Health Care in Ghana
NUR 429, 2 credits
Study Abroad, Accra, Ghana
Summer 2008

Course Description: Overview of major health issues and the health care system, both Western and traditional, in Ghana. Content includes health status indicators and determinants; major programs/strategies; organization of the health care system, access to and payment for care; role, image and status of health care providers; interface between Western and traditional medicine.

Course Objectives:

Upon completion of this course the student will be able to:

1. Identify major health problems/issues in Ghana;
2. Analyze the cultural, social, economic, geographic, political, demographic and other variables that influence health and health care delivery in Ghana;
3. Discuss the major programs/strategies used to improve health in acute and community settings;
4. Identify the various health care providers and their role, image and status in the Ghanaian health care system;
5. Describe quality, access and costs/payment for health care services in the Ghanaian health care system.

Prerequisites: none

Co-requisites: none

Course Faculty:

The course will be taught by a series of Ghanaian guest lecturers from the health field, and by MSU faculty.

Lead course faculty: Connie Currier, DrPH, MPH
A224 Life Sciences Building
Email: currier3@msu.edu
Office phone: 432-1162
Cell: 256-2131

Since this is a study abroad program, I will be with you almost every day. You will have my Ghana cell phone number and can always reach me to arrange convenient times to meet.
Instruction:

a. This is a study abroad course. It will consist of lectures/discussions, field excursions, journal writing, a group project (community health assessment), and a final paper. Lectures/discussions will focus on conveying a basic understanding of health issues and the broader sociocultural context in Ghana. Journaling, the group project, excursions and final paper are meant to encourage critical thinking, and develop students’ ability to analyze and interpret the implications of these for health, and to develop cultural competence skills.

b. Required texts:


   This book can be purchased from [www.Amazon.com](http://www.Amazon.com) or any bookstore.

   A course pack will be made available prior to departure for Ghana.

Evaluation:

a. Learning Assessments and Grading:

   The final grade will be determined as follows:

   Journal Assignment (20% of your grade)
   
   - Journals graded pass/fail

   Final paper (30% of your grade)
   
   - Final paper, 3-5 pages, graded based on grading tool provided.

   Community diagnosis (40% of your grade)
   
   - Written and oral presentation (group assignment), graded based on grading tool provided.
Participation (10% of your grade)

b. Grading scale.

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<tr>
<th>Grade</th>
<th>Percentage</th>
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C. Writing Requirements. Written assignments will be graded and according to a Grading tool which will be provided. APA Style is required.

Honors Option: Students interested in pursuing an Honors Option should contact the instructor no later than 2 weeks after the first day of class.

University Policies:

Academic integrity: Article 2.3.3 of the Academic Freedom Report states that "The student shares with the faculty the responsibility for maintaining the integrity of scholarship, grades, and professional standards." In addition, the College adheres to the policies on academic honesty as specified in General Student Regulations 1.0, Protection of Scholarship and Grades; the all-University Policy on Integrity of Scholarship and Grades; and Ordinance 17.00, Examinations. (See Spartan Life: Student Handbook and Resource Guide and/or the MSU Web site: www.msu.edu). Therefore, unless authorized by your instructor, you are expected to complete all course assignments, including homework, lab work, quizzes, tests and exams, without assistance from any source. You are expected to develop original work for this course; therefore, you may not submit course work you completed for another course to satisfy the requirements for this course. Also, you are not authorized to use the www.allmsu.com Web site to complete any course work in NUR 370. Students who violate MSU rules may receive a penalty grade, including--but not limited to--a failing grade on the assignment or in the course. Contact your instructor if you are unsure about the appropriateness of your course work. (See also http://www.msu.edu/unit/ombud/honestylinks.html).

Accommodations for students with disabilities: Students with disabilities should contact the Resource Center for Persons with Disabilities to establish reasonable accommodations. For an appointment with a disability specialist, call 353-9642 (voice), 355-1293 (TTY), or visit MyProfile.rcpd.msu.edu.

