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**DAY 4**

**Socioeconomics and Wellness**

**STUDENT PROGRAM LEARNING PLAN**

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| **Date:** | 8/4/16 | **Grade Range of Learners:** | 9-12 /13-14 |
| **Total Number of Minutes:** | 8:45-3:45 (7 hours/420 minutes)5 blocks: multiple 20-minute episodes per block | **Targeted Performance Level:** | AL/AM |

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| **Unit Essential Questions:** * *To what extent do cultural perspectives related to health practices/wellness influence the diagnosis and treatment of illness and disease in India/Pakistan?*
* *How might cultural barriers related to health and wellness be addressed to improve conditions?*
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| **Targeted Learning Plan Essential Question:** * *How do common behaviors regarding social hygiene, lack of widespread immunizations and other cultural practices impacting public health promote the spread of waterborne and other communicable diseases in urban and rural areas resulting in higher mortality rates?*
* *What is the likelihood of these issues being resolved in the near future? Why/why not?*
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| **Global/Intercultural Content Understandings:** * **Learners will understand that** despite advances in medicine and healthcare, long held cultural beliefs and practices regarding health care continue to persist in various geographical regions. Government efforts to address these problems are unorganized and often hindered by political corruption.
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| **Learning Goals: *Can-do statement(s) from the curriculum template addressed in this lesson appear in red.*** |
| **Interpersonal**: * I can speak fluently, accurately, and effectively in various timeframes about targeted topics, issues, experiences and events related to perspectives and practices concerning medicine and healthcare in India/Pakistan.
* I can take an active role in formal and informal face-to-face and Skype discussions with peers, instructors, medical experts and patients in healthcare settings.
* I can support my opinions clearly and precisely in both formal and informal discussions, panels and debates.
* I can express and defend my viewpoint or recommendations in planning for activities and events and in determining solutions to problems.
* I can gather/relate basic medical information in simulated or real world medical settings.
* I can inform and instruct about disease prevention and treatment and promoting positive health behaviors using culturally appropriate verbal and non-verbal language.
* I can explain why and how cultural perspectives related to the diagnosis and treatment of illness and disease continue to influence medical and healthcare practices in India and Pakistan (Intercultural Competency)
* I can use Hindi/Urdu to interact effectively with members of the target language community in order to create opportunities for collaborative action that improves conditions both locally and globally. (Global Competency)

**Interpretive(L/R)**:* I can use main ideas and details containing low frequency medical/healthcare-related vocabulary from audio/ audio visual texts in creating a variety of cultural products and performances. (L)
* I can follow banter heard in Skype sessions and video clips containing culturally authentic expressions. (L)
* I can summarize the points of view heard in informal arguments and formal presentations reflecting varying cultural perspectives. (L)
* I can accurately represent the perspectives heard from peers, community members, and medical experts using specific and relevant examples. (L) (Global Competency)
* I can obtain information, ideas, and opinions from a variety of pre-selected electronic informational and some literary texts, and from peers and experts related to targeted medical/healthcare topics/issues. (R)
* I can summarize stated or implied attitudes and opinions from a variety of pre-selected electronic informational and some literary texts, and from peers and experts related to targeted medical/healthcare topics/issues. (R)
* I can develop a clear position on an important medical/healthcare issue(s) based on evidence from sources that reflect multiple perspectives and draw reasonable conclusions. (R) (Global Competency)
* I can analyze, synthesize, and weigh sources of evidence to develop coherent, well-supported, responses to current healthcare issues. (R) (Global Competency)

