Short Guide:
How to develop case studies on SDH for LMIC

WP4: Research capacity building

August, 2013

This guide is supported by the European Commission – 7th Framework Programme, “Building sustainable capacity for research for health and its social determinants in low and middle income countries” (SDH-Net), contract no. 282534.

Short guide: “How to develop case studies on SDH for LMIC” by SDH-Net is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License. Based on a work at http://www.sdh-net.eu/
1. SDH-Net PROJECT AND THE DEVELOPMENT OF CASE STUDIES

1.1 SDH-Net Project

SDH-Net is a four-year collaborative project carried out by eleven partner institutions; the project began in October 2011 with financial support from the European Commission. Its objective is to strengthen research capacities in health and its social determinants, in African and Latin American low and middle-income countries (LMIC), in close collaboration with European partners.

The Project focuses on building capacity to produce high quality research on Social Determinants of Health (SDH), as well as on improving the translation and impact of research into public policy to address existing health inequities; this is done with a holistic approach that considers the following four capacity areas:

1) Knowledge production
2) Research implementation
3) Research system governance and management
4) Research system performance

The development of the current Short Guide contributes to the overall objective of the fourth Work Package (WP4) of the project, which is to develop and pilot tools for capacity building in SDH and research methodology for locally relevant and interdisciplinary research on SDH.

The creation of the Short Guide, along with the other deliverables in WP4, was determined by the results of previous stages, consisting of:

- WP1. Overview of Social Determinants of Health, from local to global. The development of a conceptual model by means of a comprehensive literature review of social determinants of health and social determination, analyzed from diverse perspectives.

- WP2. Mapping research system characteristics. A comprehensive and systemic analysis of the status of research capacities on SDH in Latin America and Africa, in the six partner countries, to recognize priorities and capacity needs of the national research, advocacy and policy groups and existing national health research systems, processes and mechanisms in place, in order to coordinate, guide and monitor health research and policies.

- WP3. Assessment of capacity building needs. The development of a strategic capacity building approach following a participatory process, which resulted in a Capacity Building Framework organized in three capacity building streams:
  1) Social appropriation of knowledge
  2) Institutional and national research infrastructure and prerequisites
  3) Research Skills and Training / Networks

The capacity building streams address the needs identified during the mapping exercise, establishing specific objectives, capacity building actions and also capacity building tools to

---

1 INSP (Mexico), UNAL (Colombia), FIOCRUZ (Brazil), WITS (South Africa), IHI (Tanzania), University of Nairobi (Kenya), LSHTM (UK), University of Geneva (Switzerland), COHRED, GIZ (Germany) and IESE, University of Navarra (Spain).
overcome the shortcomings in improving research on SDH at individual, institutional and national levels.

The current Short Guide, along with the four Case Studies, contributes in general terms to the first objective within the third capacity building stream, which aims to “Strengthen the theoretical-conceptual and methodological basis of SDH research” (Objective 3.1 Capacity Building Framework); this is achieved by using this tool during training in essential aspects of SDH, underlining the SDH perspective.

### 1.2 Objectives, content and audience of the Short Guide

In order to promote the social appropriation of knowledge, one of the actions included in the first capacity building stream is the development of case studies that can function as a resource to be used in learning contexts.

Four case studies will be developed by the Consortium partners with the aim of depicting a particular situation within a real life context, each one addressing one of the following topics:

1) Research ethics, social commitment and human rights issues in SDH research in LMIC (UNIGE-IHI-FIOCRUZ)
2) The application of the Latin American Social Medicine and Collective Health model to address health inequities in LMIC (UNAL-FIOCRUZ)
3) The process of priority setting in health research with emphasis on SDH in LMIC (COHRED-IESE-UON-UNAL)
4) Multinational collaborations for SDH research (GIZ-UON-UNAL)

Consequently, in order to guarantee that the four case studies are consistent among themselves, regarding perspective, length and structure, the current Short Guide has the general objective of accompanying Consortium partners in the process of designing case studies, from an SDH perspective, and with emphasis on LMIC.