Disruptive behavior: Article 2.3.5 of the Academic Freedom Report (AFR) for students at Michigan State University states: "The student’s behavior in the classroom shall be conducive to the teaching and learning process for all concerned." Article 2.3.10 of the AFR states that "The student has a right to scholarly relationships with faculty based on mutual trust and civility." General Student Regulation 5.02 states: "No student shall . . . interfere with the functions and services of the University (for example, but not limited to, classes . . .) such that the function or service is obstructed or disrupted. Students whose conduct adversely affects the learning environment in this classroom may be subject to disciplinary action through the Student Faculty Judiciary process.

Attendance: Students whose names do not appear on the official class list for this course may not attend this class. Students who fail to attend the first four class sessions or class by the fifth day of the semester, whichever occurs first, may be dropped from the course. See the Ombudsman’s web site for a discussion of student observance of major religious holidays, student-athlete participation in athletic competition, student participation in university-approved field trips, medical excuses and a dean's drop for students who fail to attend class sessions at the beginning of the semester.
PLEASE NOTE: Attendance at all classes is the expectation. Contact Connie before the scheduled class if you expect to have a chance of having your absence from a class be recorded as an excused absence. Attendance means being present for the entire class. A repeated pattern of absences from parts of, or the entirety of scheduled classes will result in a lowering of your course grade.

College of Nursing Policies: Professional Development Guidelines found in CON Student Handbooks at CON website. Students are responsible for the information found in the CON (BSN, MSU or PhD choose one Student Handbook.

Course Calendar: (SUBJECT TO CHANGE)

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<th>WK</th>
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<tr>
<td>4</td>
<td>Wed. June 4</td>
<td>9 am Connie Currier Introduction to the Course</td>
<td><strong>WEEK 4 – JUNE 4 – 7, 2008</strong> REVIEW (not required)</td>
<td>• Assignment for week 4: Read Chapters 1-3 of <em>The Village of Waiting</em>, by George Packer</td>
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<td>• Map of Ghana: <a href="http://www.mapsofworld.com/ghana/maps/ghana-map.jpg">http://www.mapsofworld.com/ghana/maps/ghana-map.jpg</a></td>
<td>• 2 directed journal entries (DJE) and 2 personal entries due (PJE) Saturday, June 7th</td>
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<td>• US vs. Ghana vital statistics comparison (C. Currier)</td>
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<td>• Handout – how does culture affect/interact with health? (C. Currier)</td>
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<td>• NUR 429 Health Care in Ghana Powerpoint</td>
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<td>• Senah, Kodjo, A., Adusei, Joseph Kofi, and Akor, Samuel A. August 2001. <em>A Baseline Study into Traditional Medicine Practice in Ghana</em>. (Executive Summary only)</td>
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<td>Nursing Review, 53, 52-58.</td>
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<td>7/5 Thursday, June 5</td>
<td>9 am. Visit to Centre for Plant Medicine, Mampong</td>
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<td>11 am District Hospital Mampong Visit to District Health Management Team</td>
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<td>1 pm Lunch Aburi Gardens</td>
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<td>Excerpt from: <em>Centre for Scientific Research into Plant Medicine Celebrates its Silver Jubilee 1975-2000.</em></td>
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<td>AM Kejetia Market</td>
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<td>Sat.</td>
<td>Visit Kurofuforum</td>
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<td>June 7</td>
<td>brass making village</td>
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<td>PM Lake Bosumtwi</td>
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<td>and boat ride</td>
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<td>Evening stay at Gracious Living</td>
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<td>5</td>
<td>Sun.</td>
<td>AM Visit Ntonso – Adinkra village</td>
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<td>June 8</td>
<td>Return to Accra</td>
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<td><strong>WEEK 5 — JUNE 8 – 14, 2008</strong></td>
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<td><em>REVIEW — (NOT REQUIRED) - FOR VISIT TO NTONSO – Kumasi</em></td>
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<td></td>
<td></td>
<td>• Introduction to Asante Adinkra Cloth.</td>
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<td>• Read Chapters 4-7 of <em>The Village of Waiting</em>, by George Packer</td>
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<td>Retrieved May 26, 2005, from <a href="http://adireafricanfabrics.com/adinkrawebsite.htm">http://adireafricanfabrics.com/adinkrawebsite.htm</a></td>
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<td>• 2 directed journal entries (DJE s) and 2 personal entries due (PJE s)</td>
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<td>Mon.</td>
<td>11-12:30 pm Dr. Rosemary Richardson, public health physician, activities to enhance safe motherhood and child survival in Ghana</td>
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<td>June 9</td>
<td>12:30-2 pm LUNCH</td>
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<td>2 pm Dr. Edith Tetteh, Health determinants, health care system, health care financing, health programs in Ghana</td>
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<td>• Health Insurance in Ghana: Financial Access to Health Care, What You Must Know. Ministry of Health, The Director</td>
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<td>3:30 pm on - free</td>
<td>1:30 pm visit Osu Children’s Home (orphanage)</td>
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<td>Wed. June 11</td>
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<td>Thurs. June 12</td>
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<td>14</td>
<td>Mon. June 16</td>
<td>Interviews</td>
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<td>Mr. Boahene gives lecture on buruli ulcer</td>
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<td>13</td>
<td>Fri. June 13</td>
<td>8 am leave for Akosombo</td>
<td>REVIEW (NOT REQUIRED) - FOR VISIT TO COFFIN MAKER – Tema</td>
<td>• Finish <em>The Village of Waiting</em></td>
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<td></td>
<td></td>
<td>Visit Akosombo Dam</td>
<td>• A Coffin for All Events. Retrieved May 26, 2005, from <a href="http://mitglied.lycos.de/ghanaarts/seite6_e.html">http://mitglied.lycos.de/ghanaarts/seite6_e.html</a></td>
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<td></td>
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<td>Lunch at Volta Hotel</td>
<td>FOR VISIT TO CEDI BEADS – Ada</td>
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<td>14</td>
<td>Sat. June 14</td>
<td>9 am Go to market to buy food</td>
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<td>• Nutritional assessment</td>
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<td>- leave for Danfa</td>
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<td>- Visit faith healer’s church and meet herbalist</td>
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<td>- At Danfa tour clinic, village, pond</td>
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<td>- Begin interviews</td>
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<td>15</td>
<td>Sun. June 15</td>
<td>Visit Chief, Bonesetters and Okomfo Otutu in Konkonuru</td>
<td>WEEK 6 -- JUNE 15 – 18, 2008</td>
<td>• Community health assessment</td>
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<td>Lunch</td>
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<td>15</td>
<td>Tues. June 17</td>
<td>AM farewell to Nii Afutu and others</td>
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<td>Return to Accra</td>
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<td>PM students work on presentations</td>
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<td>16</td>
<td>Wed. June 18</td>
<td>9 am students give final presentations</td>
<td>Community health assessment presentations</td>
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<td>final lecture with Dr. Tetteh</td>
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<td>Course evals and wrap-up</td>
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<td>17</td>
<td>Thurs. June 19</td>
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<td>Final papers due July 8&lt;sup&gt;th&lt;/sup&gt; by 5 pm</td>
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NUR 429 Health Care in Ghana

