HL 395 HEALTH STUDIES PROGRAM SEMINAR
IES Abroad Santiago

DESCRIPTION: Chile has gained international recognition for its health outcomes, innovative primary healthcare model, and efforts to address social and health inequities. This seminar offers an in-depth exploration of the Chilean healthcare system, examining how public policy, social determinants of health, community-based care, and healthcare reforms shape population health in one of Latin America's most dynamic countries.

Through seminars, discussions, workshops, and site visits to healthcare and community organizations, students will engage directly with the realities of healthcare delivery in Chile. Topics include primary healthcare, public health policy, epidemiological transitions, mental health, migration and health, health equity, and the challenges and opportunities facing healthcare systems in a rapidly changing society.

By combining academic analysis with experiential learning, the course encourages students to critically compare healthcare systems across cultural contexts while gaining a deeper understanding of how social, economic, political, and cultural factors influence health outcomes. This course is particularly relevant for students interested in public health, healthcare administration, medicine, nursing, social work, health policy, and global health.

CREDITS: 4

CONTACT HOURS: 27 Seminar + 80 hours at Clinical Observation

LANGUAGE OF INSTRUCTION: English

INSTRUCTOR: TBD

PREREQUISITES: None

ATTENDANCE POLICY: Attendance and punctuality are mandatory for all IES Abroad classes, including course-related excursions. Any exams, tests, presentations, or other work missed due to student absences can only be rescheduled in cases of documented medical or family emergencies. If a student misses more than 1.5 classes (for courses taught once a week) or 2.5 classes (for courses taught twice a week) in any course, the final grade will be reduced by one-third of a letter grade (for example, A- to B+) for every additional unexcused absence. Six absences in any course will result in a failing grade.

METHOD OF PRESENTATION:

- Presentations and group workshops that are complemented with weekly field observations in clinics
- Clinical observations
- Theoretical sessions
- Practical sessions
- Opportunities to study specific areas of health in depth through complementary readings, field visits, and meetings with specialists

Course-Related Activities

Experiential learning activities may include:

REQUIRED WORK AND FORM OF ASSESSMENT:

- Written Test: 20%
- Roundtable, experiential learning activity: 20%
- Final presentation: 30%
- Clinical Observation visit reports:30%

Written Test: Students will complete a written examination assessing their understanding of key course concepts, theories, terminology, and topics discussed throughout the semester. The exam will evaluate students' ability to apply course knowledge and critically analyze issues related to the subject matter.

Roundtable & Experiential Learning Activity: Students will actively participate in a roundtable discussion and experiential learning activity designed to connect course concepts with real-world healthcare practice. The roundtable will bring together healthcare professionals from different fields and levels of the Chilean health system, providing students with the opportunity to engage directly with practitioners and discuss current challenges and opportunities in healthcare delivery. Assessment will be based on preparation, participation, critical reflection, and the ability to thoughtfully connect professional perspectives with course content.

Final Presentation: Students will deliver a group presentation on a course-related topic, integrating academic sources, field observations, and critical analysis. Presentations should demonstrate a clear understanding of the topic, effective communication skills, and the ability to connect theoretical concepts with real-world examples.

Clinical Observation Visit Reports: Students will submit written reports based on clinical observation visits conducted throughout the course. Reports should include objective observations, critical reflection, and connections between field experiences and course content. Students are expected to demonstrate professionalism, analytical thinking, and an understanding of relevant concepts and practices observed during the visits.

LEARNING OUTCOMES: By the end of the course students will be able to:

- Explain key concepts related to health, public health, and the social determinants of health, and analyze their influence on population health outcomes.
- Describe the organization, financing, and delivery of healthcare services within the Chilean healthcare system.
- Analyze the historical development of public health and epidemiological trends in Chile, including major health challenges and policy responses.

