COURSE SYLLABUS

Introduction to Public Health: Local to Global Perspectives
PHS 370: 3-Credits
Spring 2016

University of Wisconsin - Madison

LECTURES
Tuesday/Thursday 9:55-10:45 A.M.
Ingraham B10 (1155 Observatory Drive)

DISCUSSION SECTIONS (75 minutes/week)
Various times and locations (see below)

COURSE DIRECTOR
Patrick L. Remington, MD, MPH
Professor, Population Health Sciences
Associate Dean for Public Health
UW School of Medicine and Public Health

TEACHING ASSISTANTS (TAs)
Melissa Scott
Kirollos Gendi

REQUIRED TEXTBOOK

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I. COURSE OVERVIEW AND LEARNING OBJECTIVES

This 3-credit course is intended to give students an overview of the principles and practice of public health in a global context. The prerequisite for this Intermediate Level course is a college-level science or biology course. As an introductory public health course, it is intended for students with no previous course work in public health or epidemiology. This is one of three core courses for the Undergraduate Certificate in Global Health.

Course goal: To learn the principles and practice of public health as applied to leading global health problems.

Course objectives:

- Define public health and learn the difference between individual- and population-based strategies for improving health (how it works)
- Understand the goals of public health—to improve health and eliminate health disparities
- Understand the methods used to measure health of populations, find causes, and develop programs that work
- Describe the leading global health problems, including their causes and methods for prevention
- Understand the challenges and opportunities for closing the gap between science and practice
- Understand the advantages and limitations of the various types of population-based approaches to improve public health (education, marketing, engineering, policy, and law)
- Know the core functions of public health (assessment, policy development, and assurance) and how public health is organized at the local, state, national, and international level
- Learn about the importance of interdisciplinary approaches to public health

Course Director: Patrick Remington, MD, MPH

Dr. Remington received his undergraduate degree in molecular biology and his medical degree from the University of Wisconsin. After completing an internship at Virginia Mason Hospital in Seattle, he trained at the CDC as an Epidemic Intelligence Service Officer (assigned to the Michigan health department); as a Preventive Medicine Resident in the Division of Nutrition at the CDC, and as part of the CDC Career Development Program, when he obtained his MPH in Epidemiology from the University of Minnesota. He was the Chief Medical Officer for Chronic Disease and Injury Prevention in the Wisconsin Division of Health for almost a decade, and joined the Department of Population Health Sciences in 1997. Dr. Remington’s current research examines methods to measure the health outcomes and determinants in populations, as well as health disparities by education, race, or region. In addition, he is examining ways to use this information in community health improvement, such as through the publication of the Wisconsin County Health Rankings. Follow him on Facebook (Dr. Patrick Remington) or on Twitter (@plremington).

Contact Information

Office: 4263 Health Science Learning Center (HSLC)
Phone: (608) 263-1745
Email: plreming@wisc.edu
Office hours: By appointment (Marianne Markgraf mmarkgra@wisc.edu)
Homepage: http://www.pophealth.wisc.edu/faculty/premingto.html
II. TEACHING ASSISTANTS

The teaching assistants are responsible for many aspects of the course, including organizing the modules and lectures, preparing the quizzes, and communicating with students about attendance, grades, and other questions.

Sections 310-316, 318-320

Kirollos Gendi is an MD/MPH candidate at UW. He received his BA in Spanish at the University of California, Davis in 2012. He has previously worked with the American Cancer Society as the President of the Colleges Against Cancer at the UC Davis campus to promote smoking cessation, cancer screening tests, and cancer preventing vaccinations. His volunteerism and public speaking ability granted him recognition as a Hero of Hope with the ACS. Also, Kirollos worked with the board of directors on the Imani Clinic to help address health disparities with the African American community in Sacramento. More recently, he helped to run the MEDiC free clinics at UW as the Vice President of Development of the organization. Kirollos hopes to become an academic surgeon. He wants to use his MD/MPH for quality improvement/outcomes based research and to improve the quality of health care abroad.

Contact information:
Email: gendi@wisc.edu
Office hours/location: Thursdays, 4-5 PM in Psychology 623, and by appointment.

Sections 301-309, 317

Melissa J. Scott, M.A. is a PhD Candidate at UW-Madison’s Nelson Institute for Environmental Studies and is part of the research group at the Center for Sustainability and the Global Environment (SAGE). Melissa has a background in climate change health impacts, bioethics, intergenerational and international equity issues in climate change, and international policy on climate change. Specifically, Melissa is researching the health benefits of reducing coal power plant pollution in China and India; the health impacts of climate change on countries least responsible and most vulnerable to climate change -- small island nations; and whether or not it is morally permissible for developed nations to continue burning coal for energy. Melissa served as a Bioethics Fellow at the Morgridge Institute for Research for her first two years at UW, and recently participated in an Exchange Fellowship at the University of Bonn, Geography Department in Bonn, Germany with a research group working on climate change and migration issues in Africa. Prior to her work at UW-Madison, Melissa completed her masters in bioethics at New York University, and worked with the Permanent Mission of Grenada to the UN in Manhattan. As a Madison, Wisconsin native, Melissa enjoys time outdoors, running and biking, with her family.

