



University of Wisconsin
**SCHOOL OF MEDICINE
AND PUBLIC HEALTH**

Public Health Principles and Practice Population Health Sciences 780 Fall 2011

This course examines population-based approaches to improve the health of the public. The focus will be on learning methods for community health improvement—from assessment to finding and implementing evidence based public health interventions. Students will learn through lectures, small group exercises, and an independent project that examines a contemporary public health issue.

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I. COURSE OVERVIEW AND LEARNING OBJECTIVES

The goal of this course is to learn about what public health is, and how it works. In contrast to clinical medicine, public health focuses on populations and strategies that can be used to promote health and prevent disease. The course will take a “hands-on” approach, using problem-based and student-directed learning through lectures and small group discussions to highlight the roles of theory and practice in public health, and teach strategies that can be used to improve the health of entire communities.

Students will develop skills in community health assessment and evidence based public health by investigating real health issues in local Wisconsin communities, by conducting an independent research study on an evidence based public health intervention, and by engaging in active learning activities focused on skill building. This course will contribute to participant’s professional development and provide them with knowledge of public health systems and practices at the local, national and global levels.

Learning Objectives

- Define public health (what it is)
- Learn the difference between individual- and population-based strategies for improving health (how it works)
- Know how public health is organized at the local, state, and national level; and about the core functions of public health (assessment, policy development, and assurance).
- Describe the philosophy of public health
- Understand the advantages and limitations of the various types of population-based approaches to improve public health (education, marketing, engineering, policy, and law)
- Learn about evidence-based public health, and how to locate these approaches in the literature and on the web
- Learn about the importance of interdisciplinary approaches to public health
- Prepare an evidence-based analysis of a contemporary public health issue

During the past century, many of the public health successes were achieved through the work of state and local governmental public health agencies. However, to continue this success when confronting today’s leading public health problems, such as obesity, violence, mental illness, or substance abuse, will require that public health agencies work in partnership across communities.

During this course, students will gain partnership experience by working in teams of 3-4 students. Each team will be assigned to assess the health of one of three Southern Wisconsin counties (e.g., Dane, Rock, or Jefferson), as well as one community within that county.

The course is organized into six modules, based on a community health improvement process, as delineated by the UW Population Health Institute and Robert Wood Johnson Foundation (RWJF). This project, entitled Mobilizing Action Toward Community Health (MATCH), is based on the fact that many factors influence health and wellbeing in a community, and many entities and individuals in the community have a role to play in responding to community health needs.

COURSE MODULES:

During the semester, we will use the six modules to learn how to better define public health problems and their solutions:

Module 1: Introduction to public health

Students will gain a broad overview of public health focusing on the history of both public health and medical care, the basic tenets of population health, the importance of collaboration in public health practice, the infrastructure of the public health system, the importance of social determinants of health and the ecological approach to assessing and improving population health.

Module 2: Assessing needs and resources

This module introduces the critical concepts related to completing a community health improvement process using the MATCH model. During the semester students will use the components of the MATCH model as the framework for investigating the health of the population in their assigned counties and communities. Part of this process will include a visit to the communities to interact with public health professionals and to get a sense of the physical environment and the socio-cultural aspects of the community.

Module 3: Pick priorities

Because it is impossible to address all of the public health problems in a community, priorities must be set. This module provides information on techniques for choosing among the many possible health issues that are usually prevalent in a community.

Module 4: Finding programs that work

Public health research has identified many evidence-based policies and programs to address many public health problems. This module provides an introduction to the principles of evidence-based interventions through programs like the Guide to Community Preventive Services, the Guide to Clinical Preventive Services and the Cochrane and Campbell Collaboration.

Module 5: Program planning and evaluation

To be effective, communities must use sound program planning and evaluation approaches. This module provides information on the essentials of program evaluation to assure the collection and analysis of data for determining the effectiveness of the chosen intervention.

Module 6: Leadership and professionalism

The final step in the community health improvement process is to assure that the proposed program or policy is actually implemented. This module introduces students to important aspects of effective communication and advocacy and explores the ethical issues involved in public health practice.

TUESDAY/THURSDAY SESSIONS:

Within each module there will be lectures (on Tuesdays) and small group discussions (on Thursdays).

Tuesday Lectures (5:00-6:15 PM): The class meets in 1325 HSLC from 5:00-6:15 every Tuesday for a lecture, related to the theme of the module.

NOTE: Due to the large size of room 1325, we request that all students sit in the FRONT part (e.g., first 7 rows) of the MIDDLE section (i.e., not the far left, or right sections).

It is important that students read the required readings before coming to lecture, as many lectures engage in a discussion and will ask students to respond to the readings.

Thursday Small Group Discussions (5:00-7:00 PM): Students work on the Exercises in small groups, of 4-5 students each. Each room (HSLC 2272, 2276, 2280, and 2284) will have small groups of 4-5 students each, in each of the four discussion rooms.

Groups	Room	Faculty
1-3	2272	Paul Hunter, MD / Geof Swain, MD, MPH Kristen Malecki, PhD
4-6	2276	Marilyn Haynes-Brokopp, MS, RN James Vergeront, MD
7-9	2280	Rick Heffernan, MPH Jessica Thompson, MPH
10-12	2284	Mark Edgar, PhD, MPH Kirstin Siemering, DrPH

During the first Thursday discussion of each Module, students will work in small groups on an exercise related to the previous lecture that they will apply to their community. Faculty will be available for questions, and will observe discussions to evaluate students' participation.

Students will be expected to work independently, and with the other members of their group, between the Thursday sessions.

During the last Thursday of each Module, groups will either present their findings and/or participate in a group discussion about the topic.