- Evaluate the role of Primary Health Care (PHC) as the foundation of the Chilean healthcare model and its contribution to health promotion, disease prevention, and community health.
- Assess the impact of healthcare policies and reforms on access, equity, quality of care, and health outcomes in Chile.
- Examine contemporary health challenges affecting diverse populations, including women, children, adolescents, older adults, migrants, and individuals experiencing mental health conditions.
- Analyze community-based and socially oriented healthcare initiatives, considering their role in addressing health inequities and promoting population well-being.
- Apply critical thinking and intercultural perspectives to the analysis of healthcare systems through discussions, field observations, experiential learning activities, and oral presentations.
- Compare key features of the Chilean healthcare system with those of other national contexts, identifying strengths, challenges, and opportunities for improvement.

COURSE-RELATED TRIPS

CESFAM María Pinto (Primary Healthcare Center): This visit introduces students to Chile's internationally recognized Primary Health Care model in a rural setting. Students will observe how healthcare teams provide comprehensive, preventive, and community-oriented care while addressing the health needs of diverse populations.

EPES – Popular Education in Health (Educación Popular en Salud): Students will engage with a pioneering community health organization that promotes health equity through popular education and community participation. The visit provides an opportunity to examine community health initiatives, social determinants of health, and strategies for working with underserved and vulnerable populations outside traditional clinical settings.

CONTENTS:

Session	Content	Required Reading
Session 1	**Introduction, Methodology, and Analysis of the Health System and Public Policies in Chile** • Course Orientation and Expectations • Health, Well-Being, and Social Determinants of Health • Comparative Perspectives on Healthcare Systems • Organization and Structure of the Chilean Healthcare System	• Bossert, T. J., & Leisewitz, T. (2016). Innovation and change in the Chilean health system. *New England Journal of Medicine, 374*(1), 1–5. Recommended Access: Innovation and Change in the Chilean Health System (PDF) • World Health Organization. (2008). Closing the Gap in a Generation: Health Equity Through

	• Public Health Policy and Health Governance in Chile • Epidemiological Trends and Population Health Indicators • Health Equity, Access to Care, and Current Healthcare Challenges • Introduction to Health Policy Analysis and Healthcare Reform	Action on the Social Determinants of Health. Geneva: World Health Organization.
Session 2	Organization and Governance of the Chilean Healthcare System Public and Private Healthcare Sectors: Structure, Financing, and Service Delivery Key Healthcare Institutions and Stakeholders in Chile Healthcare Reform in Chile: Historical Context and Policy Development Equity, Access, and Quality of Care The Explicit Health Guarantees System (GES/AUGE): Objectives, Implementation, and Impact Contemporary Challenges and Future Directions for Health Policy Practical Workshop: Analyzing Healthcare Access and Policy Scenarios in Chile	• Manuel, A. (2002). The Chilean health system: 20 years of reforms. Salud Pública de México, 44(1), 60–68. • Bitrán, R., Escobar, L., & Gassibe, P. (2010). After Chile's health reform: Increase in coverage and access, decline in hospitalization and death rates. Health Affairs, 29(12), 2161–2170. • World Health Organization. (2010). Health Systems Financing: The Path to Universal Coverage. Geneva: World Health Organization. Selected chapters. • Missoni, E., & Solimano, G. (2010). Towards universal health coverage: The Chilean experience. World Health Report Background Paper No. 4. Geneva: World Health Organization. • OECD. (2023). Chile: Country Health Profile 2023. Paris: OECD Publishing. Selected sections on health system performance, equity, and access.
Session 3	Primary Health Care in Chile • History and global development of Primary Health Care (PHC) • Structure of the Chilean PHC system: organization, programs, and key components • Main challenges of PHC implementation in Chile • Practical Workshop: Adult and older adult health perspectives in the Chilean context	• Contreras-Montiel, P., Armijo, N., Vera, M., Arteaga, O., Góngora-Salazar, P., Balmaceda, C., & Espinoza, M. A. (2026). Fragmentation of Health Benefits Plans in Chile: Findings from a comparative policy analysis and implications for advancing Universal Health Coverage. Health Policy, 164(C). https://farma-erp.cl/biblioteca/Contreras_Montiel_et_al_2025_Fragmentation_of_HBPs_in_Chile.pdf