Contact information:
Email: melissa.phs370@gmail.com
Office hours: Thursdays, 12:30-1:30 PM, in 1042 Medical Sciences Center, and by appointment.
III. MODULES AND CORE FACULTY

The course will be organized into seven modules, with six modules addressing leading global public health problems. Except for module 7, each module lasts for 2 weeks and includes 4 lectures and 2 discussion sections (Faculty Director/TA):

<table>
<thead>
<tr>
<th>Module</th>
<th>Topic</th>
<th>Faculty Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>Introduction to public health</td>
<td>Remington</td>
</tr>
<tr>
<td>#2</td>
<td>Global public health</td>
<td>DiPrete-Brown</td>
</tr>
<tr>
<td>#3</td>
<td>Infectious diseases</td>
<td>Remington</td>
</tr>
<tr>
<td>#4</td>
<td>Chronic disease</td>
<td>Remington</td>
</tr>
<tr>
<td>#5</td>
<td>Injuries</td>
<td>Durkin</td>
</tr>
<tr>
<td>#6</td>
<td>Environmental health</td>
<td>Malecki</td>
</tr>
<tr>
<td>#7</td>
<td>Integrating medicine &amp; public health</td>
<td>Remington</td>
</tr>
</tbody>
</table>

Core Course Faculty (Module Leaders)

**Lori DiPrete Brown, MS, MTS** is an Assistant Clinical Professor in the Schools of Medicine and Public Health and Pharmacy, and serves as the Associate Director for Education and Engagement in the Global Health Institute. She has played a leadership role in developing global health programs since she joined UW in 2003, including graduate and undergraduate Certificate Programs in Global Health. She teaches courses in global health, quality improvement in low-income countries, and the health and human rights of orphans and vulnerable children. She advises graduate independent global public health field study students, and leads GHI's Summer Quality Improvement Leadership Institute, which has trained leaders from 15 countries. Currently, Professor DiPrete Brown is leading a new campus-wide initiative that addresses women's wellbeing both locally and globally. DiPrete Brown received a BA from Yale (1983), served in the US Peace Corps in Honduras (1983-1985), and then pursued public health graduate study at Harvard (MSPH, 1988). From 1988 to 2003 DiPrete Brown worked in health and development programs worldwide, collaborating with international organizations such as USAID, WHO, the Pan American Health Organization, Save the Children, CARE, and the Aga Khan Foundation. DiPrete Brown defines global health broadly, taking into account root determinants of suffering and well-being such as access to food, water, health care, education, a peaceful existence, realization of political, civil and cultural rights, and the opportunity to live in a sustainable and harmonious relationship to the natural environment.

**Maureen Durkin, DrPH**, is a Professor in the Department of Population Health Sciences. She received her undergraduate degree and PhD in anthropology from the University of Wisconsin-Madison, and her MPH and DrPH degrees in epidemiology from Columbia University. Her research interests include the epidemiology, prevention, antecedents and consequences of neurodevelopmental disabilities and childhood injuries, both globally and within the United States. She has collaborated in the development of cross-cultural methods for screening for developmental disabilities and methods for surveillance of childhood injuries, and has directed international studies on the prevalence and causes of neurodevelopmental disabilities in low-income countries. She has also directed a cohort study on neuropsychological outcomes of neonatal brain injuries associated with preterm birth and with metabolic disorders detected on newborn screening, and is currently a Waisman Center investigator and principal investigator on the Wisconsin Surveillance of Autism and Other Developmental Disabilities System.
Kristin Malecki, PhD, is an Assistant Professor in the Department of Population Health Sciences. She has a PhD in Environmental Epidemiology and Health Policy and an MPH from Johns Hopkins School of Public Health. Dr. Malecki serves as the co-director for the Survey of the Health of Wisconsin (SHOW), overseeing survey implementation efforts and ancillary study development. She has been a leader in the development and evaluation of indicators for environmental health risk assessment and policy. Dr. Malecki also works to bridge applied public health practice with academic research focusing on environmental health and health disparities using a social determinants of health model. Currently, she serves as co-Investigator for a CDC funded grant exploring a health impact assessment framework for addressing climate change impacts in Wisconsin, a joint program between the Department of Population Health Sciences, the Nelson Institute, and the Wisconsin Department of Health Services (DHS). She also serves as the Principal Investigator for a number of SHOW ancillary studies involving community-academic partnerships. Before coming to the UW she served as the lead epidemiologist for the state Environmental Public Health Tracking Program. In these roles she has gained extensive experience in leading and managing multi-disciplinary teams of researchers, practitioners, and policy makers in development of environmental health surveillance and epidemiologic data for addressing chronic diseases and disparities in the State of Wisconsin and the nation.
IV. LECTURE SCHEDULE

The course will have two, 50-minute lectures each week. Chapters in the Riegelman text are noted in parentheses.