II. SCHEDULE OF LECTURES AND SMALL GROUP DISCUSSIONS

Mod. #	5:00-6:15 Tuesdays (1325 HSLC)		5:00-7:00 Thursdays (22xx HSLC)	
	Date	Lecture Topic	Date	Exercise Topic
1	6-Sep	Lecture 1.1: Introduction to public health (Remington)	8-Sep	Exercise 1.1: Unnatural causes
	13-Sep	Lecture 1.2: The public health system (Edgar)	15-Sep	Exercise 1.2: Unnatural causes (discussion)
2	20-Sep	Lecture 2.1: Community health improvement process (Willems Van Dijk)	22-Sep	Exercise 2.1: Community Health Assessment
	27-Sept	Lecture 2.2: Measuring the health of communities (Remington)	29-Sep	Exercise 2.2: Community Health Assessment
	4-Oct	Lecture 2.3: Diversity and culture in communities (Haq)	6-Oct	Exercise 2.3: Community Health Assessment (presentations/discussion)
3	11-Oct	Lecture 3.1: Principles of priority setting (Remington)	13-Oct	Ex 3.1: Setting Priorities
	18-Oct	Lecture 3.2: Cost effectiveness in public health (DeLeire)	20-Oct	Ex 3.2: Setting priorities (nominal group process/discussion)
4	25-Oct	Lecture 4.1: Evidence Based Public Health (Martinez-Donate)	27-Oct	Exercise 4.1: Searching the evidence base
	1-Nov	Lecture 4.2: Closing the gap between research and practice (Timberlake)	3-Nov	Ex 4.2: Searching the evidence base (presentations/discussion)
5	8-Nov	Lecture 5.1: Program Planning & Evaluation (Zahner)	10-Nov	Exercise 5.1: Program planning and evaluation
	15-Nov	Lecture 5.2: Program Evaluation Case Study (Vergeront)	17-Nov	Exercise 5.2: Program planning and evaluation (presentations/discussion)
6	22-Nov	Lecture 6.1: Principles of professionalism (Gaines)	24-Nov	Thanksgiving
	29-Nov	Lecture 6.2: Public health communications (Remington)	1-Dec	Exercise 6.1: Public health advocacy
	6-Dec	Lecture 6.3: Public health advocacy (Brown)	8-Dec	Exercise 6.2: Public health advocacy (mock hearing)
	13-Dec	Lecture 6.4: Public health ethics (Kelleher)	15-Dec	Panel Discussion: Public health competencies (Discussion Leaders)

	20-Dec	FINAL EXAM—1306 HSLC		
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III. COURSE FACULTY

Course Co-Directors:

Patrick L Remington, MD, MPH
 Professor, Population Health Sciences
 Associate Dean for Public Health
 UW School of Medicine and Public Health
 Office: 4263 HSLC
 Phone: (608) 263-1745
 Email: plreming@wisc.edu
 Office hours: Tuesdays 3:30-5:00 (by appointment)

Mark Edgar, PhD, MPH
 Wisconsin Center for Public Health
 Education and Training (WiCPHET)
 UW School of Medicine and Public Health
 Office: 735 WARF, 610 N. Walnut Street
 Phone: 608-265-6769
 Email: medgar@wisc.edu
 Office hours: By appointment

Teaching Assistant: Jessica Thompson, MPH
 Phone: 608-334-0900
 Email: jythompson@wisc.edu
 Office Hours: 1:00-2:00 PM, Tuesdays and Thursdays (4262 HSLC)

The teaching assistant can help you by:

- Facilitating your understanding of course content/expectations during discussion and group work activities
- Discussing your questions and concerns related to in-class activities, out-of-class activities, and reading assignments
- Helping you find and access course resources
- Serving as a source of further information on course content

FACULTY BIOGRAPHIES

Patrick Remington, MD, MPH

Course Co-Director/Lecturer

Pat is Associate Dean for Public Health and Professor of Population Health Sciences at the School of Medicine and Public Health, University of Wisconsin-Madison. Dr. Remington received his epidemiology training as an Epidemic Intelligence Service (EIS) Officer at the Center for Disease Control and Prevention (CDC), where he later completed a Preventive Medicine Residency and an M.P.H. While at the CDC, he was one of the first epidemiologists to work with the state-based Behavioral Risk Factor Surveillance System, examining risk factors including smoking, diet, and alcohol use. He served as the state of Wisconsin's chronic disease epidemiologist for almost a decade before joining the faculty at the University of Wisconsin where he is a Professor and Associate Dean for Public Health. His current research examines methods to measure the health outcomes, determinants, and quality of health care in populations, as well as health disparities by education, race, or region. In addition, we are examining ways to use this information in community health improvement, such as through the publication of the County Health Rankings. He has most recently been funded by the Robert Wood Johnson Foundation to produce the County Health Rankings for all 50 states, to mobilize action toward community health (MATCH).

Faculty webpage: <http://www.pophealth.wisc.edu/faculty/premingto.html>

Mark Edgar, PhD, MPH

Course Co-Director/Lecturer

Mark is Program Coordinator for the Wisconsin Center for Public Health Education and Training. Dr. Edgar was formerly Assistant Professor of Public Health at the University of Illinois at Springfield. He received his PhD in Public Health from Saint Louis University and his Masters in Public Health from University of Illinois at Springfield. Other past positions include Director of Assessment and Planning at the Illinois Public Health Institute, Senior Research Associate at Saint Louis University School of Public Health, Researcher at Southern Illinois University School of Medicine and Director of Epidemiology at the Adams County (IL) Health Department. He has over 25 years of experience working with public health and human services programs; schools of public health, medicine and nursing; and not for profit organizations in several states. His work has focused on workforce development, assessment, evaluation, policy and program development, and public health systems research in both academic and practice settings. Funding sources for Dr. Edgar's work have included the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Robert Wood Johnson Foundation, the National Network of Public Health Institutes, the Office of Rural Health Policy and the National Institute on Disability and Rehabilitation Research.

