



## **PUBH 395: Comparative Public Health: A Global Perspective**

### **Course Syllabus**

### **Spring Semester 2027**

**Instructor:** Luciana Pagano Salmi, PhD

**Credits:** 3

**Contact Hours:** 45

**Prerequisites:** none

**Class Meeting Days & Time:** TBD

**Office Hours:** by appointment after a class or via Zoom (see Moodle site)

**Course Type:** Standard Course

**Course Fee:** TBD

#### **Course Description**

Public health systems are facing increasing challenges, including demographic change, the growing burden of chronic diseases, emerging infectious diseases, rising healthcare costs, and persistent health inequalities.

Understanding how different countries respond to these challenges requires not only knowledge of health systems, but also the ability to critically evaluate policies, data, and outcomes across contexts.

This course introduces students to the principles of public health through a comparative perspective with a specific focus on the United States and Italy. Students will examine how each system has developed, how healthcare is financed and governed, and how institutional, cultural, and political factors shape health policies and population health outcomes.

Through a series of case studies, such as infectious disease control, chronic disease prevention, environmental health, and health inequalities, students will compare how public health challenges are addressed in different contexts. These comparisons will be supported by the analysis of key indicators, including morbidity, mortality, access to care, costs, and quality of services.

Particular attention will be given to health disparities and the role of social determinants of health, such as socioeconomic status, migration, gender, environmental conditions, and governance. Students will develop the ability to interpret epidemiological data, assess the quality of evidence used in public health decision-making, and critically evaluate public health interventions and policies.

By the end of the course, students will be able to compare health systems, analyze the factors that shape health outcomes, and apply a critical, evidence-based perspective to contemporary public health challenges.

#### ***Learning Outcomes and Assessment Measures***

Below are the course's learning outcomes, followed by the methods that will be used to assess students' achievement for each learning outcome. By the end of this course, students will be able to:

- **Identify [define and apply]** key concepts and frameworks in public health and population health outcomes (Weekly Quiz, Course Journal);
- **Interpret** basic epidemiological indicators and public health data used to measure population health outcomes (Course Journal, Course Journal);
- **Analyze** the role of social, environmental, and political determinants in shaping health inequalities across countries (Weekly Quiz, Course Journal);
- **Compare and critically assess** the organization, performance, and outcomes of public health systems, in Italy and the United States (Final Presentation);
- **Develop and communicate** a comparative analysis of a contemporary public health issue using scholarly literature and empirical evidence (Final Presentation).

## Course Materials

### Readings

A course reader, including all the indicated readings, will be available. The course's Moodle site is the primary location for readings and assignments.

### Assessment

Attendance	10%
One-On-One Prof Meeting	5%
Weekly Moodle Quizzes	15%
Comparative Public Health Project	40%
Course Journal	15%
Final Presentation	15%

### Grading

Students are reminded that it is their responsibility to note the dates of exams and other assignments. No alternative exam dates will be offered and professors are not required to give partial credit for any late work (they do so at their discretion: the Institute's default policy is no extensions and a zero for any work turned in late). Students who book travel when they have an exam or other assessment will have to change their plans or accept a zero. Letter grades for student work are based on the following percentage scale:

Letter Grade Range	Numerical Score Equivalent	Student Performance
A	93% - 100%	Exceptional Excellent
A-	90% - 92%	
B+	87% - 89%	Superior
B	83% - 86%	
B-	80% - 82%	
C+	77% - 79%	Satisfactory
C	73% - 76%	
C-	70% - 72%	
D+	67% - 69%	Low Pass
D	63% - 66%	
D-	60% - 62%	
F	59% or less	Fail (no credit)

**Please note:** decimal numerals between 1-4 are rounded down while 5-9 are rounded up: e.g., expect 89.4 to be 89.0 while 89.5 to round up to 90.

### Course Requirements

Grades are based on the following criteria.

#### *Attendance (10%)*

Attendance is an essential part of this course. If you attend all the meetings, you will receive 10% for this part of your grade. There are no make-ups offered for attendance.