**Module 1: Intro to Public Health Principles and Practice (Remington/Gendi)**
- **Jan 19** 1.1—Public health: The population health approach (Remington) (Ch. 1)
- **Jan 21** 1.2—Evidence-based public health (Remington) (Ch. 2)
- **Jan 26** 1.3—Public health data and communications (Remington) (Ch. 3 (part))
- **Jan 28** 1.4—Social and behavioral sciences (Remington) (Ch. 4)

**Module 2: Public Health in a Global Context (DiPrete-Brown/Scott)**
- **Feb 2** 2.1—What is global health: Key concepts, successes and challenges (DiPrete Brown)
- **Feb 4** 2.2—Gender, wellbeing and global health (Alonso)
- **Feb 9** 2.3—The Post-2015 Agenda: Improving health systems (DiPrete Brown)
- **Feb 11** 2.4—Calamity and connections (O’Rourke)

**Module 3: Infectious Diseases (Remington/Gendi)**
- **Feb 16** 3.1—Infectious diseases: Global burden, costs, and trends (Remington) (Ch. 7)
- **Feb 18** 3.2—Vaccine controversies (Conway)
- **Feb 23** 3.3—Keeping food safe (foodborne outbreak) (Pillai)
- **Feb 25** 3.4—Hospital acquired infections (Safdar)

**Module 4: Chronic Diseases (Remington/Scott)**
- **Mar 1** 4.1—Chronic disease: Global burden, costs, and trends (Remington) (Ch. 6)
- **Mar 3** 4.2—Salutogenesis: Exploring how complex systems heal (Rakel)
- **Mar 8** 4.3—Community-based obesity prevention programs (Vivian)
- **Mar 10** 4.4—Health law, policy, and ethics (Remington) (Ch. 5)
- **Mar 15** 4.5—Health disparities (Remington)
- **Mar 17** 4.6—MIDTERM (In Class)

**SPRING BREAK (MARCH 19—MARCH 27)**

**Module 5: Injuries (Durkin/Gendi)**
- **Mar 29** 5.1—The politics of firearm injury control (Hargarten)
- **Mar 31** 5.2—Injuries: Global burden, costs, and trends (Durkin)
- **Apr 5** 5.3—The Opioid Epidemic: A National and State Public Health Perspective (Weiss)
- **Apr 7** 5.4—Health policy advocacy approaches to injury prevention (Corden)

**Module 6: Environmental Health (Malecki/Scott)**
- **Apr 12** 6.1—Introduction to environmental health (Malecki) (Ch. 8)
- **Apr 14** 6.2—Geographies of vulnerability: The 2003 Heat Wave in Paris (Keller)
- **Apr 19** 6.3—Studying the health effects of environmental exposures (Malecki)
- **Apr 21** 6.4—Asbestos and health: the case for a worldwide ban (Kanarek)

**Module 7: Integrating Medicine and Public Health (Remington/Gendi)**
- **Apr 26** 7.1—Healthcare organization and financing (Remington) (Skim Ch. 9-10)
- **Apr 28** 7.2—Measuring the performance of health systems (Remington) (Ch. 11)
- **May 3** 7.3—Public health institutions and systems (Remington) (Ch. 12)
- **May 5** 7.4—The future of population health (Remington) (Ch. 14)
V. DISCUSSION SECTIONS AND FACULTY

The goal of the discussion sections (75 minutes/1x per week) is to engage students in active discussions with experienced public health professionals in order to improve the understanding of current public issues and skills as a public health communicator. **PLEASE NOTE: These discussion leaders are involved only in the discussion sections and are not involved with the lectures, quizzes, or final exams.**

Objectives of the Discussion Section
- Engage in public health discourse as effective speakers and listeners
- Apply public health content from the class lecture and assigned reading to discussion topics
- Bring disciplinary knowledge and life experience to public health issues
- Question one’s own position and perspectives and show respect for other viewpoints
- Explore personal, local and global issues related to each module topic
- Monitor news for public health information and share them with the class through Learn@UW and oral summaries in class

Logistics and Format of the Discussion Sections

1. **Case Study Discussion (1st Week of Each Module)**

The first discussion section in each Module will involve a discussion related to the topic of the module. These Case Studies will be posted in the “Content” section of Learn@UW. **All students are expected to read each case scenario in advance of the section and all related readings, come to class prepared to be an active participant in the discussion, and turn in a reflection about the case.**

2. **Public Health in the News (2nd Week of Each Module)**

**Instructor-Led News Story Discussion:** For the second week in each Module, a recent news story will be included in the Discussion Guide for that week (posted on Learn@UW by the course faculty). This News Story will be posted in the “Content” section of Learn@UW. **All students will be expected to read this news story, come to class prepared to discuss it, and turn in a reflection about it.** The discussion section leader will facilitate this discussion (about 15 minutes), using the questions below as a guide.

**Student-Led News Story Discussion:** Two students will also be expected to find and post a recent (e.g., within the past year) public health news article each week. Students will post their news story in the “Discussion” section of Learn@UW. This news story can be of any topic of interest to the student (i.e., it does not have to relate to that week’s module topic). It can be a major news story or a local story.

The link to the news story must be posted **at least 48 hours** before the discussion section meets, to give the discussion section leader and the other students in the section time to read it. Students and the discussion leader MAY comment on the news story on Learn@UW, but this is optional.

The student who posted the news story will facilitate the discussion, engaging the other students in the class with questions such as:
- What is the main message from the news story?
- What is the source of the story?
- Is it a credible source?
• Is there a potential for bias in reporting?
• Is the story based on science or opinions?
• If based on a published research study, what is the source of funding for the study? What implications does the source of funding have for your interpretation of the findings?
• What are the implications of the story for you? For others? For policy makers?