SMALL GROUP DISCUSSION LEADERS

Marilyn Haynes-Brokopp, MS, RN, APHN-BC

Discussion Leader

Marilyn is a Clinical Associate Professor in the University of Wisconsin School of Nursing. Marilyn Haynes-Brokopp's research and training interests include community and public health, health policy, and leadership. Professor Haynes-Brokopp is a board-certified Advanced Public Health Nurse. Marilyn has been involved in public health since the mid-80's and has been employed in public health at the local, state and federal levels. She is currently functioning as the project director of the Linking Education and Practice for Excellence in public health nursing (LEAP). Marilyn is also co-developer of the UWHC and UW-Madison, School of Nursing, Clinical Leadership Institute, which is in its second year.

Faculty website: http://www.son.wisc.edu/people/clinical/haynes_brokopp.html

Richard Heffernan, MPH, MIA

Discussion Leader

Rick is Chief of the Communicable Disease Epidemiology Section (CDES) at the Wisconsin Division of Public Health, which is responsible for surveillance, prevention and control of over 60 communicable diseases, including influenza and food\water\vector borne diseases. His previous work includes ten years with the New York City Health Department and a year of fieldwork in Central Africa to conduct a sero-epidemiologic survey of Ebola virus. He has recently started working with UW-Madison MPH students to establish the state's first student-staffed surveillance and outbreak support team, a USDA-funded initiative that will expand outbreak investigation and response capacity in Wisconsin.

Paul Hunter, MD

Discussion Leader

Paul is an Assistant Professor in the Department of Family Medicine at the University of Wisconsin School of Medicine and Public Health, a Center Scientist at the Center for Urban Population Health in Milwaukee, and the Associate Medical Director of the City of Milwaukee Health Department. He is also a practicing physician at Community Care for the Elderly in Milwaukee. His special interests include obesity prevention, immunizations, sexually transmitted diseases, and tuberculosis. Dr. Hunter has been working in partnership with SHARE Wisconsin on nutrition education at Mobile Markets in Milwaukee. Dr. Hunter was a 2010 American Academy of Family Physicians Vaccine Policy Fellow.

His personal webpage is: <http://home.roadrunner.com/~phunter1/>

Kristen Malecki, PhD, MPH

Lecturer: Health/Risk Communication, Discussion Leader

Kristen is an epidemiologist working within the Bureau of Environmental and Occupational Health at the Wisconsin Department of Health and Family Services. Kristen's current work at the WI DHFS includes the development of an integrated environmental health surveillance network which includes development of a risk communication plan and messaging, and primary research that focuses on the relationships between childhood cancer, reproductive outcomes and

the potential for exposure to multiple environmental contaminants in Wisconsin. Kristen serves as a technical advisor for the state's Healthiest Wisconsin 2020 committee. She is also Associate Director for the Wisconsin's Survey of Health of Wisconsin, a population based survey exploring multiple community, social, demographic, physical environment and individual level determinants of adult health in Wisconsin a project of the UW Madison Department of Population Health Sciences.

Kirstin Siemering, DrPH, RD

Discussion Leader

Kirstin is a Researcher with the University of Wisconsin Population Health Institute. She is part of the MATCH (Mobilizing Action Toward Community Health) project team and serves as associate editor for a new blog: www.improvingpopulationhealth.org. Kirstin earned her bachelor's degree in Human Biology from Brown University and hold two graduate degrees in public health from the University of California-Berkeley. Kirstin's 15 years of experience in public/population health spans both research and practice. She has worked as a public high school health education teacher (in San Francisco) and as a project manager with the UC Berkeley Center for Weight and Health, Statewide California Cooperative Extension, and the Wisconsin Area Health Education Centers Statewide Program. Much of her work has been in the area of community-based research and program development with a focus on chronic disease prevention.

Staff webpage: <http://uwphi.pophealth.wisc.edu/about/staff/siemeringk.htm>

Geoffrey Swain, MD, MPH

Discussion Leader

Geof is an Associate Professor of Family Medicine and Population Health Sciences at the UW SMPH, and is the City of Milwaukee Health Department's Medical Director and Chief Medical Officer. A board-certified Family Physician, Geof has extensive clinical, teaching, health policy, and public health leadership experience. His research foci include STD testing methods, immunization program improvement, and links between socioeconomic factors and health outcomes – including as coauthor of the Center for Urban Population Health's annual Milwaukee Health Report . He served on the leadership teams for the Healthiest Wisconsin 2010 and 2020 state health plans, and currently serves on the Health Equity and Social Justice Strategic Direction Team of the National Association of County and City Health Officials (NACCHO).

Jessica Thompson, MPH

Teaching Assistant/Discussion Leader

Jessica recently completed her MPH at the UW-Madison and is currently a Master's student in the Department of Agricultural and Applied Economics. Prior to graduate school, Jessica evaluated USDA-funded agricultural development projects in the Philippines, as an intern with the USDA's Foreign Agricultural Service. She also served as a Sustainable Agriculture Peace Corps Volunteer in Ecuador and worked on domestic hunger issues at Second Harvest Foodbank of Southern Wisconsin. These experiences helped form her interest in the links between agriculture, health and nutrition, and her combined graduate programs have continued to build on this interest. Jessica hopes to use the knowledge and skills gained through the public health and agricultural and applied economics programs to improve global food security.