#### *One-On-One Professor Meeting (5%)*

Getting to know your professor makes you more comfortable with that person and therefore more likely to ask for help. It also might help for you to ask questions about the various assignments or discuss a paper idea. In this course, you get 5% of your grade for coming one time before Week 9 to office hours.

#### *Weekly Online Quizzes (15%)*

Students will be assigned a quiz every week, which will be due before class time and will not be reopened. The quiz will be on Moodle and it is not timed. Students can take the quiz as many times as they like, with the recorded grade being the highest grade they receive. There will be a combination of *technical*, *methodological*, and *content questions*. The content questions will help students zoom in on the most important ideas of the readings.

The technical questions will help students learn the class's policies and administrative procedures. The methodological questions will test on skills that will pop up every week, like finding an author's argument and assessing sources.

### *Comparative Public Health Project (40%)*

#### Comparative Public Health Project (40%)

Students will complete a staged comparative analysis of a contemporary public health issue focusing on Italy and the United States. Rather than functioning as a single end-of-semester paper, this assignment is designed as a progressive research and writing project developed across the semester through multiple stages, each accompanied by detailed prompts, structured guidance, and instructor feedback.

The purpose of this project is to help students develop the analytical and research skills necessary to compare how different institutional, cultural, social, and policy contexts shape public health outcomes and responses in different national settings. Throughout the semester, students will progressively refine their topic, identify and evaluate sources, develop comparative analytical frameworks, and build an evidence-based argument.

This assignment assesses the following learning outcomes:

- analyze the role of social and structural determinants in health inequalities
- compare and evaluate public health systems and policy approaches
- interpret epidemiological, institutional, and policy evidence in comparative context
- integrate scholarly literature and empirical evidence into a coherent analytical argument

Students will select a specific public health issue discussed during the course. Possible topics may include: infectious diseases, health systems, environmental health, mental health, health inequalities, chronic disease prevention, migration and health, disability and access to care, or another approved course-related topic.

Students will analyze how the selected issue is addressed in both Italy and the United States using epidemiological data, policy documents, institutional reports, and scholarly literature. The project emphasizes analytical comparison rather than simple description, encouraging students to examine how broader social, political, economic, and cultural factors shape different public health responses and outcomes.

The project will be developed in stages across the semester:

#### Topic Exploration & Comparative Question (Week 3)

Students identify two possible public health topics and begin developing a focused comparative research question. This stage is intended to help students narrow the scope of the project and identify meaningful dimensions of comparison across the two national contexts.

#### Sources & Evidence Mapping (Week 5)

Students identify and evaluate relevant scholarly literature, epidemiological data, policy documents, and institutional sources. Students will begin assessing the strengths, limitations, and comparability of different forms of public health evidence.

#### Comparative Analytical Outline (Week 7)

Students develop a structured comparative outline identifying key dimensions of analysis (e.g., access, prevention, inequalities, financing, governance, environmental determinants, health outcomes, or policy responses). Students will also formulate a provisional analytical argument that may evolve as research progresses.

#### Partial Draft (Week 9)

Students submit a partial draft integrating comparative analysis, empirical evidence, and scholarly literature. Feedback at this stage will focus on analytical structure, interpretation of evidence, and development of

argumentation.

#### Final Comparative Analysis (Week 11)

Students submit a final comparative analysis (approximately 2000–2500 words) that:

- compares how the selected issue is addressed in Italy and the United States
- evaluates similarities and differences in public health approaches and outcomes
- integrates epidemiological evidence, policy analysis, and scholarly literature into a coherent comparative argument
- critically reflects on the role of social, structural, and institutional determinants in shaping public health outcomes

Because comparative public health research is an iterative process, students are encouraged to refine, narrow, or adjust their focus as they engage more deeply with the evidence throughout the semester.

Each stage of the project will be graded separately and returned with feedback to support the development of the final paper. Detailed prompts, examples, rubrics, and submission guidelines for each stage will be provided on Moodle.

