculty identified various global health topics for the dialogues, including climate change and HIV/AIDS (University of St. Thomas Newsroom 2016).

Fourteen faculty from different disciplinary backgrounds (public/global health, justice and peace studies, business, neuroscience, English, communication, theology, biology, criminal

justice, social work, political science, and aerospace studies) and the 250 students enrolled in their courses participated in this exercise. Faculty were paired to form teaching exchange teams and used these cross-disciplinary partnerships to develop learning sessions in which they presented their own disciplinary perspective on gun violence during one of their partner’s regularly scheduled course times. Pairs determined their pedagogical model; some developed and delivered a guest lecture in their partner’s course, while other pairs cotaught a session to both sets of students. The classroom exchanges occurred over a two-week period. Faculty reported that

they spent about two and a half hours identifying readings and preparing to deliver these lectures.

One faculty member (Amy C. Finnegan, a coauthor of this article) filled a critical administrative role by facilitating group communication and file exchanges, scheduling and leading meetings, engaging community partners to participate in the World Café event, and arranging the paired faculty teams. She paired faculty across disciplines while aligning class meeting times and student characteristics. For example, she paired the faculty instructor of Global Health and Development with the instructor of Communication of Race,

TABLE 1. FACULTY PLANNING COMMITTEE TIMELINE.

Time Frame	Tasks for Faculty Planning Committee
<b>Fall Semester</b>	
November to December	<ul style="list-style-type: none"> <li>■ Secure faculty commitment, which involves                             <ul style="list-style-type: none"> <li>• attending planning meetings</li> <li>• participating in faculty teaching exchanges</li> <li>• requiring students to complete common readings and attend the World Café dialogue event</li> </ul> </li> <li>■ Hold one or two faculty planning meetings to                             <ul style="list-style-type: none"> <li>• develop an overarching set of framing questions</li> <li>• identify common readings</li> </ul> </li> <li>■ Assign teaching exchange faculty pairings (faculty administrative lead)</li> </ul>
<b>Spring Semester</b>	
February	<ul style="list-style-type: none"> <li>■ Hold one or two faculty planning meetings to complete final tasks, including                             <ul style="list-style-type: none"> <li>• developing three to five questions that each faculty member’s disciplinary perspective brings to the topic</li> <li>• finalizing the script for faculty facilitators at the World Café event</li> </ul> </li> <li>■ Invite community-based organizations to provide resources at the World Café event (faculty administrative lead)</li> </ul>
Late February to Early March	<ul style="list-style-type: none"> <li>■ Paired faculty teaching exchanges take place</li> <li>■ Invite administrators and university press to the World Café event (faculty administrative lead)</li> <li>■ Finalize assigned seating at tables for student participants, bringing together students from different courses and disciplinary backgrounds</li> </ul>
Mid-March	<ul style="list-style-type: none"> <li>■ All students and faculty meet for the required two-hour World Café dialogue held on campus</li> </ul>
April to May	<ul style="list-style-type: none"> <li>■ Hold one faculty meeting to                             <ul style="list-style-type: none"> <li>• discuss student learning outcomes, pre- and post-learning exercise survey responses, and successes and challenges</li> <li>• select the topic for next year’s learning exercise</li> </ul> </li> <li>■ Set the date for next spring’s World Café event and reserve a large space to hold the event (faculty administrative lead)</li> </ul>



Faculty member and visual artist Mike Klein with his art installation—entitled *What Really Protects Us from Gun Violence?*—at the World Café dialogue event. The installation was created in collaboration with students. (Photo courtesy of University of St. Thomas Photography)

Class, and Gender, and the instructor of Large Client Systems with the instructor of International Management.

Prior to attending the World Café dialogue with students and faculty from all fourteen courses, students completed a set of assigned readings so that they would share a common foundational orientation to the issue. Furthermore, they had already engaged with the topic of gun violence from at least two

disciplinary perspectives during their teaching exchange.

### **The World Café Dialogue**

Following the teaching exchanges, more than two hundred students and fourteen faculty met together in a large room on campus for the World Café dialogue. Participating faculty agreed to attend and require students in their courses to attend the evening event, which was

noted in all syllabi. Most faculty tied attendance to students' course grades and made alternative assignments, such as a reflective paper, for students who were unable to attend because of scheduling obstacles.

When students arrived at the World Café, they were encouraged to view and respond via social media to a gun violence art installation by Mike Klein, a committee faculty member and visual artist. The installation—created in collaboration with students—was entitled *What Really Protects Us from Gun Violence?* and consisted of a large umbrella with .38 caliber shells raining down on monofilament line. Social media responses were projected on screens for all to see as a prelude to the discussion.

The two-hour formal program began with a welcome from Finnegan and the dean of the College of Arts and Sciences and an overview of the evening's thematic focus on gun violence, which included two short video clips. After the welcome, faculty took turns naming the disciplinary questions that their perspective brought to a probe on gun violence. At the time of the World Café, the issue of gun violence was a particularly salient issue, as the tragic shooting at Marjory Stoneman Douglas High School in Parkland, Florida, had taken place less than a month earlier and the Black Lives Matter movement continued to push for a national conversation on gun violence.

Students spent most of the evening in three separate twenty-minute rounds of dialogue at assigned tables, which a faculty member had arranged to bring students from different courses and disciplines together. Students facilitated their own discussions using guiding questions for each round. (Examples include "How do you explain the causes of gun violence?"; "What are the pressing issues we need to understand?"; and "What do we do now?") Following

each round, students moved to a new assigned table to engage with different students. After three rounds, faculty called the group's attention to the center of the room, where they asked students to share lessons learned and then discussed possible ways for students to carry forward from the dialogues to action (e.g., attending on- or off-campus political demonstrations, bringing conversations to student clubs or classrooms, or visiting community partner tables at the event).

### Successes: Learning Outcomes and Community Engagement

We conducted pre- and post-surveys of students to assess learning outcomes. Paired t-test comparisons, which can be used to demonstrate statistically significant changes in pre- and post-test scores, showed that after the teaching exchanges and World Café conversations, students were significantly more likely to feel comfortable describing both “how my discipline might address the issue of gun violence and gun death” and “interrelationships between different disciplinary perspectives on gun violence and gun death.” Students also felt more confident “working to address a problem to which the solution will require integrating ideas from different disciplines or perspectives.”

Quantitative responses were supported by qualitative student feedback. One student wrote, “World Café showed all of us that having a conversation is the most important part of making change. After humanizing each other, we can talk about potential solutions to the problem. It made us listen to each other and understand other opinions through a personal and professional lens.”

Lastly, the World Café also offered opportunities for students and faculty to engage with two local organizations that accepted our invitation to set up tables at the event: Protect Minnesota and the Minnesota chapter of Moms Demand

Action for Gun Sense. Representatives from one of the organizations asked us to share with them students’ brainstormed ideas for addressing gun violence from round three of the dialogue. A representative told us that the organization might weave elements of the students’ ideas into future policy recommendations.

### Challenges: Attendance and Funding

The World Café was held outside of scheduled class meeting times, which could make attendance a challenge, particularly for working and nontraditional students with family obligations. We stressed the date and time of the event from the first day of class and asked students to make all reasonable accommodations to attend. About 85 percent of students attended the event.

Funding such a large event can be challenging, too. In 2018, costs were around \$1,200, nearly all of it for food and beverages for the dialogue event. The teaching exercise is faculty-driven and requires roughly twelve to fifteen hours of uncompensated work during the planning year. We used on-campus spaces for the dialogue event (initially, the basketball court with students seated on the floor, and later a large banquet room with students seated at dining tables), which incurred no additional cost. Other expenses were nominal and included printing. Home departments from participating faculty members offered between \$100 and \$400 in cosponsorship funds. In spring 2019, we received allocated university funds for the first time, which supported the cost of food at the event.

As the faculty planning committee has sought to institutionalize the annual interdisciplinary event, we have considered increasing the event’s budget to include nominal incentives for faculty time and/or food at faculty planning meetings. Providing modest honoraria for faculty, rather than relying on

uncompensated faculty time, could help make the program sustainable over the long term. We have also considered pursuing intramural teaching grants or external funds to support our interdisciplinary learning event.

We have a core group of faculty who eagerly commit to being involved each year, and we recruit new faculty every year. The opportunity to collaborate and build relationships with colleagues from across the university while exploring contemporary societal issues has proven rewarding for faculty. For many of us, this is the vision of higher education to which we were originally drawn.

We offer this essay so that faculty groups at other institutions might apply our highly adaptable approach to interdisciplinary teaching and learning. This model can be used to promote integrative thinking and practice interdisciplinary dialogue and problem solving around major global health issues. We have found that this approach also overcomes many of the barriers to interdisciplinary teaching, as it is faculty-driven and follows a streamlined planning process yet yields significant gains in student learning. ☐

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## [SUPPORTING OUR STUDENTS]

### Good Intentions Are Not Enough: Having Students Analyze the Global Bioethics of Their Work

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An old proverb states, “The road to hell is paved with good intentions.”

Though I rarely (if ever) say it aloud, I often have this aphorism in my head when I teach my undergraduate Global Bioethics class at Northwestern University, because it sums up an unstated but crucial objective of the class. At Northwestern and many other universities in the United States, global health as a field of study has grown substantially, and undergraduates interested in global health are inspired and enthused. They want to help, and they see any intervention as inherently helpful; something is better than nothing. But the best intentions and a desire to help are not enough.

For students to comprehend how a road paved with good intentions can lead to unethical outcomes, they need to understand how global health endeavors, including their own, fit within a longer history of “interventions into the lives of other peoples”—to use the subtitle of Packard’s 2016 book. Students must also consider their work within the historical context of the “colonial legacy of medical experimentation and coercive disease campaigns,” a context that can cause “even well-intentioned research and health interventions to trigger negative responses in the twenty-first century” (Schumaker 2011, 2). Interventions and endeavors are not inherently useful (even for something as seemingly innocuous

as distributing vitamins, for example; see Roberts 2006) but are necessarily beset with ethical questions, concerns, and dilemmas, such as conducting an intervention outside one’s scope of knowledge or not understanding (or appreciating) the ramifications of an intervention. In other words, students need to be able to think critically about global health interventions.

Most of the literature on global health bioethics education addresses teaching medical students core competencies before they embark on international clinical rotations (Crump, Sugarman, and the Working Group on Ethics Guidelines for Global Health Training 2010; Melby et al. 2016). As Stewart recently noted, “a discussion about the pedagogy of teaching global health ethics is long overdue” (2015, 57). To address gaps in the literature, I will describe in this article a final paper assignment for my undergraduate Global Bioethics course, which I created with the goal of enabling students to assess their global health work critically and, by implication, why good intentions can lead to unintended consequences.

#### The Assignment

For the final paper assignment, students have two primary choices: they can write a retrospective ethical analysis considering the challenges that arose from their global health volunteer work or research experience, *or* they can write a prospective ethical analysis considering the anticipated challenges from global health volunteer or research work they are intending to do. For students who have not engaged in either domestic or international global health work and have no concrete plans to do so, I provide a scenario involving two undergraduate students leaving the United States to do research in a fictional Latin American country. Regardless of which option they choose, the students need to describe their research study or



The author teaching at Northwestern University. (Photo by Stephen Anzaldi)



Youth leaders in rural hamlets contribute to the democratization of health care in Upper Egypt. Using rural health units as focal points for community mobilization and empowering citizens to become informed decision makers, the TAHSEEN Project facilitates dialogue between village leaders, community members, and their governors. (Photo © 2004 Djodi Deutsch, courtesy of Photoshare)

volunteer work, identify the potential or actual ethical problems they encountered or think they could encounter, and clearly discuss the relevant ethical issues. These ethical issues include those directly related to their potential or actual research or volunteer experience as well as those connected to larger ethical and moral problems they may (or did) encounter in their research or volunteer work. If the students write about research, they need to include as part of their discussion what research guidelines are relevant to their work and what ethical issues are rooted in their research design and methodology or in the history of previous research in the area. Finally, they need to describe their action plan—how they intend to address, or how they could have addressed, these ethical concerns. As part of this

**Undergraduates interested in global health are inspired and enthused. They want to help, and they see any intervention as inherently helpful; something is better than nothing. But the best intentions and a desire to help are not enough.**

discussion, they need to engage with the ethical principles and concepts they learned in class, discuss possible ethical solutions to a problem, decide on a solution, and explain why they arrived at this solution.

