

**An Innovative Global Diplomacy Public Health Student Program –
Lessons from the Field in a Post-Conflict Medellin, Colombia.**

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Abstract

For over fifty years, Colombia has been embroiled in conflict, displacing nearly seven million people, second only to Syria for the highest number of internally displaced persons (IDPs) in the world. Most are displaced to urban environments into dense informal settlements with inadequate water, sanitation, shelter and power infrastructure. The city of Medellín, has become home to over 200,000 IDPs in informal agglomerations. Medellín's transformation to a city of progress and innovation through the promotion of "social urbanism" is an example of how collaboration between city institutions and government sectors can address issues of poverty, violence, equality, engagement, and reintegration of displaced populations in Colombia.

The Post-Conflict Colombia Public Health Project is a collaborative academic exchange program aimed at bringing together public health students from the United States and Colombia for the purpose of understanding between the people of both countries. The project aims to educate students while also providing direct service and fostering long-term cross-cultural relationships and sustainable projects. Seminars, skill building workshops, cultural experiences, and community engagement are used to build professional competencies and inform policy recommendations for future projects. Despite the limited research on the educational impact of short-term global immersion programs, small scale evaluations point to an increase in learners' cross-cultural adaptability.⁷ The believed benefit to students' professional and personal development must be balanced with ethical considerations including preparedness of students, health and safety risks, cultural sensitivity, and issues of sustainability.⁸ In order to address these concerns, programs should be developed collaboratively through bi-directional participatory relationships, incorporating both education and direct service components, and promoting local capacity building and long-term sustainability.^{9,10}

Our course pairs 16 carefully selected graduate-level public health and medical students from Harvard and Universidad de Antioquia, who will serve as both student and citizen ambassadors, to come together and share about their culture, values, and experiences through the lens of diplomacy and dialogue to make a meaningful impact in the people and country of Colombia. The course examines the social development model of Medellín and its impact on advances in peace, social equity, and health. Beyond the theoretical concepts, students will learn to apply them to the Granizal community in order to create practical solutions that are sustainable, scalable, innovative, and measurable.

As other disciplines move away from curricula limited to rote learning and fact-based content, public health and policy education will also benefit from incorporating experiential and competency-based learning with an emphasis on skill building in leadership, management, policy-making, and research.⁵ The Institute of Medicine's 2003 report, *Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century*, recommends eight content areas as essential to graduate level public health education programs: informatics, genomics, communication, cultural competence, community-based participatory research, global health, policy and law, and public health ethics.⁶ The report further acknowledges the importance of developing international relationships between academic institutions, community organizations, and health agencies for collaboration in interdisciplinary and community-based research, learning, and service. Health disparities, issues of social justice, and public health threats from

infectious disease are less and less confined by political and geographic boundaries. The future generation of leaders in public health and policy must be able to bridge nations and cultures through diplomacy and be equipped to develop innovative strategies and partnerships across professional disciplines and on a global scale.

While several public health approaches have been documented in the literature, we describe a model for a multi-institutional and cross-cultural collaboration based on *The Post-Conflict Colombia Public Health Project*, a three-week intensive course developed in partnership between the Harvard Humanitarian Initiative, the Open Hands Initiative, and the University of Antioquia. While this model is a public health course focusing on Colombia, the concepts and educational strategies can be applied across academic disciplines and to other countries and communities.