	• Case-based discussion on access, continuity of care, and chronic disease management in PHC	• Starfield, B. (1998). *Primary Care: Balancing Health Needs, Services, and Technology*. Oxford University Press. • Ministry of Health of Chile (MINSAL). (latest available edition). *Modelo de Atención Integral de Salud Familiar y Comunitaria (MAIS-FC)*. Government of Chile. https://www.minsal.cl • Pan American Health Organization (PAHO). (2019). *Primary Health Care in the Americas: Lessons learned and challenges*. https://www.paho.org • Labonté, R., & Packer, C. (2013). *Revisiting the Alma-Ata Declaration: Primary health care in a globalized world*. Global Health Governance Journal.
Session 4	**Roundtable Discussion (First Evaluation)** • Roundtable discussion: "Chilean Laws that Generate an Impact on Health" (critical analysis of selected policies and their implications for the health system) • General overview of women's health in Chile: key indicators, priorities, and health challenges • Overview of child health in Chile: epidemiological trends, preventive care, and system response • Overview of adolescent health in Chile: mental health, sexual and reproductive health, and access to services • Integrative discussion linking health legislation with population health outcomes across the life course	• Demirci-Ünal, Z., Mumcuoğlu, A., & Tantekin-Erden, F. (2026). *Chile Grows with You (ChCC): A Promising Child Protection Program for Countries with Vulnerable Populations*. *Bartın Üniversitesi Eğitim Fakültesi Dergisi, 15*(1), 29–44. https://doi.org/10.14686/buefad.1758020 https://www.proquest.com/openview/38560dd894c3562a418e5a2b8eab8935/1?pq-origsite=gscholar&cbl=2032195 • Atalah, E., Cordero, M., Guerra, M. E., Quezada, S., Carrasco, X., & Romo, M. (2014). *Monitoring indicators of the program "Chile Grows with You" 2008–2011*. *Revista Chilena de Pediatría, 85*(5), 569–577. https://doi.org/10.4067/S0370-41062014000500007 https://www.scielo.cl/scielo.php?script=sci_arttext&pid=S0370-41062014000500007 • Hernández, V. (2010). *Hacia la evaluación de "Chile Crece Contigo": Resultados psicosociales del estudio piloto*. *Revista Médica de Chile, 138*(6), 791–793.

		https://doi.org/10.4067/S0034-98872010000600022 https://www.scielo.cl/scielo.php?script=sci_arttext&pid=S0034-98872010000600022 • Black, M. M., Walker, S. P., Fernald, L. C., et al. (2017). *Early childhood development coming of age: Science through the life course*. *The Lancet, 389*(10064), 77–90. https://doi.org/10.1016/S0140-6736(16)31389-7 • Arcos, E., Muñoz, L. A., Sánchez, X., et al. (2013). *Effectiveness of the comprehensive childhood protection system for vulnerable mothers and children*. *Revista Latino-Americana de Enfermagem, 21*(5), 1071–1079. https://doi.org/10.1590/S0104-11692013000500009
Session 5	**Experiential Learning Activity: Guided Visit to Rural CESFAM María Pinto** Students will participate in a guided visit to the rural *CESFAM María Pinto* to observe the organization and functioning of Primary Health Care (PHC) in Chile. The activity focuses on the structural organization of rural PHC, including service delivery, team roles, and referral pathways, as well as the specific challenges and strengths of providing care in rural settings. Students will also observe community-based health approaches and PHC activities in practice, with emphasis on prevention, health promotion, and access to care in rural populations.	• Pedraza, F., & Gallegos, L. (2020). *Rural health care in Chile: Barriers, inequities, and access to services*. *Revista Médica de Chile*. https://www.scielo.cl (buscar por título en revista si necesitas versión exacta) • Salinas, J., Vio, F., & Montenegro, H. (2017). *Primary health care in rural Chile: Challenges for equity and access*. *Salud Pública de México / Pan-American Journal of Public Health*. https://iris.paho.org
Session 6	**Mental Health in Chile: Impact, Challenges, and Social Determinants** • Overview of mental health in Chile: epidemiological trends, system response, and	• Lacoste, P. (2005). *The Cultural Heritage of Chilean Wine: Historical Roots and Identity Construction*. *Universum*, 20(2), 44–68. (22 pages)