In the Global Bioethics course, this assignment serves as a capstone intended to assess whether students have learned how to identify ethical concerns in global health interventions, apply ethical principles, and conduct an ethical analysis of such interventions. I expect them to support their analysis with what

they learned from the course: (1) core medical ethical principles of autonomy, beneficence, respect for persons, and nonmaleficence; (2) research ethics (Emanuel et al. 2004) and international research ethical codes (World Medical Association 2013); (3) the ethics of undergraduate volunteering or doing research in international clinical settings (Forum on Education Abroad 2019; Hatfield, Hecker, and Jensen 2009; Lasker 2016; McCall and Iltis 2014; Bush et al. 2011); (4) the ethical principles often regarded as a central part of the

emerging discipline of global bioethics, including humility, introspection, solidarity, and social justice (Pinto and Upshur 2009); and (5) the principles of collaboration and reciprocity. If this assignment is adapted for other courses that include units on ethical principles and research, it could be scaled down appropriately while keeping the focus on critical assessment, reflection, and evaluation.

To prepare students for this assignment, the course introduces them to case analysis as a means to learn the application of ethical principles. In small groups, students consider the ethics of scenarios involving medical volunteering and clinical research at both the professional and undergraduate levels of experience. After they have completed their analysis

Self-reflection is important not just because it helps students understand how ethical principles are applicable to their work but also because ethically evaluating our own work is challenging.

in small groups, we discuss the cases as a whole class. I explore the specifics of each case with the students and engage with them as they identify possible ethical concerns, apply ethical principles and guidelines to find resolutions to these concerns, and examine how these resolutions can be in conflict with each other. Using cases teaches them how to make an ethical assessment, perform an analysis, and construct an argument—skills they will then demonstrate on an individual basis in their final papers. The final

paper assignment is structured to reflect the cases they have seen and analyzed throughout the course; their final paper is in many ways their own case.

### Goals and Challenges

I was inspired to create this capstone after reading about an assignment Stewart designed for a graduate seminar she teaches (2015). I wanted students to regard the ethical concerns, questions, principles, and guidelines we cover in the class as tangible and to see how ethical principles and guidelines apply to their work, even (and especially) right now, not just when they have graduated and gone on to their careers. In addition, I aimed to equip them with the skills to assess, analyze, and argue for resolutions.

I have used this assignment for a few years now. One problem I've found is that students feel as though they need to find *something* unethical

about which to write. To mitigate this, when I talk about this assignment, I stress that this can also be an opportunity for them to consider what makes a global health experience ethical. As an example, I let them know they can discuss how a program in which they volunteered illustrated, as opposed to violated, the ethical principles discussed in class. Another problem is that for students who are not planning to participate in global health experiences, the option of completing the paper using the fictional scenario dilutes the overall objective of being self-reflective and of making the ethical questions and principles relevant and applicable to their experiences. To address this to some degree, I have allowed students to reflect upon volunteer experiences that are not strictly clinical but do involve working with people.

Self-reflection is important not just because it helps students understand how ethical principles are applicable to their work but also because ethically evaluating our own work is challenging. We naturally think of our work as important—why else would we do it? Being able to step back from one's work and evaluate it is an important skill that requires practice. This assignment encourages students to take that step back, to consider critically interventions into the lives of other peoples, to raise ethical questions about their global health endeavors, and then to assess how the ethical concerns and questions raised by their global health work can be resolved.

I hope I have encouraged my students to continue to critically analyze those roads paved with good intentions. 



In Jakarta, Indonesia, a mother of one who wants to delay her next pregnancy navigates a new mobile health application for family planning. (Photo © 2016 Radha Rajan, courtesy of Photoshare)



In Marrocan, Mozambique, community health activists support local mothers to measure children for signs of malnutrition. (Photo © 2018 Arturo Sanabria, courtesy of Photoshare)

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## [SUPPORTING PROGRAMS AND STRUCTURES]

### Promoting Cultural Humility in Global Health: Lessons from a Multi-institutional Community of Practice

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Demand for experiential learning opportunities and internationalization in higher education, coupled with a growing interest in global health, has led to a dramatic increase in short-term experiences in global health (STEGHs) (Melby et al. 2016). Many of these experiences inherently involve students crossing international and sociocultural borders to engage in health-focused activities in health delivery or public health settings (Crump, Sugarman, and the Working Group on Ethics

Guidelines for Global Health Training 2010). While global health experiences offer benefits to both students and the institutions sending them, these experiences are sometimes problematic and raise ethical challenges with respect to working with vulnerable populations (Lasker et al. 2018). The risks and potential harms of clinical STEGHs are well documented. In the short term, they can harm patients, host communities, and visiting students when students provide patient care beyond the scope of their

training. In the long term, these experiences illustrate a suboptimal use of time and scarce specialized resources, thereby perpetuating global health inequities (Evert, Todd, and Zitek 2015; Melby et al. 2016). The dramatic increase in these global health experiences, coupled with the potential harms documented in the literature, makes rigorous evaluation especially important. Frameworks for ethical engagement and assessment of responsible, culturally appropriate student learning are now emerging.

Global health educators have proposed a set of overarching competencies for global health education (Jogerst et al. 2015) that align with the Association of American Colleges and Universities' Global Learning VALUE (Valid Assessment of Learning in Undergraduate Education) Rubric (2014) and are informed by competencies from the American Medical Association, the American Dental Association, and the International Council of Nurses, among others. The competencies from these varied disciplines focus on collaboration, partnering, communication, ethics, health equity, and social justice. Leading scholars have called for additional research focused on "evaluation of these competencies across a wide range of educational settings" (Jogerst et al. 2015, 239). To address the risks associated with short-term immersive experiences, leading practitioners call for "skills building in cross-cultural effectiveness and cultural humility" as a core principle for ethically grounded global health educational experiences (Melby et al. 2016, 634).

#### Tools for Peer-to-Peer Learning

The Global Engagement Survey (GES) is a multi-institutional assessment that employs quantitative and qualitative methods to better understand relationships between experiential learning program factors—such as program duration, immersion in homestay



Quinnipiac University students share a laugh with their host mom, Darling Alvarado (center), during a global learning program in León, Nicaragua. (Photo by Wil Alvarez)

families, and language courses—and global learning goals—such as increased awareness of conscious consumerism and openness to diversity (Reynolds et al. 2018; Hartman et al. 2014). The GES considers three components of global learning (cultural humility, critical reflection, and global citizenship) and uses eight scales and sixteen open-ended questions to measure these components (see figure 1 and table 1). The GES contains two scales that specifically explore cultural humility: (1) openness to diversity and (2) cultural adaptability (Reynolds et al. 2018).

Now in its fourth iteration, the GES is used and administered by the global community of practice, a multi-institutional hub supporting ethical global learning and community-campus partnerships, hosted in the Center for Peace and Global Citizenship at Haverford College in Haverford, Pennsylvania. Twenty-eight institutions of higher education, operating 240 global learning programs, have used the GES to date. Through the GES, we (the coauthors of this article) have each participated in the global community of practice as the research project director (Reynolds) and organizational/institutional partners (McCunney, Sabato, and Young).

Because it is a multi-institutional assessment effort, the GES enables partners to look across programs and consider possible differences stemming from variations in student populations, institutional cultures, and specific programming choices and opportunities. Programming choices may include the selectivity of the program, preparatory coursework or predeparture intensive retreats, English or non-English-speaking immersion contexts, fluency of students in the local language, etc. The GES was developed as a tool for continuous reflective improvement among practitioners working across programs at diverse institutions. This has led to shifts in curriculum and preparation

of students, identification of program strengths, and changes to address areas that need improvement at an institutional level. In light of this collaborative assessment work, one of the standout areas for further development—with clear connections to global health education—is the notion of teaching and learning cultural humility.

**Attention to Cultural Humility**

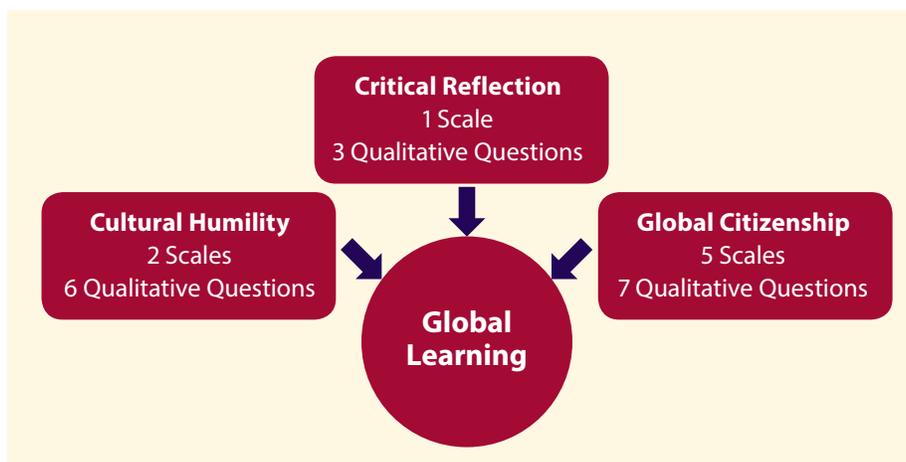
The GES draws attention explicitly to cultural humility, which has been described as follows:

Cultural humility is a commitment to critical self-reflection and lifelong reevaluation of assumptions,

increasing one’s capacities for appropriate behaviors and actions in varying cultural contexts. This capacity for appropriate, culturally relevant action is coupled with awareness of one’s positionality within systems of power and aligned in service of collaboratively reconsidering and reconstructing assumptions and systems to enact a deeper and broader embrace of shared dignity, redressing historic inequities. (Hartman et al. 2018, 96–97)

This concept also supports recent work assessing community partner perspectives. In a study that examined desirable competencies of visiting

**FIGURE 1. THE GLOBAL ENGAGEMENT SURVEY CONSIDERS THREE COMPONENTS OF GLOBAL LEARNING: CULTURAL HUMILITY, CRITICAL REFLECTION, AND GLOBAL CITIZENSHIP.**



**TABLE 1. THE EIGHT SCALES OF THE GLOBAL ENGAGEMENT SURVEY.**

Scales		
<b>Cultural Humility</b>	Openness to diversity	OD
	Cultural adaptability	CA
<b>Critical Reflection</b>	Critical reflection	CR
<b>Global Citizenship</b>	Civic efficacy	CE
	Political voice	PV
	Conscious consumption	CC
	Global civic values	GCV
	Human rights beliefs	HRB

trainees, more than 170 host community partners expressed their concerns: “despite general satisfaction with and appreciation of outside groups, [their] concerns focus primarily on volunteers’ lack of cultural awareness and humility, leading to offensive behavior and attitudes of superiority” (Lasker et al. 2018, 4). For short-term global health experiences, then, cultural humility emerges as a primary objective for students—if not the most important learning component—with respect to predeparture and on-site programming, over and above goals like health-focused learning and acquiring medical knowledge.

This attentiveness to understanding cultural humility as a learning goal plays out in unique ways at our home institutions/organizations. In our varied contexts as a private mid-sized university, a large public university, and a third-party provider, we have applied the GES to inform programming, share existing

resources, and leverage results to advocate for global learning priorities. For example, many academic programs at Quinnipiac University (QU) in Hamden, Connecticut, emphasize the value of becoming a culturally competent practitioner. However, after considering the literature and best practices around these experiences, QU’s Department of Cultural and Global Engagement decided to make intentional changes to predeparture preparation to highlight the importance of cultural humility. Faculty involved in international programs supported this change. This concept is now embedded throughout all phases of programming. Reflections shared in response to open-ended GES questions show the ways in which some of our students have engaged in consistent, critical self-reflection. One student shared, “I am really good at reading body language; however, I know that feelings typically run deeper than words

or visual presentation. Therefore, I will never understand someone’s events that have taken place in their home country that have affected them and their families unless I ask and try to reflect and gain knowledge on their circumstances in a culturally aware way.”