INTRODUCTION

Colombia

Colombia is an upper-middle-income country with a population of 47 million people. The population is ethnically diverse and the majority live in the cities of Bogota (pop 8 million), Medellin (pop 3.5 million) and Cali (2.5 million). Topographically, the terrain ranges from valleys to dense and mountainous jungle which has created fertile soil and safe havens for armed groups. For over fifty years, Colombia has been embroiled in conflict, displacing nearly seven million people, second only to Syria for the highest number of internally displaced persons (IDPs) in the world. Most are displaced to periurban environments into dense informal settlements with inadequate water, sanitation, shelter and power infrastructure. The city of Medellín, has become home to over 200,000 IDPs in informal agglomerations. Granizal is one such IDP community and one of the poorest areas of the Aburrá Valley in the outskirts of Medellín. Granizal's population of 22,000 is home to the second highest number of IDPs in the country. Their reasons for displacement include illegal land seizure, violence, death threats, risk of kidnapping, and landmines. Communities of IDPs are often considered to have illegally occupied their new land and consequently face challenges in achieving recognition from their local and national governments. Without this recognition, these communities struggle to access much needed medical and social services and be afforded the infrastructure critical to health and development. While in the 1990's Medellín was known to be the most violent city in the world with a homicide rate of 400 for every 100,000 people, it has now transformed into one of the most innovative cities in the world. Medellín's transformation to a city of progress and innovation through the promotion of "social urbanism" is an example of how collaboration between city institutions and government sectors can address issues of poverty, violence, equality, engagement, and reintegration of displaced populations in Colombia. Initiatives include the development of community-focused interactive libraries, education centers, health facilities, public transportation networks, and multi-use public spaces fostering art and culture. Economic and institutional capacity in both the public and private sectors has grown by providing both physical structures and financial support for non-profit organizations, corporations, tourism, and start-up incubators. Medellín's civic leadership and progressive urban policies serve as a model that can be applied worldwide and an ideal setting for the understanding of global health and public health.

Global Health and Diplomacy

The concepts of global health and diplomacy and have evolved since the 1800s with the spread of infectious diseases across national borders. Today, the modern epidemics of Influenza, Ebola, and Zika further traverse both political and geographic boundaries. While new infectious and environmental threats continue to emerge, it is increasingly recognized that socioeconomic determinants of health such as poverty, conflict, education, and access to health care further perpetuate the health security and social injustice of cross-border communicable diseases and non-communicable diseases on a global scale. Significant health inequalities in the face of tremendous advances in medicine and public health underscore the collective failure of the international community in advancing health and quality of life worldwide. The 2008 Commission on Social Determinants of Health examines the breadth of political, economic, and social forces influencing health equity and social justice. The Commission asserts that, "Action on the social determinants of health must involve the whole of government, civil society and

local communities, business, global flora, and international agencies. Policies and programmes must embrace all the key sectors of society not just the health sector.”² It calls for global action on the social determinants of health with the goal of accomplishing health equity in a generation.

Developing Leadership Through Interdisciplinary and Experiential Learning

To accomplish this, we must educate a new generation of public health and policy leaders able to effectively navigate the cross-cultural and multidisciplinary challenges of an increasingly interconnected global health landscape. Universities are stepping up to this challenge by creating institutes and designing and implementing curricula, as well as entire global health degree programs.³ However, the literature on health policy training is limited and existing publications expose a dearth of curricular content related to vulnerable populations and health disparities as well as the value of experiential learning through case studies and real world practical experiences.⁴

As other disciplines move away from curricula limited to rote learning and fact-based content, public health and policy education will also benefit from incorporating experiential and competency-based learning with an emphasis on skill building in leadership, management, policy-making, and research.⁵ The Institute of Medicine’s 2003 report, *Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century*, recommends eight content areas as essential to graduate level public health education programs: informatics, genomics, communication, cultural competence, community-based participatory research, global health, policy and law, and public health ethics.⁶ The report further acknowledges the importance of developing international relationships between academic institutions, community organizations, and health agencies for collaboration in interdisciplinary and community-based research, learning, and service.

Creating an Innovative Global Diplomacy Public Health Student Program Focused on Education and Service

The Post-Conflict Colombia Public Health Project is a collaborative academic exchange program aimed at bringing together master’s level students of public health from the United States and Colombia for the purpose of improving mutual respect and understanding between the people of both countries. Despite the limited research on the educational impact of short-term global immersion programs, small scale evaluations point to an increase in learners’ cross-cultural adaptability.⁷ The believed benefit to students’ professional and personal development must be balanced with ethical considerations including preparedness of students, health and safety risks, cultural sensitivity, and issues of sustainability.⁸ In order to address these concerns, programs should be developed collaboratively through bi-directional participatory relationships, incorporating both education and direct service components, and promoting local capacity building and long-term sustainability.^{9,10}

OBJECTIVES

The vision of the Post-Conflict Colombia Public Health Project is to build local human capacity by creating public health leaders through an academic, experiential, and practical program that aims to make a meaningful impact in the community of Granizal and people of Colombia. The objectives were designed to meet the academic course requirements and the

following project objectives. First, to stimulate the student's intellectual curiosity, stimulate conversations, and promote observations through all of the project activities. Second, to share cross-country cultural experiences and highlight public health issues through various social mediums. These included writing blog entries in English and Spanish for Huffpost, capturing the experience journey through photo journals, and taking a video-documentary of the student's reflections after key events. Third, to have a practice-based learning experience centered on the socio-developmental model and focused on the priorities identified by the community. The four priority areas raised by the Granizal community were the need for a census of the population, health and healthcare access, quality of education, and issues affecting vulnerable groups such as women, children and adolescents.