Journal Assignment

Objectives: These journal entries will serve a number of purposes –
- to give you the opportunity to purposefully reflect on and integrate your thoughts and experiences here in Ghana
- to keep a record for you to look back on in the future
- to give you insight into intercultural communications/relationships and the effect they have on your values and beliefs
- to develop journaling techniques and provide a journaling format that you might use in the future.

Procedure: Each week you will write journal assignments. You will write four entries the first and second weeks, and 2 entries the third week. Each entry should be ½ to 1 page long, hand written, single-spaced on a separate sheet of paper. Please do not give me your entry in your personal journal. I do not want to prevent you from continuing to write in your personal journals. Journal entries will be handed in on Saturday morning, June 7th (4 entries) Friday June 13th (4 entries) and at the airport upon departure (2 entries).

- You will have 5 directed journal entries (DJE)s and 5 personal journal entries (PJE)s. DJEs are topics I will choose for you, and PJE{s are topics that you have the option to decide for yourself what to write about. For each PJE - those entries for which you choose your own topic - I would like you to identify one event/incident that occurred during the week – one thing that struck you, maybe positively or negatively, maybe it was just unusual or out of the ordinary – but one person, place, thing, event, activity etc., that you feel is worth writing about/reflecting on. A PJE is not a narrative or description of “what I did yesterday while in Osu.”