	key challenges • Group analysis: mental health through the lens of social determinants of health (inequality, poverty, education, housing, and social context) • Migration and health in Chile: mental health needs, barriers to access, and healthcare responses for migrant populations • Integrative discussion on equity, access to care, and structural determinants shaping mental health outcomes in contemporary Chile	
Session 7	**EPES: A Community-Based Approach to Public Health and the Social Determinants of Health** This session consists of a field visit to EPES, a civil society organization that promotes health through a rights-based approach and a strong focus on the social determinants of health. During the visit, students will gain first-hand insight into how social, economic, and territorial conditions shape population health outcomes, as well as the role of community-based organizations in addressing health inequities. Through this experience, students will be expected to connect key theoretical frameworks discussed in class with concrete practices of community-based health intervention, observing how EPES develops strategies in health education, participation, and community empowerment. The activity will include an institutional presentation, an overview of EPES's main areas of work, and a guided reflection session designed to link the experience with course content on the social determinants of health and health systems in contexts of inequality.	• Castro, V., & Hidalgo, J. (2003). *Andean Agriculture and Food Traditions in Northern Chile*. *Chungará: Chilean Journal of Anthropology*, 35(2), 181–197. (16 pages)
Session 8	**Written Evaluation and Final Project Development Workshop** This session is designed to assess students' understanding of key concepts, themes, and learning outcomes covered throughout the	

	course through a comprehensive written evaluation. The assessment will measure students' ability to critically analyze public health issues, apply course frameworks, and integrate theoretical and practical perspectives discussed during the program. Following the evaluation, students will participate in a structured feedback workshop focused on their final projects. Faculty will provide individualized guidance on project content, analytical approach, organization, and presentation strategies. This session offers an opportunity for students to refine their work, strengthen their arguments, and incorporate feedback prior to delivering their final presentations. Learning Objectives Demonstrate mastery of course concepts through written analysis and critical reflection. Synthesize interdisciplinary perspectives related to health systems, public health, and social determinants of health. Refine final project content based on faculty feedback and peer discussion. Strengthen professional presentation skills and prepare for the final project presentations.	
Session 9	**Final Integrative Session: Reflection, Intercultural Learning, and Professional Development** • Final Project Presentations	

	• Integrative debriefing of clinical observations, academic seminars, and experiential learning activities conducted throughout the course • Critical reflection on the Chilean health system through the lenses of public health, social determinants of health, health equity, and interculturality • Discussion of key lessons learned from healthcare institutions, community organizations, and field-based experiences • Analysis of intercultural competencies and their relevance for healthcare practice in diverse social and cultural contexts • Application of course concepts to future academic, clinical, and professional pathways in health-related fields • Student-led reflection on personal, academic, and professional growth resulting from engagement with the Chilean healthcare system and communities • Course wrap-up and synthesis of major themes explored throughout the program.	

READINGS:

Arcos, E., Muñoz, L. A., Sánchez, X., et al. (2013). Effectiveness of the comprehensive childhood protection system for vulnerable mothers and children. Revista Latino-Americana de Enfermagem, 21(5), 1071–1079. https://doi.org/10.1590/S0104-11692013000500009

Atalah, E., Cordero, M., Guerra, M. E., Quezada, S., Carrasco, X., & Romo, M. (2014). Monitoring indicators of the program “Chile Grows with You” 2008–2011. Revista Chilena de Pediatría, 85(5), 569–577. https://doi.org/10.4067/S0370-41062014000500007

Bitrán, R., Escobar, L., & Gassibe, P. (2010). After Chile's health reform: Increase in coverage and access, decline in hospitalization and death rates. Health Affairs, 29(12), 2161–2170.