METHODS

Public Health Course

The Post-Colombia Public Health Project is offered as a three-week intensive course over the winter session at the Harvard School of Public Health winter session. The course pairs 16 carefully selected graduate-level public health and medical students from Harvard and Universidad de Antioquia, who will serve as both student and citizen ambassadors during the cultural exchange. The course will investigate the public health issues facing a displaced and vulnerable population side by side, not only learning from and challenging each other, but also learning from a world-class faculty the global and Colombian perspectives. Beyond the theoretical concepts, students will learn to apply them to the Granizal community in order to create practical solutions that are sustainable, scalable, innovative, and measurable. Students board together as pairs for the duration of the course; the pairs are made up of a student from each country to further encourage cross-cultural relationships. The students, core faculty, and guest speakers vary on their ability to understand both English and Spanish, and therefore, professional bi-directional translation services are provided to enhance communication and ensure rich discussions. The students come together and share about their culture, values, and experiences through the lens of diplomacy and dialogue to make a meaningful impact in the people and country of Colombia.

Multi-National and Interdisciplinary Partnerships

The project is a partnership between the Harvard Humanitarian Initiative (HHI), the Open Hands Initiative (OHI), and the University of Antioquia. The Harvard Humanitarian Initiative (HHI) is an interdisciplinary initiative at Harvard University that culls together experts in public health, medicine, social science, management, and other disciplines to promote evidence-based approaches to humanitarian assistance with the underlying mission of relieving human suffering in war and disaster by advancing the science and practice of humanitarian response worldwide. Alongside the Harvard T. Chan School of Public Health, HHI serves as the U.S. academic home for the project as well as providing expertise in conducting interdisciplinary and practice-based research and education. The Open Hands Initiative (OHI) is a US-based nonprofit organization with a mission to create mutual understanding between nations and communities through diplomacy and developing responsible and sustainable cultural exchange programs by fostering exchanges between young leaders from the United States and their counterparts abroad. The

University of Antioquia (UdA) is one of the oldest and biggest public university in Colombia, notable for having the top medical program in the country. The University of Antioquia serves as the Colombian academic home for the project and has an existing collaborative relationship with Granizal as well as an extensive network of community and municipal leaders. The underlying goal of the program is to encourage dialogue between the students and to increase mutual understanding around public health issues through the lenses of health, urban design, and displaced populations through key stakeholders from all sectors. The three-week long course will not only encourage stronger ties between the U.S. and Colombia, but will engender deeper connections among health professionals engaged in social and humanitarian development. The project seeks to understand the communities in Colombia and help them understand the United States by emphasizing respect and dialogue. The course is dedicated to improving the student's understanding through exchange and emphasizing basic shared values and common humanity, and believing that the students had much to teach and learn from one another. With this understanding, we envisioned the Post-Conflict Colombia Public Health Project as a partnership with expert organizations in community engagement and global service to create a safe, socially responsible, and culturally sensitivity experience (**Table 1. Partnerships**).

SETTING

The setting for the project is in Boston (USA) and Medellin and Bogota (Colombia). The first week based in Boston where multi-disciplinary faculty from across Harvard gave a global and US based perspectives on public health topics. The students then spend the next two weeks in Medellin with the UdA partners understanding the Colombian context, visiting the *comuna* of Granizal, experiencing the field realities of these four social development initiatives on the health of displaced populations. The final week is spent in Bogota culminating with presentations of briefing reports and making recommendations to high level Colombian policy makers and organizations.