Child Family Health International (CFHI) is a nonprofit organization that provides global health education programs to interdisciplinary health students at the undergraduate and graduate levels, and partners with more than forty academic institutions to offer faculty-led and other programming. As at QU, learning competencies for CFHI’s programs center around developing cultural humility, including understanding local cultural and healthcare realities, appreciating ethical issues when serving low-resource populations, and demonstrating professionalism and respect for local expertise when in global health settings. In order to foster self-

reflection and build cultural humility, CFHI asks students to engage with predeparture tools such as the Global Ambassadors for Patient Safety (GAPS) workshop (University of Minnesota, n.d.) and GlobeSmart by Aperian Global (n.d.), as well as to reflect on their experiences while on-site, facilitated by global partners. Descriptive quantitative results from GES scales indicate growth among student participants in the two subconstructs that support cultural humility (openness to diversity and cultural adaptability). Student



East Carolina University students participate in a global learning immersion experience in Puerto Rico. (Photo by Aaron Beville)

reflective comments are positive and nuanced, illustrating a measure of complexity in their learning process. After completing a program, one student expressed greater understanding of diversity among fellow colleagues, saying, “when working with my medical classmates, I try to be understanding about our different working styles and goals. I understand that our priorities are shaped by our backgrounds and our perceptions.”

### Shaping the Field of Global Health Education

This collaborative assessment work through the GES affords multiple advantages. First, the collaboration helps build a dataset that can serve as a valuable leveraging tool. Ultimately, this effort relies on the adage that “what we measure is what we value,” because it not only provides specific information about programmatic efforts but also helps partner institutions and organizations create space for deeper reflection on how they educate students. Internally, the student responses help direct changes to the current curriculum and the development of new approaches for future programs, answering the question, “Are we achieving what we say we want to achieve?” The assessment data also serve as a leveraging tool so partners can benchmark their work with other experiential educators focused on broad global learning goals. This has the power to shape institutional culture around global programming. At East Carolina University in Greenville, North Carolina, for example, this assessment work serves as a guidepost for planning, helping to bring together seemingly disparate programs—both domestic and international, student-led and faculty-led, curricular and cocurricular—under the broad umbrella of global learning.

Next, the multi-institutional nature of this assessment effort is useful not only in shaping our home

institutions/organizations but also in providing an opportunity to be part of a larger reflective community of practice to validate and critique one another. This collaborative approach breaks down artificial organizational boundaries and highlights the linkages between “program providers” and “sending institutions.” The value of this global learning assessment work, with its strong spirit of collaboration, lies in its power to enable partners to speak with a collective voice to achieve change. Our collective voice is stronger than our individual voices and provides credibility to our students, colleagues, and others within the field.

Lastly, this collaborative reflective essay is but one example of the kind of peer-to-peer learning opportunity that can grow the field of global health education and catalyze collaboration. As the intersecting fields of international education and development, service learning, and global learning have moved toward language centered around cultural humility, global health education needs to be at the forefront of this trend. As one student reflected, “I have learned that there are many people in the world that are smarter than me and will never have the opportunities that I have been given to grow. I acknowledge the power that I have been given strictly for reasons I cannot control. I will use that power to educate and empower.” The call for deeper reflection on global health outcomes like collaboration, partnership, and cultural humility “across a wide range of educational settings” (Jogerst et al. 2015, 239) serves as a sustained, always incomplete, challenge for all of us. ☐

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[SUPPORTING PROGRAMS AND STRUCTURES]

## Building Structural Competency in the Undergraduate Global Health Curriculum

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Over the past five years, educational institutions have undergone a shift in the way they prepare students to think about diversity in medical and health settings (Dao et al. 2017). Since the late 1990s, the dominant “cultural competency” paradigm has emphasized instruction in “the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments” (Liaison Committee on Medical Education 2018, 11). In 2014, Metzl and Hansen articulated an alternative “structural competency” approach for US medical education, arguing that clinical interactions are shaped not just by cultural variables but also by “economic and political conditions that produce and racialize inequalities in health” (127). They define structural competency as

the trained ability to discern how a host of issues defined clinically as symptoms, attitudes, or diseases . . . also represent the downstream implications of a number of upstream decisions about such matters as health care and food delivery systems, zoning laws, urban and rural infrastructures, medicalization, or even the very definitions of illness and health. (2014, 128)

As social scientists, we appreciate the way that states of health and illness are shaped by the physical and social world

around us—the houses and neighborhoods we live in, the racial categories assigned to us, the socioeconomic hierarchies of which we are a part, and the political histories of the lands in which we live. In this article, we wish to build on, adapt, and demonstrate the value of a structural competency framework, which has thus far been largely restricted to graduate education, in the context of undergraduate global health curricula.

### Our Approach

We are particularly drawn to the corrective that structural competency can offer to programs designed to equip undergraduate students for work in lower-income countries. Our pedagogy draws on Metzl and Hansen’s framework to encourage students to “rearticulate ‘cultural’ presentations in structural terms” and to “shift diagnostic focus from the ‘culture’ of individual patients to the culture of privilege and oppression” (2014, 130). All too often, existing curricula frame difference in *cultural terms* (e.g., encouraging students to acknowledge “traditional” beliefs about health and healing) and emphasize *gaps, absences, and deficiencies* in local health landscapes (e.g., empty pharmacies, missing medical supplies, understaffed facilities, lack of education or awareness, etc.). We argue, instead, that students ought to understand poverty not simply as *absence* but as the *presence* and functioning of systems of inequality that are socially and historically produced.

Additionally, a structural competency framework encourages us to shift our gaze from the problems of “traditional” culture to the construction of harmful and shortsighted discourses *about* “traditional” culture. We can think, for example, about how responses to West Africa’s 2014–16 Ebola epidemic were thwarted by pathologizing—instead of engaging with—cultural beliefs and practices around burial (Richards 2016).

We advocate for an expansion of the canon of global health instruction beyond problems, priorities, policies, and best practices to include attention to *structure*, which we think about in two complementary ways: (a) structural determinants of the uneven distribution of health and illness, and (b) the structural features of global health that shape how we understand, represent, and attempt to respond to illness and disease. While the former lens highlights the political, economic, and social causes of disease, the latter calls our attention to the social forces shaping public health systems and interventions. In other words, we make public health itself an object of study and train students to investigate how interventions reflect the contexts in which they emerged. We propose four anchoring concepts for a culturally competent undergraduate curriculum: colonialism, development, neoliberalism, and decolonization.

### Colonialism

Structural competency requires that students recognize how global health problems and practices have taken shape in relation to more than five hundred years of capitalist expansion and the racialized subjugation of distant others. Conquest and dispossession, genocide, and the establishment of economies of extraction (best epitomized by the plantation and the mine) had wide-ranging consequences for the health of colonized peoples (see Packard 1989; Thornton 1987).

Disease directly threatened the colonial project, felling European and US administrators (Curtin 1998) and impeding the reproduction of labor for the colonial enterprise. In the late nineteenth century, efforts to protect the health of colonial agents and sustain an adequate labor force coalesced in the emerging field of tropical medicine (Anderson 2006). Colonial states also sought to control sexually transmitted infections among European administrators, settlers, and soldiers by regulating the movement of women in urban spaces and across lines of race and class (Manderson 1996). Coercive and military-style disease eradication and hygiene campaigns reflect these imperial origins (Amador 2015; Packard 2016). Missionary medicine offers a second origin story for contemporary global health (see Comaroff 1993; Kalusa 2007; Vaughan 1991). While their framing devices differed, missionaries' interests in bringing up clean, well-behaved children who would become "proper" Christian subjects (Allman 1994; Summers 1991) aligned neatly with efforts by colonial capital to reproduce labor through nourishing and disciplining young bodies (Hunt 1988).

If health systems in lower-income countries are sometimes called "underdeveloped" and their populations are frequently thought of as "diseased" by their very nature, structural competency draws our attention to the production of ill health by transnational economies of extraction both past and present. Knowledge of early forms of public health intervention—and the multiple ideological projects embedded therein—helps students to understand contemporary inequalities in access to health care as well as enduring mistrust of health professionals in some settings. Structurally competent students will be equipped to situate conversations about patient rights, dignity, and agency in historical context *and* to think critically

about contemporary global health actors' aims and motives.

### Development and Neoliberalism

Structurally competent students will recognize health as a field of practice within the broader international development sector, reciprocally influenced by the ideological shifts within it. An important starting point is understanding "development"—and discourses and practices to address "underdevelopment"—as a postwar project related to American capitalist expansion (Escobar 1995; Esteva 1992). The Bretton Woods Institutions (the

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International Monetary Fund and the World Bank) have played an important role in shifting ideologies, interventions, and investment priorities in public health. Neoliberalism—understood here as a trinity of deregulation, privatization, and responsabilization—deserves special attention, not least because trade liberalization and the loosening of labor and environmental regulations have been blamed for worsening health outcomes around the world (Kim et al. 2002). Equally as important are the ways neoliberal ideology informs global health technologies, from the introduction of user fees to newer calls for performance-based financing (Foley 2010; Keshavjee 2014; Turshen 1999). Some donors contribute to "basket funds" that pool resources to support developing country governments. Others, most especially the United States, have rerouted funds for global health away from the public sector, leading to the "NGO-ization" of

health and development, in which aid agencies are accountable primarily to donors rather than to beneficiaries or citizens (Pfeiffer 2003; Turshen 1999). Finally, behavior change programs that urge citizens to make personal investments toward achieving better health and greater productivity—called "neoliberal responsabilization" (Rose 1996)—have been critiqued for obscuring the structural causes of ill health and for echoing historical efforts to shape colonized peoples into particular kinds of "proper" or compliant subjects.

Participatory and community-based approaches to primary health care offer

an important corrective to the harms caused by top-down planning and may encourage approaches premised on solidarity and partnership (World Health Organization 1978). However, participatory interventions have also been critiqued as mechanisms for shifting responsibility and costs to those with the fewest resources while simultaneously romanticizing "community" (Morgan 2001). Health promotion strategies grounded in human rights offer an alternative to economic rationales for investing in health but, in some contexts, can erase local agency and perpetuate harm in the name of saving victims deemed sufficiently innocent or pitiable (Mutua 2001). Structural competency requires attention to how global health is informed by diverse ideological currents in development thought and practice and equips students to understand the complex and sometimes ambivalent

consequences of health and development interventions.

## Decolonization

Finally, structurally competent students will respond to the urgent need to decolonize global health and will work to disrupt assumptions that “expertise” naturally flows from technocrats in predominately white institutions in the Global North to black and brown people and communities in the Global South. This requires attention to the way that health and well-being are taken up by social movements, including movements for political reform and economic

know, teach, and do based on the kind of society we want to see, not the one that we currently have? (Harvard Chan Student Committee for the Decolonization of Public Health 2019)

The approach to undergraduate global health education we have outlined above attempts to locate present-day work conducted in the name of “global health” in these historical, political, and economic structures. Toward that end and toward the development of a new generation of leaders, we encourage fellow educators, first, to call attention to the racialized hierarchies of expertise

**A structural competency approach compels us to leverage the resources of the liberal arts toward the development of a critically engaged, self-aware, and justice-oriented undergraduate global health curriculum.**

justice. Calls to decolonize institutions of higher education by the Rhodes Must Fall movement in South Africa, for example, have birthed global efforts to decolonize expertise and authority across multiple spheres of economic and educational activity. In February 2019, public health students at Harvard organized a conference on decolonizing global health. They wrote:

We want to ask reflexive and difficult questions. What does it mean to engage in this field without acknowledging and tackling the history of colonial plunder? What does it mean to not acknowledge the role of global capitalism in generating the unequal conditions that manifest as health and disease? How can we as practitioners of ‘global health’—a debatable term that either needs redefining or abandonment—learn,

and technical assistance that are foundational to contemporary public health systems and practice; second, to replace the language of “helping” with the language of solidarity and partnership while remaining attentive to the power of purse strings to set agendas even in the face of good intentions; third, to highlight interventions, projects, and health promotion movements created by people outside hegemonic global health institutions; and finally, to turn a critical eye toward the ways that the language of global health persists in separating the world into victims and saviors and to guard against reproducing these categories.