Remember that we only have about 15 minutes for the discussion of each news story, so it will go pretty quickly.

All Students: All students are expected to read all 3 news stories (the Instructor-Led and 2 Student-Led), and come prepared to discuss the news stories.

Weekly Written Reflections (<250 Words)
Beginning the second week of class, all students are expected to hand in a printed (typed) BRIEF (i.e., <250 word) reflection that addresses either the case study (first week of each module) or the class-wide news story (second week of each module). These reflections should not simply answer the questions in the case study—or the specific questions noted above in the news story—but rather “reflect” on the readings and consider the following:
• What is the major “take home” message you gleaned as you read the materials for this discussion?
• Was there anything that surprised you in the readings?
• What are the implications of this information for you? For others? For policy makers?

Discussion Topic Schedule
Students lead a discussion about a public health-related news story once during the semester. With 7 discussion sections during the semester, and about 15 students in each section, most sections will have 2 students leading a discussion.

Module 1: Introduction to Public Health
    Jan 19-21 Forming our Learning Community (Remington)
    Jan 26-28 Public health in the news
Module 2: Global Public Health (Scott)
    Feb 2-4 Four Young Women Named Anna: Social Ecology (Ceraso)
    Feb 9-11 Public health in the news
Module 3: Infectious Diseases (Gendi)
    Feb 16-18 Vaccines: Blessing or Curse (Remington/Hayney)
    Feb 23-25 Public health in the news
Module 4: Chronic Disease and Obesity (Scott)
    Mar 1-3 Bad Sugar and Worse Consequences: Culture and Health (Remington/Vivian)
    Mar 8-10 Public health in the news
    Mar 15-17 Public health in the news
Module 5: Injury Prevention and Control (Gendi)
    Mar 29-31 Bike Helmet Laws: Paternalism (Richards)
    Apr 5-7 Public health in the news
Module 6: Environmental Health (Scott)
    Apr 12-14 The Ecological Footprint: Global Stewardship (Scott)
    Apr 19-21 Public health in the news
Module 7: Integrating Medicine and Public Health (Gendi)
    Apr 26-28 Evaluating global health system performance (Gendi)
    May 3-5 Public health in the news

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Assignments will be graded either the case study or "in the news" section. You must complete a written assignment, by answering the questions in the discussion guide (for assignments). This written assignment is due within one week of the regularly scheduled discussion section.

*Written make-up assignment guidelines:* If you are not able to attend a section in person, then you must complete a written assignment, by answering the questions in the discussion guide (for either the case study or "in-the-news" section). Your TA will provide further details. These assignments will be graded.

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**Discussion Rooms and Schedules**