Projects will be evaluated based on:

- clarity and focus of the comparative research question
- quality and depth of comparative analysis
- integration and interpretation of empirical evidence and scholarly sources
- organization, coherence, and analytical rigor of the written argument
- engagement with feedback throughout the staged research process

#### *Course Journal (15%)*

Students will be provided with a notebook at the start of the semester, which they will use as a personal space through which to reflect on course material and ideas. In-class assignments (e.g. summaries of assigned readings, analyses of primary sources, mental maps, reflections, predictive exercises) will be regularly scheduled and graded twice throughout the semester, i.e. before the mid-semester break (Week 7) and at the end of the course (Week 12). Each of these checks is worth XX% of your grade, for a total of XX%. See the full prompt on Moodle for more information.

#### *Final Presentation (15%)*

Students will present the findings of their Comparative Public Health Project.

The purpose of the presentation is to develop students' ability to communicate a comparative public health analysis clearly and effectively.

This assignment assesses students' ability to:

- interpret and present epidemiological and policy data
- compare and evaluate public health approaches
- communicate evidence-based arguments to an audience

Each presentation should:

- introduce the selected public health issue
- present key epidemiological and policy data for Italy and the United States
- compare similarities and differences between the two systems
- evaluate policy responses and discuss implications

Presentations will be approximately 8–10 minutes followed by a short discussion.

Students are encouraged to use visual aids such as slides, graphs, or charts.

Presentations will be evaluated based on:

- clarity and organization

- quality of comparative analysis
- effective interpretation and use of data
- ability to communicate key findings

A detailed prompt and grading rubric will be available on Moodle.

### **Extension & Submitting Late Work**

Work submitted after the deadline will receive a grade of zero, not partial credit. Each student is allowed one extension of 24 hours over the entire semester. This can be used for any assignment but the final project. Students need to email the instructor before the deadline and inform the instructor of their use of the extension. Any work submitted after the 24-hour extension will be marked zero. As for all policies, exceptions can be made by the Director for students with special accommodations or in case of medical emergencies, etc.

### **Attendance Policy**

Attendance is expected and mandatory for classroom times and co-curricular activities. The first two absences per course due to illness will be considered excused “sick days” and do not require medical documentation. To receive additional excused absences due to illness, students are required to see a local physician or request a letter from an Institute-approved doctor documenting they should be excused from class for illness.

Unexcused absences will adversely affect a student's academic performance and will result in a reduction of the student's final course grade by 2% per absence up to a maximum of 10%. Excessive unexcused absences may result in a failing grade or disciplinary action. It is the student's responsibility to be aware of the number of absences or late arrivals for each course, and to ask the instructor when in doubt.

If students miss class, they are responsible for obtaining class notes from other students and/or for meeting the professor during office hours. Any work missed in class because of an excused absence may be made up within one week of the return to the class. Any work missed that was a quiz or other test must be made up outside of class time and will, in the interest of intellectual honesty, be a slightly different test than the one given in class.

Presence during mandatory field trips is especially important. Missing a mandatory field trip for a course, unless for a very serious reason that is communicated to Umbra staff in a timely manner, will lower the students' grade by half a letter grade (i.e., a final grade of a B+ would be lowered to a B).

Legitimate reasons for an excused absence or tardiness include death in the immediate family, religious observances, illness or injury, local inclement weather, and medical appointments that cannot be rescheduled.

Absences relating to illness may be excused by the Director, but only if a medical certification is provided.

Students who request an approved absence to observe a religious holiday must submit a formal request to the Institute's Director within one week after the add/drop period when course schedules, including any field trips, are finalized. No exceptions will be made after this deadline.

Except in the case of medical emergencies, absences are not accepted when tests are scheduled; tests cannot be made up. Furthermore, scheduled times and dates indicated for exams, quizzes, oral presentations, and any other graded assignments cannot be changed for any reason. Even if more sections of the same class are activated, students may only take exams during the scheduled times and dates for the section they are enrolled in.