We believe that teaching global health in the undergraduate liberal arts context requires that we recognize the unique opportunities afforded by this setting and step up to the very real responsibilities associated with preparing young

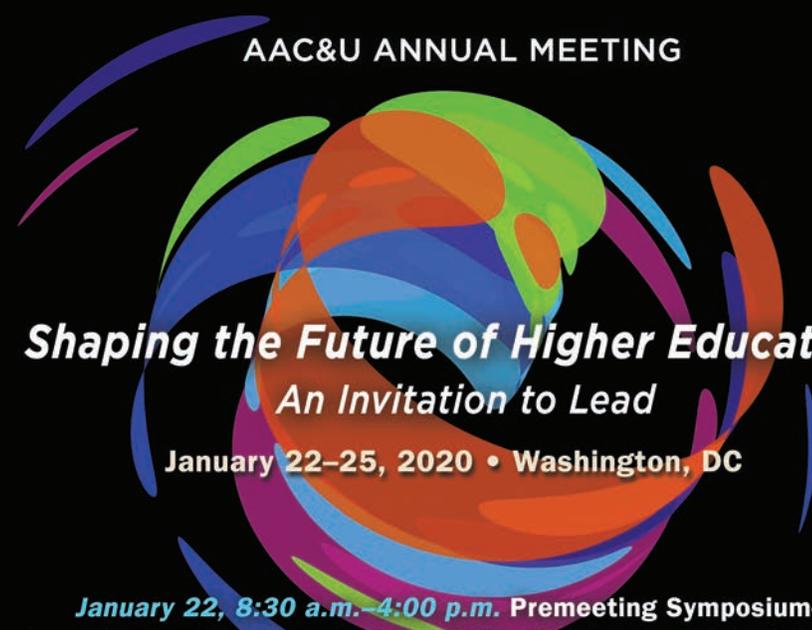
people, whether for a summer of experiential learning or a lifetime of leadership in this field. A structural competency approach compels us to leverage the resources of the liberal arts toward the development of a critically engaged, self-aware, and justice-oriented undergraduate global health curriculum. ☐

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[SUPPORTING PROGRAMS AND STRUCTURES]

## Reflections from the Field: The Importance of Reflective Learning

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As liberal educators, we provide our students with not just concepts but also a learning process that fosters their engagement in complex global challenges. As global health educators, we share with our students a passion to fight against global and transgenerational inequities. Organizations such as

the Association of American Colleges and Universities (AAC&U) promote global learning as part of their mission to advance quality liberal education. According to AAC&U’s Global Learning VALUE (Valid Assessment of Learning in Undergraduate Education) Rubric, “global learning is a critical analysis

of and an engagement with complex, interdependent global systems and legacies (such as natural, physical, social, cultural, economic, and political) and their implications for people’s lives and the earth’s sustainability” (2014). Global learning also includes the capacity to understand the consequences of one’s actions in an interconnected world (Hovland 2009).

As suggested by AAC&U, another key element of global learning is reflective practice (Kuh and O’Donnell 2013). Within the literature on experiential learning opportunities, reflection is often understood as a means to enhance the acquisition of knowledge and skills (Glass 2015; Hope 2009). In this essay, I want to

showcase my own path as a global health educator—and the critical role of reflection in shaping my own understanding of my work and my involvement with different communities in my home country of Costa Rica. I have learned nearly as much from such reflection as from my years of higher education and training as a physician. Today, having made a career transition from clinical practitioner to global health educator, I work closely with faculty and students from around the world. I use these critical reflective practices to help my students increase the impact of their experiential learning beyond just the facts they acquire on our site visits.

### First Contact

My first contact with global health was as a medical student in Costa Rica. I did not even recognize this experience as global health at the time—it was not spelled out with this language—but it is something that I have identified in hindsight.

At first glance, Costa Rica is a success story. It is the oldest democracy in Latin America, considered a peaceful and stable society. It boasts development indices well above expected when compared with countries that have similar income levels. In health and well-being indicators, Costa Rica also outperforms other countries with similar economic conditions. A life expectancy of 80.2 years exceeds that of many OECD (Organisation for Economic Co-operation and Development) countries, most of which have high-income economies. Costa Rican citizens have almost universal access to health services within the nation’s primary health care system. Catastrophic expenses in health are almost nonexistent, and Costa Rica’s progressive funding scheme allows for pension funds that cover sickness, maternity care, and death (Pesec et al. 2017). The Social Guarantees Law of 1943 created a social safety net well before



*During a global health faculty development workshop in Costa Rica, the author discusses health care and public health interventions that the Costa Rican government provides to indigenous families who migrate from Panama to work in coffee and banana fields. (Photo by Caryl Waggett)*

many other nations, and the latter half of the twentieth century saw a surge of institutions designed to increase access to essential services such as water, electricity, and sanitation (de la Cruz 2004).

Having trained and lived almost all my life in urban, middle-class Costa Rica, I saw no reason to doubt this narrative. Yet when I spent twelve weeks at the end of my medical training in a rural, lagging region of the country, I began to understand that the actual story of Costa Rica and the health of its people was far more complex. During this time, I engaged with the minority indigenous population close to Costa Rica's southern border with Panama. As I knew very little about the population beforehand, my mentor pointed me to critical readings that emphasized the systemic oppression, historic marginalization, and structural violence that have shaped this community.

While I did not enroll in a formal “global health” experience, that twelve-week residency with this indigenous population, and my subsequent professional opportunities to work with indigenous people and migrant populations, provided the core elements of global health experiential learning. In many ways, my journey resembled those of learners from the Global North who come to Costa Rica as part of a service-learning experience. Like a global health learner traveling internationally, I encountered cultural barriers, a massive power differential, disparate interpretations of history, and contrasting views of the universe in my work with this indigenous population in my own country.

Similar to many of the students with whom I currently work, I lacked the capacity to assess how extensively historical, political, cultural, and environmental contexts influence health outcomes. Even more challenging, I lacked the knowledge, or perhaps the willingness, to look beyond my comfort zone. That comfort zone was created by

my medical training in quiet classrooms, sterile hospital rooms, and standard patient-provider interactions, all of which I took for granted and understood to be the basic components of a biomedical approach to health. After weeks of exposure to the “alternate” realities within my country, I began to learn more about the situations in southern Costa Rica, and equally important, I learned more about myself, my values, and my vocation. I started to question the assumptions that had been part of my formal education.

**Sadly, despite the lip service given to the value of reflection, it is the area most frequently ignored or glossed over in the rush to complete the work of experiential learning opportunities (ELOs). Therefore, I sought to specifically construct ELOs with reflection in mind at the outset.**

As part of this process, I also began to examine the formal and informal institutions of which I had become a part, as well as the underlying schemes and paradigms upon which knowledge is created, used, and reinforced in the Western biomedical approach to health. My profession, my place of work, my socioeconomic status, and even the color of my skin were but a few of the defining characteristics that influenced my thoughts and actions. I realized that I could never undo or lose those defining characteristics, but I could be aware of them and acknowledge their essential role in shaping the lenses through which I see the world.

### **Reflection and Career Redirection**

From that “uncomfortable” truth stemmed my desire to create in Costa Rica an educational project that could engage students in intentional, deep reflection on global health through

experiential learning opportunities (ELOs). ELOs have enormous potential to help leapfrog student understanding and growth in complex areas such as global health (Ash and Clayton 2004), but student growth is not maximized until students can engage thoughtfully in deeper reflection and contextual analysis (Eyler 2002). And sadly, despite the lip service given to the value of reflection, it is the area most frequently ignored or glossed over in the rush to complete the work of ELOs. Therefore, I sought to specifically construct ELOs

with reflection in mind at the outset. These ELOs would enable learners to unpack and explore these “hidden” truths and gain a more expansive contextual understanding of health. I acknowledge that helping others to have a more critical understanding of health is only a single step toward addressing these inequities, but it is an important one.

This idea to create ELOs centered around reflection grew into work to build a regional hub that could champion high-quality, ethically sound experiential learning, as well as foster collaborative approaches to health and development. After an iterative and inclusive design process, Centro Interamericano para la Salud Global—InterAmerican Center for Global Health (CISG) was born. At CISG, our primary role is to serve as an academic interface to create ethical and transformative global health educational experiences.

Our educational model is driven by health equity as we attempt to prepare future leaders with the competencies they need to contextualize health and partner with communities to develop sustainable and just solutions to global and local health challenges.

Despite universal health care, social inequities between Costa Rica's majority nonindigenous population and indigenous groups regrettably remain today (ten years later), with clear educational, health, and socioeconomic gaps. Neonatal mortality among indigenous groups is still higher than the national mean (Comisión Económica para América Latina y el Caribe 2017). Malnutrition in children is more prevalent in indigenous populations (Ministerio de Educación 2017), and infectious diseases like tuberculosis disproportionately affect indigenous people of all ages more than any other minority in Costa Rica (Solís Ramírez 2019). But with the growing prominence

of global health education in colleges and universities around the world, more students may be exposed to experiential and reflective learning, and more professionals and practitioners may emerge who begin from a place of cultural humility and a recognition of history and privilege as they work toward creating a more equitable and just world.

Experiential settings may be the most important spaces for students as they learn to reflect on their position in an intentional manner and in mentored settings. These more structured opportunities can provide them with the skills to reflect on their own positionality within their work and within communities, as well as the impacts and implications of their engagement.

### Reflective Learning to Strengthen ELOs

Reflective learning refers to a wide range of activities that demand that individuals critically position themselves

within specific geographical and sociopolitical contexts. In relation to global health, reflective learning allows individuals to explore power structures, not just the biomedical structures that frame health issues. Reflective learning builds on the extensive literature of service learning (Eyler 2002; Felten and Clayton 2011; Glass 2015; Hope 2009) and is foundational to effective ELOs in global health education.

The need for reflective learning can be seen most clearly in its absence. I have recognized two types of students who have difficulty reflecting on their work. I've encountered one type in my experience over the past decade working with students who have traveled to experience health in Costa Rica. It not uncommon to find learners who can describe their experiences but struggle to create the links and engage in the metacognitive process that reflection can enable. They tend to accumulate experiences (similar to knowledge in a book or a classroom) without creating new understandings of these experiences. The competitive nature of Western professional training and academic preparation is so demanding that faculty may dismiss this step when time is limited, and students may perceive time to be "wasted" if it is spent on reflection after the completion of an experience instead of engaging in other "new" activities. This perception diminishes students' ability to learn from their experiences. Conventional educational structures therefore may actually facilitate more shallow learning.

The second type of students participate in ELOs but are unmentored, or have field experiences that reflect colonial views and constructs of engagement for global health (such as assuming that in areas of "need" there must necessarily be a lack of health infrastructure, and therefore any assistance is better than no assistance at all). In these instances, global health



The author (right) introduces global health faculty development workshop participants to a mobile health provider who serves the Ngäbe-Buglé indigenous population in Puntarenas, Costa Rica. (Photo by Caryl Waggett)

experiences will not yield the anticipated benefits of intercultural knowledge or increased understanding of global processes. Rather, such experiences might even reinforce undesired attitudes and narratives, cementing a simplistic and flawed view of complex global challenges (Duffy et al. 2005; Richards and Doorenbos 2016; Smith-Paríolá and Gòkè-Paríolá 2006). Learners might not be able to recognize causes of dissonance and might miss opportunities for challenging their preconceived ideas of the world (Eyler 2002; Felten and Clayton 2011; Mezirow 1992).

### Challenges to Implementation

Despite its value, incorporating reflective learning effectively into a curriculum can be challenging. These challenges can relate to the operationalization of reflective learning and to gaps in knowledge on reflective learning. Overall, clear structures for successful reflective learning seem to be lacking at all institutional levels (Ash and Clayton 2009). Educators' lack of familiarity with reflective practices and theories can hinder their efficacy in implementing them (Landy et al., n.d.; Mann, Gordon, and MacLeod 2009). There are also gaps regarding the evaluation of the quality of reflective practice (Eyler 2002) and how to assess student outcomes (Ash and Clayton 2004). The rapid growth of short-term ELOs in global health highlight that longer experiences may not be possible due to time constraints—and by default, reflective practices could be jettisoned for more “active” engagement given limited time. ELOs that do not intentionally build in reflection will absolutely fail to reap the benefits of deep learning from short exposures. This is further complicated when academic structures require faculty to fulfill a minimum of didactic contact hours with learners (Glass 2015).