Jim Vergeront, MD

Lecturer: Program Planning and Evaluation, Discussion Leader

Jim is Director of the Wisconsin Division of Public Health's AIDS/HIV Program in the Bureau of Communicable Diseases at the Wisconsin Department of Health Services. He also serves as an Adjunct Professor in the Department of Population Health Sciences at the University of Wisconsin School of Medicine and Public Health.

Faculty website: <http://dhs.wisconsin.gov/aids-hiv/index.htm>

GUEST LECTURERS:

Alexandra Adams, MD, PhD

Lecturer: Culture and Diversity

Alex is an Associate Professor in the Department of Family Medicine and Director of the Collaborative Center for Health Equity, University of Wisconsin School of Medicine and Public Health. She is also a practicing physician at The UW Pediatric Fitness Clinic in Madison. Her special interests include pediatric nutritional problems, obesity, metabolic syndrome and indigenous diets and health. Dr. Adams has been working in partnership with four Wisconsin Tribes and the Great Lakes Inter-Tribal Council Epi-Center for the past 9 years on a variety of projects to examine and reduce the prevalence of pediatric obesity with the aim of reducing the risk of future cardiovascular disease and diabetes. Dr. Adams is an active member of the Governor's Council for Physical Fitness and Health and of WIPAN-the statewide public health organization working for healthy lifestyles in Wisconsin.

Faculty webpage: www.fammed.wisc.edu/research/external-funded/hcsf

Richard Brown, MD, MPH

Lecturer: Leadership and Professionalism

Rich is an Associate Professor in the Department of Family Medicine at the University of Wisconsin's School of Medicine and Public Health. Dr. Brown's research interests involve use of innovative technologies and clinical systems to deliver substance abuse prevention and intervention services. He teaches about substance abuse screening and intervention and related topics in several health professional schools and programs at UW-Madison. In 2006, Dr. Brown gave up patient care to serve as clinical director of the Wisconsin Initiative to Promote Healthy Lifestyles (see www.wiphl.org), a 5-year, \$12.6 million project to enhance delivery of alcohol and drug screening, brief intervention, referral, and treatment (SBIRT) services, and other behavioral prevention services, in primary care clinics throughout Wisconsin.

Faculty webpage: <http://www.fammed.wisc.edu/directory?id=129>

Thomas DeLeire, PhD

Lecturer: Evidence Based Public Health

Tom is an Associate Professor of public affairs and population health sciences at the LaFollette School of Public Affairs at UW-Madison. His research focuses on labor and health economics

with recent work on economic mobility, family structure, choice of occupation, health insurance spending, and the well-being of poor households. In other work, he has examined the impact of overtime regulations on hours of work, the effect of the Americans with Disabilities Act on the employment of disabled citizens, the extent to which disabled workers face wage discrimination by employers, and the role that tax-favored savings accounts play in increasing national savings. Dr. DeLeire has twice taken leave from his university appointments to work in government. From 2005 to 2007, DeLeire was a senior analyst at the Congressional Budget Office and from 2002 to 2003, DeLeire was senior economist for labor, health, and education for the Council of Economic Advisers.

Faculty webpage: <http://www.lafollette.wisc.edu/facultystaff/deleire-thomas.html>

Martha Gaines, JD, LLM

Module Leader: Leadership and Professionalism

Meg is a clinical professor of law at the University of Wisconsin Law School, where she earned both her J.D. in 1983 and LL.M. in 1993. In September 2000, Meg and several colleagues founded The Center for Patient Partnerships at the University of Wisconsin where students from the schools of Law, Medicine, Nursing, Pharmacy and Social Work are trained to provide advocacy to cancer patients. In collaboration with colleagues from those departments, Professor Gaines teaches a Patient Advocacy course where students are joined in interdisciplinary teams that help cancer patients understand their diagnoses, get the information necessary to make critical treatment decisions, and support patient's efforts to get the treatment they need. The Center also sponsors research in issues relevant to patient care and health care delivery -- from the patient's perspective. The Center hopes to become a national model of excellence in the education of health care and legal professionals.

Faculty webpage: <http://www.law.wisc.edu/profiles/mgaines@wisc.edu>
Center for Patient Partnerships: <http://www.law.wisc.edu/patientadvocacy/>

Cindy Haq, MD

Lecturer: Culture and Diversity

Cynthia Haq is a Professor of Family Medicine and Population Health Sciences and Director of the Training in Urban Medicine and Public Health (TRIUMPH) program in Milwaukee. She recently served as the Director of the UW Center for Global Health. She has focused her career on improving primary health care, especially for disadvantaged populations. She has trained village health workers in Uganda, established family medicine training in Pakistan, served as a consultant to the World Health Organization, and worked to improve medical education in the US, Afghanistan, Brazil, China and Uganda.

Faculty webpage: <http://www.pophealth.wisc.edu/ghp/chaq.htm>

Paul Kelleher, PhD

Lecturer: Leadership, Ethics, and Advocacy

Paul is Assistant Professor in the Department of Medical History & Bioethics within the School of Medicine and Public Health at the University of Wisconsin-Madison. Prior to joining the UW faculty, Kelleher was a postdoctoral fellow in the Program in Ethics and Health at Harvard

University. His interests are mainly in social and political philosophy and public health ethics. Kelleher received his Ph.D in Philosophy from Cornell University in 2008.