For a PJE:
- First every journal entry must have a title
- Record the event/activity that occurred – describe it, and then,
- Reflect on it – both from an intellectual point of view and from a “feelings” perspective – how did you react to the situation? What cultural biases do you identify in yourself as an American in an international setting? What cultural stereotypes do you hold? What did it make you think about? How did it challenge your values? Your current thinking?
- Declare in short phrases or sentences ideas you encountered during this time that confirmed your previous understandings or generated new ones. Recall specific feelings about ideas, individuals, or events. Be honest and specific, even if your thoughts are somewhat negative. Select items that impact you personally.
And finally, explain what, if anything, you did you learn from the event/experience/situation? What did you think about it and how you feel about it? What do you conclude? What did it make you think about? Did it change your view/change your mind about what you thought previously? If so, why? How? Did it raise new questions for you? If so, what are they?

DJEs are more like an academic essay where I want you to think critically about a particular issue. Your essay should be thoughtful and structured and not be a free flow, “off the top of your head” kind of journal entry.

**Directed Journal entries**

**Week 1**

**Entry 1: Culture and HIV/AIDS**

This week you will be doing a lot of reading about HIV/AIDS and culture – how people perceive it culturally, who they go to for care, the social stigma around it, etc. One of the things you will read about is that women are at increased risk of HIV relative to men for a variety of reasons, and part of this is due to cultural factors (beliefs, values, attitudes). Spend time this week reading articles in the newspaper about HIV/AIDS and see if you can focus on its impact on women. During lectures and on our field trips, ask questions – for example, talk to nurses at the DHMT. Become aware of the cultural factors associated with women’s increased risks – why are more women getting HIV/AIDS? What are the implications of this for the family? For Ghana? What does this tell you about power and relationships? How does this compare to the U.S.? Write an essay where you identify some the cultural factors that increase women’s risk of contracting HIV and what the consequences/long-term implications are.

**Entry 2: Market conversation**

On pages 37-8 of *The Village of Waiting*, Packer talks about the ritual conversation he had once a week in Ewe with one of the unmarried girls at the market. Reread this conversation. Is it familiar? What do you think it means? What does it tell you about relationships?
Week 2

Entry 1

The visit to the Osu Children’s Home is always a moving experience for students. These children have tremendous needs – some of them are HIV positive. What do you think is the public’s responsibility for these children? Who should take care of them? For how long? What do you think about the fact that only Ghanaians can adopt them?

Entry 2: Confusion between two realms

Chapter 6 describes Packer finding out who stole from him and the punishment. At the end of the chapter he describes what he calls the “confusion between two realms – one public, official, abstract; the other private and personal” that happened all the time in Togo, at every level of life. This confusion, to some extent is – in Packer’s view – what breeds corruption in Togo (and in Africa). A community like Lavie is made up of personal ties, and when personal ties and obligations can’t be separated from public responsibilities, he says what we call corruption the Africans consider to be a kind of duty. “It was a duty based on a web of relations that was not apparent to the casual visitor but that still held together (and also tribally divided) a country like Togo. What do you think of this? Can you see this happening in Ghana? How is this different from the way we think/behave in the U.S. What does this say about our values? Ghanaian’s and Togolese values?

Week 3

Final journal entry

1) What’s the most interesting this you’ve learned about health/health care/health beliefs in Ghana since you’ve been here? What’s your reaction to what you’ve learned? How do you feel about it? What do you think/feel about it?

2) How have you changed since you first arrived in Ghana?

Grading: The journal is for your personal use and is not directly graded. It represents 20% of your grade on a pass/fail basis.

A few suggestions for your personal entries: (from Journaling Guidelines, Regent University):

- Jot notes to yourself about new ideas as you encounter them. Writing reinforces and captures learning. Write what, when, and how you choose. Collect these thoughts and feelings into your journal in non-disruptive ways. Write with a personal point of view (I, me, my). To avoid boredom or discouragement setting in capture the art of writing in
short phrases. You can write in your journal any time – just indicate to me which entries are the ones you want me to consider for grading.

- A journal becomes a personal map of self-discovery. It offers tools for reflection that assign meaning to the events in your life. Journaling engages you in a conversation with yourself about issues. These enhance your ability to process life experiences in a supportive, positive manner.

- Negative comments in your journal about individuals have the potential to hurt people. It might be more appropriate to record things you affirm. Journals are not therapy. They can make excellent legacies, however.