It has now been over a decade since my first exposure to “global health.” A lot around me and about me has changed, giving me a different vantage point that allows me to better see the larger picture, understand the dynamic context around me, and connect the dots. And as the expansive circles of my and CISC's actions widen, a new generation of global health practitioners is emerging equipped with the agency required to enact change.

Much work remains to be done, but one way forward is for us as educators to model the reflective practices we hope to cultivate in our students. It is often difficult to understand the possibilities of critical reflection when one has never seen or heard anyone engage in such practices or witnessed their impacts. In intentionally planned ELOs with structured reflective learning, we might be able to find an approach to overcome barriers that limit sought-after transformations in our students and in the social systems of our communities. ☐

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## [SUPPORTING PROGRAMS AND STRUCTURES]

### Stretched Too Thin: An Unfortunate Reality for Global Health Faculty Directors

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To provide the most meaningful undergraduate global health education possible, academic institutions have consistently expanded high-impact practices, particularly in areas related to global experiential learning, civic engagement, and undergraduate research. While programs in these three domains can be crucial to student learning, they are not without cost.

The workload challenges that many faculty face, often related to the competing priorities of teaching, research, and professional development, have been much discussed in the literature. However, what has been less discussed is the impact on faculty directors of supporting and managing global experiential learning, civic engagement, and undergraduate research programs. Faculty who serve as global health program directors are often expected to maintain their primary responsibilities, such as scholarship and teaching within their disciplinary homes, while also developing and executing excellent programs. Faculty directors who oversee students engaged in global education, civic engagement, undergraduate research, and other high-impact programming are responsible for ensuring sustainable, measurable student success by keeping up with and applying the latest guidelines, frameworks, and recommendations. However, these multiple and disparate responsibilities often prevent faculty from developing strong expertise in any one area. Institutions may have support staff and offices to assist with some of these activities, which can relieve a portion of the workload for faculty but also inadvertently create

additional burdens in added bureaucracy. To address these challenges, institutions should invest strategically in high-impact programs by building sustainable structures to support them, providing the faculty time required to lead these programs, and rewarding faculty and staff for their efforts.

#### **The Three Domains: Global Learning, Civic Engagement, and Undergraduate Research**

The benefits of global experiential learning to students, faculty, and institutions have been discussed extensively (e.g., Altbach, Reisberg, and Rumbley 2009). Researchers have also highlighted the burdens on faculty that develop international or domestic experiential learning programs to advance global education, while recognizing challenges that range from a lack of administrative support, time, and reward, to the pressures that may force faculty to deprioritize their current research (Kelsey and Dormody 1995; Andreasen 2003; Green 2003, 2007; Dewey and Duff 2009). While acknowledging the critical role that faculty play in internationalization efforts, Hudzik (2011) argues that internationalization poses challenges for faculty, related to, but not limited to, the need to expand knowledge areas, experience, curriculum, and student support.

Institutions of higher education have also made civic engagement a priority, and these institutions lean heavily upon faculty for leadership in this area (Holland and Gelmon 1998), particularly in forging community partnerships. Alongside these challenges, there is

consensus in the literature that faculty are crucial to the sustainability of experiential learning; community engagement (Cox and Seifer 2005; Bandy, n.d.); and internationalization efforts (Andreasen 2003; Green 2007; Dewey and Duff 2009; Hudzik 2011), as well as to achieving curricular transformation (Allan and Estler 2005; Green 2007; Raby 2007; Schuerholz-Lehr et al. 2007; Niehaus and Williams 2016). Even though faculty may face obstacles, often related to the activities already competing for their time and attention (Cox and Seifer 2005; Bandy, n.d.) as they strive to support civic engagement programs such as service learning (Hammond 1994; Ward 1996, 1998; Bringle and Hatcher 2000; Abes, Jackson, and Jones 2002), some researchers contend that faculty are the most important element to the implementation and support of these programs institutionally (Ward 1996, 1998; Abes, Jackson, and Jones 2002).

As with global learning and community partnerships, undergraduate research programs offer benefits to students, faculty, and the institution (Seymour et al. 2004; Lopatto 2004, 2007; Russell, Hancock, and McCullough 2007; Petrella and Jung 2008) but again come with costs. Faculty report spending 14 percent of their time mentoring and training students in student/faculty research efforts (Rockwell 2009). This time commitment competes with faculty members' independent research, teaching, and service responsibilities and presents an even greater hurdle for faculty who direct additional learning programs. This pressure on faculty is intensified in colleges and universities that have not yet instituted equitable ways to incentivize and recognize these high-impact practices within or in addition to traditional tenure and review processes.

Beyond the well-trod woes of workload, institutions face additional challenges, such as establishing effective

faculty development, training, and program management. Although professional organizations such as the Association of International Educators, the Consortium of Universities for Global Health, and the Council on Undergraduate Research provide thought leadership and resources for the three domains of global learning, civic engagement, and undergraduate research, keeping up with the work of these organizations requires significant time and effort. Each of these groups, and many others, hosts conferences dedicated to these domains and has published relevant guidelines, tool-kits, rubrics, competencies, learning outcomes, assessment tools, and frameworks informing such programs. Relying on program directors to operate across these three domains, while balancing their other responsibilities, seems unreasonable.

### Providing Sustainable Support

Institutions continue to encourage faculty to pursue new partnerships, develop curricula, and provide new opportunities to students. While many faculty share an “earnest desire” to provide such experiences (Dean et al. 2015, 14), the level of support for these activities varies considerably across institutions. According to research by the American Council on Education (ACE), 29 percent of the 752 higher education institutions surveyed did not have a central office that oversaw or supported global learning programs. ACE found that 46 percent of these institutions had a single office that administered or oversaw global learning programs as either its sole function or as one of several functions, and 4 percent had more than one office dedicated to administering, managing, and overseeing these programs (Green 2003). Additional studies have found similar variation in the level and structure of institutional support for service learning (Vogel and Seifer 2011).



*Global health and pharmacy students participate in a global learning experience in Eldoret, Kenya. (Photo by Joel Hartsell, MPH, Agape Alliance)*

The importance of programs in these three domains is evident. However, as institutions expand their experiential learning opportunities, they must support them sufficiently and sustainably. Each of the three domains requires intensive faculty involvement to ensure not only that students gain the most that they can from these experiences and that the experiences meet programmatic and degree requirements but also that ethical standards of community engagement and partnerships are met from the perspectives of both the sending and the receiving institutions. Put plainly, these programs require steep investments in human capital, both from the program faculty and support staff.

To provide support, institutions need to invest in strategies that provide for both long-term planning and immediate relief. Institutions must develop organizational structures, institutional support, and sufficient staffing to reflect the value of these high-impact practices. Structural development and income allocation plans take time to develop and require strategies for the long term, but opportunities exist for impactful short-term solutions. For example, tenure and promotion guidelines for faculty and staff must be updated to incentivize and

reward activity in these high-impact areas. In addition, faculty credit and workload policies should reflect the time commitments required to direct and support experiential learning programs. Part of this effort will require clear compensation guidelines for program development and community partnership building.

Many institutions are working toward recognizing and accounting for increased workloads associated with engaging community-based partnerships and developing experiential learning courses, beyond that of traditional classroom-based courses (Pfirman 2011). However, this work and the resulting guidelines do not reflect the additive effects of fast-growing programs that require faculty directors to become experts in widely disparate areas. At a minimum, institutions must acknowledge the depth and communicate the value of faculty and staff’s work to ensure robust programming for students. Many universities and colleges have included commitments to providing global training or promoting global citizenship for their students in their mission statements and institutional learning outcomes. Fewer institutions make it a point to reward the faculty who are delivering on those commitments,

such as with unit-load allocations, promotions, or increased compensation.

The next step is working toward the long-term goals of sustainably supporting the faculty, staff, and students involved with these interdisciplinary programs and building the necessary structures to maintain them. Faculty development is an important part of most solutions to address faculty burden and successful program execution (Dewey and Duff 2009; Hudzik 2011), and it may also help alleviate the challenges enumerated here. Efforts to support interdisciplinary faculty who serve multiple roles—beyond just those in global health—cover issues ranging from how faculty are hired, structure and location of programs, curricular requirements and staffing, and how instructors and staff are valued and rewarded (Pfirman 2011). Global health programs are in high demand by students, and their interdisciplinary nature—particularly at the undergraduate level—provides institutions with meaningful curricula and cocurricula that meet the liberal arts commitments of many academic institutions as well as the needs of a globalized workforce (Merson 2014; Kerry et al. 2011). Supporting these programs requires strategic investment over the short and long term to ensure continued success for their students, faculty, alumni, and stakeholders. ☐

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## [SUPPORTING PROGRAMS AND STRUCTURES]

## Curricular Coherence and Global Health

■ **DAWN MICHELE WHITEHEAD**, Vice President, Office of Global Citizenship for Campus, Community, and Careers, at the Association of American Colleges and Universities

Particularly in the United States, policy makers, parents, and the public are increasingly calling for higher education to meet workforce development needs and make connections between formal academic programming and careers. Some US states have considered tying financial allocations for public institutions to their graduates' starting salaries. In response, institutions are revisiting their curricula to match workforce needs. As a young area of study, the global health field can respond to these types of concerns as educators develop new programs. The programs must be guided by clearly identified programmatic and learning outcomes with strong connections to theoretical and practical dimensions of global health.

As institutions construct new global health programs and reconsider existing ones, it is critical that they guide these programs using the principles of curricular coherence: intentional curricula that promote pathways for success. Instead of a cafeteria model, where students select courses from a list and take them at any point over their educational experience, curricular coherence provides students with a logical sequence of courses that build on each other (Leskes and Miller 2006). Since faculty are responsible for the curriculum, they must lead this comprehensive intellectual endeavor (Bordoloi Pazich 2017) and examine how the courses and experiences connect to create a pathway toward sequential learning (Leskes and Miller 2006). During curricular reflection, faculty must identify course learning outcomes that build upon students' prior knowledge and skills, sequence

classes accordingly, and explore activities that give students opportunities to adapt, integrate, and apply skills in different settings, including their future professions (Leskes and Miller 2006). These pathways present students with goals and learning outcomes to direct their learning. In addition, they make students aware of what to expect across their educational experiences (Green 2018) and the reasoning behind the program structure. This intentionality increases the likelihood of student success.

Within the growing field of undergraduate global health, the Cycle of Intentional Learning (Leskes and Miller 2006) is an excellent model for conversations about curricular coherence and transparency (see figure 1). It starts with student learning goals and outcomes, which connect to curricular design and coherence, where faculty engage in critical dialogue about what students should be able to do at each level of their educational experiences, from skill development to content knowledge. Faculty must thoughtfully consider when and where to offer specific experiences and the types of pedagogies that will improve student learning and ensure students learn what their programs deem important. Students should also have opportunities to shadow professionals in the field and reflect on these experiences. Finally, faculty must assess whether the curricular design and pedagogy were successful. Did students learn what was expected and demonstrate the appropriate level of learning? If not, what adjustments need to be made (Leskes and Miller 2006)?

When faculty apply principles of curricular coherence and intentionality, they pursue a shared vision for an integrative, holistic curriculum where students can make connections among all of their courses. Clearly identified and designed course sequences steer students toward higher levels of learning, more systematic development of intellectual skills, and deeper connections to practical knowledge that prepare them for their careers (Leskes and Miller 2006).

To encourage student success, institutional or program leaders who are creating and revising global health programs should examine the following considerations: a shared vision of global health, curriculum mapping, integrative learning frameworks, pedagogy and high-impact practices, and assessment.

### A Shared Vision of Global Health

To facilitate the success of global health programs, it is essential to articulate the vision and meaning of global health and identify what students should be able to do, so that students, faculty, and professional staff are all on the same page. This shared vision contributes to the process of attaining curricular coherence when it is based on agreed-upon, measurable learning outcomes (Bordoloi Pazich 2017). The challenge of defining a shared vision of global health may

FIGURE 1. THE CYCLE OF INTENTIONAL LEARNING.