This Short Guide begins by providing a definition of case studies and outlining their possibilities when used for learning purposes. It also includes a mapping that displays the three phases that constitute the overall process of the case studies, from their design to their implementation: planning, writing and implementing. Step by step, this document accompanies the work to be done within each phase, suggesting strategies, providing definitions and examples of the elements that constitute case studies.

The ultimate purpose is to ensure that case study developers for the SDH-project find themselves capable of delivering the four designated cases, with a common structure and perspective under an SDH approach.

### 2. CASE STUDIES

#### 2.1 What is the objective of a Case Study for learning purposes?

A “case study” represents a complex real-life situation that a person, a team or an institution has genuinely faced. Once recreated in written form and used in learning contexts, it has the purpose of emulating professional action.

By mirroring scenarios, it enables in depth-analysis, debate and decision-making processes, making students interact in the process of dealing with the problem, assuming the role of key stakeholders and determining possible courses of action.
The use of case studies switches the traditional teaching process from teacher-centered to student-centered, offering particular possibilities to the learning experience:

- Encourages active learning
- Offers realistic integration between theory and practice in situated contexts
- Motivates active appropriation of knowledge through reflections and debates
- Builds leadership capacities
- Promotes teamwork by envisioning joint solutions making use of complementary abilities of diverse participants
- Helps students familiarize themselves with the complexity of real life situations in a particular field, which furthers their desire to learn
- Reinforces the need for interdisciplinary and intersectoral action for problem solving

Case studies are interactive learning tools that enable a more holistic appropriation of knowledge, by putting into practice theory and concepts applied to real-life situations, emphasizing an active, critical, creative exchange among learners that includes dialogue. By having case studies that reflect on how social determinants are key factors in health inequities, we expect to build the capacities of young researchers by teaching them how to find ways to apply knowledge to professional action.

2.2 The overall cycle of a Case Study for learning purposes

Case studies design must consider that the nature of this strategy is to facilitate learning in an integral and contextualized manner. Case studies methodology is based on the philosophy of ‘experiential learning’, where the need to find alternatives to face a real-life situation in a particular field of work promotes opportunities to acquire new knowledge.

This technique has two basic elements:
1) The case itself
2) The case discussion in a learning context

Discussion will allow students to analyze and produce arguments to support their thinking and to provide a solid base for the proposals generated in order to tackle the situation portrayed by the case.

In general terms, the overall cycle of case studies includes three stages summarized in the following figure:

![Figure A. Stages of the case studies cycle](image)

At the same time, the three stages consist of concrete steps to follow, in order to develop a case study in a structured manner. What follows is a brief description of each stage:
1. **Planning.** This phase begins by determining the educational outcomes to be achieved by the application of the case study, and continues by gathering relevant information to have all elements needed to set up an overarching panorama of the case situation.

2. **Writing.** During this stage the developer will produce the case study in a written form, according to a predetermined structure that emphasizes the SDH perspective.

3. **Implementing.** The case study cycle is finalized only when the case study is introduced in a learning context, to build the capacity of students to analyze, discuss, and learn. This phase includes the development of teaching notes to guide the instructor in the use of the case to motivate discussion.

This Short Guide presents and describes the steps within each stage, and is accompanied by an online automatic entry form, that serves as a resource to produce the case study by using a pre-established structure; it is available at:

http://tie.inspvirtual.mx/portales/sdhnet/casecreator

### 3. CASE STUDIES WITH AN SDH PERSPECTIVE

#### 3.1 SDH Theoretical Framework

The social determinants of health are the social conditions in which people are born, live, grow, work and age, that reflect their different positions in power hierarchies and their resources (OMS, 2008).

