SEMESTER AT SEA COURSE SYLLABUS

Voyage: Short-term 2013
Discipline: Public Health
SEMS 2500: Public Health in Scandinavia: Successful Outcomes
Lower Division
Faculty Name: Andrea Parrot

Pre-requisites: A social science course or public health course

COURSE DESCRIPTION
The Human Development Index (HDI) is a composite statistic used to rank countries by level of human development and separate "very high human development", "high human development", "medium human development", and "low human development" countries. The Human Development Index (HDI) is a comparative measure of life expectancy, literacy, education and standards of living for countries worldwide. It is a standard means of measuring well-being, especially child welfare. It is used to distinguish whether the country is a developed, a developing, or an under-developed country, and also to measure the impact of economic policies on quality of life. All Scandinavian countries have HDIs in the ‘Very High’ range. In addition to their positive quality of life aspects measured by the HDI, their views on sexuality are generally very liberal, with relaxed attitudes towards their own and others' sexuality. These attitudes are reflected in their public policies. We will examine these public policies and their positive outcomes, and compare those policies to varying approaches to policies throughout the world that result in low HDI rankings. Public policies that relate to Scandinavian attitudes regarding sexuality: Universal health care; Legalized Abortion; Paid parental leave; Condoms widely available; Generous child care benefits; Legalized prostitution, controlled to promote sexual health; Legalized gay marriage; Compulsory comprehensive sex education at all levels. Public health outcomes resulting from the public policies identified above: Maternal and infant mortality rates are among the lowest in the world; Premarital sex is acceptable in Scandinavia; Very high level of sexual health; Extremely low STD rates; Extremely low teenage pregnancy rates; Very low abortion rates; Divorce rate is much lower than in the US.

COURSE OBJECTIVES

- Identify the measures that are included in the Human Development Index rankings, and why each of those measures is critical.
- Evaluate the Scandinavian countries, Poland and Germany by measuring public health outcomes.
- Gain an understanding of Global Public Health problems and priorities for change and their impact on Millennium Development Goals (MDG)
- Examine the differences as well as similarities between the public approaches in Scandinavian countries, selected other countries, and the United States.
- Explore a body of knowledge about three broad areas—Health, Education and Welfare
• Understand how the MDG might be amended in the future to address mental health needs throughout the world
• Further develop oral communication and group presentation skills.
• Evaluate policies in selected countries that impact the health, education, and welfare of that country

REQUIRED TEXTBOOKS

• Mellinium Development Goals (MDG) report 2012 (US Government Document available online) - forthcoming
• Human Development (HDI) Report 2012 (US Government Document available online) - forthcoming

TOPICAL OUTLINE OF COURSE

Day 1 (readings: MDG, HDI, Fox)
Course introduction
Human Development Index
Millennium Development Goals
Gross National Happiness, a new way of thinking - Butan
Overview of individual countries

Day 2 (readings: And it’s going to get better; Larsen; Norwegian country progress report: Kristof and WuDunn, Signild Vallgarda 2007, Eide)
The best and worst Public Health Outcomes worldwide...How does Scandinavia do it?
General policy issues:
  • AIDS education and policies – needle exchange
  • Condom availability
  • STI rates
Discuss policies and public health issues in Norway

Day 3 (readings: Signild Vallgarda, 2011)
Analyze Norway
General policy issues:
  • Health Care
  • Physician Assisted Suicide
  • Maternal and Infant Mortality/Health
  • Parental Leave Policies
Discuss policies and public health issues in Denmark

Day 4 (readings; Piroska Ostlin & Finn Diderichsen)
Analyze Denmark
General policy issues:
  - Education
  - School based sex education
  - Teenage pregnancy
  - Abortion access
Discuss policies and public health issues in Sweden

Day 5 – (readings: Ekberg; Parrot and Cummings; Ministry of Health and Public Affairs)
  FDP presentations on Sweden
  Analyze Sweden
  Discuss policies and public health issues in Finland

Day 6- (reading: Andersen)
  Analyze Finland
  Discuss policies and public health issues in Poland
  midterm

Day 7 (readings: Danielle da Costa & Leite Borges)
  Analyze Poland
  General policy issues:
    - Laws
    - Prostitution
    - Same sex Marriage
    - Divorce

Day 8 (readings: OECD Economic Survey Germany)
  Project presentations and discussion
  Discuss policies and public health issues in Germany

Day 9 (readings: Claire Shewbridge, Moonhee Kim, Gregory Wurzburg and Gaby Hostens)
  Analyze Germany
  Project presentations and discussion
  Discuss policies and public health issues in Holland

Day 10 (readings: Signild Vallgaard 2010)
  Analyze Holland
  Project presentations and discussion
  course evaluation
  course closure

Day 11 – final exam
METHODS OF EVALUATION / GRADING RUBRIC
Field component – 20%
Individual Project – 25%
Class participation – 15%
Exams - 40%

INDIVIDUAL PROJECTS: Each student will critically evaluate and analyze one policy in one country we are visiting in depth that has resulted in a positive public health outcome. None of the topics covered in the Swedish FL or those presented extensively in class for a given country will be approved for this assignment. The policy must be discussed thoroughly and the resultant public health outcome must be clearly tied to the policy. Scholarly and reputable sources must be referenced in the presentation. Students will be assigned policies on a first come-first serve basis. These presentations will take place in class on days 8, 9, and 10.

Possible policies for selection include, but are not limited to, the following:
Laws
  Prostitution
  Pornography
  Same sex marriage
  Divorce
  Parental leave
Education
  School based sex education
  Teenage pregnancy
  AIDS education and policies
Health Issues
  Physician Assisted Suicide
  Maternal and Infant Mortality/Health
  Health Care access
  Needle exchange policies
  Condom availability
  Abortion access
  STIs
FIELD COMPONENT

FIELD LAB (At least 20 percent of the contact hours for each course, to be led by the instructor.)

As a group we will visit a school, a sex education program; a police station to discuss laws on prostitution and pornography; a child care program/facility; and/or a health care facility in Sweden.

FIELD ASSIGNMENTS

Each student will participate in a small group to assess, evaluate and present one component of the field experience to the class. These should be power point presentations and students will be expected to access and cite the scholarly literature to support their findings.
Readings for the electronic course folder:


Nusche, D., Gregory Wurzburg and Breda Naughton (2010) OECD Reviews of Migrant Education, Denmark 2010


Vallgarda, S. (2011) Appeals to Autonomy and Obedience: Continuity and Change in Governing Technologies in Danish and Swedish Health Promotion *Medical History*, 55: 27–40


**HONOR CODE**

Semester at Sea students enroll in an academic program administered by the University of Virginia, and thus bind themselves to the University’s honor code. The code prohibits all acts of lying, cheating, and stealing. Please consult the Voyager’s Handbook for further explanation of what constitutes an honor offense.

Each written assignment for this course must be pledged by the student as follows: “On my honor as a student, I pledge that I have neither given nor received aid on this assignment.” The pledge must be signed, or, in the case of an electronic file, signed “[signed].”