

CENTRAL UNIVERSITY OF KERALA
DEPARTMENT OF PUBLIC HEALTH AND COMMUNITY MEDICINE

Minutes of the Board of Studies meeting held on July 8, 2020

1. The 2nd board of studies meeting for the Department of Public Health and Community Medicine was held on July 8th 2020 from 10 am to 1pm. The meeting was attended by the following members.

Sl.	Name of the expert	Capacity	Designation & Affiliation
1	Dr Elezebeth Mathews	Chairperson	HOD (In-charge), DPH&CM, CUK
2	Prof. (Dr.) KR Thankappan	Member	Professor, DPH&CM, CUK
3	Assoc. Prof. Dr. Rajendra Pilankatta	Member	Dean, School of Medicine & Public Health, CUK
4.	Dr Sibasis Hense	Member	Asst. Professor, DPH&CM, CUK
5	Prof. (Dr.) Raman Kutty V	Member	Epidemiologist and Data Science Consultant, Amala Institute of Medical Sciences, Thrissur, Kerala
6	Prof. (Dr.) Unnikrishnan B	Member	Associate Dean and Professor Department of Community Medicine, Kasturba Medical College, Mangalore MAHE.

7	Dr. Shailendra Kumar B Hegde	Member	Senior Vice President - Public Health Innovations at Piramal Swasthya, Hyderabad (India)
8.	Dr. C.K. Jagadeesan	Member	State Nodal Officer of ARDRAM Mission and Deputy Director, Directorate of Health Services, Govt. of Kerala
9.	Dr. K Vijayakumar	Member	Professor, Dept. of Community Medicine, Amrita Institute of Medical Sciences, Kochi.
10.	Mr. Prakash Babu Kodali	Faculty member	Department of Public Health and Community Medicine, Central University of Kerala
11	Ms. Jayalakshmi Rajeev	Faculty Member	Department of Public Health and Community Medicine, Central University of Kerala

2. The Department proposed for a change in the eligibility criteria for admission to the MPH program due to the increasing number of applications from life sciences and biomedical stream. Faculty members envisioned that if there are more applications with relaxed eligibility criteria, the competition to the program will be tougher and best students can be selected to the program.

Current Eligibility criteria: MBBS/BDS/B.Sc. Nursing (4 years)/any Branch of Engineering (4 years)/ B.Pharm/Bachelor of Phototherapy/ B. AYUSH/ B.Vety/B.V.Sc./ Master in Social Work/ Economics/ Policy Science/ Sociology/Nutrition/ Development Economics/ Public Administration/Psychology/ Law. No upper age limits.

Proposed eligibility criteria: Bachelor's degree in the following disciplines are eligible: Medicine / AYUSH / Dentistry / Veterinary Sciences/ Nursing/ Allied Health Sciences / Life Sciences / Statistics / Biostatistics / Demography / Population Studies / Nutrition / Sociology /

Psychology / Anthropology / Social Work/ Engineering/ Bio-medical sciences/ Law/ Management Studies/ Public Policy & Administration/ Economics. No upper age limits.

The members of the Board of Studies deliberated on the eligibility criteria proposed by the department and approved the same.

3. The MPH curriculum was revised as per the curriculum promulgated by the Ministry of Health and Family Welfare, adhering to the CBCS guidelines of University Grants Commission. The revised curriculum has also incorporated value addition courses from Massive Open Online Courses from SWAYAM program of Government of India as electives.

The revised MPH programme consists of 72 Credits, of which 59 and 13 credits are offered through core and elective courses (including MOOC courses) respectively. **Semester- I** consist of 20 credits; **Semester- II** consist of 20 Credits; **Semester-III** consist of 18 Credits; and **Semester -IV** consist of 14 credits.

The revised program structure was approved by the members.

4. Dr. Vijayakumar recommended that disaster management be included in Principles of Practices of Public Health course and the same has been incorporated.
5. Dr. Jagadeesan suggested the need to include health systems based internship to students to get them acquainted with the functioning of the health system. He further suggested that the course on Health Promotion methods and approaches shall also include the approaches in decentralized system. The same has been incorporated.
6. The courses and the syllabi was reviewed and approved by the members.

Semester: I
Elective Course

2. Course Code & Title: MPC 50 02 & Health Inequities
Credits: 3

Course objectives: The course ‘Health Inequities’ primarily intends to sensitize the students on ‘how social inequalities interfere with health and health related events in people’s life’. The course will discuss the social determinants of health and the differential health outcomes across social groups.

Course outcomes: On completion of this course, students will be able to:

1. Understand and critically appraise the social construction of inequalities; exclusion and marginalization.
2. Differentiate the concepts equality and equity; inequality and inequity (in health).
3. Be familiar with equity frameworks to analyse the pathways in which social class, caste, race, ethnicity, age, gender, sexuality, migration and other social forces interfere with people’s health across the globe.
4. Understand the influence of the intersection of multiple deprivation on health
5. Have an understanding on effective health policies and health system interventions to bridge the health equity

Teaching methods: This course will be delivered using a variety of methods and modalities such as classroom and online lectures, self-study, seminars, field visit, and group work.

Units and Topics	Teaching Methods								Mandatory Readings
Unit I: Introduction to health inequities									
	L	FW	FV	CS	GW	SS	SP	P	
1.1 Human Rights 1.2 Social construction of inequalities: power distribution in the society, exclusion/marginalization/discrimination. 1.3 Understand equality and equity; inequality and inequity	X		X			X			Mathieson, J., Popay, J., Enoch, E., Escorel, S., Hernandez, M., Johnston, H., & Rispel, L. (2008). Social Exclusion Meaning, measurement and experience and links to health inequalities. A review of literature. <i>WHO Social Exclusion Knowledge Network Background Paper, 1</i> , 91.