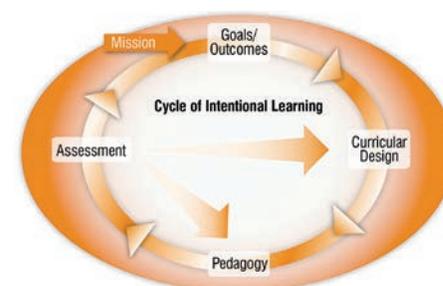


Image adapted from Purposeful Pathways: Helping Students Achieve Key Learning Outcomes by Andrea Leskes and Ross Miller (Association of American Colleges and Universities 2006).

be rooted in its circuitous history as a field. Global health has origins in public health and international health and has inherited some of the legacies of those fields, both of which have gone through periods where they were not clearly defined (Kiviniemi and Mackenzie 2017; Koplan et al. 2009). Global health has emerged as its own field that is more global in nature, transcending boundaries and examining global and local challenges. It is also increasingly interdisciplinary and goes beyond the health sciences (Koplan et al. 2009). These distinctions also affirm the need for a definition and a common approach for undergraduate global health.

We must create a unified, comprehensive, cross-institutional definition of global health that meets the needs of undergraduate global health programs. While there are many definitions of global health, some are more deeply rooted in the health sciences, such as medical or nursing education. Undergraduate global health students may go on to a variety of professions linked to global health, but they will still need integrative and interdisciplinary global learning centered around global health and health systems.

Faculty leaders must develop shared student learning outcomes and communicate them to all constituents. Effective design and pedagogy can yield specific global health student learning outcomes, and the emphasis should be on implementing practices that advance the identified learning goals and outcomes. Faculty in global health programs should work together to cultivate the desired qualities, goals, and outcomes for global health graduates (Leskes and Miller 2006).

The interdisciplinary nature of global health is an added challenge and benefit to this process. Faculty may be grounded in their own disciplines, but they must come together to align the curriculum with the shared framing of

global health to prepare students for the range of global health experiences they may pursue. This takes time, but these conversations are essential to create a meaningful global health program guided by institutional goals, mission, and context.

The goals and outcomes should also give students insight into the ways diverse scholars in global health think and go about their work. Global health professionals draw on skills and knowledge from across the disciplines, so global health faculty must find agreement on the shared skills and knowledge necessary for professionals in the field, and they must also consult the literature on global learning. The AAC&U Global Learning VALUE Rubric (2014), with its six interdisciplinary dimensions of global learning, is an excellent resource to start the conversation among faculty about elements of global learning that should be embedded into global health student learning goals and outcomes.

### Curriculum Mapping

To ensure their effectiveness and relevance, the curricula of global health programs must be aligned with learning outcomes from start to finish, and curriculum mapping is an excellent strategy to accomplish this (Green 2018). Curriculum mapping goes beyond adding or removing courses, which does not necessarily result in transformation (Bordoloi Pazich 2017).

In this process, faculty identify the connections among courses, field experiences, cocurricular activities, and careers, and then map the courses based on agreed-upon learning outcomes. This puts courses in developmental order based on the knowledge, theory, and skills students need to build over the course of the program (Green 2018; Leskes and Miller 2006). Faculty leaders should have conversations to identify courses for introduction, proficiency, and mastery levels and establish the

right course sequence (Leskes and Miller 2006). These types of conversations facilitate faculty awareness of and agreement on knowledge and skills students should attain, as well as faculty ownership of their courses and their roles in the entire program, not just their individual courses.

### Integrative Learning Frameworks

Global health epitomizes integrative and applied learning, which is “an understanding and a disposition that a student builds across the curriculum and cocurriculum, from making simple connections among ideas and experiences to synthesizing and transferring learning to new, complex situations” (Association of American Colleges and Universities 2009). Global health students must use problem-solving skills to address complex, unscripted issues; make connections across the curriculum and cocurriculum and with communities where they live, work, and study; and apply their learning to new situations (Ferren and Paris 2015). To prepare students to meet these challenges, faculty must coordinate and work together to identify curricular and cocurricular experiences that contribute to students’ learning (Green 2018).

This is where the interdisciplinary nature of global health is an asset, because faculty are used to applying diverse approaches to solve problems. Furthermore, students are challenged to use diverse frameworks and strategies as they engage in a variety of topics, such as disease prevention and treatment, access to clean water, or food security. With faculty support, students are able to see connections across course content, community developments, and experiences around global health topics (Green 2018). By building an integrative learning framework into a global health program, faculty prepare students to make these connections between their learning and their future work.

## Pedagogy and High-Impact Practices

Faculty must thoughtfully consider active learning, collaborative learning, and field-based experiences that put students in direct contact with the realities of global health professionals. These pedagogies, when intentionally integrated, contribute to greater coherence and ensure that students have experiences in the fields where they will work once they complete their programs (Green 2018). Global health students should have opportunities to apply their skills and knowledge in a variety of field settings that mirror the broad field of global health to prepare them to blend theory and practice. Students also need to have multiple experiences at appropriate levels to practice these skills prior to completing the program. These experiences should be scaffolded over the course of the program (Green 2018), and students should see increasing skills and activities in each progressive experience.

Since experiential learning is an integral part of global health programs, faculty should consider embedding high-impact practices (HIPs) such as service learning, community-based learning, internships, and capstone courses and projects into their global health curricula. HIPs are “teaching and learning practices [that] have been widely tested and have been shown to be beneficial for college students from many backgrounds, especially historically underserved students, who often do not have equitable access to high-impact learning” (Kuh 2008). Kuh and O’Donnell (2013) have outlined quality dimensions that make HIPs high-impact. For example, students should invest significant time and effort over an extended period. For global health, this would mean engagement with the content, culture, or health topic over the course of a semester or an academic year, well beyond the timing of the field experience. Students also need periodic and structured opportunities to reflect

on their learning (Kuh and O’Donnell 2013). Global health faculty should build this reflection into the course design and give students structured opportunities to connect their course-based readings, activities, and assignments with their field experiences. Faculty should ask critical guiding questions that require students to apply the practical and theoretical learning they are gaining inside and outside the classroom.

## Assessment

Assessment of both the curricular design and pedagogy is essential to ensure student success in global health programs (Leskes and Miller 2006). With an interdisciplinary program, there may be questions about how to determine what is expected from students. While global health programs with a clinical component, such as nursing, medicine, or dentistry, may require an emphasis on the clinical experience according to their accreditation requirements, all programs must include assessment of global health skills and knowledge. Tools such as AAC&U’s VALUE rubrics, Iowa State University’s Global Perspective Inventory, and the Intercultural Development Inventory provide pathways to meet the aspirational goals of undergraduate global health programs. Faculty may also consider creating their own instruments to assess what their program deems important. Without strong assessment, it will be unclear how well students are learning and how to identify areas of improvement in curricular design and pedagogy.

## Conclusion

Global health is a powerful example of liberal education. It is essential that emerging and existing global health programs coalesce around unified definitions and approaches for global learning to meet the needs of students and prepare them for diverse global health experiences. This unified approach

will guide curriculum mapping, an integrated framework, and the types of pedagogy, practice, and assessment that empower students to succeed in their courses and after they graduate. With curricular coherence and intentionality, students should understand where they are headed in their educational experience and the connections between their courses and their future education and work. 

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[ALUMNI REFLECTIONS]

## Out of the Classroom, into the Pond: Participating in Local Food Sovereignty Initiatives through Global Service Learning

■ **BENJAMIN MERRILL**, BA in Medical Anthropology and Psychology at Creighton University (2018); PhD Student in Psychological Anthropology at the University of California–San Diego

In 2018, as a senior undergraduate student at Creighton University, I participated in a summer field course, (De)Colonizing Bodies in Hawaii and the Philippines. We visited various locations throughout the islands as a means of experiencing indigenous knowledge in practice. One excursion was to the He‘eia fishpond on the island of Oahu. As students, we figured this would be a relaxing tour of something akin to an ornamental koi pond in a finely manicured garden, though we were unsure why our professors insisted that we bring our water shoes and clothes we wouldn’t mind dirtying. Rather than taking an idyllic walk in a park, we found ourselves waist-deep in a brackish canal, rolling volcanic rocks through the silt and mud to repair segments of the eight-hundred-year-old rock wall that enclosed the fishpond.

Community members worked alongside and instructed my classmates and me on where and how to place the rocks

to stabilize the wall. I was impressed by the sheer scale of this endeavor—and what the process must have been like when the wall was originally created. I considered the amount of labor and skill it took to cut and haul these boulders from miles inland and down the mountains, and to construct a water-tight barrier that stretches for seven thousand feet—all without the construction equipment and vehicles that my fellow students and I had to assist us in transporting the boulders to the shore.

Once we had repaired the segment of the wall that needed attention, we were taken to a portion of the wall that was intentionally left open to let fish from the ocean swim into the calm, nutrient-filled waters. Our guides explained how slats covering this entrance were designed to allow smaller fish to enter and feed but kept larger fish from leaving to ensure a consistent food supply. However, we learned that this was not *just* a place where fish were

kept to grow fat. Our community partners taught our class about the fishpond’s significance in native Hawaiian cosmology and epistemologies. The fishpond is not only a place where food can be acquired but also a space that humans tend to and care for in exchange for the ocean’s bounty. By participating in this form of indigenous landscape management, I was better able to appreciate the scale of this community’s endeavor to maintain a nearly millennium-long project toward sustainable food sovereignty. This experience informed my understanding of how imperial processes could manifest in nutritional health inequalities, or how traditional land management could be a forum for resisting industrial extraction. By contributing to a project that maintained a traditional form of land management and cultural practice, I was able to experience firsthand the importance of land preservation to Hawaiian indigenous health initiatives. Finally, spending time waist-deep in the He‘eia fishpond highlighted to me that no amount of theory, ethnography, or other scholarly assignment leaves quite the same impression as firsthand experience alongside those who dedicate their livelihoods to such an endeavor. As I embark on my own professional academic journey, having recently started my PhD program, I hope to hold onto this lesson as I reflect on ways to have an impact on students whom I have yet to encounter in my career. ☐



Ben Merrill at Koko Head Crater on Oahu, Hawaii. (Photo courtesy of Ben Merrill)



The He‘eia fishpond on the island of Oahu is surrounded by an eight-hundred-year-old rock wall that stretches for seven thousand feet. (Photo by Catie Ward)

## [ALUMNI REFLECTIONS]

## Beyond Study Abroad: The Global Nature of Domestic Experiential Learning

■ **ELISSA EDMUNDS**, BA in Global Health Studies at Allegheny College (2018); MA in Strategic Communication at American University (2019)

■ **OREILL HENRY**, BS in Global Health Studies at Allegheny College (2016)

■ **EMILY KOVALESKY**, BS in Global Health Studies at Allegheny College with Minors in Biology and Psychology (2018); Master of Public Health Student at the University of Southern Maine

Faculty have long recognized the importance of experiential learning opportunities (ELOs). Students, too, know that experiences outside the classroom are essential to our academic growth: to inspire us, to see whether the field is a good match for our interests, to align our expectations with reality. In this article, we share our reflections on ELOs that helped make our education at Allegheny College so robust. Two lessons stand out clearly.

The first lesson is that while many programs rely on a single major experience abroad, **we don't believe in the "go big or go home" model**. Each of us had a *multitude* of ELOs that started *early in our academic careers*. Moreover, most

of these ELOs were not "culminating" experiences but were scaffolded upon each other. We needed time to reflect critically on challenges that arose during these ELOs and to understand connections between our academic training and field experiences. In many cases, later experiences such as our senior projects would have been impossible if not for earlier experiences and reflection. The growth that resulted from these ELOs often influenced our professional trajectories.