References:


Journaling Guidelines, Regent University School of Leadership Studies, [http://www.regent.edu/acad/sls/academics/phd/phdjournaling.html](http://www.regent.edu/acad/sls/academics/phd/phdjournaling.html), Accessed 5/20/05.
What is a community diagnosis?

The community diagnosis is made in order to define and describe the health status of the population in a specific community. The health status of the population is a complex phenomenon including morbidity, mortality, disability, composition and reproduction, and is influenced by other related indicators, such as food supply and nutrition, educational level and opportunities, employment, etc. Once the health needs of the community are assessed, they are prioritized and intervention programs are developed and implemented on the basis of detailed analysis of the factors responsible for defined health states.

Similarities and differences exist between the approaches of clinical medicine and community health: “The clinician examines the individual patient and has to recognize and identify the pathological significance of the clinical symptoms and signs in order to make a specific diagnosis and to prescribe the appropriate treatment. In community health, epidemiological* skills are needed to examine the whole population and to select the most suitable diagnostic indicators that describe and explain the health problems in the community. It is then necessary to make the community diagnosis and decide which (interventions) would be most effective in raising the health status of the population. A clinician may order a variety of laboratory or other special tests after making a preliminary assessment of a patient, based on the case history and physical examination. In the same way, the doctor in the community may need to organize special surveys in order to obtain more epidemiological information…however, there is a fundamental difference in the approach: the clinician usually sees the patient after the disease has started…by contrast, the epidemiologist attempts to understand why the disease exists… and how it can be prevented.”[1]

“Decisions on the management of a patient require a clinical diagnosis, based on the history, examination and special investigations. Management of ill-health in the community as a whole requires a community diagnosis which rests on epidemiological information.”[2]

One main question is the starting point and guide for the community diagnosis:

How healthy is this community? or What is this community’s state of health?

How is a community health diagnosis conducted?
Usually a community diagnosis is done over an extended period of time. It takes teams of people a number of weeks to interview an entire village. A structured questionnaire is used that is designed to inquire about the community’s demographic characteristics, environment, health status (including main risk factors and other health and social problems that affect the health status of the population) and available health and social services. By analyzing the results of the survey, plus interpreting the main health indicators, students describe and explain the main health problems - reaching a community health diagnosis.

Selected topics covered in a typical household survey questionnaire include:

- General Information/demographics (age, sex, occupation, marital status, income, etc.);
- Main Risk Factors (lifestyle, environment, including sanitation and hygiene, health services, biogenetics);
- Morbidity/Mortality;
- Knowledge, Behavior and Compliance (regarding main diseases in the family).

Medical students at the University of Ghana conduct a community diagnosis of Danfa as part of the community health training, as do medical students at Walter Sisulu University in South Africa. The objectives of the exercise for the UG medical students are to:

1. use demographic data to describe the population.
2. assess the nutritional status of the community.
3. assess the common environmental health problems in the area of study.
4. describe the utilization of health facilities provided in the community.
5. describe the epidemiology of common diseases in the community.
6. describe the diagnostic and clinical management facilities available in the health centre.

Students gather information from the community by administering a household survey (like the one at the end of this document) and through:

1) Questionnaires administered to heads of households
2) Interviews with traditional rulers, opinion leaders and key informants to obtain information on the history of the area and the lifestyle of the people
3) Interviews with service providers at the community clinic and review of clinic records to obtain information on the most prevalent diseases and common causes of death
4) Interviews with chemical store attendants and visits to prayer camps to obtain information on health seeking behaviors of the people
5) Inventory of health facilities, social amenities, educational and religious institutions
6) General observations of the community layouts, drainage systems and waste disposal sites
7) Summary of data using tabulation and graphical methods, interpretation, and presentation.

At the end of the exercise, students analyze and summarize the data, and present their Community Health Diagnoses in oral presentations accompanied by a written report, including essential recommendations and proposals for improving the health status of these communities. Some recommendations reached by medical students from Walter Sisulu University for the community they assessed included the following:

To the community

1. The mothers should ensure that their children complete the immunization schedule in good time
2. The mothers should take their children for growth monitoring up to the age of five years.
3. They should improve on the construction of latrines
4. They ensure that drinking water is safe by either boiling or employing the three pots system
5. Keep their homesteads clean.
6. Contribute for transportation of health centre staff to carry out outreach services
7. Encourage the men to have a positive view towards use of contraceptives.
8. Mothers to continue breastfeeding for as long as possible with a minimum duration of two years.
9. The community should organize to start a community pharmacy (Bamako initiative) to improve on drug availability.