Research on the social determinants of health (SDH) can be defined as research that considers questions of inequity in health. Health inequities are differences in health that are socially produced, systematically distributed across the population and essentially unfair (Braveman, 2006), as they are associated with underlying social disadvantage (Braveman & Gruskin, 2003).
In 2005, the WHO Commission on Social Determinants of Health (CSDH) was established; it launched its final report in 2008. The conceptual framework of the CSDH (Solar & Irwin, 2010) is based on “causes of the causes”, identifying that the causes of health inequities are located at different levels, and their interaction generates or reinforces social stratification, placing individuals within hierarchies of power, prestige and access to resources that define their respective social position and social disadvantage or advantage:

![Diagram of the CSDH conceptual framework](image)

Figure B. Final form of the CSDH conceptual framework

In addition to the CSDH, there have been other strong academic traditions that developed reflections on the social determination of health in Latin America, during the 1960-1970 periods. The Social Medicine and Collective Health Movement proposed the concept of social determination (SD) of health, based on the premise that capitalist priorities of accumulating wealth, power, prestige and material assets are achieved at the cost of the disadvantaged and stress the structured political and economic determinants of health inequity (Krieger, 2001).

3.2 Developing Case Studies with an SDH perspective

All Countries share the same challenge to effectively respond with respect to Social Determinants of Health, in order to address persistent health and social inequalities (Lin, 2013). Case studies represent the opportunity to project policy action proposals aiming to reduce health inequities, covering a wide range of issues (WHO, 2013).

Case studies with a social determinants of health perspective, in LMIC, will help researchers understand situated environments and explicitly acknowledge countries’ distinctiveness and differences within national contexts. Understanding the causes of social variations in health can lead to intervention strategies which can reduce them (Blane,
1995); in that sense, the expectation of this Short Guide is that case studies produced by the SDH-Net project will motivate the development of strategies to overcome challenges associated with Social Determinants of Health.

The contents of a case study with a Social Determinants of Health perspective will necessarily include aspects related to the structural determinants, such as the socioeconomic and political contexts, as they influence the magnitude and distribution of health in societies. Using case studies to build capacities of health researchers in LMIC can contribute to improving the understanding of the Social Determinants of Health framework, by helping to conceive alternatives to overcome health challenges affecting disadvantaged groups.

4. DEVELOPING A CASE STUDY

4.1 PLANNING

**STEP 1. Characterize the targeted audience**

To begin the process of developing a case study, the first step is to keep your audience in mind and be aware of its main characteristics. This will decide several aspects of the case study’s design: how will the competencies be attained or acquired, the type of situation to be portrayed, the questions to be discussed and the language used.

The case study needs to be written according to the audience’s background, not only regarding terminology but also to ensure that the targeted audience has sufficient knowledge and competence to allow them to engage in discussion and project the course of action.

For the SDH-Net project, the targeted audiences are:
- Junior and Senior Researchers in Health and Social Sciences
- Professors of Health and Social Sciences
- Graduate students developing Master’s and PhD degrees
- People from diverse backgrounds, geographies and cultures from Low and Middle Income Countries
- Those who are interested in, or with experience in the Public Health Sector

When describing your audience, include mean age, educational degree, professional background, and professional activity. If necessary, include geographic and/or cultural information. The purpose of this exercise is not to restrict participation but to help the case to fulfill its objectives successfully.

**STEP 2. Determining competencies**

Learning is a social experience, characterized by the opportunity to apply knowledge to emerging situations. There is no single definition of what competencies are, but in general terms they refer to the ability to think, develop, interpret and act in different scenarios, by using socio-affective behaviors, and cognitive and psychological abilities, among others (Secretaría Académica, 2010).