The second lesson is that **experiences do not have to be expensive or international** to have deep meaning. Some of our ELOs were built into classes or work-study awards, and we identified others

on our own. Although we were all global health studies majors, all of the ELOs we discuss in this article were completed in the United States. There is incredible power in understanding the global nature of domestic experiences and in recognizing the vast differences of health determinants and outcomes across populations, income strata, and cultures within our own country. "Global" at Allegheny College means "comprehensive," "universal," "large-scale," and "interconnected," not exclusively "international" or "overseas." The ELOs we describe here helped us understand that our cultural knowledge is limited, and we cannot presume to know the "correct" way to approach health.

### From Elissa Edmunds: Building Trust

I spent the summer of my sophomore year interning for a Christian ministry organization that worked alongside Native Alaskan villages to lower the suicide rates of Native Alaskan youth. The relationship between the ministry organization and the Native Alaskan communities was complicated. Historically, Christian missionaries were violent and oppressive toward Native Alaskan people. They stripped them of their culture, put children in boarding schools, required that they speak only English, and committed many other atrocities. This complex history fostered distrust and deep resentment of Christians. I found that this was a difficult space in which to work, and it required me to build trust both with the youth from the villages and with the organization.

Building trust meant different things depending on whom I interacted with. With the Gwich'in Athabascan youth, I needed to listen intentionally and to acknowledge and affirm their feelings. I heard their stories of grief, alcoholism in their families, and how the long winter affected them, and I accompanied them as they went canoe racing and dancing. To build trust



Elissa Edmunds. (Photo courtesy of Elissa Edmunds)

with employees of the organization, I needed to respect their authority and be willing to follow their lead—even if I did not always agree with them.

The experience forced me to examine my cultural biases and beliefs and give up many comforts. I learned to navigate between the cultures of the Gwich'in Athabascan people and the organization. My academic training helped me conceptualize the interconnected relationships in which I was enmeshed. I learned to listen better and take seriously the needs and opinions of others.

Working in partnership with the Gwich'in Athabascan people provided me with a foundational understanding of how to build the trust needed to work in different communities. During college, I became increasingly aware of domestic health disparities between black and white maternal and child health outcomes. I learned about the health benefits that accrue to breastfed infants throughout their lives and the massive differences in breastfeeding rates between black and white women. For my senior project, I wanted to talk

with black women to find out directly what factors contributed to these stark differences. I knew that these conversations would be difficult; I didn't want to sit in judgment of women who were working hard to make the best lives for their babies. I had to prove to them that they could trust me with their stories. The trust-building skills I learned working with the Gwich'in Athabascan people were as essential as the technical interview skills I learned in class to conduct my research.

### **From Oreill Henry: Peer-to-Peer Learning**

I participated in a number of ELOs as a student, but I want to share one experience that significantly influenced my professional work as a community health educator. During my junior year, I worked at an after-school program in rural northwestern Pennsylvania. My job was to help students between the ages of eight and twelve with homework and provide activities for them in a safe, supervised environment.

One student, whom I'll call Charlie, struggled to understand basic fourth-grade math concepts. He simply couldn't get through the material. It wasn't for lack of trying; Charlie wrestled with his math each afternoon. Over time, he disclosed to me that he hadn't told his parents he was falling behind and didn't want to ask them for help because they were so busy and worked late shifts. He shared some of the complex issues of food and housing insecurity that weighed on his family and other concerns that he faced, including being bullied at school. Charlie was struggling in every facet of his life and felt he had to "go it alone" to avoid adding to his family's burden. After we worked together for a while, I offered to reach out to his parents and teachers, who were very supportive. With that renewed support, Charlie's anxieties eased, and he began to perform better on math assignments.

While this experience alone was meaningful, the real learning, for me, happened just after that. Charlie was so excited about understanding his math that he then worked with other students in the after-school program to make sure that they too mastered their math concepts. He encouraged the students to use math as an enjoyable activity and not just as homework to be rushed through. We received updates showing that those students enrolled in the program, on average, improved on their state exams from the previous year. Moreover, I witnessed a significant change in attitude toward math in the kids in that after-school program. Listening to and engaging with one student mobilized the power of peer-to-peer learning, which changed the attitudes and behaviors of the group overall.

I recently worked as a supervising health educator at Ryan Health, a network of community health centers in New York. My team's goal was to combat lifetime rates of HIV acquisition



Oreill Henry. (Photo courtesy of Angela Bui Photography)

in communities of color in the Bronx. Many of our clients faced economic and family issues similar to Charlie's and also felt a similar need to go it alone. The peer mentoring that I observed with Charlie years ago provided me with a strategy to magnify our impact working with our highest-risk clients. We designed a pilot project to teach safer sex behaviors to a team of individuals who were willing to be peer educators within the MSM (men who have sex with men) community. We maximized information dissemination through this approach, showcasing the impact of peer-to-peer networks. For me, Charlie's story and my work with peer educators at Ryan Health highlight how seemingly small, local experiences can be impactful in unexpected ways over time.

### From Emily Kovalesky: Advocacy for Health Care Access

in July 2017, the summer before my senior year, I found myself walking down the steps of the Russell Senate Building behind US Senator Bob Casey of Pennsylvania and a member of his senior staff. The three of us were delivering pizzas to the group of protestors with disabilities who were camped outside the building, fighting to maintain health insurance for lifesaving care. The protestors started cheering as the senator walked out. This moment was one of the most memorable of my academic career. It showcased the vital need for advocacy, especially for vulnerable populations, and the importance of protecting people's rights to access health care.

I was in Washington, DC, for an internship with the American Association of People with Disabilities, working with Senator Casey to defeat efforts to repeal the Affordable Care Act. This internship positioned me within the context of Washington politics, which had a language and culture unlike anything I had encountered before. Constituents, my fellow individuals



Emily Kovalesky with US Senator Bob Casey of Pennsylvania. (Photo courtesy of Emily Kovalesky)

We hope the stories we told here highlight that it is not the money spent or the distances traveled that make experiential learning powerful.

within the disabled community, and staffers like me shared their lived experiences with the representatives. This experience pushed me completely out of my comfort zone but taught me how to incorporate my interdisciplinary training in systems thinking, communication, science, history, and ethics into actionable health policy.

When I returned to school after my internship, my perspective on academics had changed. While I once wanted to pursue medicine, I now wanted to work on health care advocacy. After graduation, I furthered my learning as a member of AmeriCorps VISTA, helping people at rural health clinics in Maine gain access to health insurance and care. I have begun to consider careers in advocacy, policy, and even law. For now, though, I am

pursuing my Master of Public Health degree to expand my knowledge about health systems and social determinants of health, in hopes of helping to create a world where everyone has access to health care.

### Conclusion

At each stage of our academic careers, we engaged in practical experiences that allowed us to reflect on what we learned in class. We hope the stories we told here highlight that it is not the money spent or the distances traveled that make experiential learning powerful. The power comes from our willingness to open ourselves up to the experiences of others, to contextualize these experiences, and to learn ways to take responsible action to improve our communities when and where we can. ☐

## [ALUMNI REFLECTIONS]

# Witnessing Transformations through Global Service Learning

■ **TARA SARKAR**, BS in Biology and Society with Minors in Global Health, Psychology, and Business for Life Sciences at Cornell University (2017); Doctoral Student in Occupational Therapy at Tufts University

The trajectory of my life changed in the summer of 2015 when I embarked on Cornell University's Global Service Learning Program in India. It was the end of my sophomore year, and I had just made the decision to transfer out of my engineering major. I had discovered the global health pathway at Cornell, which led me on my first of three journeys to Southern India.

During my first summer in the program, I spent three weeks in the city of Mysuru taking courses on Indian civilization and culture, gender relations in India, the Indian health care system, and the Kannada language with our host nongovernmental organization, Swami Vivekananda Youth Movement (SVYM). Then I went to live in Kenchenahalli, a village located two hours outside the city, where I worked

in a rural primary care hospital. My service project was to update the hospital administration handbook, which allowed me to interview and shadow personnel across all hospital departments. This gave me an in-depth look into the hospital's structure and practices. I was drawn to the Ayurvedic therapy department, where I observed therapists using holistic treatment and witnessed firsthand how specialized therapy could help patients improve their daily lives.

I left India that summer curious about this field. When I was asked to be a teaching assistant (TA) for the program the following year, I didn't hesitate. I was excited to learn more about healthcare in India, and I saw the opportunity to further my professional growth by returning in a leadership role. I gained confidence

in my abilities to work in different cultural settings and with a range of populations, which I still carry with me today.

While working as a TA, I also volunteered at Sneha Kiran of Mysore Spastic Society, a school for children with cerebral palsy and other disabilities. I was impressed by the focus on daily physiotherapy sessions as well as academic and computer learning.

The teachers empowered the students to realize their potential for growth and be proud of their abilities, which positively influenced their morale. The experience of one young girl with diplegia resonated strongly with me. When I first met her, I was told she would likely use a wheelchair for life. However, when I came back to the school the next summer, I saw her standing and walking with the aid of a walker. She radiated happiness in her increased leg strength and mobility and pride in her developing independence. Daily therapy at the school had changed her life. At that moment, I knew I wanted to play a role in catalyzing that kind of change for children in my future career.

At the same time, I traveled to various project sites and met with mentors one-on-one to check in on the Cornell undergraduate students and their projects. These meetings gave me the opportunity to examine similarities and differences in structures and routines across sites. I had the chance to observe rehabilitation practices at different locations, which ranged from a facility with a full-time physiotherapist and complete sensory gym, to focused multiday "camps" for children with disabilities and their mothers. These experiences led me to my own educational goals of studying the intersection of occupational therapy and global health while working with children with disabilities in resource-limited settings.

My three summers in India and my experiences at each of SVYM's sites have had a tremendous impact on my life. Being able to take on the roles of student, teaching assistant, mentor, and friend shaped me into the person I am today. I am now enrolled in the doctorate of occupational therapy program at Tufts University, continuing my academic journey forged in India and through my undergraduate years at Cornell. 📍



Tara Sarkar in the Saragur area of Mysuru, India, in 2017. (Photo by Manohar Prasad Prabhu, Swami Vivekananda Youth Movement)

## [ALUMNI REFLECTIONS]

## Challenging Preconceptions: Forging an Authentic Professional Identity

■ **GARRETT DEVENNEY**, BS in Biology and Global Health Studies at Allegheny College (2016); Master of Public Health, Health Management and Policy, at Drexel University (2018)

I woke up around six o'clock in the morning in anticipation of a busy day. My colleague and I were heading to a health center on the outskirts of Karnataka, a state in Southern India, to shadow primary care providers and see firsthand the challenges of caring for the community's growing population. As an undergraduate pre-med student at Allegheny College, I was halfway through a summer internship at an Indian grassroots nongovernmental organization (NGO) dedicated to public policy research and advocacy.

The NGO had been tasked with drafting a quality assurance proposal for the Ministry of Health in Karnataka in response to health system adequacy

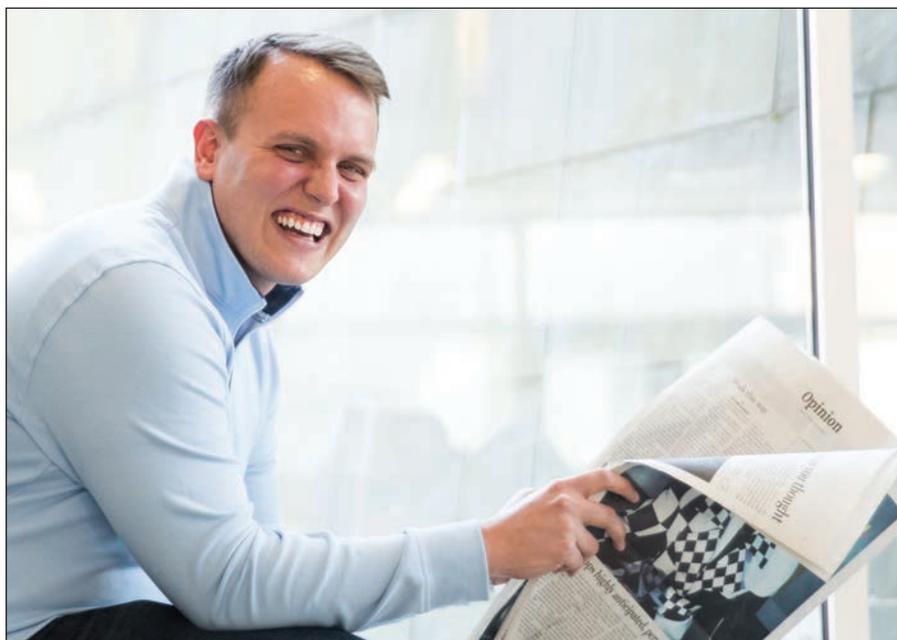
concerns. While primary health centers in the region were free for community members, residents overwhelmingly perceived the care as suboptimal. Even when they faced financial hardships, residents often used private facilities. The government's goal, and the NGO's mission, was to identify best practices that had been enacted at primary health centers and incorporate them into state-wide policies. Our specific project was to collaborate with the organization's policy experts to research evidence-based strategies that had been found to be effective in improving quality of care across a range of providers and increasing community members' use of government-funded facilities. Site

visits and informational interviews with health care workers were intended to provide context for our work.