CURRICULUM DESIGN AND ASSESSMENT

The curriculum was designed with a set of broad constructs aimed at meeting the educational and experiential objectives of the larger project for the public health students. A subject-based process model was used to outline the lecture and seminar topics and generally accepted humanitarian frameworks. A problem-centered model was used to create a comuna case study to highlight the community identified needs. A professional development model was used to design policy building skills workshops around fictional cases and with the following competency objectives. To assess a public policy problem and identify the political, economic, social, and technological implications for this problem and its potential solutions. To identify, engage, and negotiate with appropriate stakeholders in analyzing the policy problem and developing potential solutions. To develop a practical and sustainable solution to the policy problem and plan for its implementation. To effectively communicate the policy solution in both written and oral formats and be able to adjust the communication plan based on the audience. The students were expected to manage their time and work in groups. To increase employability for the students, the course created a public health field experience, wide range of exposure to mentors and employers, skills-building, and an emphasis on life-long learning. Through the course, moments for reflection were created to debrief, provide feedback, discuss change management in and across

institutions, and find collaborate ways to address political barriers. The curriculum assessment strategies were diverse to meet the educational objectives. Anonymous surveys after each site visit were done to hear from the students and adapt the instructional model real-time. Classroom and working group participation were monitored. Each working group was expected to write a blog entry for the Huffpost. The policy briefing reports and high-level presentations were the deliverable products expected from the students.

Lectures, Seminars, and Social Discussion Boards

Seminars are integrated throughout the course and encompass the three broad categories of global, United States, and Colombian perspectives. The seminars are given by core faculty as well as guest speakers who are carefully selected as educators and experts in their respective fields. The lectures started with a global perspective to get the students using the same theoretical definitions and concepts of epidemiology and demography. Next, a historical context of displaced populations, including migration, geo-mapping, refugees, human rights, and integration. Lastly, international conflicts and negotiations from the world along with transitional issues in post-conflict. For a US based perspective, the lectures covered an introduction of the US Healthcare System, Public Health, and Emergency Care; Human rights and humanitarian aid; and health through the lens of education, transportation, and urban design. In the Colombian perspective, the historical context of Colombia and the violence. The causes of conflict, the military history, paramilitaries, and drug traffickers were discussed along with the forced displacement of populations, the Medellin “social urbanism” model, and their reintegration of IDPs in society. Additional context and background is provided through required readings consisting of a collection of papers, articles, and book excerpts supplied to the students online. A shared social media page allows students and faculty with a forum to share additional articles and resources as well as an added medium for reflection.

Roundtable Lunch Discussions and Dinner with Special Guests

Lunches and dinners are used as an opportunity to offer a more personal and less structured setting for students to hear from and directly engage with a variety of leaders in different sectors. Speakers include a United States Senator, the Director of the Harvard Humanitarian Initiative, the former Mayor of Medellín, and the American Ambassador to Colombia. These sessions were made to expose the students to successful individuals from both the public and private sectors, politicians, entrepreneurs, and institutional leaders. Most notably, the Mayor of Medellín, Sergio Fajardo, who transformed city through his innovative ideas gave real and practical recommendations for the inspiring leaders.

Health Policy Skills Workshop Training

The health policy practical skills workshop training seminars aimed at developing the students into professionals. Four case-based seminars were designed to be interactive and create scenarios that required the students to learn and apply strategies in project management, diplomacy and dialogue, crisis management and communication, and conflict resolution and negotiations. The diplomacy and dialogue session focuses on bringing stakeholders to the table, observation and listening, exchange of ideas, and identifying common values and goals. Students are

introduced to the SWOT and PEST analysis frameworks. The SWOT (strengths, weaknesses, threats, and opportunities) analysis is adopted from organizational management and business strategy and is used to assess specific policies and strategies. The PEST (political, economic, social, and technological) analysis is used to further survey the landscape in understanding the feasibility of these policies and strategies. The crisis management and communication session focuses on crisis leadership and the model of mitigation and prevention, preparedness, response, and recovery. A key component of this session is communication and messaging and introduces the concepts of knowing your audience, creating a concise message, methods of communication, building trust, and selecting the appropriate spokesperson. The conflict and negotiation session builds on diplomacy and dialogue and how cooperation can yield better outcomes than unilateralism. This is introduced through game theory and the example of the prisoner's dilemma. The students are taught the negotiation concepts of setting the table, identifying their target and reservations points, determining their BATNA (best alternative to a negotiated agreement), and differences between transactional and long-term relationships.