<table>
<thead>
<tr>
<th>Sec. #</th>
<th>Day</th>
<th>Time</th>
<th>Room</th>
<th>Leader</th>
<th>Email</th>
<th>TA*</th>
</tr>
</thead>
<tbody>
<tr>
<td>301H</td>
<td>T</td>
<td>11:00-12:15</td>
<td>White 7121</td>
<td>Patrick Remington</td>
<td><a href="mailto:preming@wisc.edu">preming@wisc.edu</a></td>
<td>MS</td>
</tr>
<tr>
<td>302</td>
<td>T</td>
<td>11:00-12:15</td>
<td>Humanities 2125</td>
<td>Melissa Scott (TA)</td>
<td><a href="mailto:melissa.phs370@gmail.com">melissa.phs370@gmail.com</a></td>
<td>MS</td>
</tr>
<tr>
<td>303</td>
<td>T</td>
<td>11:00-12:15</td>
<td>Humanities 2631</td>
<td>Sweta Shrestha</td>
<td><a href="mailto:sshrestha@wisc.edu">sshrestha@wisc.edu</a></td>
<td>MS</td>
</tr>
<tr>
<td>304</td>
<td>T</td>
<td>11:00-12:15</td>
<td>Chamberlin 2135</td>
<td>Eva Vivian</td>
<td><a href="mailto:eva.vivian@wisc.edu">eva.vivian@wisc.edu</a></td>
<td>MS</td>
</tr>
<tr>
<td>305</td>
<td>T</td>
<td>1:00-2:15</td>
<td>White 7121</td>
<td>Beth Stein</td>
<td><a href="mailto:estein2@uwhealth.org">estein2@uwhealth.org</a></td>
<td>MS</td>
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<tr>
<td>306</td>
<td>T</td>
<td>2:30-3:45</td>
<td>Soc Sci 6105</td>
<td>Deena Weiss</td>
<td><a href="mailto:dmweiss2@wisc.edu">dmweiss2@wisc.edu</a></td>
<td>MS</td>
</tr>
<tr>
<td>307</td>
<td>T</td>
<td>4:00-5:15</td>
<td>Soc Sci 6105</td>
<td>Chidi Obasi</td>
<td><a href="mailto:cobasi@wisc.edu">cobasi@wisc.edu</a></td>
<td>MS</td>
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<tr>
<td>308</td>
<td>W</td>
<td>2:30-3:45</td>
<td>Chamberlin 2135</td>
<td>Mary Hayney</td>
<td><a href="mailto:mary.hayney@wisc.edu">mary.hayney@wisc.edu</a></td>
<td>MS</td>
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<tr>
<td>309</td>
<td>W</td>
<td>2:30-3:45</td>
<td>Sterling 2339</td>
<td>Maria Mora</td>
<td><a href="mailto:mmora2@wisc.edu">mmora2@wisc.edu</a></td>
<td>MS</td>
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<tr>
<td>310H</td>
<td>W</td>
<td>2:30-3:45</td>
<td>Noland 539</td>
<td>Marion Cerso</td>
<td><a href="mailto:mceraso@wisc.edu">mceraso@wisc.edu</a></td>
<td>KG</td>
</tr>
<tr>
<td>311</td>
<td>W</td>
<td>4:00-5:15</td>
<td>White 7121</td>
<td>Stephanie Richards</td>
<td><a href="mailto:slrichards@wisc.edu">slrichards@wisc.edu</a></td>
<td>KG</td>
</tr>
<tr>
<td>312</td>
<td>W</td>
<td>4:00-5:15</td>
<td>White 7111</td>
<td>Katarina Grande</td>
<td><a href="mailto:katarina.grande@gmail.com">katarina.grande@gmail.com</a></td>
<td>KG</td>
</tr>
<tr>
<td>313</td>
<td>W</td>
<td>4:00-5:15</td>
<td>Chamberlin 2135</td>
<td>Jameela Ali</td>
<td><a href="mailto:jali3@wisc.edu">jali3@wisc.edu</a></td>
<td>KG</td>
</tr>
<tr>
<td>314</td>
<td>R</td>
<td>11:00-12:15</td>
<td>Noland 539</td>
<td>Sheryl Coley</td>
<td><a href="mailto:scoley2@wisc.edu">scoley2@wisc.edu</a></td>
<td>KG</td>
</tr>
<tr>
<td>315H</td>
<td>R</td>
<td>11:00-12:15</td>
<td>White 7121</td>
<td>Parvathy Pillai</td>
<td><a href="mailto:ppillai@wisc.edu">ppillai@wisc.edu</a></td>
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<tr>
<td>316</td>
<td>R</td>
<td>11:00-12:15</td>
<td>Chamberlin 2135</td>
<td>Bethany Weinert</td>
<td><a href="mailto:bweinert@wisc.edu">bweinert@wisc.edu</a></td>
<td>KG</td>
</tr>
<tr>
<td>317</td>
<td>R</td>
<td>11:00-12:15</td>
<td>Sterling 2339</td>
<td>Melissa Scott (TA)</td>
<td><a href="mailto:melissa.phs370@gmail.com">melissa.phs370@gmail.com</a></td>
<td>MS</td>
</tr>
<tr>
<td>318</td>
<td>R</td>
<td>1:00-2:15</td>
<td>White 7121</td>
<td>Kirollos Gendi (TA)</td>
<td><a href="mailto:gendi@wisc.edu">gendi@wisc.edu</a></td>
<td>KG</td>
</tr>
<tr>
<td>319</td>
<td>R</td>
<td>2:30-3:45</td>
<td>Psychology 210</td>
<td>Kirollos Gendi (TA)</td>
<td><a href="mailto:gendi@wisc.edu">gendi@wisc.edu</a></td>
<td>KG</td>
</tr>
<tr>
<td>320</td>
<td>R</td>
<td>4:00-5:15</td>
<td>Psychology 210</td>
<td>Jeanette Kowalik</td>
<td><a href="mailto:jkowalik@uhs.wisc.edu">jkowalik@uhs.wisc.edu</a></td>
<td>KG</td>
</tr>
</tbody>
</table>

*Students should contact the TA for their section, for all course-related issues. H=Honors section

**Substitute Discussion Leaders:** If your discussion section leader is not able to attend a session, your TA will arrange for a substitute leader. Our substitute leaders include the following:

- Beth Neary -- ejineary@wisc.edu
- Ryan Kartheiser -- rkartheiser@wisc.edu
- Jason Vargo -- javargo@wisc.edu
- Lori DiPrete-Brown -- dipretebrown@wisc.edu
- Jackson Musuuza -- musuuza@wisc.edu
- Jacob Wolf -- jgwolf2@wisc.edu
- Pravleen Bajwa -- bajwa@wisc.edu
- Eva Vasiljevic -- vasiljevic@wisc.edu

**Discussion Section Attendance Policy**

Students are expected to attend all their regularly scheduled discussion sections. Students will be excused only for illness and professional obligations that cannot be scheduled at other times.

For an absence to be excused, you must get approval from the TA responsible for your section (i.e., Melissa or Kirollos) BEFORE the class. In the event of a sudden illness, we still expect an email unless it is a true emergency. Requests to be absent more than once a semester must be approved by Dr. Remington. Frequent requests to miss your discussion section will lead to a lower participation grade.

Students with an excused absence should arrange with their TA to attend another discussion section that week (see the schedule and room locations in the table above); this is the preferred option and we recommend that you make every effort to do so. If attending an alternate section is not possible, you may receive attendance credit by completing a written assignment* relating to the discussion topic for that week (i.e., either case study or news story discussions). This written assignment is due within one week of the regularly scheduled discussion section.