Black, M. M., Walker, S. P., Fernald, L. C., et al. (2017). Early childhood development coming of age: Science through the life course. The Lancet, 389(10064), 77–90. https://doi.org/10.1016/S0140-6736(16)31389-7

Bossert, T. J., & Leisewitz, T. (2016). Innovation and change in the Chilean health system. New England Journal of

Medicine, 374(1), 1–5.

Castro, V., & Hidalgo, J. (2003). Andean Agriculture and Food Traditions in Northern Chile. Chungará: Chilean Journal of Anthropology, 35(2), 181–197.

Contreras-Montiel, P., Armijo, N., Vera, M., Arteaga, O., Góngora-Salazar, P., Balmaceda, C., & Espinoza, M. A. (2026). Fragmentation of Health Benefits Plans in Chile: Findings from a comparative policy analysis and implications for advancing Universal Health Coverage. Health Policy, 164(C).

Demirci-Ünal, Z., Mumcuoğlu, A., & Tantekin-Erden, F. (2026). Chile Grows with You (ChCC): A Promising Child Protection Program for Countries with Vulnerable Populations. Bartın Üniversitesi Eğitim Fakültesi Dergisi, 15(1), 29–44.

Hernández, V. (2010). Hacia la evaluación de “Chile Crece Contigo”: Resultados psicosociales del estudio piloto. Revista Médica de Chile, 138(6), 791–793.

Labonté, R., & Packer, C. (2013). Revisiting the Alma-Ata Declaration: Primary health care in a globalized world. Global Health Governance.

Lacoste, P. (2005). The Cultural Heritage of Chilean Wine: Historical Roots and Identity Construction. Universum, 20(2), 44–68.

Manuel, A. (2002). The Chilean health system: 20 years of reforms. Salud Pública de México, 44(1), 60–68.

Ministry of Health of Chile (MINSAL). (Latest available edition). Modelo de Atención Integral de Salud Familiar y Comunitaria (MAIS-FC). Government of Chile.

Missoni, E., & Solimano, G. (2010). Towards Universal Health Coverage: The Chilean Experience. World Health Report Background Paper No. 4. Geneva: World Health Organization.

OECD. (2023). Chile: Country Health Profile 2023. Paris: OECD Publishing.

Pan American Health Organization (PAHO). (2019). Primary Health Care in the Americas: Lessons Learned and Challenges. Washington, DC: PAHO.

Pedraza, F., & Gallegos, L. (2020). Rural Health Care in Chile: Barriers, Inequities, and Access to Services. Revista Médica de Chile.

Salinas, J., Vio, F., & Montenegro, H. (2017). Primary Health Care in Rural Chile: Challenges for Equity and Access. Salud Pública de México / Pan American Journal of Public Health.

Starfield, B. (1998). Primary Care: Balancing Health Needs, Services, and Technology. New York: Oxford University Press.

World Health Organization. (2008). Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health. Geneva: World Health Organization.

World Health Organization. (2010). Health Systems Financing: The Path to Universal Coverage. Geneva: World Health Organization.

RECOMMENDED READINGS

Duggan, C., & Rojas, G. (2018). *Mental Health Services in Chile: Progress and Challenges*. International Journal of Mental Health Systems.

Marmot, M., Allen, J., Bell, R., Bloomer, E., & Goldblatt, P. (2008). *Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health*. The Lancet, 372(9650), 1661–1669.

Minoletti, A., & Zaccaria, A. (2005). *Plan Nacional de Salud Mental en Chile: 15 años de desarrollo*. Revista Panamericana de Salud Pública.

Tervalon, M., & Murray-García, J. (1998). *Cultural Humility versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education*. Journal of Health Care for the Poor and Underserved, 9(2), 117–125.

World Health Organization. (2022). *World Mental Health Report: Transforming Mental Health for All*. Geneva: WHO.