See also: <http://medhist.wisc.edu/faculty/Kelleher/indexkelleher.shtml>

Ana Martinez-Donate, PhD

Lecturer: Evidence-Based Public Health

Ana is an Assistant Professor at the Department of Population Health Sciences, University of Wisconsin – Madison. She holds a Ph.D. in Health Psychology from Universidad Autónoma de Madrid, as well as an Expert Degree on Epidemiology from the National School of Public Health in Spain. Her research interests include HIV prevention, tobacco control, cancer prevention and control, and health disparities. Her work is characterized by the application of a social ecological framework to identify health behavior determinants and develop intervention strategies to promote population health. Currently, she is serving as Principal Investigator for a NIH-funded grant aimed at estimating the risk for HIV infection, identifying risk determinants, and examining health care access among Mexican migrants traveling through the San Diego – Tijuana border region. She is also serving as Principal Investigator for two collaborative intervention studies: The first one is evaluating the effects of a lay health advisor intervention to promote breast and cervical cancer screening among Latinas in Dane County; the second one is aimed at identifying and addressing the health literacy needs of rural cancer patients in Wisconsin. Finally, Dr. Martinez-Donate is also conducting research on the influence of built, social, and food environment on physical activity, diet, obesity, and health outcomes in Wisconsin.

Karen Timberlake, JD

Lecturer: Closing the Gap Between Research and Practice

Karen Timberlake is the Director of the UW Population Health Institute. She also serves as the director of the Partnership for Healthcare Payment Reform, a project of the Wisconsin Health Information Organization. The group joins together health care providers, insurers, and employers to create innovative pilot projects to improve the quality and affordability of health care in Wisconsin. She served as the Department of Health Services secretary from 2008 to the end of 2010. As secretary, Timberlake was known for her collaborative approach to major initiatives including development of the state's health plan, Healthiest Wisconsin 2020, and the design of statewide electronic health information exchange. Under her leadership, DHS tackled a number of public health issues, ranging from expanding farm to school programs to reduce childhood obesity, improving birth outcomes for at-risk mothers in urban areas, and expanding screening for alcohol and drug abuse. Timberlake also led the department's efforts to make Wisconsin a national leader in extending affordable health insurance to low-income citizens. Timberlake, who earned a law degree from Harvard University, served in a number of administrative roles in state government, including leadership positions in the Office of State Employment Relations and the Department of Justice.

See also: <http://www.med.wisc.edu/news-events/news/karen-timberlake-to-lead-uw-population-health-institute/31983>

Susan Zahner, RN, DrPH

Module Leader: Program Planning and Evaluation

Susan is an Associate Professor in the UW-Madison School of Nursing with an Affiliate Associate Professor appointment with the School of Medicine and Public Health. Dr. Zahner was a member of the MPH Program planning committee and serves presently on the MPH Curriculum Committee. She conducts research on local public health systems, multi-sector partnerships, public health workforce development and practice change. Dr. Zahner is currently the Project Director for a statewide, collaborative public health education and practice linkage project funded through HRSA. Dr. Zahner's professional background includes 15 years of experience in local public health practice at staff, supervisory, and management levels that included program planning, evaluation, and grant writing.

Faculty webpage: <http://www.son.wisc.edu/people/faculty/zahner.html>

IV. COURSE MATERIALS AND INSTRUCTIONAL TECHNOLOGY

REQUIRED COURSEBOOK: Students are expected to purchase a course book, available at the UW Bookstore, in the Health Science Learning Center. Please purchase this before the first class. The course book contains:

- Syllabus (including details of all assignments)
- Lecture notes (including learning objectives, the titles of required and recommended readings, and an outline/general synopsis of the lecture)
- The 6 exercises (should be brought to class on Thursday nights)

Readings:

Students will be assigned 1-3 key articles per module as required reading for this course. The readings are not included in the course book, but are available online under “Content” in Learn@UW. Students are expected to keep current with weekly readings to effectively participate in class discussion.

Required book:

One of the required readings for Module 6 is the book How to Get Your Point Across in 30 Seconds or Less. Please plan ahead and purchase the book now! This text is an easy read and available used on Amazon for \$0.01 plus shipping (see link below).

How to Get Your Point Across in 30 Seconds or Less. Milo Frank. Available at:
<http://www.amazon.com/Your-Point-Across-Seconds-Less/dp/0671727524>

Optional Textbooks:

- Bernard Turnock. *Public Health: What it is and how it works*. 4th Edition. Jones and Bartlett, 2009.
- Brownson et al. *Evidence-Based Public Health*. Oxford, 2003.
- Nelson et al. *Communicating Public Health Information Effectively: A Guide for Practitioners*, American Public Health Association (selected chapters).

Other readings:

- Wisconsin’s State Health Plan (<http://dhs.wisconsin.gov/statehealthplan/>)
- Healthy People 2020 (<http://www.healthypeople.gov/>)
- Institute of Medicine. *The Future of the Public’s Health* (<http://www.iom.edu/report.asp?id=4304>)
- Additional supplemental and optional readings will be posted to the course Learn@UW site throughout the semester to complement required learning activities and provide further resources for students interested in particular course topics

Instructional Technology & Other Course Resources

This course will use Learn@UW for class communication, Web-based readings and resources, online lectures, submitting assignments, and posting grades. Therefore, students are expected to regularly access Learn@UW throughout this course. You will need a current version of Adobe

Acrobat Reader and Adobe Flash Player to access course materials. Both plug-ins can be downloaded from Adobe's website: <http://www.adobe.com>

V. COURSE POLICIES

Attendance Policy:

Attendance is expected in both the lecture and discussion sessions. Students may be excused from class for reasons such as illness, religious observances, and academic or professional commitments. If you anticipate missing class, please inform the TA at least 1 week in advance so that alternative arrangements can be made to meet the course requirements.

If you anticipate missing class for PHS 780 at any time throughout the semester, please notify the course TA in advance of your absence so that it may be excused. Excused absences will only be provided to students who notify the course TA prior to their absence from class and who have legitimate reasons for missing class (as listed above).