*Written make-up assignment guidelines:* If you are not able to attend a section in person, then you must complete a written assignment, by answering the questions in the discussion guide (for either the case study or "in-the-news" section). Your TA will provide further details. These assignments will be graded.
Discussion Leader Biographies

**Jameela Ali, MPH** received her BA in Political Science with a minor in Near Eastern Languages and Culture from Indiana University-Bloomington in 2006. She then went on to earn an MPH in Health Policy and Management from the Indiana University Fairbanks School of Public Health in 2010. After graduate school, she moved to Long Beach, CA and served as a fellow for one year with the Veterans Health Administration’s Graduate Health Administration Training Program. Following this experience, Jameela served as a freelance technical advisor for various nonprofits, both locally and globally for three years. She completed her first year of the Population Health Fellowship with UW’s Global Health Institute (GHI) building capacity in health care institutions in low-resource settings. At GHI, she managed the Quality Improvement Institute, developed evidence-based quality improvement curricula, and designed and completed an evaluation of the Institute. Jameela will spend her second year of the Fellowship with the Wisconsin Center for Public Health Education and Training, focusing on strengthening the public health system by building public health workforce capacity in Wisconsin through cultural awareness and health equity initiatives.

**Marion Ceraso, MHS, MA** serves as Program Director for the Healthy Wisconsin Leadership Institute and the Wisconsin Population Health Service Fellowship at the University of Wisconsin Population Health Institute (UWPHI). Marion completed her training in Behavioral Sciences and Health Promotion at the Johns Hopkins School of Hygiene and Public Health, and recently completed a Masters in Journalism and Mass Communication at the University of Wisconsin-Madison. She is also a graduate of the National Public Health Leadership Institute. Prior to joining the UWPHI, she was Assistant Director of the Johns Hopkins Institute for Global Tobacco Control. Her professional experience also includes the development of professional education programs in public health; helping to develop and grow an advocacy movement for tobacco control in the state of Maryland and working as a community organizer in Newark, New Jersey. Her research and program interests focus on the impact of public policies on health, as well as the use of journalistic tools in the investigation and communication of public health issues. Marion also has experience working on international research collaborations, most recently directing a tobacco control research and policy project involving Chinese health professionals.

**Sheryl L. Coley, DrPH** is a Postdoctoral Research Scholar in the Center for Women's Health and Health Disparities Research at UW-Madison. Prior to her arrival to Madison, she worked in North Carolina at Family Health International on several clinical research studies related to HIV prevention among domestic and international disadvantaged communities. She also has six years of research and evaluation experience on local community-based health projects in North Carolina through her work with the Center for Women's Health and Wellness and the Guilford County Department of Public Health. She received masters' and doctoral public health training at UNC Chapel Hill and UNC Greensboro. Her scholarship at UW-Madison focuses on disparities in reproductive and infant health outcomes and disparities in health service use.

**Katarina Grande, MPH** has six years of experience in local and global public health focusing primarily on infectious disease surveillance and outbreak response, structural interventions and systemic poverty research, and HIV/AIDS program management. Most recently, Katarina worked as a Global Program Management Fellow with the Centers for Disease Control
and Prevention (CDC) in Tanzania where she supported the country’s US President’s Emergency Plan for HIV/AIDS Relief (PEPFAR) portfolio through partner management, monitoring, and evaluation. Previously, she has worked in Uganda as a Global Health Corps Fellow on a USAID project aimed at strengthening local government systems to improve health service delivery. Prior to moving abroad, Katarina was a Wisconsin Population Health Service Fellow with the Milwaukee Health Department and Center for Urban Population Health, where she helped to develop a community health worker program aimed at breast and cervical cancer prevention with Hmong women in Milwaukee; helped manage hepatitis C and tuberculosis outbreaks statewide; and worked with University of Wisconsin-Milwaukee and CARE-Malawi researchers to study connections between economic status, food security, and HIV vulnerability in Malawi. She holds a BS in journalism and an MPH in environmental and global health. She currently works at the Wisconsin Division of Public Health’s AIDS/HIV Program as the state HIV Surveillance Coordinator.

Mary S. Hayney, Pharm.D, MPH is a Professor of Pharmacy at the University of Wisconsin – Madison. Dr. Hayney received a bachelor of science and doctor of pharmacy degrees from the University of Minnesota and her Master of Public Health from the University of Wisconsin. Her residency training was completed at the Mayo Medical Center. She did a postdoctoral fellowship in Clinical Pharmacology and Vaccine Research at the Mayo Clinic and Foundation in Rochester, Minnesota. She joined the faculty at the University of Wisconsin School of Pharmacy in 1997. Her research interests lie in host response to vaccination. Dr. Hayney is an author on almost 100 peer-reviewed manuscripts. She is a contributing editor for the Vaccine Update feature in the Journal of the American Pharmacists Association. Her clinical practice is with the lung transplant program at the University of Wisconsin Hospital and Clinics. Her teaching responsibilities include immunology and viral pharmacotherapy for pharmacy students. She developed and teaches an immunization delivery course and has taught over 2000 pharmacists and pharmacy students to provide this key preventive health service to their patients.