									Michael, M. (2007). Health in an unequal world. On behalf of the Commission on Social Determinants of Health. <i>The Lancet</i> , 370(9593), 1153–1163.
Unit-II: Pathways to health inequities									
2.1 Theories: Social Production of Health and disease; Social determinants of health (Social selection, Social causation and Life course perspectives)	X							X	Commission on Social Determinants of Health (2007). A Conceptual Framework for Action on the Social Determinants of Health. Discussion paper.
Unit –III: Social determinants of health									
3.1 Conceptual framework of social determinants of health	X	X			X			X	World Health Organization. (2002). Gender and Health. Technical paper on Women’s Health and Development, Family and Reproductive Health.
3.2 Social position and health inequities: Gender differences in mortality, morbidity, health care access and health seeking behavior among men, women and third gender.									UNDP India. Hijras/Transgender Women in India: HIV, Human Rights and Social Exclusion. Issue Brief; 2010.
3.3 Social position and health inequities - Rural/urban, Race/ethnicity, religion, caste, class, occupation, migrants, PLHA, persons with disabilities, persons with mental disorders									Anderson, I., Robson, B., Connolly, M., Al-Yaman, F., Bjertness, E., King, A., ... & Pesantes, M. A. (2016). Indigenous and tribal peoples' health (The Lancet–Lowitja Institute Global Collaboration): a population study. <i>The Lancet</i> , 388(10040), 131-157. Mukherjee, S., Haddad, S., & Narayana, D. (2011). Social class related inequalities in household health expenditure and economic burden: evidence from Kerala, south

								India. <i>International Journal for Equity in Health</i> , 10(1), 1. Dara, N. R., & Ramakrishna, R. (2016). Determinants of Income Inequalities and Multidimensional Poverty among SC/STs in Andhra Pradesh: Micro-level Evidence. <i>IOSR Journal of Economics and Finance</i> , 7(3), 42-54.
Unit-IV: Measurement of health inequities								
4.1 Indicators and interpretations: Human Development Index, Inequality-adjusted Human Index, Multi-dimensional Poverty Index, Gini Coefficient, Lorenz curve, Concentration Index.	X			X	X	X		WHO (2015). <i>Monitoring Health Inequality: An essential step for achieving health equity</i> ; 2015.
4.2 Gender Development Index, Gender Empowerment Index, Gender Inequality Index								WHO (2015). <i>Health Equity Monitor Compendium of Indicator Definitions. Indicator Code Book. Health Equity Monitor</i> ; 2015.
4.3 Gender analysis framework and tools: Gender Responsiveness Assessment Scale, WHO Gender Analysis Matrix (GAM), World Health Organization's gender analysis checklist for policies and programmes								Measuring Health Inequalities: Gini Coefficient and Concentration Index. http://www1.paho.org/English/SHA/be_v22n1-Gini.htm
								WHO (2013). <i>Handbook on health inequality monitoring: with a special focus on low- and middle-income countries</i> . World Health Organization; 2013. ISBN 978 92 4 154863 2
								Human Development Reports http://hdr.undp.org
								WHO (2002). <i>Gender Analysis in Health: a review of selected tools</i> . Department of Women and Gender Health.

								WHO (2003). Comparative Evaluation of Indicators for Gender Equity and Health. WHO/WKC/Tech. Ser./03.2. Centre for Development; pp.12-13, 23-26.
Unit-V: Intersectionality approach								
5.1 Intersection of social inequities and implications on health outcomes 5.2 Addressing intersectionality through policies	X		X				X	Dhamoon, R.K. and Hankivsky, O. (2011) Why the theory and practice of intersectionality matter to health research and policy. In: O. Hankivsky (ed.) Health Inequalities in Canada. Vancouver, Toronto, Canada: UBC Press. Yuval-Davis, N. (2011). Power, Intersectionality and the Politics of Belonging. Aalborg: Institute for Kultur of Globale Studier, Aalborg University.
Unit-VI: Bridging the health equity gap								
5.1 Role of health policies and health system in bridging the health equity gap.	X		X				X	Gopalan SS, Mohanty S, Das A, Challenges and opportunities for policy decisions to address health equity in developing health systems: case study of the policy processes in the Indian state of Orissa, 2011, International Journal for Equity in Health, Vol: 10, No: 55. Garg CC, Equity of Health sector financing and delivery in India, 1998, Takemi Fellow in International Health.

L- Lecture; FW- Field work; FV - Field Visit; CS - Case study; GW- Group work; SS- Self-study; SP- Seminar presentation; P-Practical

Evaluation:

As per CBCS guidelines, this course will be evaluated for 100 marks with a Continuous Evaluation (CA) component of 40 marks and End-Semester Evaluation (ESA) component of 60 marks.

Additional readings:

1. Carter-Pokras, O., & Baquet, C. (2002). What is a health disparity? *Public Health Reports*, 117(5), 426.
2. Yinger, N., Peterson, A., Avni, M., Gay, J., Firestone, R., Hardee, K., ... & Johnson-Welch, C. (2002). A framework to identify gender indicators for reproductive health and nutrition programming. *Washington, DC: USAID, Interagency Gender Working Group Subcommittee on Research and Indicators*.
3. Derbyshire, H. (2002). *Gender manual: A practical guide for development policy makers and practitioners*. DFID (UK Department for International Development).
4. World/Human Development Reports (UN) –thematic reports (http://hdr.undp.org/en/media/HDR2013_EN_Statistics.pdf)
5. Ottersen, O. P., Dasgupta, J., Blouin, C., Buss, P., Chongsuvivatwong, V., Frenk, J., & Leaning, J. (2014). The political origins of health inequity: prospects for change. *The Lancet*, 383(9917), 630-667.