If you miss class due to an excused absence, you are responsible for the following:

Lectures: Despite your excused absence, you are still responsible for the content presented in lecture and the required readings. This information is important for completing group work, the midterm paper, and the final exam.

Group work: Students are assigned to groups of 3-4 students each. Faculty may change group membership during the first few weeks, to maintain a balance (as students either add, or drop the course). You are responsible for notifying your group, in advance, of any absence you anticipate from scheduled discussion sessions. It is your responsibility to find a way to contribute to your group work during any absences. It is essential that you be in attendance during your group's reports during the semester.

Class Meeting Cancellation Notices:

Occasionally, severe weather, illness, or other circumstances may require cancellation of a class meeting. Under these circumstances students will be informed via an email notice sent to the class email list. It will be the responsibility of each class member to ensure that they check the email that they used for their course registration for such a message.

Non-Discrimination Policy:

The UW Madison is committed to creating a dynamic, diverse and welcoming learning environment for all students and has a non-discrimination policy that reflects this philosophy. Disrespectful behaviors or comments addressed towards any group or individual, regardless of race/ethnicity, sexuality, gender, religion, ability, or any other difference is deemed unacceptable in this class, and will be addressed publicly by the professor.

Disability Reasonable Accommodation Policy:

If you qualify for accommodations because of a disability, please submit a letter to the course director that outlines your request in a manner that is timely and consistent with established university policies for making such request so that your needs may be addressed. Policies for accommodating disabilities are available through the McBurney Disability Resource Center, 903 University Ave., 608-263-2741 (phone), 263-6393 (TTY), 265-2998 (Fax), mcburney@uwmadmail.services.wisc.edu. For additional information, please see <http://www.mcburney.wisc.edu/>

Religious Reasonable Accommodation Policy:

Every effort shall be made to reasonably and fairly accommodate all students who, because of religious obligations, have conflicts with scheduled exams, assignments, or required attendance, provided advance notification of the conflict is given. Whenever possible, students should give at least one week advance notice to request special accommodation.

Student Honesty and Rules of Conduct:

Academic honesty requires that the course work (drafts, reports, examinations, papers, presentations) a student presents to an instructor honestly and accurately indicates the student's own academic efforts. These policies are available at <http://www.studentaffairs.wisc.edu/>

UWS 14 is the chapter of the University of Wisconsin System Administrative code that regulates academic misconduct. UW-Madison implements the rules defined in UWS 14 through our own "Student Academic Misconduct Campus Procedures." UWS 14.03 defines academic misconduct as follows:

"Academic misconduct is an act in which a student:

- (a) seeks to claim credit for the work or efforts of another without authorization or citation;
- (b) uses unauthorized materials or fabricated data in any academic exercise;
- (c) forges or falsifies academic documents or records;
- (d) intentionally impedes or damages the academic work of others;
- (e) engages in conduct aimed at making false representation of a student's academic performance;
- (f) assists other students in any of these acts."

If you are accused of misconduct, you may have questions and concerns about the process. If so, you should feel free to call Student Advocacy & Judicial Affairs (SAJA) in the Offices of the Dean of Students at (608) 263-5700 or send an e-mail to dos@bascom.wisc.edu.

VI. ASSESSMENT OF STUDENT PERFORMANCE

Participants enrolled for credit will be expected to attend class and participate in discussion and group projects. Grades will be based on a presentation/report, a paper, a final exam, and individual participation:

30%	Group work
25%	Mid-term paper
25%	Final exam
<u>20%</u>	<u>Individual participation/presentations</u>
100%	TOTAL

Group work (30%): Students will work in small groups and will develop and deliver 4 small group reports during the semester. Group presentations will be graded by the discussion leaders using standard criteria (see form below). Groups will also receive feedback from other students.

Mid-term paper (25%): The mid-term project is a 1500-word paper that critically examines why an evidence-based public health strategy has not been translated into practice, and a critical analysis of barriers to adopting the program or policy in practice.

Final exam (25%): This exam will include short-answer questions about the information presented in the six modules throughout the course. It will be a 2-hour exam period.

Individual participation (20%): Discussion room leaders will evaluate the student's individual participation based on attendance (unexcused absences), active engagement in the small groups and discussions with other groups, quality of presentations, and peer-assessment of group participation.

Grades: Each assessment above will be graded based on a 100-point scale:

- A (outstanding—best possible, could not be improved): 93-100%
- AB (excellent—almost all objectives reached, minimal improvement needed): 88-92%
- B (very good—addresses issue, but needs some improvement): 83-87%
- BC (good—addresses some of the issues, but needs more improvement): 78-82%
- C (fair—does not address the issue, needs considerable improvement): <78%

Late Policy: Assignments that are turned in late will be reduced by one grade level per day late. This can be waived in advance for certain reasons (e.g., religious holidays, illness, required commitments, etc).

Course Feedback: All students have an opportunity to provide feedback to the course director and guest faculty through a number of ways:

- Email feedback to and/or a meeting with the TA or course director
- Confidential suggestion “drop box.”
- Confidential evaluation at the end of the course.

VII. COMMUNITY HEALTH IMPROVEMENT PROJECT

Throughout the semester, students will work in small groups to apply lessons learned to the community health improvement process. This process will include:

1. At least one trip to the community to get a sense of the physical environment and social aspects of the community that may impact the population's health. In addition, each team member should meet with someone from the community (e.g., health professional, local health officer, business person, citizen) to learn more about their perspectives about the leading health problems.
2. An assessment of population health data in accordance with the principles set forth in Module 2 of the course.
3. Choice of a health issue or problem based on the analysis of the county/community data and the priority setting principles outlined in Module 3.
4. Based on the information presented in Module 4, selection of an evidence-based intervention focused on the chosen health issue.
5. Development of an evaluation plan for the evidence-based intervention based on the principles presented in Module 5.
6. Development and delivery of "mock" testimony in support of the chosen intervention. Each student will develop a written document and then deliver that information in a 3-5 minute testimony session to the other students in their discussion room.