Jeanette Kowalik, PhD, MPH is the Director of Prevention & Campus Health Initiatives at the UW Student Health Services. She has 12 years of diverse experience ranging from public health to academia. The bulk of Dr. Kowalik's professional experience was progressive and occurred at local health departments (City of Milwaukee Health Department- MHD, Wauwatosa Health Department and the Chicago Department of Public Health- CDPH). In addition to health departments, Dr. Kowalik has 3 years of non-profit administration experience from the Boys & Girls Clubs of Greater Milwaukee. This opportunity bolstered Jeanette's ability to execute community-level behavior change, advocate for youth and families, and enhance public-private partnerships. Jeanette also has several years of academic experience. As an adjunct at Bryant and Stratton College, she taught for the Medical Assisting (associate) and Health Services Management (bachelor) degree programs. In the spring of 2013, Jeanette taught her first graduate-level course via the Master of Public Health program at Benedictine University. Jeanette recently completed her PhD in Health Sciences at the University of Wisconsin Milwaukee.

Maria Mora Pinzon, MD, MS received her medical degree from the prestigious Universidad Central de Venezuela - Escuela Jose Maria Vargas (2008). She also obtained a Masters in Clinical Research from Rush University at Chicago, IL (2013). Over the years, she has participated in multiple research projects in the area of surgery, to the point of successfully publishing and
presenting dozens of projects at national and regional meetings. She completed two years of general surgery residency at Loyola University Medical Center in Maywood, IL; and during this time she continued her involvement in research. It was Maria's passion for research and knowledge that drove her to pursue Preventive Medicine, with the desire to bring public health and surgery closer, focusing on the development, management and delivery of affordable quality surgical care to underserved areas. She proudly joins the UW-Preventive Medicine Residency Program, where she will be in University Health Services, and the office of Health Informatics within the Wisconsin Division of Public Health. Outside of medicine she enjoys reading fiction books, going to the movies, traveling, exploring new restaurants, and is looking forward to experiencing the outdoors in Madison. You can see some of her academic work at https://wisc.academia.edu/MariaMoraPinzon or follow her on twitter for news in Public Health and Global Surgery @MariaCMoraP

Beth Neary, MD, MS, FAAP is a pediatrician who was in private practice for the last 15 years in Madison. Originally from Jersey City, NJ, Beth has a BS in Food Science from Purdue University. She received her MS in Nutritional Sciences and her MD from UW-Madison. She completed an internship and residency at UW Hospital and Clinics in Pediatrics. Over the years, she has served as a clinical preceptor to medical and nursing students. She served as Chief of Pediatrics at Meriter Hospital for 2 years. She currently is involved in a number of public health related activities in Dane County, including the Dane County Obesity Collaborative, Wisconsin Environmental Health Network, and start-up and sustaining committees of St. Vincent DePaul Charitable Pharmacy (Wisconsin’s first free standing charitable pharmacy). She has taught in Pop Health 717, Leadership in Medicine and Public Health, PDS 4, School of Pharmacy Interprofessional Conference and Introduction to Public Health (for undergrads). This semester, she will also participate in the Healer’s Art. She is married with 2 grown daughters and 1 granddaughter. Twitter: @bethnearymd

Chidi Obasi, MD, MS, PhD has diverse clinical and research experiences in both developed and developing countries. His interests include infectious disease surveillance, preventive and community medicine, and global health policy and research. He recently completed a 3-year NIH-sponsored Post Doctoral Primary Care Research Fellowship at the University of Wisconsin-Madison. During this period, his work centered on evaluating the effects of exercise and mindfulness meditation on the severity of community acquired acute respiratory infections. He also focused on exploring the relationship between bacterial and viral infections; and co-developing a patient oriented instrument -the Wisconsin Upper Respiratory Symptom Survey-11 (WURSS-11). In addition, Dr. Obasi obtained his graduate degrees from the University of Wisconsin-Madison (PhD-Clinical Investigation; MS-Population Health Sciences). Prior to this he earned his medical degree from the Abia State University in Uturu, Nigeria and subsequently completed an internship year at the Federal Medical Centre Owerri Nigeria--a tertiary hospital.

Parvathy Pillai, MD, MPH serves as assistant director of the Preventive Medicine Residency Program while supporting medical student education in the Department of Population Health Sciences at the University of Wisconsin School of Medicine and Public Health. She received her MD from Northeastern Ohio Universities College of Medicine and her MPH from the University of Michigan. She completed a residency in pediatrics and a fellowship in pediatric infectious disease. Subsequently, she completed a preventive medicine residency and is board certified in public
health and general preventive medicine. She completed a two-year CDC Epidemic Intelligence Service (EIS) program assignment. Following this, and prior to her current role, she completed a post-EIS practicum to bridge healthcare and public health while assigned to the Wisconsin Department of Health Services.

Patrick Remington, MD, MPH (see bio above).

Stephanie Richards MPH is an Outreach Specialist with the University of Wisconsin Population Health Institute. Stephanie supports the Healthy Wisconsin Leadership Institute and the Wisconsin Population Health Service Fellowship. Stephanie completed her Masters of Public Health at UW-Madison and earned her Bachelors of Social Work at Calvin College in Grand Rapids, Michigan. Prior to joining the University of Wisconsin Population Health Institute, Stephanie served as an Outreach Specialist for the Center for Health Enhancement System Studies (CHESS). While at CHESS, she trained and coached process improvement collaboratives in 8 states, studied smart phone apps designed to support recovery, worked with Wisconsin communities to help older adults stay in their place of choice safer and longer, and helped state departments of behavioral health change policies to make better use of technology in addiction treatment. Her research and program interests include asset-based community engagement, quality improvement, behavioral health, program evaluation, social media, and mobile health.