**Presentational(S/W):*** I can narrate with ease and detail on targeted medical/healthcare topics/ issues based on information obtained from research and other sources. (S)
* I can present on many concrete and some abstract topics related to medicine and healthcare. (S)
* I can advocate for and defend a viewpoint related to medicine and healthcare in India/Pakistan in a clear and logical manner, while acknowledging varying cultural perspectives. (S)
* I can propose culturally -appropriate actions that may assist in overcoming barriers to the diagnosis and treatment of specific diseases that are widespread in India/Pakistan. (S) (Intercultural Competency)
* I can select and use appropriate technology and media to develop and present a creative product OR to present information or ideas of significance related to healthcare and wellness. (S) (Global Competency)
* I can express and defend my viewpoints in well written texts on topics/issues related to medicine and healthcare using culturally appropriate expressions.(W)
* I can write clear, detailed descriptions of a factual nature on information related to disease prevention and promoting positive health behaviors. (W)
* I can write about targeted medicine and healthcare issues clearly and fluidly with consistent control of time frames and mood. (W)
* I can write about proposed solutions to healthcare issues and inequities based on knowledge gained about these issues and related cultural perspectives.(W)
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| **Block 1: Opening/Pre Skype Activity**  |
| **Learners:*** Share critiques of peer Op-Eds defending traditional or modern medical approaches or both based on information obtained in class and additional research. (Pairs/Small Groups)
* Vote for the three most persuasive Op-Eds and explain reasons for the vote.
* Exchange information from notes taken on the video clip viewed on waterborne diseases placed on the **Unit KWL Graphic Organizers** Determine questions to be posed to native students on this topic during the Skype session. (Pairs/Small Groups)
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| **Block 2: SKYPE Session** |
| **STAGE 1** | **STAGE 2** | **STAGE 3** |
|  | **Cultural/Content Knowledge Language/Vocabulary** | **Checking for Learning** | **Learning Activities** |
| **Interpretive (L/R):*** I can follow banter heard in Skype Sessions containing culturally authentic expressions (L)
 | **Interpretive:*** + - * Video clip on waterborne diseases
			* Student Op-Eds
* Low frequency **vocabulary** related to common diseases caused by waterborne bacteria and other bacteria.
* Informal/formal **language structures** needed to understand and talk about the content above
 | **Interpretive:*** New information provided by native students added to Unit Graphic Organizer notes taken on main ideas and important facts from the video clip
 | **Interpretive:*** Listen to main ideas and important facts obtained by native students on the video clip and make note of any new information gained.
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| **Interpersonal:*** I can take an active role in informal and face-to-face Skype discussions with peers.
* I can speak fluently, accurately, and effectively in various timeframes about targeted topics, issues, experiences and events related to perspectives and practices concerning medicine and healthcare in India/Pakistan.
 | **Interpersonal:*** *Same as Interpretive*
 | **Interpersonal:*** Accuracy of language used in posing questions (Instructor Observation)
* Accuracy of content/ language and cultural appropriateness when exchanging solutions;

Notes containing ideas exchanged for possible solutions for curtailing the incidence of common diseases* Use of culturally appropriate verbal and non verbal language when eliciting native students’ perspectives about the Op-Eds and then asking them to vote

 (instructor observation) | **Interpersonal:*** Pose questions about the video clip that may have cultural implications.
* Exchange ideas for possible solutions for curtailing the incidence of common diseases caused by waterborne and other bacteria and make note of new information gained.
* Share the top three Op-Eds voted on as the most persuasive with native students to elicit their perspectives and ask them to vote.
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| **Block 3: Debriefing/Reflection/New Learning** |
| **STAGE 1** | **STAGE 2** | **STAGE 3** |
| **Learning Targets** | **Cultural/Content Knowledge Language/Vocabulary** | **Checking for Learning** | **Learning Activities** |
| **Interpretive:** * I can summarize the points of view heard in informal arguments and formal presentations reflecting varying cultural perspectives. (L)
* I can accurately represent the perspectives heard from peers, community members, medical experts using specific and relevant examples. (L) (Global Competency)
* I can obtain information, ideas, and opinions from a variety of pre-selected electronic informational and some literary texts, and from peers and experts related to targeted medical/healthcare topics/issues. (R)
* I can summarize stated or implied attitudes and opinions from a variety of pre-selected electronic informational and some literary texts, and from peers and experts related to targeted medical/healthcare topics/issues. (R)
 | **Interpretive:*** *Same as block 2 and:*
* Low frequency **vocabulary** contained in various informational texts on the relationship between socio-economic status, geographic location and population density to common diseases caused by waterborne and other bacteria.
* Low frequency **vocabulary** contained in informational texts on government initiatives such as *Clean India* and *Project Clean Up i*n Pakistan
* Informal/formal **language structures** needed to understand and talk about the content above
 | **Interpretive:** * Summary of proposed solutions
* Conclusions drawn from data.
* Summary of findings on government initiatives and possible reasons for success/lack of success of the initiatives
 | **Interpretive:*** Summarize the proposed solutions made by heritage and native students for curtailing the incidence of common diseases caused by waterborne and other bacteria.