To the health centre

1. The work done by community health workers should be supervised more efficiently to ensure effectiveness.
2. If possible more outreach services should be carried out to improve on immunization coverage.
3. Health education and awareness with regard to breastfeeding, weaning, environmental sanitation and family planning should be intensified.
4. Management and keeping of medical records should be improved.

What will we do?

The purpose of this exercise is much simpler. The aim of our abbreviated community diagnosis is study the health problems and the health seeking behavior of the people of Danfa.

OBJECTIVES –
1. To assess the level of sanitation/environmental risk factors in the community
   a. To find out the type of housing facilities in the community
   b. To identify the water sources and assess the quality of drinking water
   c. To assess the methods, availability and cost involved in solid and liquid waste disposal
   d. To assess food hygiene
   e. To identify the common pests and rodents in the community and how they are controlled

2. To identify the common diseases, health risk behaviors, and the factors that affect the health seeking behavior of the people of Danfa
   a. To identify the common diseases of the community and the age groups commonly affected by these diseases.
   b. To determine the types and number of health services available as well as the people’s impressions about the effectiveness of each type.
   c. To find out the factors that influence the choice of health services. To find out the people’s perceptions of the causes and prevention of disease.

3. To make recommendations and proposals for improving the health of the community

METHODOLOGY

Tools used for our data collection:
- Available records
- Interviews

Techniques we will use:

1) Interviews with traditional rulers, opinion leaders and key informants to obtain information on the history of the area and the lifestyle of the people
2) Interviews with service providers at the community clinic and review of clinic records to obtain information on the most prevalent diseases and common causes of death
3) Interviews with chemical store attendants to obtain information on health seeking behaviors of the people
4) General observations of the community layouts, drainage systems and waste disposal sites
5) Summary of data using tabulation and graphical methods, interpretation, and presentation.

You will:
• Break into groups of 4-5 students. Each group will be assigned an interpreter.
• Go to the health centre and collect data on diseases reported in the last 2 weeks
• Conduct interviews with the following people using the community diagnosis survey:
  o One woman with children under 5 years of age
  o One woman with children over 10
  o One married man
  o One unmarried man (single, never married)

asking them questions about their daily activities and the impact on their health and standard of living,
• identify factors that affect their health seeking behavior, and
• analyze data collected and make basic recommendations for improved health and development

Keep in mind that you are doing is a very simple activity – a typical community diagnosis is done over a long period of time, and almost the entire community is surveyed. This is just to give you a basic understanding of what life is like in a typical Ghanaian village, and some of the beliefs and practices that affect health.

I want you to think about what you have seen and what people have told you and make some basic recommendations – with justifications – about things that could be done to improve the health of the Danfa community. Consider their daily activities – how could you intervene to do things more efficiently to improve the standard of living? With regard to health, consider what diseases are reported – are diseases are linked to living conditions? If you were to make recommendations to the health centre staff/community leaders to improve the standard of living/health of the village, what would they be? REMEMBER…this is just an exercise!

You will provide a written summary of your results/recommendations and give a 15 minute oral presentation to the class on Wednesday morning, June 21st. Your written report should include:

• Statement of purpose
• Description of activity
• Summary of results
• Recommendations

*Epidemiology: The study of the spread of diseases within and between populations.

REFERENCES
COMMUNITY DIAGNOSIS QUESTIONNAIRE – DANFA

I DEMOGRAPHIC FACTORS

1 Name of respondent:

age(in years): Sex:

2 No. household members (list the members into the table).

<table>
<thead>
<tr>
<th>Name</th>
<th>Year of birth</th>
<th>Sex</th>
<th>Relationship to head</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

3) Marital status: single married separated widowed

4) Sources of income. Employment business farming Other(specify)__________

5) Level of formal education.

none primary secondary tertiary others(specify)

II NUTRITION

What did you eat yesterday?
________________________________________________________________________
________________________________________________________________________

What are the sources of these foods?
Farm       Buy        Others

What crops do you grow?(list them).