### **Tardiness Policy**

Students are expected to attend all classes punctually. Any student arriving up to 15 minutes late or leaving up to 15 minutes earlier than the scheduled class end time will be marked as tardy. Each incident of tardiness (late arrivals to or early departures from class) is 0.5% off the final grade. However, should a student arrive more than 15 minutes late or depart more than 15 minutes before the conclusion of the class, it will be recorded as an absence.

Students are also expected to remain in class during the time of instruction except for a reasonable amount of time to use the restroom. Students who leave class and do not return during the class session will receive an unexcused absence or late penalty.

### **Academic Integrity**

All forms of cheating (i.e., copying during exam either from a fellow student or making unauthorized use of notes) and plagiarism (i.e., presenting the ideas or words of another person for academic evaluation without acknowledging the source) will be handled according to the Institute Academic Policy, which can be found in the Umbra Institute Academic Policies and Conduct Guidelines.

Utilizing ChatGPT or other artificial intelligence (AI) tools for the generation of content submitted by a student as their own as part of any assignment for academic credit at the Institute constitutes a form of plagiarism.

Should the Institute become aware of a student's use of such platforms and services, the student will be subject to the same consequences and judicial proceedings as are in place for plagiarism (defined above).

### **Laptop & Classroom Policy**

Students are expected to follow the policy of the Institute and demonstrate the appropriate respect for the historical premises that the school occupies. As a general rule, the consumption of food in the classroom is not permitted. Exceptions may be made at the discretion of the professor for specific cases, such as food tastings integral to the course content. Please note that cell phones must be set on silent mode before the beginning of each class. Computers and other electronic devices (e.g., ear buds, smart watches, etc.) cannot be used during class lectures and discussions, unless there has been a specific academic accommodation. This policy also applies to earbuds and headsets.

As an instructor and as a person, I am dependent on both my computer and my telephone. That said: An ever-increasing body of research shows that open laptops and telephones in the classroom create distraction (both visual and auditory) for those using them and those around them. You can type faster than you can write, and as a result you end up processing less when you're simply typing notes. For this reason, I have a physical notebook policy: I ask you to leave your computers in your bags and phones in your pockets and use a regular notebook. There are four exceptions: 1) if you have an accommodation; 2) if you're using a tablet to take notes, 3) if you make an office hours appointment with me to discuss the use of a computer; or 4) if we have an in-class tutorial about online research tools.

While food and drink are sometimes part of Umbra classes, your grade is never dependent on consuming anything.

## Schedule of Topics, Readings, and Assignments

### WEEK 1

#### **Introduction to Public Health and Population Health**

Meeting 1 *Course introduction. What is public health? Population health vs clinical medicine.*

Meeting 2: *Major public health challenges in the 21st century. The role of public health systems in addressing population health problems.*

#### Readings for the week:

Azari, R., & Borisch, B. (2023). What is public health? *Archives of Public Health*, 81(1), 86.

<https://doi.org/10.1186/s13690-023-01091-6>

Turnock, B. J. (2012). *Essentials of Public Health*. Jones & Bartlett Publishers. Read “What Is Public Health?”, pp. 3–21.

### WEEK 2

#### **Social Determinants of Health**

Meeting 1 *Understanding health inequalities and the concept of social determinants of health.*

Meeting 2: *How socioeconomic, environmental, and political factors influence population health outcomes across countries.*

#### Readings for the week:

Solar, O., & Irwin, A. (2010). “The CSDH conceptual framework”, pp. 20–35. In *A Conceptual Framework for Action on the Social Determinants of Health*. World Health Organization. <https://apps.who.int/iris/handle/10665/44489>

World Health Organization. (2025). “Key trends affecting the social determinants of health equity”, pp. 17–29. In *World Report on Social Determinants of Health Equity*. World Health Organization.

World Health Organization. (2025). “The social determinants of health equity”, pp. 33–50. In *World Report on Social Determinants of Health Equity*. World Health Organization.