After a long drive through the jungle and over dirt roads, I jumped out of the van, eager to learn from the providers. I was shocked to see that the health center was a small, three-room facility with a patched roof. Immediately, I realized the fault in my expectations. I had assumed that these centers would match an archetype in my mind, reaffirmed countless times during my own visits to the doctor. While I had imagined that an Indian health center would differ from those of my childhood, I was still surprised.

Joined by a translator, my colleague and I met with the doctor during his scheduled break to discuss his role and the challenges he faced on a daily basis. He estimated that he would see roughly two hundred patients that day, affording only a few minutes for each visit. This particular primary health center was the only facility of its kind for more than twenty thousand people. Because the majority of community members chose to pay for private care or not to seek out any care, the doctor suggested increasing the number of community health workers who could dispel rumors about the public health care system and refer patients to the health centers. What struck me most after our conversation with the doctor and two other staff was their ingenuity and resourcefulness in providing quality care for their community in light of the very apparent, severe challenges, such as overcrowding and an array of patient health conditions. I left that day with a greater appreciation for the Indian primary health care workforce. This much-needed dose of reality influenced the rest of my interactions with local experts, as well as my contributions to the proposal.

This global health experience represented only a small portion of my time in India, but it inspired me to change my career goal from becoming a clinical



Garrett Devenney. (Photo courtesy of Drexel University)

practitioner to addressing population health. I began to understand that although this highly skilled physician showed tremendous dedication in caring for hundreds of patients a day, systemic factors that affected the health of the community would remain in place unless policy could influence funding levels (to provide resources for existing or additional primary care centers and investments in workforce training); behavioral change (like increasing frequency of preventive care visits and screenings); or environmental factors (such as improving access to clean water and reducing air pollution).

When I made this realization upon my return to the United States, I focused on epidemiology as a tool to reveal significant health impacts, researching connections between underlying risk factors and health outcomes. For example, I designed my senior thesis to study the indirect effects of gun violence. I found that there were significant differences in the birth weight of babies born to mothers who were pregnant during, and lived in the same communities as, mass shootings, compared with mothers living elsewhere. As in my internship in India, I recognized that social context greatly influences health and well-being.

Upon graduation, I enrolled in a Master of Public Health program where I made the leap from epidemiology to health policy, focusing on evaluating current policies and implementing new ones to improve population health. For me, it felt like a natural evolution. My current job, developing health policy for the legislative branch of the US federal government, certainly parallels my work in India. While my career path was by no means straightforward, I appreciate how my experiences in India defied my expectations, challenged my biases, and helped forge my professional identity. ☐

## Undergraduate Global Health Education: Resources and Opportunities

- The **Association of American Colleges and Universities (AAC&U) VALUE (Valid Assessment of Learning in Undergraduate Education) rubrics** are available at no cost at <https://www.aacu.org/value-rubrics>. The following rubrics are particularly relevant to undergraduate global health programs: the Global Learning VALUE Rubric, Intercultural Knowledge and Competence VALUE Rubric, Civic Engagement VALUE Rubric, Ethical Reasoning VALUE Rubric, and Integrative and Applied Learning VALUE Rubric.
- The **Consortium of Universities for Global Health (CUGH) Global Health Education Competencies Toolkit** (<https://www.cugh.org/resources/2063>) outlines competencies related to eleven domains of global health, as well as teaching strategies, study questions, resources, and annotated bibliographies.
- The **DEAL (Describe, Examine, and Articulate Learning) Model for Critical Reflection**, developed by Patti H. Clayton of North Carolina State University, is available at <https://servicelearning.duke.edu/sites/servicelearning.duke.edu/files/file-attachments/deal-reflection-questions.original.pdf>.
- **Devex**, a media platform for the global development community, provides news and information at <https://www.devex.com/>.
- Developed in part by the Association for Prevention Teaching and Research, the Council of Colleges of Arts and Sciences, the Association of Schools and Programs of Public Health (ASPPH), and the Association of American Colleges and Universities, the **Educated Citizen and Public Health (ECPH)** initiative serves the broader higher education community, setting the stage for integration of public health perspectives within a comprehensive liberal education framework ([https://www.aacu.org/public\\_health](https://www.aacu.org/public_health)). To subscribe to the ECPH listserv for educators interested in global and public health education at the undergraduate level, visit <http://list.aacu.org/mailman/listinfo/ecph>.
- The **Forum on Education Abroad** publishes guidelines and standards on topics related to education abroad, including business partnerships; community engagement, service learning, and volunteer experiences; internships; undergraduate health-related experiences; and undergraduate research, field studies, and independent study projects (<https://forumea.org/resources/guidelines/>).
- **GASP (the Working Group on Global Activities by Students at Pre-health Levels)** outlines ethical guidelines and best practices for undergraduate students engaged in experiential learning health-related settings abroad (<http://www.gaspworkinggroup.org/>).
- **Global Health NOW: Essential News and Views in Global Health** from the Johns Hopkins Bloomberg School of Public Health covers news and



## Teach Global Health: Summer Institute for Undergraduate Curriculum and Course Design

June 16–18, 2020  
Allegheny College  
Meadville, Pennsylvania

The 2020 Summer Institute is an intensive workshop for educators at undergraduate institutions to share experiences and best practices, evaluate curricular programs and assessment tools, and participate in charrettes designed to refine course and curricular materials that strengthen students' learning. Participants represent all disciplinary backgrounds and career stages. Faculty, staff, and administrators interested in global public health are invited to attend. The institute is cosponsored by Allegheny College, AAC&U, and Child Family Health International.

Registration opens November 15, 2019. For more information, visit [UndergraduateGlobalHealth.org](http://UndergraduateGlobalHealth.org) or contact Caryl Waggett ([cwaggett@allegheny.edu](mailto:cwaggett@allegheny.edu)).

information related to global health at <https://www.globalhealthnow.org/>.

- **Globalsl** (<https://compact.org/global-sl/>) is a “multi-institutional hub supporting ethical global learning and community-campus partnerships, hosted in the Center for Peace and Global Citizenship at Haverford College in Haverford, Pennsylvania.”
- The **Integrating Experiential Learning in Global Health and Public Health Faculty Development Workshop**, held each January in the Brunca Region of southeastern Costa Rica, allows participants to gain the essential “how-tos” of integrating experiential learning experiences into coursework and programs through site visits and modeled activities, case studies, best practices, curricular tools, peer sharing, and active time to integrate their learning into their own programming. The workshop is a collaboration of Centro Interamericano para la Salud Global—InterAmerican Center for Global Health (CISG), Allegheny College, AAC&U, ASPPH, Child Family Health International, CUGH, and GASP. For more information, contact the workshop organizers: Carlos A. Faerron Guzmán ([cfaerron@cisgcr.org](mailto:cfaerron@cisgcr.org)), Caryl Waggett ([cwaggett@allegheny.edu](mailto:cwaggett@allegheny.edu)), and Jessica Evert ([jevvert@cfhi.org](mailto:jevvert@cfhi.org)).
- The **International Health Policies newsletter** (<https://www.internationalhealthpolicies.org>) provides weekly updates on global health news related to policy, governance, and research.
- **Introduction to Critical Reflection and Action for Teacher Researchers**, written by Bernie Sullivan, Mary Roche, Caitriona McDonagh, and Máirín Glenn and published by Routledge Press in 2016, offers guidance to help readers “reflect meaningfully on their teaching practice so as to articulate their educational values.”
- **Photoshare**, based at Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, hosts a collection of more than thirty thousand photographs related to global health and development, as well as information on development photography ethics and tips for photographing in health and health care settings at <https://www.photoshare.org/>.
- **Unite for Sight** examines “Ethics and Photography in Developing Countries” in an article at <https://www.uniteforsight.org/global-health-university/photography-ethics>.

## AAC&U and the Civic Learning and Democratic Engagement (CLDE) Action Network

As part of its commitment to preparing all students for civic, ethical, and social responsibility in US and global contexts, AAC&U formed the Civic Learning and Democratic Engagement (CLDE) Action Network. The CLDE Action Network builds on the momentum generated by the 2012 White House release of the report *A Crucible Moment: College Learning and Democracy's Future*. Coordinated by Caryn McTighe Musil, AAC&U senior scholar and director of civic learning and democracy initiatives, the network includes twelve leading civic learning organizations that are committed to making civic inquiry and engagement expected rather than elective for all college students. *Diversity & Democracy* regularly features research and exemplary practices developed and advanced by these partner organizations and their members:

- American Association of State Colleges and Universities
- Anchor Institutions Task Force
- Association of American Colleges and Universities
- The Bonner Foundation
- Bringing Theory to Practice
- Campus Compact
- Center for Information and Research on Civic Learning and Engagement
- Imagining America
- Institute for Democracy and Higher Education
- Interfaith Youth Core
- The Kettering Foundation
- NASPA—Student Affairs Administrators in Higher Education



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## Upcoming AAC&U Meetings

MEETING	LOCATION	DATES
<b>AAC&amp;U ANNUAL MEETING</b> Shaping the Future of Higher Education: An Invitation to Lead	Washington, DC	<b>JANUARY</b> 22-25, 2020
<b>AAC&amp;U CONFERENCE</b> General Education, Pedagogy, and Assessment: Reflection and Meaning- Making in Turbulent Times	Jacksonville, Florida	<b>FEBRUARY</b> 20-22, 2020
<b>AAC&amp;U CONFERENCE</b> Diversity, Equity, and Student Success: The Power of Collective Action	New Orleans, Louisiana	<b>MARCH</b> 19-21, 2020

## About Diversity & Democracy

*Diversity & Democracy* supports higher education faculty and leaders as they design and implement programs that advance civic learning and democratic engagement, global learning, and engagement with diversity to prepare students for socially responsible action in today's interdependent but unequal world. According to AAC&U's Statement on Liberal Learning, "By its nature . . . liberal learning is global and pluralistic. It embraces the diversity of ideas and experiences that characterize the social, natural, and intellectual world. To acknowledge such diversity in all its forms is both an intellectual commitment and a social responsibility, for nothing less will equip us to understand our world and to pursue fruitful lives." *Diversity & Democracy* features evidence, research, and exemplary practices to assist practitioners in creating learning opportunities that realize this vision. To access *Diversity & Democracy* online, visit [www.aacu.org/diversitydemocracy](http://www.aacu.org/diversitydemocracy).

### About AAC&U

AAC&U is the leading national association dedicated to advancing the vitality and public standing of liberal education by making quality and equity the foundations for excellence in undergraduate education in service to democracy. Its members are committed to extending the advantages of a liberal education to all students, regardless of academic specialization or intended career. Founded in 1915, AAC&U now comprises 1,400 member institutions—including accredited public and private colleges, community colleges, research universities, and comprehensive universities of every type and size. AAC&U functions as a catalyst and facilitator, forging links among presidents, administrators, faculty, and staff engaged in institutional and curricular planning. Through a broad range of activities, AAC&U reinforces the collective commitment to liberal education at the national, local, and global levels. Its high-quality programs, publications, research, meetings, institutes, public outreach efforts, and campus-based projects help individual institutions ensure that the quality of student learning is central to their work as they evolve to meet new economic and social challenges. Information about AAC&U can be found at [www.aacu.org](http://www.aacu.org).

### AAC&U Membership