A competency refers to the dynamic interaction between knowledge, skills and attitudes that allow an individual to develop specific activities in an efficient and effective manner (Secretaría Académica, 2010).
These three types of content can be defined as follows (Washington State Human Resources, 2012):

<table>
<thead>
<tr>
<th>KNOWLEDGE</th>
<th>SKILLS</th>
<th>ATTITUDES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>To know</strong></td>
<td><strong>To do</strong></td>
<td><strong>To be</strong></td>
</tr>
<tr>
<td>Declarative content</td>
<td>Procedural content</td>
<td>Behavioral content</td>
</tr>
<tr>
<td>What do they need to know?</td>
<td>What do they need to do?</td>
<td>How do they need to be?</td>
</tr>
<tr>
<td>Practical or theoretical understanding of a subject</td>
<td>Ability to perform an action</td>
<td>Pattern of actions or behaviors</td>
</tr>
</tbody>
</table>

Competencies are student-centered, and respond to the basic question: *What will the student be able to do after the learning experience?* To write the description of a competency, four elements must be taken into account:

1. An Action
2. A Content
3. An Attitude
4. A Purpose

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The skills or abilities that students will be able to perform</td>
<td>The knowledge put into practice</td>
<td>The personal performance during the development</td>
<td>The practical use to which the learning experience will contribute.</td>
</tr>
</tbody>
</table>

**EXAMPLE**

| To plan + | interventions for health promotion + | that promote inclusion of different community actors + | to improve quality of life. |

**STEP 3. Gathering information**

Case studies should identify real life situations related to the skills, knowledge and attitudes already determined in the description of the competency.

To begin gathering information, first it is necessary to identify potential sources of information, which may come from national institutions and official information systems, international specialized agencies, non-governmental organizations working on the subject, academic and scientific research outcomes (journals, books, etc.), official documents, current law, and even newspapers, if necessary.

Regarding the type of information to be taken into account, we suggest searching for:

- Contextual information: historical, geographical, and socio-political
- Statistical or quantitative information and indicators on relevant aspects
- Qualitative or ethnographic accounts
- Governmental strategies, plans, policy briefings, reports or impact evaluations
- Articles or specialized reports on specific topics
- News articles in any type of media available (print, video, audio)
- Published interviews with relevant actors (academic, authorities or communities and individuals)
- Current law, if relevant
Having in mind that the cases to be developed for the SDH-Net project will have a Social Determinants of Health perspective, it is important to incorporate a multidisciplinary set of resources, not limited to the health sciences.

For the information gathering process, these are some recommendations:

1. **Use different sources of evidence.** Compare and check responses obtained from different sources, in order to corroborate facts and have different perspectives on the same issues by the different actors involved in the process.

2. **Keep an organized file.** Concentrate all gathered information in an organized file, to have all the support information related to the case study easily accessible. Some of these documents, the most relevant, can be made available to students to support the analysis and discussion of the case study.

3. **Review and select relevant information.** Gathered information will be the basis to construct the final written text of the case study. It must be reviewed extensively in order to have a wide perspective of the situation, and then the most relevant data needs to be extracted in order to provide, in a synthesized manner, all necessary elements to portray sufficiently, but not excessively, the situation; this will constitute the center of the analysis and the debate.

4. **Use strategies to organize and present information.** Making use of strategies can help you better synthesize and present information without using much space. Some strategies also help readers think, analyze, compare and arrive at conclusions more easily; among these are: timeline of events, map of key stakeholders (Gilles, 2006), graphics, tables or charts.

4.2 **WRITING**

**STEP 1. Identify and characterize the subject of analysis**

A case study can portray different subjects of analysis, either single individuals embedded in a determined socio-political context, or a greater number of people in diverse types and levels of collective associations.

For the purpose of the case studies for the SDH-Net project, any given subject may be adequate to show how inequities in health are strongly related to social determinants. Two dimensions must be considered when determining the subject of analysis:

a) **Scope.** This is the extent of the subject in which the case study will be centered, meaning the *unit of analysis*: an individual, a household, a community, a nation-wide, transnational, regional or even at the global level (Giles, 2006).

All of these levels are interconnected, and the relations among them are complex. In fact, the success of developing a case study from an SDH
perspective means being able to portray how all these levels influence the health status of populations.

Having a clear and well defined subject of analysis will allow the developer of the case to select information, to organize it accordingly and finally to design the questions that will motivate the debate.