### WEEK 3

#### **Public Health Systems and Governance**

Meeting 1 *Structure and organization of public health systems. Key actors, institutions, and governance structures.*

Meeting 2: *Comparing health systems internationally. Models of healthcare organization and financing.*

#### Readings for the week:

Rechel, B., Jakubowski, E., McKee, M., & Nolte, E. (Eds.). (2018). *Organization and Financing of Public Health Services in Europe*. Read “Chapter 3”, pp. 29–50.

Böhm, K., Schmid, A., Götze, R., Landwehr, C., & Rothgang, H. (2013). Five types of OECD healthcare systems: Empirical results of a deductive classification. *Health Policy*, 113(3), 258–269. <https://doi.org/10.1016/j.healthpol.2013.09.003>

### Assignments:

Turn in first reading report through Moodle.

#### WEEK 4

### **The Italian Public Health System**

Meeting 1: *Historical development of the Italian Servizio Sanitario Nazionale (SSN) and principles of universal healthcare in Italy.*

Meeting 2: *Governance, regional organization, and current challenges of the Italian public health system.*

#### Readings for the week:

Ferre, F., de Belvis, A. G., Valerio, L., Longhi, S., Lazzari, A., Fattore, G., Ricciardi, W., & Maresso, A. (2014). Italy: Health System Review. Read “Chapter 1”, pp. 1–12, and “Chapter 2”, pp. 19–45. *Health Systems in Transition*, 16(4).

Tikkanen, R., Osborn, R., Mossialos, E., Djordjevic, A., & Wharton, G. (2020). International Profiles of Health Care Systems 2020. Read “Italy”, pp. 87–104.

#### WEEK 5

### **The United States Health System**

Meeting 1 *Structure and organization of the U.S. healthcare system. Public and private roles in healthcare provision.*

Meeting 2: *Access to healthcare, insurance coverage, and major policy debates in the United States.*

#### Readings for the week:

Rice, T., Rosenau, P., Unruh, L., Barnes, A., Saltman, R., & Van Ginneken, E. (2013). United States of America: Health System Review. Read “Chapter 1: Introduction”, pp. 1–10, and “Chapter 2: Organization and Governance”, pp. 17–45. *Health Systems in Transition*, 15, 1–431.

Tikkanen, R., Osborn, R., Mossialos, E., Djordjevic, A., & Wharton, G. (2020). International Profiles of Health Care Systems 2020. Read “United States”, pp. 171–190.

#### WEEK 6

### **Comparing Population Health Indicators**

Meeting 1 *Key public health indicators: life expectancy, mortality, disease burden, and health expenditure.*

Meeting 2: *Comparing population health outcomes in Italy and the United States.*

#### Readings for the week:

OECD. (2023). Health at a Glance 2023: OECD Indicators. Health at a Glance, 2023. Read “Indicator Overview”, pp. 17–30, and “Health Status”, pp. 61–82.

<https://doi.org/10.1787/7a7afb35-en>

## **Semester Break**

## WEEK 7

### **Disease Responses: Italy vs United States**

Meeting 1 *Public health responses to infectious diseases and pandemic preparedness.*

Meeting 2: *Comparative case study: policy responses and health system capacity in Italy and the United States.*

#### Readings for the week:

World Health Organization. (2023). *Managing Epidemics: Key Facts About Major Deadly Diseases* (2nd ed.). World Health Organization. Read “Introduction and Key Concepts”, pp. 14–21, “Disease Transmission”, pp. 25–27, and “Preparedness and Response”, pp. 31–36. <https://iris.who.int/handle/10665/374062>

Hale, T., Angrist, N., Goldszmidt, R., Kira, B., Petherick, A., Phillips, T., Webster, S., Cameron-Blake, E., Hallas, L., Majumdar, S., & Tatlow, H. (2021). A global panel database of pandemic policies (Oxford COVID-19 Government Response Tracker). *Nature Human Behaviour*, 5(4), 529–538. <https://doi.org/10.1038/s41562-021-01079-8>

## WEEK 8

### **Chronic Disease Prevention: Italy vs United States**

Meeting 1 *Chronic diseases and lifestyle-related health risks.*

Meeting 2: *Public health strategies for prevention and health promotion in Italy and the United States.*