Social Media Outlets - Dissemination through The Huffington Post blog

A component of this course is to develop the students' ability to communicate and disseminate information using a diversity of mediums and for a variety of audiences. They were asked to reflect on key issues and experiences from their time in Boston and Colombia and each group is responsible for writing a thoughtful blog article suitable for a broad audience. This effort is guided by the core faculty and the blogs are published on the Huffington Post website (<http://www.huffingtonpost.com/author/postconflict-colombia-and-public-health>)

Cultural City Experiences

Part of what makes this course unique is its interdisciplinary and cross-cultural focus. Beyond the classroom, students engage with local culture in both the United States and Colombia with exposure to a variety of disciplines that affect social and health policy including history, urban planning, arts and culture, and education. In Boston, students visit the John F. Kennedy Presidential Library with its themes of international diplomacy and public service. They also take a walking tour of downtown Boston with an expert in architectural design. Additional time is devoted to arts and education with visits to the Harvard University medical campus, the Harvard Museum of National History, and the Boston Museum of Fine Arts. In Medellín, the students gain additional historical context through visits to the Museum of Antioquia and the "Museo de la Memoria" Museum. During their seminar sessions, students learn about the development of social urbanism in Medellín and the construction of community-focused public spaces. Students visit the Belen Library which is one of the library parks in Medellín developed not only as a place for study and access to books, but also as a space for community gathering, discussion, and culture. They visit Parque de la Vida and learn about programs for access to medical care and promotion of healthy lifestyles. Unidades de Vida Articulada is a neighborhood-level intervention which develops new multipurpose public spaces for community engagement, education, sports, and culture. These public spaces take different forms. The students visit a repurposed water tank reclaiming the area for meaningful use with classrooms, computer labs, and space for small business as well as a place of architectural pride and physical beauty with landscaping, lights, and fountains.

Public Health Field Experience with an Internally Displaced Community

The students participated in two community site visits during their time in Colombia. One was to the town of Támesis and the House of Health San Juan de Dios, a level one (lowest level) health center which is renowned for its innovative and impactful primary care model. The second site visit was to the community of Granizal which is home to the second highest number of IDPs in the country. Granizal was chosen as the site that would be the basis for the students' capstone policy project based on its status as a community of great need, large IDP population, and established relationship with the University of Antioquia. While the students spent time learning about Granizal and understanding its needs, it was equally important that they contribute to the community in real time with the potential for long-term impact. The students, faculty, and local leaders host a community fair where each student group provides a service. The census and mapping group teaches interested community members about the value of census and mapping and conducts a small-scale mapping exercise of the area. The women and children group provides deworming medication to both adults and children. The education group hosts a computer and internet teaching session and the health group teaches first aid. The health group conducts a community education session on the warning signs of pediatric dehydration. Throughout the site visit, the students engage with the community to better understand Granizal and its people's needs and challenges. These conversations and observations provide the basis for the students' policy analysis and recommendations.

Briefing Reports and High-Level Presentations

The culminating experience of the course is the policy briefing report and presentation where students to apply their new skills and experiences to real world situations with the intent of educating and influencing those in a position to enact change. This final project demonstrates the students' proficiency in formulating innovative, feasible, and sustainable policy initiatives as well as communicating concisely and effectively to high-level policy makers. The students integrate their new knowledge of post-conflict Colombia and analysis of the Granizal community into a set of policy recommendations which are synthesized into two to four-page briefing report and a fifteen-minute presentation to public and private stakeholders in Bogota. The briefing reports were reviewed and shared with the community leaders upon completion of the project as a way to help them engage with their local political leaders. The structure of the reports and presentations followed a uniformly accepted format for policy evaluation and analysis. A statement of the problem outlining why the policy change or intervention is needed. A pros and cons analysis of the policy issue, and SWOT and PEST consideration. Identify which option will be recommended and summarize with supporting evidence. The next steps describe how and when to implement along with a timeline that includes phases of implementation. The conclusion returns to the goal and motivation of the policy change, what will happen if the decision-maker does or does not implement the recommendation, and a reminder of the level of urgency and necessity of the recommendation. With the aim to apply an interdisciplinary lens to the progressive social development initiatives that the civic leadership of Medellín developed in this post-conflict period, including how transportation networks, urban spaces, economic development, and educational initiatives have contributed to the engagement and reintegration of displaced populations into civil society and thus have impacted their health, the curriculum was

designed with a set of broad constructs to meet the educational and experiential objectives.