**b) Depth.** This is the quality or complexity of the description that portrays the situation in which the subject of analysis is embedded.

In order to have an adequate depth, Step 2 outlines a list of elements that case studies must include. This will help developers to effectively and comprehensively set out a scenario around a public health issue, from an SDH perspective. A comprehensive description is recommended for capacity building on Social Determinants of Health.

**STEP 2. Structuring Case Studies with an SDH-perspective for LMIC**

At this stage the developer will produce the written case study. According to the available information and the dominant issues related to the situation, the case will be described in a succinct but sufficient manner.

The case study should provide all necessary elements to portray a situation accurately, so that the students can analyze and debate with respect to the case, acquiring the required competencies.

In a narrative way, the case must tell a story in a compelling way, impartially offering all relevant information, and also being careful not to suggest potential courses of action that may compel students to move in a specific direction.

The following chart establishes the structure that each case study needs to have in order to be developed for the SDH-Net project:

<table>
<thead>
<tr>
<th><strong>CASE STUDY STRUCTURE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
6 Decision- making role
Provide the reader with a role to assume, making him/her responsible for the decision- making processes, including:
   a. Key actor role and position within an institutional structure.
   b. Name and type of institution, location, domain and area of influence.
   c. Time frame of the event and moment of the decision to be made.

7 Decision
Write in summary what is the problem and what is the decision expected to address this problem.

8 Development
This section draws the scenario of the case by giving more information and details of the situation in a narrative way and with a logical structure, offering contextual, statistical and qualitative data that can provide enough elements for participants to analyze, debate and reach conclusions. The strategies to organize and present information, such as timelines, map of key stakeholders, graphics, tables and charts, can be included.

9 Social Determinants of Health
In this section, the state of some of the social determinants of health associated with and relevant to the situation and the subject of analysis will be made explicit, identifying them with a header related to each topic, either structural or intermediary, according to the WHO conceptual framework.

10 Closing paragraph:
   a. Recapitulate in a conclusive manner the presented situation, summarize the most significant aspects that help the student to sum up a global picture of the scenario and place them in the leading role to develop the analysis and plan potential courses of action.
   b. Determine three discussion lines around the topic to motivate analysis, debate and proposals. They can be phrased as questions or statements, and must be thought out from the perspective of the leading character in a decision-making role.

11 Teaching note

12 Rubric

4.2.1 Recommendations on how to write
The case should be written using clear language, paying attention to the following conditions (Mucchielli, 1970):
   • Authenticity: The situation must be concrete, based on a real-life experience.
   • Urgency: It must be a problematic situation that requires a decision in order to be solved.
   • Practicality: It needs to be a situation that can be practically solved.
   • Totality: The case study must offer a global and complete picture of the situation with all necessary data and facts.

When writing the case study, consider the following recommendations:
   • Be clear and simple. Avoid literary recourses or heavy language, as well as an excess of technical terminology.
   • Be impartial. Present information without making statements in favor or against actors, institutions, or the situation itself. Avoid subjective interpretation and do
not show any preference towards any of the stakeholders' positions. Do not signal possible solutions.

- *Keep your audience in mind.* Write according to their background, only use terminology they will be able to fully understand. Keep your writing as engaging as possible to fulfill their expectations.
- *Provide the precise amount of information.* Do not omit any relevant data but at the same time only offer appropriate information. Do not distract intentionally with useless or disorganized data.

Review your case to make sure it's complete, coherent and succinct. Be sure all data included are absolutely correct and come from a verifiable source.