__________________________________________________________________________

What animals do you keep?

__________________________________________________________________________

Did you breastfeed your last child?   Yes  No

ii) If yes, for how long? 0 - 6 months  2 months  13 - 24 months

III environment and sanitation

a) What are the sources of drinking water.

River/pond            Well or borehole        Rain water        Tap water          Spring

b) Distance (observe and estimate) to water source:

1-10m  11-20m  21-30m  >30m

c) How do you store drinking water?

__________________________________________________________________________

__________________________________________________________________________

d) How do you ensure the water is safe for drinking?

__________________________________________________________________________

__________________________________________________________________________

a) human waste

i) Is there a pit latrine?(observe)   yes  no

ii) If no, what do you use?
iii) Distance (observe and estimate) to house:

1-10m  11-20m  21-30m  >30m

b) domestic waste

How do you dispose of domestic waste?

Farm  Compost pit  Burying  Burning  Other (specify)

IV DISEASE AND HEALTH SERVICE UTILIZATION

1) Do you have health insurance?  Yes  no

2) list diseases from the most to the least common in household in last year

3. i) Do you seek medical care when sick?  Yes  no

If no, why not?

ii) If yes, where do you go?

Over the counter (drugs)

Herbalist

Health centre

Private hospital/clinic

Others

4. What is the distance to the facility mentioned? (state in kilometers)
5. Why do you go to the place named above (state the place mentioned)
________________________________________________________________________

6. What do you do if your first choice fails?
________________________________________________________________________

7. Which health facilities are in the area and where are they located? (Ask the key informant)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

When was the last time someone in your family was sick?
________________________________________________________________________

Who was sick?
________________________________________________________________________

What was wrong?
________________________________________________________________________

What did you do?
________________________________________________________________________

Did you seek medical care? If yes, from who?
________________________________________________________________________

Describe the treatment
________________________________________________________________________

Describe the outcome
________________________________________________________________________
If you did not seek care, why not?

c) Where did you deliver your last child?

Why did you choose to deliver there?

If a friend outcome of the village intends to move to Danfa to join you here, what advice would you give him/her about health and health-related issues? (this will provide insight into perceptions of health problems in the community, i.e., we collect water from a pond, and diarrhea is a problem, therefore that’s one thing you need to be concerned about; we don’t have screens on our windows, lots of people get malaria, etc.)

OTHER QUESTIONS:
Danfa Health Centre -- diseases reported in the last 2 weeks
NUR 429 Health Care in Ghana
Group Assignment: Community diagnosis summary, 3-5 pages, typed
Due July 8, 2007 by 5 pm
Submit as an attachment to currier3@msu.edu

The summary of your community diagnosis should include a:

- Statement of purpose
- Description of the activity
- Description of environmental risk factors and behavioral risk factors
- Identification of common diseases and factors that affect health seeking behavior
- Recommendations/conclusions (with justifications)

You can put some of your data/results into tables, use drawings – be creative the same way you were for your presentations. This exercise is a way for you to pull together what you’ve learned about Ghanaians’ health beliefs and practices in lectures, from field trips, from interviews, and your other interactions with people, and think about/suggest realistic ways to improve health given the people of Danfa’s cultural and socioeconomic circumstances.
Community Diagnosis Project Grading Tool

Group:

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>POSSIBLE POINTS</th>
<th>YOUR POINTS</th>
</tr>
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<tbody>
<tr>
<td>Identification of environmental and behavioral risk factors</td>
<td>10</td>
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<tr>
<td>• Clearly described</td>
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<td></td>
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<tr>
<td>• Community resources</td>
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<tr>
<td>Identification of common diseases and factors that affect health seeking behavior</td>
<td>10</td>
<td></td>
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<tr>
<td>• Clearly defined</td>
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<tr>
<td>• Linked to health beliefs and health behaviors</td>
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<tr>
<td>Recommendations/conclusions</td>
<td>10</td>
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<tr>
<td>• Recommendations clearly stated/justified</td>
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<td>• Practical &amp; succinct</td>
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<td>• Impact on community health</td>
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<tr>
<td>Format</td>
<td>10</td>
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<tr>
<td>• APA format (citations, quotations, reference list) accurate</td>
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<tr>
<td>• Clarity of writing</td>
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<td>• Organization of ideas</td>
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<tr>
<td>• Appropriate grammar/English/spelling</td>
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<td>• Creativity</td>
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<td>TOTAL</td>
<td>40</td>
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Faculty Comments:
Final paper, 3-5 pages, typed, double-spaced, due July 8th by 5 pm.
Submit as an email attachment to currier3@msu.edu