Assessments and Outcomes

Each component of the project had a student evaluation. The questions and responses to the surveys are below. The students were asked to answer the following questions using a 4 point Likert scale. All answers are confidential, anonymous and randomized. Translations of the Spanish responses were made. The main objective for the program was an academic course that created the opportunity to learn about Colombia, the health system, a cultural exchange experience with learning from and working with peers and faculty; and a practical field experience in the IDP comuna of Granizal. Overall, the main finding was that 93% of students felt that their expectations for the course objectives were met. All respondents cited having grown personally and/or professionally as a result of the program. Teamwork and seeing public health from an interdisciplinary standpoint were two major themes related to the participant's growth. All respondents reported having experienced an intercultural exchange that was positive and a meaningful aspect of the program. Dialogue and diplomacy surfaced as being important and impactful themes that resonated with the participants.

In Boston, the course helped the student learn about the following areas:

- Basic concepts in humanitarian work 3.41
- Organizations involved in and types of migratory populations 3.53
- Technical applications in humanitarian operations 3.29
- Legal frameworks and protection of migratory populations 3.59
- US healthcare system 3.00
- Political issues in transition 3.59
- Refugee resettlement and healthcare 3.53
- Urban development and health impact on populations 3.41
- Techniques for bringing about societal change 3.53.

In Medellin, the course helped the student learn about the following areas:

- Knowledge about Colombia 3.75
- Colombian healthcare system 3.27
- Knowledge about indigenous populations 3.31
- Violence in Colombia 3.63
- IDPs in Colombia 3.50
- Problems and priorities in Granizal 3.75
- Programs by NGOs in Granizal 3.25
- Low income housing development 3.31
- Innovative repurposing of public spaces 3.63
- Research methods to measure impact of interventions 3.06
- Techniques and challenges when designing an innovation 3.19
- Documenting the human suffering in the conflict 3.81
- Emergency response professional training 3.00
- Innovative social programs in Medellin 3.69.

In Bogota, the course helped the student learn about the following areas:

The briefing reports writing process 3.71
Presentation of briefing reports to stakeholders 4.00.

In the overall course evaluation, the course helped the student learn about the following areas:

Knowledge of public health 3.71
Experience with field work 3.50
Experience working in an international setting 3.57
Understanding public health diplomacy 3.71
Understanding the approach to designing public health projects 3.71
Political processes in public health 3.71
Principles of peace negotiations 3.79
Challenges of re-insertion into society of demobilized actors 3.64
Different strategies for the reparation of victims of armed conflict 3.57
Positive effects that infrastructure can have on violence reduction 3.79
Role of the money saving effects of preventive strategies 3.36
Importance of quantitative outcome measures in interventions 3.50
Teamwork skills 3.79;
Cross-cultural skills 3.77
Presentation skills 3.57
Foreign language skills 3.86
Critical thinking skills 3.64

The following questions were asked to provide **general course feedback**:

The course increased my understanding of the subject 3.86.
The course was intellectually challenging 3.79.
The course assignments were related to the themes 3.86.
The course objectives were clear 3.50.
The amount of writing and other classwork was enough 3.57.
Working on briefing reports helped my learning 3.64.
The overall rating of the course was Excellent 79% and Good 21%.
When asked if they would recommend this course to other students, 100% of them said yes.

DELIVERABLES

In line with the course objectives, we designed the Post-Conflict Colombia Public Health Project to accomplish the vision and have the following deliverables. To build local human capacity by creating public health leaders through an academic, experiential, and practical program that aims to make a meaningful impact in the community of Granizal and people of Colombia.

Student capacity and leadership building

To stimulate the student's intellectual curiosity through conversations and promote observations through all of the project activities, we deliberately tried to build their leadership skill-set. Upon completion of the course, the students received certificates for Diplomacy, Practical Policy Skills, and Community based participatory projects.

