

# Comparative Public Health

## COURSE DETAILS

**Course Designator and Number: TLDO 3XXX**

**Number of Credits: 3**

**Language of Instruction: Spanish**

**Contact Hours: 45**

**Instructor: R. Eduardo Pacios Blanco**

## COURSE DESCRIPTION

Public health systems are facing an increasing number of challenges: the pressures of globalization, aging populations, and the increase in patient lawsuits, as well as the high costs of medical research and treatments. With these issues in mind, we must critically analyze the manner in which medical care is provided in different systems so that we can design and adapt systems that provide high quality, effective, and efficient health care. Changes made to health care systems are frequently based on economic and political considerations, and many countries are currently experiencing significant challenges in health care that depart from the way their health care has been financed and provided in the past.

This course will introduce students to the Spanish health care system and the context in which it is developing, studying the key changes that have taken place up to the present day. Based on a series of case studies, students will be able to compare the Spanish health care model with other models like those of the United States, the United Kingdom, France, Sweden, and/or developing nations.

You will compare health care systems and performance on a variety of topics including morbidity and mortality, disease ranking, health system cost, quality, and safety to name a few. You will also develop your critical evaluation skills to analyze the quality of the evidence used to support the policies and practice of health care. This will enable you to critically observe the role governmental and non-governmental organizations play with regard to health care and health status.

Throughout the course, special attention will be paid to comparisons between Spain and the United States with a focus on identifying and understanding health disparities and how each country and their health system are addressing elimination of health disparities. Health disparities exist for a variety of reasons, and this course will help you understand what those factors are, and how each country is attempting to improve the social determinants that directly contribute to health disparities.

## Course Objectives

The objective of this course is to provide you with a solid understanding of the concepts and key themes when comparing health systems.

Students completing this course will be able to:

- Compare and contrast the Spanish and US health care systems.
- Define the key concepts and topics used when comparing health systems and discuss their relevance and usefulness when comparing the health systems of Spain and the United States
- Identify the key cultural, historical, and political factors that influence the development and focus of functions of health care systems.
- Critically analyze the process of administering health care in Spain and the United States.
- Demonstrate a greater understanding of health disparities and the social determinants of health.
- Explain the sociocultural, political, and economic factors that influence health outcomes.
- Compare and contrast local health care in Madrid with other environments (for example, Minneapolis) through an exploration of key health indicators.
- Critically evaluate the most important health indicators used in a frequent disease and compare health systems using these indicators.

## Methodology

The general methodology is based on allowing students to interactively apply theory to practice and practice to theory. They will use a variety of tools including conferences, workshops, discussions, presentations, reflections, and publications. Teamwork is one of the fundamental pillars of this course. Students will receive complementary material for each unit, which they are required to read to gain greater knowledge of each topic. They will also be provided with a guide of recommended texts available to them for additional reading should they wish to go deeper into topics that appear in class.

## Required Readings/Materials

- [http://www.mscbs.gob.es/cgi-bin/abweb/X5102/ID22412/G0:](http://www.mscbs.gob.es/cgi-bin/abweb/X5102/ID22412/G0)

- Datos de la vida real en el sistema sanitario español / Juan Ernesto del Llano Señarís et al., editors (2016)
- Libro blanco sobre el sistema sanitario español / Francisco J. Rubia Vila, project coordinator (2011)
- Desarrollo autonómico, competitividad y cohesión social en el sistema sanitario (2010)
- Ideas para la reforma sanitaria: conferencia general sobre la sostenibilidad del sistema sanitario / Ignacio Para Rodríguez-Santana, author-coordinator (2012)
- Rol de las aseguradoras privadas en la sostenibilidad del sistema sanitario público / José A. Herce, director (2014)

## Grading

### Grading Rubric

<b>Letter grade</b>	<b>Score or percentage</b>	<b>Description</b>
A	93–100	Achievement that is outstanding relative to the level necessary to meet course requirements.
A-	90–92	Achievement that is significantly above the level necessary to meet course requirements.
B+	87–89	
B	83–86	
B-	80–82	Achievement that meets the course requirements in every respect.
C+	77–79	
C	73–76	
C-	70–72	Achievement that is worthy of credit even though it fails to meet fully the course requirements.
D+	67–69	
D	60–66	

F	0-59	Represents failure (or no credit) and signifies that the work was either (1) completed but at a level of achievement that is not worthy of credit or (2) was not completed and there was no agreement between the instructor and the student that the student would be awarded an I.
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## Summary of How Grades Are Weighted

Assignments	Percentage of grade
Midterm Exam	30%
Final Exam	30%
Attendance and class participation	15%
Essay	25%
Overall grade	100%

## Assessment Details

### Exams

Exams consist of an oral portion and the exposition of a theme taken from the course content in the table above. The oral portion will account for 60% of the exam grade, and the exposition of a theme from the content will be worth 40%. The class session prior to each exam will be dedicated to answering students' questions and providing clarifications.