(Pairs/Small Groups)* Analyze data provided in various **informational texts** regarding the relationship between socio-economic status, geographic location and population density to incidences of common diseases caused by waterborne and other bacteria. (Pairs/Small Groups)
* Draw conclusions obtained from data. (Pairs/Small Groups)
* Research **government initiatives** such as *Clean India* *and Project Clean Up* to address this issue and summarize findings. (Pairs/Small Groups)
* Speculate as to the reasons for their success or lack thereof.
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| **Interpersonal:*** I can speak fluently, accurately, and effectively in various timeframes about targeted topics, issues, experiences and events related to perspectives and practices concerning medicine and healthcare in India/Pakistan.
* I can support my opinions clearly and precisely in both formal and informal discussions, panels and debates.
* I can explain why and how cultural perspectives related to the diagnosis and treatment of illness and disease continue to influence medical and healthcare practices in India and Pakistan (Intercultural Competency)
 | **Interpersonal:*** *Same as block 2*
 | **Interpersonal:*** Viable solutions discussed and justification of responses.
* Accuracy of content and language used during the discussion about solutions

 (instructor observation)* Accuracy of content and language used during exchanges with partners regarding the analysis of data

(Instructor Observation)* Accuracy of content and language used when exchanging research and coming to consensus on key findings.

(Instructor Observation) | **Interpersonal:*** Discuss proposed solutions obtained by heritage and native students for curtailing the incidence of common diseases caused by waterborne and other bacteria and make a list of the most viable solutions. Justify responses.