Social Media Reach and Press Impact

To share cross-country cultural experiences and highlight public health issues through various social mediums, we monitored and tracked our digital footprint. The HHI Facebook had a total of **2,211** total impressions across posts. The HHI Twitter had **17,244** total impressions across tweets and the OHI Twitter had **30,000** Colombia-related impressions. The Colombian press coverage was on Caracol, El Tiempo, and El Colombiano with 3 million potential audience members. The student blogs in Huffington Post had **50,000** uniques and **100,000** views. The online reach on the HHI/HSPH web news feature on the Colombian session had **153** page visits and the HHI web feature had **587** page visits.

Community Field Experience and Capacity Building

To have a practice-based learning experience centered on the socio-developmental model and focused on the priorities identified by the community, we had four previously established priority areas raised by the Granizal community. The areas of priority were the need for a census of the population, health and healthcare access, quality of education, and issues affecting vulnerable groups such as women, children and adolescents.

For the field experience, the students paired up with faculty members into 4 teams based on the community identified themes. Over 250 community members came by the center at some point for the intro, lunch, stations, and/or for the health fair. Two patients were evaluated medically. There was a follow up with the community for distribution of the briefing reports. A commitment to fund the 2nd story of community center was made and blueprints for construction were initiated.

Pilot demographic mapping of area of Granizal with community members was accomplished by Team 1. They helped them develop a sustainable census plan by creating survey questions that were needed to be asked for their needs, to help inform the rights that they are entitled to have, and to see first-hand the power of participatory engagement to influence allocation of resources. Sixteen adults received first aid training by Team 2 along with the development of 8 kits (\$10/kit) and a sustainable training plan. Twenty community members participated in the internet café educational initiative. They developed an online educational material based on identified priorities and by target audiences by ages. A training of “Internet Champions” on web access was done with a community leader. 150 adults and children were treated at the deworming clinic by team 4 and a sustainable deworming plan with the appropriate antibiotics was developed.

LESSONS FROM THE FIELD

Current issues of social justice, health inequity, and public health threats to communities have no geographic boundaries. The future generation of leaders in public health and policy must be able to bridge cultures and nations through diplomacy and be equipped to develop innovative strategies and partnerships across professional disciplines on a global scale.

As we have learned from other disciplines, there is a current move away from training curricula limited to rote learning and fact-based content. Public health and policy schools and educational programs could benefit from incorporating experiential and competency-based learning with an emphasis on skill building in leadership, management, policy-making, and research.⁵ The Institute of Medicine’s 2003 report, *Who Will Keep the Public Healthy? Educating Public Health*

Professionals for the 21st Century, recommends eight content areas as essential to graduate level public health education programs: informatics, genomics, communication, cultural competence, community-based participatory research, global health, policy and law, and public health ethics.⁶ The report further acknowledges the importance of developing international relationships between academic institutions, community organizations, and health agencies for collaboration in interdisciplinary and community-based research, learning, and service. Several public health approaches have been documented in the literature.

We describe a model for a multi-institutional and cross-cultural collaboration based on *The Post-Conflict Colombia Public Health Project*, a three-week intensive course developed in partnership between the Harvard Humanitarian Initiative, the Open Hands Initiative, and the University of Antioquia. While our course examined the social development model of Medellín and its impact on the advances in peace, social equity, and health, we believe that this educational model can be applied with other academic disciplines and across to other countries and communities in a culturally sensitive manner.

We believe that capturing experiences and practices that are gained from the field that focus on public health problems around the world should be shared with our colleagues in a collaborative fashion to advance our global efforts. We attempted to make this project more relevant to both of our users, the public health student and our selected IDP community in Granizal, and to help close the know-do gap in global health through an innovative, experiential, and educational model. We hope this paper adds to the growing literature on policy training and provides a unique model using multi-institutional and cross-cultural relationships to build professional competencies and provide real world impact. We encourage other academic and humanitarian institutions to build upon this model both in the field of public health and across other disciplines.

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Appendix A
Course Overview/Syllabus
Boston, MA | Medellín & Bogotá, Colombia

Tuesday, Jan. 05

Introduction and orientation. Global definitions and concepts: refugee rights, displaced persons, geo-mapping, epidemiology and demography. Welcome dinner.