Students will work in small groups of 4-5 students and focus on one community in southern Wisconsin (Dane, Jefferson or Rock County). Students will follow the components of the MATCH model as a framework for investigating the health of the population in their assigned county and community.

SAMPLE: PHS 780 GROUP PROJECT Evaluation Form

Group: _____ Faculty Name: _____

STRENGTHS:						
LIMITATIONS:						
OVERALL SUMMARY:						
GRADE: ____/100	Outstanding (95-100)	Excellent (90-94)	Very good (85-89)	Good (80-84)	Fair (75-79)	Poor (<75)

EVALUATION CRITERIA:

CONTENT OF THE PRESENTATION: Background and importance of the problem described; aims of the project clearly stated; methods used appropriate for the aims; results/findings clearly communicated; interpretation of the findings appropriate; implications of the project clearly stated; good summary of the lessons learned/recommendations/synthesis/interpretation of findings is provided.

TECHNICAL ISSUES: A clear roadmap presented at the start of the presentation; the talk was well structured; graphics are clear; slide colors/fonts easy to see; photos/animation add to talk (or distract).

SAMPLE: PHS 780 Peer Evaluation

Please fill in the names of your group members at the top of each column. Answer each of the questions for each group member, using the numerical scale below.

1 = Very poor 2 = Below average 3 = Average 4 = Above average 5 = Outstanding

Questions	Names of Group Members			
	1.	2.	3.	4.
1. Did the group member consistently contribute to the group's research/information gathering?				
2. Did the group member provide creative, thought-provoking input to group discussions?				
3. Did the group member cooperate within your group?				
4. Did the group member communicate effectively with the group, sharing ideas, listening to others, and providing effective feedback?				
5. Did the group member complete his/her assigned tasks, on time and in a high quality manner?				
6. Did the group member attend all scheduled group meetings and actively participate in them?				
7. Additional comments?				

Guidelines for Presentations

- 1. Be organized.** Time is extremely limited so you need to know exactly what you want to convey and what information is necessary to convey it.
- 2. Include a slide with an outline of the talk.** Progress through the talk in a logical manner. State a question/ problem. How did you go about answering it? What did you find? What do the findings mean?
- 3. Don't abuse PowerPoint.** Light backgrounds and dark text always works best. Most people use white background since colors show best. Some use white/yellow text on a blue background. A successful talk should rely on data, not Power Point prowess. More often than not, animation is distracting and sometimes even condescending.
- 4. Speak off of each slide.** Help the audience by 'walking through' each table for figure with a pointer. If you say "look only at this column" then take the other columns out!
- 5. Have one point per slide.** Make slides simple, clear, and easy to understand. If the audience is trying to figure out what the slide is showing, then they are not paying attention to what you are saying. Do not show a table with comprehensive data; just show the important stuff.
- 6. Include a summary/conclusion slide.** This is your chance to repeat the major take-home message from your talk. Audiences are most likely to remember the last thing they hear. A strong closing should be memorized and review your main points.
- 7. Practice! Practice! Practice!** This cannot be stressed enough. Go through the talk at least 2-3 times before actually giving it. You will be surprised how long it will be the first time around. Practice out loud, and edit the talk until you can do it in less than 10 minutes. This will give you breathing room for questions and any technical difficulties.
- 8. Stay on time.** The most important piece of advice anyone can give is to stay within the time allotted! At best, going over the time limit will cut into the question-and-answer period (a vital part of the talk). At worst, you will be yanked from the podium before finishing. That is both humiliating and nullifies all of the hard work invested in the talk.
- 9. Ensure computer compatibility.** Do not wait until the last minute to run your presentation through the computer that you will use so that you can edit if necessary.
- 10. Review evaluation criteria.** See the Group Project Evaluation Form (page 18 of syllabus).

VIII. MID-TERM PAPER GUIDELINES

Goal: To understand how to translate research into practice (i.e., closing the “Know-Do” gap)

Objectives

- Be able to identify an evidence-based program/policy
- Be able to summarize information about the current status of implementation of evidence-based programs or policies
- Be able to analyze the barriers in—and strategies for—translating research into practice

Background Information

- Remington PL, Moberg DP, Booke BC, Ceraso M, Friedsam D, Kindig DA. Dissemination Research: The University of Wisconsin Population Health Institute, *Wis Med J* 209;108(5):235-239,255
- World Health Organization. World Report on Knowledge for Better Health (Chapter 4). Available at: <http://www.who.int/rpc/meetings/pub1/en/>
- Lavis JN. Bridging the Know-Do Gap. Report submitted to WHO, 2004.

Overview

Students will prepare a paper regarding a public health issue of interest to the student (worth 25% of the final grade). The goal of this paper is to critically examine issues related to ***translating research into practice***.

- What do we know (i.e., what is the evidence)?
- What do we do (i.e., what is the practice)?
- How can we close this “know-do” gap?

The topic of this paper **may** address a program/policy that was identified in the small group exercises, or address a completely different issue. **Regardless, the focus of this paper will be on exploring strategies to translate evidence-based programs and policies into practice.** *For students in the MPH Program, this paper could represent the first step in developing a proposal for a field project (see MPH Program Guidelines).* See the table at the end of these guidelines for the topics addressed in 2008.