(Pairs/Small Groups)* Analyze data from a variety of informational texts on the relationship between socio-economic status, geographic location and population density to common diseases caused by waterborne and other bacteria in meaningful exchanges with a partner(s).
* Exchange research obtained about government initiatives in small groups and summarize key findings obtained by different groups.
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| **Block 4: Transfer/Application of Learning** |  |
| **STAGE 1** | **STAGE 2** | **STAGE 3** |
| **Learning Targets** | **Cultural/Content Knowledge Language/Vocabulary** | **Checking for Learning** | **Learning Activities** |
| **Interpretive:*** I can analyze, synthesize and weigh sources of evidence to develop coherent, well-supported responses. (L/R)
* I can use main ideas and details containing low frequency medical/healthcare related vocabulary from audio/visual texts in creating a variety of cultural products and performances. (L/R)
 | **Interpretive:*** *Same as Blocks 2 and 3 and:*
* **Vocabulary** needed to make the connection between bacterial and parasitic infections to water borne and other bacteria caused by poor social hygiene, not using toilets, drinking contaminated water, etc.
* Informal/formal **language structures** needed to understand and talk about the content above
 | **Interpretive:*** Selection of data to be used in the creation of a draft mass multimedia message
 | **Interpretive:*** Using data selected from a variety of sources, create a written draft of the text for a mass media message (similar to those seen in movie theaters in India/Pakistan) advocating for the practice of good social hygiene to assist in supporting Indian/Pakistani government initiatives to curtail the incidence of diseases caused by water borne and other bacteria. (Pairs/Small Groups)
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| **Interpersonal:*** I can take an active role in informal and face-to-face discussions with peers and instructors.
* I can express and defend my viewpoint or recommendations when providing feedback
 | **Interpersonal:***Same as Blocks 2 and 3* | **Interpersonal:*** Feedback provided on content, cultural appropriateness and accuracy of language used in addressing the target audience (Instructor observation)
 | **Interpersonal:*** Exchange information provided in their mass multimedia messages with peers to garner feedback for writing the text of the final version (feedback on content, cultural appropriateness and accuracy of language used in addressing the target audience) (Pairs/Small Groups)
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| **Presentational:*** I can express and defend my viewpoints in well written texts on topics/issues related to medicine/healthcare using culturally appropriate expressions. (W)
* I can write about targeted medicine and healthcare issues clearly and fluidly with consistent control of time frames and mood. (W)
* I can narrate with ease and detail on targeted medical/healthcare topics/ issues based on information obtained from research and other sources. (S)
* I can present on many concrete and some abstract topics related to medicine and healthcare. (S)
* I can advocate for and defend a viewpoint related to medicine and healthcare in India/Pakistan in a clear and logical manner, while acknowledging varying cultural perspectives. (S)
* I can propose culturally -appropriate actions that may assist in overcoming barriers to the diagnosis and treatment of specific diseases that are widespread in India/Pakistan. (S) (Intercultural Competency)
* I can select and use appropriate technology and media to develop and present a creative product OR to present information or ideas of significance related to healthcare and wellness. (S) (Global Competency)
 | **Presentational:***Same as Blocks 2 and 3* | **Presentational:*** Final versions of mass media messages
* Quality of content and oral and written presentation based on rubric criteria. **See attached task-specific Mass Multimedia Message Rubric.**
 | **Presentational:*** Create a final version of the mass multimedia message to present in class. (Pairs/Small Groups)
* Use statistical data/other information obtained during the lesson to persuade the audience.
* Make language /content edits as needed in the text
* Present the mass multimedia message to peers for critique using Rubric Guidelines.
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| **Block 5: Extended Learning** |  |
| **STAGE 1** | **STAGE 2** | **STAGE 3** |
| **Learning Targets** | **Cultural/Content Knowledge Language/Vocabulary** | **Checking for Learning** | **Learning Activities** |
| **Interpretive:*** I can summarize the points of view heard in informal arguments and formal presentations reflecting varying cultural perspectives. (L)
* I can obtain information, ideas, and opinions from a variety of pre-selected electronic informational and some literary texts, and from peers and experts related to targeted medical/healthcare topics/issues. (R)
 | **Interpretive*:**** *Same as Blocks 2-4 and*
* Low frequency **vocabulary** contained in various informational texts on
* Diseases caused by viruses (e.g., polio, encephalitis, hepatitis, HIV infections)
* Diseases caused by bacteria (e.g., diarrheal, tuberculosis, leprosy)
* Diseases caused by parasites (e.g., malaria, filariasis)
* Informal/formal **language structures** needed to understand and talk about the content above
 | **Interpretive:*** List of conclusions drawn from the data.
* Questions for guest physician (day 5)
 | **Interpretive:*** Analyze data provided in various **informational texts related to mortality rates** due to specific communicable diseases due to viruses, bacteria and parasites over a 20-year period.
* List conclusions drawn from the data.
* Prepare a list of questions for the guest physician who will discuss the relationship of cultural perspectives and practices to the prevention, diagnosis and treatment of communicable diseases.
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| **Resources**The primary **resources** for this program include daily use of a range of technology tools (e.g., Skype, laptops, iPads, Web 2.0). Indian and Pakistani experts from the fields of medicine and health and NGOs will also serve as program resources. Lesson plans from the program will be posted on the Kean STARTALK 2016 website. Links to all resources, as well as samples of student work will hyperlinked by the end of the program.**Culturally Authentic Interpretive Materials** (electronic listening, reading and viewing materials, which support the unit theme/topics)