Based on all that you’ve learned, seen and experienced since you’ve been in Ghana, write a 3-5 page paper analyzing how the Ghanaian cosmology (view of the world) that both Dr. Kodjo Senah and Dr. Brigid Sackey presented to you, influences/shapes Ghanaians’ health beliefs and practices.

1) Define/describe the Ghanaian cosmology/view of the world/explanatory model of health

2) Explain how the Ghanaian cosmology/view of the world/explanatory model of health affects:
   • Ghanaian’s health beliefs and practices
   • Give at least 2 specific examples from your personal observations, the readings, lectures or field visits to support this

3) Use at least two references from your readings or lectures in your paper

4) Your paper should be in APA format
## Michigan State University College of Nursing
### Grading Rubric NUR 429 Final paper

<table>
<thead>
<tr>
<th>Criterion</th>
<th>4 Accomplished</th>
<th>3 Proficient</th>
<th>2 Developing</th>
<th>1 Novice</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition and interpretation of concepts:</strong>&lt;br&gt;Clear explanation of model/Ghanaian view of world (5 pts)</td>
<td>All relevant concepts correctly defined and interpreted</td>
<td>Most relevant concepts correctly defined and interpreted</td>
<td>Most concepts defined or interpreted incorrectly</td>
<td>No concept definition or interpretation evident</td>
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<tr>
<td><strong>Depth and focus</strong>&lt;br&gt;Uses personal observations, readings, and information from lectures and field visits readings to: - provides at least 2 clear examples (2.5 pts each)</td>
<td>Presentation demonstrates appropriate depth and focus</td>
<td>Presentation demonstrates appropriate focus, could be in more depth</td>
<td>Presentation displays some attempt to focus</td>
<td>Not at all focused and/or very superficial</td>
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<tr>
<td><strong>References</strong>&lt;br&gt;Uses at least 2 references from readings (2.5 pts each)</td>
<td>All references are relevant, current, and support conclusions</td>
<td>Most references are relevant, current, and support conclusions</td>
<td>Some references are either relevant, current, or support conclusions</td>
<td>Most references are irrelevant, outdated, or inappropriate</td>
<td></td>
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<tr>
<td><strong>Structure of content</strong> (5 pts)</td>
<td>Clear introduction, smooth transitions between topics, and thoughtful conclusion</td>
<td>Introduction, transitions, and conclusions present, could be clearer or smoother</td>
<td>Evident which topics are being discussed, but no introduction, conclusion, or transitions</td>
<td>Unclear which topics are being discussed and when; transitions non-existent</td>
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<tr>
<td><strong>Analysis of how cosmology influences/ shapes Ghanaians’ health beliefs and practices.</strong> (10 points)</td>
<td>Identifies and critically analyzes problem in terms of major issues/concepts; Demonstrates considerable depth and focus in analysis; Analysis is well organized, clear, accurate, and relevant.</td>
<td>Identifies and critically analyzes the problem in terms of most major issues/concepts; Demonstrates some depth and focus in analysis; Analysis shows organization, some clarity and accuracy, and is mostly relevant.</td>
<td>Identifies and critically analyzes the case, with a focus on one major issue/concept; Minimal depth and occasional loss of focus in analysis; Analysis has minimal organization, clarity and relevance, some inaccuracy.</td>
<td>No evidence of critical analysis of case or identification of major issues/concepts; Superficial depth and lack of focus in analysis; Analysis is disorganized, unclear, inaccurate, or irrelevant.</td>
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</table>

Name______________________  Multiply the points possible for each criterion by the level of accomplishment to get the possible score, e.g., definition of concepts correctly defined multiplied by 5 pts. + depth and focus x 5 pts + references x 5 pts + analysis x 10 pts = 40 pts  
Total score_________________