Wednesday, Jan. 06

U.S. perspectives into the U.S. healthcare system, human rights, humanitarian aid. Cultural excursion to JFK Library and urban spaces.

Thursday, Jan. 07

Global perspectives of the U.S. and Latin America. Colombian politics. Conflicts and negotiations around the world. Cultural evening in Cambridge, Mass.

Friday, Jan. 08

U.S. socio-economic model: public health through education, transportation, urban design, and economic development. Closing dinner at the Harvard Museum of Natural History with invited guests.

Sat & Sun, Jan. 9-10

Travel to Medellín, Colombia. Cultural activities throughout Medellín.

Monday, Jan. 11

The Colombian perspective: the healthcare system, emergency care, disaster response, and landmines. Welcome dinner.

Tuesday, Jan. 12

The Colombian violence, political conflict, military history, narco-trafficking and BACRIM. Cultural excursion to Belen Library.

Wednesday, Jan. 13

The Colombian IDP, laws and legislation, diagnostics and priorities for displaced populations.

Thursday, Jan. 14

Community visit to displaced community. Health fair and First Responder Course.

Friday, Jan. 15

Medellin Model: Social policies and urban interventions in Medellín.

Sat & Sun, Jan. 16-17

Excursion to rural Colombia. Experiences with Antioquia's Primary Care Model.

Monday, Jan. 18

Medellin Model Part 2. Parque de Vida discussion on projects and activities.

Tuesday, Jan. 19

Closing plenary. Working group activities around priorities in displaced communities and Medellín initiatives.

Wednesday, Jan. 20

Travel to Bogotá, Colombia. City tour.

Thursday, Jan. 21

Meetings and panel discussions with key public and private stakeholders in Bogotá.

Friday, Jan. 22

Closing plenary. Briefing report presentations. Closing dinner gala with keynote speaker.

Figure 1: Key Seminars

Global Perspectives

Global Definitions and Concepts: definitions, theoretical concepts, epidemiology, and demography.

Global Definitions and Concepts: a historical context of displaced populations – migration, geo-mapping, refugee, rights, and integration.

Conflicts and negotiations from the world: transitional issues in post-conflict.

U.S. Perspectives

Introduction to the U.S. Healthcare System, Public Health, and Emergency Care.

Human Rights and Humanitarian Aid.

Urban Health Through Education, Transportation, and Urban Design.

Colombian Perspectives

Humanitarian Action and the Politics of Transition: the context of Colombia.

The Colombian Violence: interpretation of conflict causes, military history, paramilitaries, and drug traffickers.

The Colombian IDP: Forced displacement in Colombia. Displaced population re-inclusion in society.

The Medellín Model: Social policies and urban interventions in Medellín. Urban housing and transformation.

Antioquia's Primary Care Model: Primary care in Colombia and primary care strategies implemented in the Antioquia department.

PARTNERSHIPS Table 1.

Harvard School of Public Health
Harvard Medical School
Harvard Humanitarian Initiative
Harvard TH Chan School of Public Health
Harvard Business School
Harvard John F. Kennedy School of Government
David Rockefeller Center for Latin American Studies
Harvard Business School
Harvard School of Design and Loeb Fellowship
Harvard Carr Center
Universidad de Antioquia School of Medicine
Universidad Nacional de Colombia sede Medellín
Casa de los Derechos
Programa de las Naciones Unidas para el Desarrollo en Colombia
Fundación Huellas
Lideres Comunitarios – Vereda Granizal
Empresa de Vivienda de Antioquia VIVA
Medellin Solidaria
Proyecto Unidades de Vida Articulada
Hospital de Tamesis
Universidad de Antioquia Nacional School of Public Health
Gerente del Distrito de Innovación, Ruta N
Parque de la Vida
Corporación Región
USAID - Office of Vulnerable Populations
PADEF/FUPAD
Universidad de los Andes
U.S. State Department
Banco Interamericano de Desarrollo (BID)
Defensoria del Pueblo
Fundacion de Ideas para la Paz (FIP)
Heartland Alliance
Colombian Minister of Health
Foundation Santa Fe de Bogota
Unidad para las Victimas
Secretary of Health (Bello)
Colombian Red Cross