#### Readings for the week:

Bennett, J. E., Stevens, G. A., Mathers, C. D., Bonita, R., Rehm, J., Kruk, M. E., Riley, L. M., Dain, K., Kengne, A. P., Chalkidou, K., Beagle, J., Kishore, S. P., Chen, W., Saxena, S., Bettcher, D. W., Grove, J. T., Beaglehole, R., & Ezzati, M. (2018). NCD Countdown 2030: Worldwide trends in non-communicable disease mortality and progress towards Sustainable Development Goal target 3.4. *The Lancet*, 392(10152), 1072–1088. [https://doi.org/10.1016/S0140-6736\(18\)31992-5](https://doi.org/10.1016/S0140-6736(18)31992-5)

Global burden of 87 risk factors in 204 countries and territories, 1990–2019: A systematic analysis for the Global Burden of Disease Study 2019—*The Lancet*. (n.d.). Retrieved April 2, 2026, from [https://www.thelancet.com/article/S0140-6736\(20\)30752-2/fulltext](https://www.thelancet.com/article/S0140-6736(20)30752-2/fulltext)

## WEEK 9

### **Environmental Health Policies: Italy vs United States**

Meeting 1 *Environmental determinants of health. Discussion of Best Practices/Guidelines for Final Presentations.*

Meeting 2: *Comparing environmental health policies and public health responses in Italy and the United States.*

#### Readings for the week:

HEI, S. (2020). *State of Global Air 2020*. Technical Report. Read “Overview and Health Burden”, pp. 1–16, “United States Profile”, pp. 90–93, and “Italy Profile”, pp. 94–97.

Kuklinska, K., Wolska, L., & Namiesnik, J. (2015). Air quality policy in the U.S. and the EU – a review. *Atmospheric Pollution Research*, 6(1), 129–137.

<https://doi.org/10.5094/APR.2015.015>

Prüss-Üstün, A., Wolf, J., Corvalán, C., Bos, R., & Neira, M. (2016). Preventing Disease Through Healthy Environments: A Global Assessment of the Burden of Disease from Environmental Risks. World Health Organization.

#### WEEK 10

### Migration, Inequality, and Access to Healthcare

Meeting 1 *Health inequalities among migrant populations.*

Meeting 2: *Comparing healthcare access and integration policies affecting migrant populations in Italy and the United States.*

#### Readings for the week:

Bacherini, A., Pierluigi, I., & Balboni, G. (2024). Healthcare for people with intellectual and developmental disabilities in Italy. *Journal of Policy and Practice in Intellectual Disabilities*, 21(1), e12490. <https://doi.org/10.1111/jppi.12490>

Abubakar, I., Aldridge, R. W., Devakumar, D., Orcutt, M., Burns, R., Barreto, M. L., ... & Zhou, S. (2018). The UCL–Lancet Commission on Migration and Health: The health of a world on the move. *The Lancet*, 392(10164), 2606–2654.

Assignment: Turn in draft final presentation for feedback.

#### WEEK 11

### Evaluating Public Health Policies and Interventions

Meeting 1 *How public health policies and interventions are evaluated.*

Meeting 2: *Comparative evaluation of selected public health policies in Italy and the United States.*

#### Readings for the week:

Kelley, E. (2005). Different countries, same needs: Tracking quality of care in the US and Italy. Case study: The US National Healthcare Quality Report and the Italian Osservasalute Report. *Italian Journal of Public Health*, 2(3–4).

La Porta, C. A. M., & Zapperi, S. (2024). Health and income inequality: A comparative analysis of USA and Italy. *Frontiers in Public Health*, 12, 1421509. <https://doi.org/10.3389/fpubh.2024.1421509>

#### WEEK 12

### Student Presentations

Meeting 1: *Group A*

Meeting 2: *Group B*

#### WEEK 13

### Final Classes, Course Wrap-Up

Meeting 1 *Final presentations (if needed) and concluding discussion. Review of key comparative insights from the course.*