5. IMPLEMENTING A CASE STUDY

In general terms, the cycle of case studies is complete when it is applied in a learning context. This process includes phases like: individual preparation (by students and professors), small group discussions, plenary discussion and conclusion. The following figure represents these moments:

![Figure C. The cycle of case studies](image)

5.1 Teaching Notes

A *Teaching Note* is a document developed to accompany the person who will conduct the analysis and discussion of the case study in a learning context. It functions as a tool to help recognize with clarity the learning objectives. The *Teaching Note* must make the case understandable to anyone who is external to its design. It is only one page long, and must include:
1) Expected learning results
2) Competency
3) Contents to be learned (knowledge, skills and attitudes)
4) Previous knowledge required
5) Key elements of the scenario
6) Main sources of information
7) Group’s organization according to each phase: opening, analysis, discussion, plenary
8) Main discussion lines and elements
9) Potential distracters
10) Evaluation

A Teaching Note must provide certainty and readiness to the conductor to start the case study exercise with an audience, having control of its organization, knowing the expectations and being able to respond to potential challenges.

5.2 Roles and participants

Once the case study is put into practice, each participant plays a role in its discussion. Basically, there are two types of key players: the professor, who leads the exercise, moderates interventions and guides discussion; and the students, who have an active role analyzing, discussing and proposing alternatives.

The following chart summarizes roles and responsibilities before, during and after the case study’s implementation (Flores, 2013; de Miguel Díaz, 2005; Dirección de Investigación y Desarrollo Educativo):

<table>
<thead>
<tr>
<th>PROFESSOR</th>
<th>Before</th>
<th>During</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Select the case</td>
<td>• Explain the process to the group</td>
<td>• Synthesize discussions and proposals made by the groups</td>
<td></td>
</tr>
<tr>
<td>• Provide the case study to the group</td>
<td>• Direct the group through each discussion phase</td>
<td>• Reformulate the best interventions</td>
<td></td>
</tr>
<tr>
<td>• Provide support documents if needed</td>
<td>• Motivate rigorous analysis and decision-making</td>
<td>• Promote a collective reflection on learning outcomes</td>
<td></td>
</tr>
<tr>
<td>• Read and analyze the Teaching Note</td>
<td>• Moderate and maintain order in the interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Prepare potential questions to guide the analysis and debate</td>
<td>• Make sure to allow equal participation by participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Determine potential courses of action</td>
<td>• Avoid taking positions in arguments; propose and suggest courses of action</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STUDENTS</th>
<th>Before</th>
<th>During</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Read and study the case study and relevant documents</td>
<td>• Express own opinions with strong arguments</td>
<td>• Reach a group consensus</td>
<td></td>
</tr>
<tr>
<td>• Develop individual analyses, relevant</td>
<td>• Follow the progression of the exercise</td>
<td>• Reflect on the learning outcomes</td>
<td></td>
</tr>
<tr>
<td>• Listen respectfully to other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
questions and potential courses of action
  • Prepare strong arguments

participants’ opinions
  • Have the willingness to construct collectively and reconsider personal ideas and proposals

5.3 Rubrics for case study evaluation

When participants analyze a case, they identify the dominant topic, ask questions, propose and evaluate alternatives, and choose a course of action; they use knowledge, exert skills and put attitudes into practice.

It is a good idea to evaluate the group’s performance, taking into account the competency determined by the case study, in order to reflect on the development and achievements of its implementation. For that purpose, a rubric will be developed and information will be collected through the active observation of the group’s process of discussion, debate and consensus.

A rubric articulates the expectations for an assignment by listing the criteria and describing levels of quality of performance (Andrade, 2008). Rubrics help evaluate the outcomes and process of a learning experience but also, when previously shared with students, they can clarify expectations and make evident what is valuable for the experience.

For rubrics in case studies, you may divide the criteria into three stages:

A) Problem identification
  • Cognitive abilities like critical thinking, analysis, synthesis and evaluation
  • Knowledge of concepts and their application
  • Comprehension of complex relations in reality and of social facts

B) Debate process
  • Ability to work in group, cooperative attitude
  • Active participation
  • Comprehensive listening and willingness to reframe own perspectives
  • Self expression and effective communication

C) Proposals on courses of action
  • Decision-making processes
  • Consensus building
BIBLIOGRAPHY AND REFERENCES


Division of Teaching and Learning (2013). Writing a case study. Australia: Southern Cross University.