Evidence-Based Approaches (What We Know): Students will select an evidence-based program or policy from those listed at: <http://whatworksforhealth.wisc.edu/> The program/policy **MUST** have evidence of efficacy/effectiveness.

Current Status of Implementation (What We Do): The first part of the paper will describe the current status of implementation of the program or policy. What is known about the current practices? Are there disparities in the effects of the program/policy?

Analysis of Barriers in Translating Research into Practice: In the second part of the paper, students will assess why a gap exists between the science (what we know) and the practice (what we do). Aspects to consider include:

- Reasons why there is a gap between the research and practice (e.g., strength of the evidence, feasibility, cost, lack of leadership).
- Differences in implementation across groups in society.

Analysis of Strategies to Close the Gap between Research into Practice: In the final part of the paper, students will assess why a gap exists between the science (what we know) and the practice (what we do). Aspects to consider include:

- Potential solutions to closing the gap between research and practice.
- Costs and benefits of these potential solutions.
- Strategies to reduce or eliminate health disparities that exist.

Timeline

- Monday, October 3: Begin to consider the program/policy (e.g., discuss with Dr. Remington, small group leaders, or TA).
- **Monday, October 17: Submit proposal (i.e., the evidence-based program/policy) including a citation) in the DISCUSSION section of Learn@UW.**
- Monday, October 31: Outline of paper should be completed (do not need to submit)
- Monday, November 7: First draft of paper should be completed (do not need to submit).
- **Monday, November 21: Midterm papers due (to be deposited in the DROP BOX).**

Guidelines: The paper should be written according to the following:

Submission format: Submit manuscripts in Microsoft Word format. See examples at: <http://www.pophealth.wisc.edu/uwphi/publications/issueBriefs.htm>

- Limit manuscripts to no more than 1,500 words (about 6 pages) (not including figures and tables)
- Use 12 pt font size
- Text should be double-spaced
- Please do not indent paragraphs. Leave a blank line between paragraphs
- Figures and tables should be kept to a limited amount (e.g., generally no more than one table and one figure).
- Citations should follow AMA format. See: <http://jama.ama-assn.org/misc/ifora.dtl#References>
- Try to cite only one definitive source per statement
-

PLEASE NOTE: The first page of the paper should contain the title of the paper and the student ID#. Student names should NOT be listed on the paper, as they are printed and read without knowing the name of the student author.

Evaluation

The final paper will count 25% of the grade in the course. Papers will be graded (100 points) on the following criteria:

- Appropriate selection and citation of the evidence-based approach (10 points)
- Description of the current status of implementation (20 points)
- Discussion of the barriers between research into practice (20 points)
- Discussion of strategies to close the gap (40 points)
- Overall clarity of writing and adherence to guidelines stated above (e.g., including proper formatting of references, adherence to the word limit) (10 points)
- Assignments that are turned in late will be reduced by one grade level (10 points). This can be waived for valid causes (e.g., illness, required professional commitments).

Paper Topics from previous years
Workplace wellness programs
Harm reduction practices among injection drug users
Bolstering voluntary counseling therapy: Increasing the rate of HIV/AIDS testing in Kenya
Calorie postings in restaurants policy intervention to prevent obesity
Closing the gap in drunk driving reduction: utilization of media
Telemonitoring for the management of heart failure
Evidence-based approaches for preventing youth gang membership and violent behavior
The role of home visit programs in reducing infant mortality in African Americans
The Lifestyle Intervention in individuals at high risk for Type 2 Diabetes
Rabies control and prevention
Role of physical activity on fall prevention in the aging/fragile population
The CDC's comprehensive intervention strategy to address antimicrobial resistance
Competitive foods in schools and the sale of children's health
Breast cancer and interactive health communication systems
Effective teenage pregnancy interventions in schools
Universal motorcycle helmet laws
Environmental solutions to asthma
Dental care for the underserved/uninsured
School based interdisciplinary interventions that prevent childhood obesity
Prevention of teen pregnancy through service learning
Tuberculosis control through the WHO DOTS strategy
Comprehensive sexual education as an HIV intervention
Prenatal care programs in reducing Wisconsin's racial disparities in infant mortality
Ignition interlocks for reducing DUI repeat offences

IX. FINAL EXAM

The final exam consists of 10 short essay questions worth 10 points each. The questions are intended to evaluate your: knowledge and comprehension of concepts and theories covered in the course; ability to interpret, and synthesize the material in course readings; ability to analyze an hypothetical scenario and to appropriately apply concepts that you have studied in the course; ability to evaluate the appropriateness or effectiveness of public health interventions and strategies and research, as well as your writing skills.

Below are three example questions from past exams. These are representative of the types of questions to which you should be prepared to respond. In addition to providing high quality substantive content in your answers, clear and concise writing is critical to receiving a high grade.

Example 1: In 2002, the Institute of Medicine released its landmark report entitled “The Future of the Public’s Health in the 21st Century.” This report called for the “transformation” of the public health system in order to confront the leading public health problems in the 21st century. Describe this proposed transformation. What barriers exist, if any, that might prevent this transformation from occurring?

Example 2: A report by the Trust for America’s Health estimates that an investment of \$10 per person per year in community-based programs tackling physical inactivity, poor nutrition, and smoking could yield more than \$16 billion in medical cost savings annually within 5 years. This savings represents a remarkable return of \$5.60 for every dollar spent, without considering the additional gains in worker productivity, reduced absenteeism at work and school, and enhanced quality of life. Why doesn’t this report lead states, and communities to make these investments, since they save money and lives?

Example 3: Paul Farmer has written that human rights are violated in developing countries by "pathologies of power" (i.e., these are not accidents). Do you think that this concept applies to the leading health problems in Wisconsin? If so, why? If not, why not?