**Participation and Attitude:** Participation is essential to knowledge acquisition. In order for you to participate actively in class, you should review the appropriate material ahead of time. Every class period you will receive a 0, a 0.5, or a 1. At the end of the semester, these points will be used to calculate your attendance, participation, and attitude grade.

- 0: Absent, poor participation and attitude, spoke in class frequently, and not prepared for class.
- .5: late to class/left early, average participation & adequate attitude, spoke occasionally, and not always well prepared for class
- 1: Present and on time, excellent participation & attitude, seldom spoke in class, and always very prepared for class

## **Essays**

### Topic

Critical review and recommendations for the improvement of the health care system that students have selected.

### Structure

1. Introduction to the selected health care system
2. Exposition of the topic and review of source information
3. Personal critique
4. Bibliography

### Formal Characteristics

1. Individual essay
2. 7 pages, single-spaced
3. Arial font, size 11
4. The Vancouver reference style will be used for citations and bibliography

# **COURSE CONTENT**

## **Unit 1**

### **Introduction to public health in the 21st century**

- Key sociocultural, historical, political, and economic factors that influence the design and distribution of medical attention in the 21st century
- Key characteristics of medical attention in Spain and the United States
- Challenges for health care in Spain and the United States: inequality in health, migration, maternal, and neonatal health; reflections based on student commentaries about what students consider to be the most important challenges in health care and medical attention in each system
- Creation of blogs that explore and reflect on students' own position within health care systems and their function as an agent of change within the system of medical attention

## **Unit 2**

### **Comparative health care systems**

- Why are we interested in comparative health? Exploration of different health care systems as a means to improve health results in local systems
- What is a health care system?

- Four key areas of a health care system: provision of services, generation of resources, financing, and administration (OMS 2000)
- Two concrete cases: United States (Minneapolis) and Spain (Madrid)
- Separating health care by setting guidelines at local and regional levels to ensure that the primary concept behind each term is clarified (for example, “public health” as opposed to “medical attention financed with public funds”)

## Unit 3

### Efficiency and quality of the health care system

- Definition of key metrics in health care systems: efficiency and quality
- Quality of “attention” and human resources
- Political and economic factors in health care policy: development of IHI in Spain and similar organizations in the United States
- Drivers of efficiency and quality in Spanish and American health care: factors that establish confidence

## Unit 4

### Equality and health care: inequality and social factors in health care

- Equality in the United States and Spain: health care as a human right
- Inequality in health care: a “timebomb in public health” (Marmot, 2013)
- Key barriers to receiving medical attention: rhetoric and reality of changes in medical attention that affect refugees / asylum seekers / immigrants / LGBTQ groups / HIV services / AIDS and sexual health services, etc.
- Issues of inequality of medical attention in Spain and the United States using recent practical examples

## Unit 5

### Local health care demographics

- Comparison of epidemiological data in Spain and the United States
  - Illness and prevalent conditions
  - Health conduct and risk factors
  - Sociocultural, political, and economic factors
- Epidemiology of selected illnesses
  - Sexually transmitted diseases
  - Obesity
  - Diabetes and coronary disease
- Analysis of the range of health indicators used in a concrete area of pathology to aid in understanding challenges and making constructive comparisons between different demographic groups

## Unit 6

### **Comparative policy for implementing health care results**

- Comparative policy responses to the most prevalent pathologies
- Behavioral focus in medical attention: provision of services and the adoption of the theory of “nudging” to reduce inefficiency
- Unintended consequences of health care policies and transformation of services
- Consolidation of health education and learning: strategies to improve medical attention in Spain and the United States
- Students reflect on what they have learned and how it could impact their clinical practice in the future

## **POLICIES**

### **Attendance Policy**

Students are expected to be on time and attend all classes while abroad. Many instructors assess both attendance and participation when assigning a final course grade. Attendance alone does not guarantee a positive participation grade; the student should be prepared for class and engage in class discussion. See the on-site syllabus for specific class requirements.

### **University of Minnesota Policies & Procedures**

Academic integrity is essential to a positive teaching and learning environment. All students enrolled in University courses are expected to complete coursework responsibilities with fairness and honesty. Failure to do so by seeking unfair advantage over others or misrepresenting someone else’s work as your own can result in disciplinary action. The University Student Conduct Code defines scholastic dishonesty as follows:

#### **Scholastic Dishonesty**

Scholastic dishonesty means plagiarizing; cheating on assignments or examinations; engaging in unauthorized collaboration on academic work; taking, acquiring, or using test materials without faculty permission; submitting false or incomplete records of academic achievement; acting alone or in cooperation with another to falsify records or to obtain dishonestly grades, honors, awards, or professional endorsement; altering, forging, or misusing a University academic record; or fabricating or falsifying data, research procedures, or data analysis.

Within this course, a student responsible for scholastic dishonesty can be assigned a penalty up to and including an “F” or “N” for the course. If you have any questions regarding the expectations for a specific assignment or exam, ask.

## **Student Conduct**

The University of Minnesota has specific policies concerning student conduct. This information can be found on the Learning Abroad Center website.