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| **Hindi Links** | **Urdu Links** |
| **Lesson: 4 Block: 3****Link Title:** UNICEF -Statistics[**http://www.unicef.org/infobycountry/india\_statistics.html**](http://www.unicef.org/infobycountry/india_statistics.html) **Link Title:** India Water Portal: Death of Newborn babies due to Polluted Water [**http://hindi.indiawaterportal.org/Gande-pani-ke-istemal-se-ja-rahi-navjat-shishuon-ki-jaan**](http://hindi.indiawaterportal.org/Gande-pani-ke-istemal-se-ja-rahi-navjat-shishuon-ki-jaan)**Link Title**: India Water Portal: Polluted Water and Diseases in Villages[**http://hindi.indiawaterportal.org/node/39535**](http://hindi.indiawaterportal.org/node/39535)**Link Title:** India Water Portal: Nitrate in Drinking Water is Deadly[**http://hindi.indiawaterportal.org/Nitrate-pollution-in-groundwater**](http://hindi.indiawaterportal.org/Nitrate-pollution-in-groundwater)**Link Title:** Clean India InitiativeMessage from Prime Minister,Shri Narendra Modiस्वच्छ भारत नरेन्द्र मोदी [**https://www.youtube.com/watch?v=iYN-6ZXkC4k**](https://www.youtube.com/watch?v=iYN-6ZXkC4k)[**https://www.youtube.com/watch?v=RuEEqVGDrys**](https://www.youtube.com/watch?v=RuEEqVGDrys)[**https://www.youtube.com/watch?v=KCrPKB1yaCY**](https://www.youtube.com/watch?v=KCrPKB1yaCY) | **Lesson: 4 Block 3****Link Title:** UNICEF - Statistics[**http://www.unicef.org/infobycountry/pakistan\_pakistan\_statistics.html**](http://www.unicef.org/infobycountry/pakistan_pakistan_statistics.html)**Link Title:** World Health Ranking - Pakistan[**http://www.worldlifeexpectancy.com/country-health-profile/pakistan**](http://www.worldlifeexpectancy.com/country-health-profile/pakistan)**Link Title:** Clean Pakistan Project\*[**https://www.cleanpakistan.pk/**](https://www.cleanpakistan.pk/)**Link Title:** Poster on School Health Program\* [**http://www.nchd.org.pk/ws/images/ScreeningPoster.jpg**](http://www.nchd.org.pk/ws/images/ScreeningPoster.jpg)**Link Title:** Poster on Hepatitis\*[**http://www.nchd.org.pk/ws/images/Hepatitis%20Urdu.jpg**](http://www.nchd.org.pk/ws/images/Hepatitis%20Urdu.jpg)**Link Title:** Poster on Hygiene\*[**http://www.nchd.org.pk/ws/images/Hands%20Urdu.jpg**](http://www.nchd.org.pk/ws/images/Hands%20Urdu.jpg)**Link Title:** Khidmat Card (Service Card)\*[**https://authort.wordpress.com/2016/03/13/khidmat-card/**](https://authort.wordpress.com/2016/03/13/khidmat-card/)\*\*\*\*Government initiatives |
| **Lesson: 4 Block: 5****Link Title:** Data From Indian Health Ministry[**https://nrhm-mis.nic.in/Pages/RHS2015.aspx?RootFolder=%2FRURAL%20HEALTH%20STATISTICS%2F%28A%29RHS%20-%202015&FolderCTID=&View=%7BC50BC181-07BB-4F78-BE6F-FCE916B64253**](https://nrhm-mis.nic.in/Pages/RHS2015.aspx?RootFolder=%2FRURAL%20HEALTH%20STATISTICS%2F%28A%29RHS%20-%202015&FolderCTID=&View=%7BC50BC181-07BB-4F78-BE6F-FCE916B64253) **Link Title:** World Life Expectancy[**http://www.worldlifeexpectancy.com/country-health-profile/india**](http://www.worldlifeexpectancy.com/country-health-profile/india) | **Lesson: 4 Block: 5** **Link Title:** WHO - Pakistan[**http://www.who.int/nmh/countries/pak\_en.pdf**](http://www.who.int/nmh/countries/pak_en.pdf) |

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**Lesson Specific Instructional Materials found on a separated document include:**

1. **Unit KWL Graphic Organizer**
2. **Mass Multimedia Message Rubric**