Sweta Shrestha, MPH is the Education Programs Associate for the UW-Madison Global Health Institute, where she serves as an advisor and instructional specialist for both the graduate and undergraduate Certificates in Global Health and the associated field experiences. Ms. Shrestha has a background in neurobiology and earned her Masters in Public Health and Graduate Global Health Certificate from the University of Wisconsin School of Medicine and Public Health. Her previous global health experience includes community-based family planning in Uganda and health care services in her native Nepal. Currently, she leads the global health field experience in Nepal and is engaged with a range of Global Health Institute initiatives including Quality Improvement and Orphans and Vulnerable Children.

Elizabeth Stein, MD, MS received her MD from Howard University after transferring from Jefferson Medical College, where she completed her preclinical years. Prior to medical school, she earned her MS in Foods and Nutrition from the University of Georgia and a bachelor’s in computer science from New York University. At UGA, she researched vitamin D levels in a population of children in Georgia and collected surveillance data on the diets of older adults in rural Georgia. At Jefferson, Elizabeth investigated metabolic syndrome criteria and its associations with insulin resistance in a black population of Philadelphia. After medical school, she developed experience in grant writing and basic science research working as a postdoctoral research fellow of microbiology at the University of Virginia. Most recently, Elizabeth finished her intern year in psychiatry at the University of Florida in Gainesville. As a preventive medicine resident, she is completing clinical rotations at the VA Mental Health Clinic and working with the Survey of the Health of Wisconsin (SHOW) examining data on the health of veterans and predictors of mental health care usage.
Eva M Vivian, CDE, BC-ADM, FAADE, PharmD is currently a Professor at the University of Wisconsin School of Pharmacy. She received her doctor of pharmacy degree from the University of Illinois College of Pharmacy and a Master of Science from the University of Wisconsin School of Medicine and Public Health. She is certified in diabetes education and advanced diabetes management. She currently maintains a clinical practice at Access Community Health Centers. Dr. Vivian’s research interests focus on identifying disparities in the treatment of hypertension, diabetes, and other chronic diseases among ethnic minorities, particularly African American and Latino American patients and developing and implementing strategies to reduce and eliminate them. Recently, her research has sharpened its focus in response to heightened awareness of the great numbers of children and adolescents who are at special risk of diabetes. Dr. Vivian currently serves on the Editorial Board of the Merck Manuals and Drugs in Context and is a peer reviewer for the Diabetes Care, The Diabetes Educator, Annals of Pharmacotherapy, Clinical Therapeutics, Current Medical Research and Opinion, and Diabetes Spectrum. Dr. Vivian has lectured at medical meetings, conferences, and symposia across the United States. Dr. Vivian has held numerous leadership positions within professional associations. She served on the Board of Directors of the American Association of Diabetes Educators during 2011-2013. She is also a member of the American Diabetes Association, American Pharmacy Association, American Association Colleges Pharmacy and American College of Clinical Pharmacy.

Bethany Weinert, MD, MPH graduated from Northwestern University with a degree in anthropology and then her MD. Her pediatric internship and residency were at the Children’s Hospital of Wisconsin within the Global Health Track. Through this track, Bethany was able to spend time at the Red Cliff Reservation in northern Wisconsin. Bethany is currently collaborating with a passionate team at Red Cliff interested in teaching traditional dance, nutrition, language, and culture to promote wellness for their children. Bethany’s other research interests include disparities in lower respiratory tract infections and pediatric obesity. She completed her MPH at the University of Wisconsin. She is currently a Primary Care Clinical Research Fellow through the Department of Family Medicine and the Department of Pediatrics at the University of Wisconsin.

Deena Weiss received a B.S. degree in Neurobiology and Psychology from the University of Wisconsin-Madison in 2010. She previously worked with the Seal-A-Smile program to expand access to dental care for underserved children as well as the Lifecourse Initiative for Healthy Families to reduce disparities in birth outcomes in southeastern WI. She also worked as a community project coordinator at a Federally Qualified Health Center. Deena is currently a dual MD-MPH student seeking a Graduate Certificate in Global Health and plans on pursuing a career in academic surgery.
VI. COURSE MATERIALS AND INSTRUCTIONAL TECHNOLOGY


The textbook is available at the UW bookstore for purchase (about $85 new, $65 used). Used copies are also available on Amazon (as low as $45). Some students from last year may be interested in selling their book, as posted on this GoogleDoc: https://docs.google.com/document/d/1Tad4JXP2PMEZSRolugIYzkO4gKpWWGbtppoJ22vnIaA/edit?usp=sharing

Only the Second Edition (ISBN 9781284074611) will have an access code bundled free with the print text. If you prefer to purchase ONLY the ebook and not a print text you may do so through the publisher. The ebook costs about $45 (about half the cost of the printed text) and is labeled as Navigate 2 Advantage Access for Public Health 101: http://www.jblearning.com/catalog/9781284074628/

If you decide to use the e-version, you can set up an account on the publisher’s website (http://www2.jblearning.com/my-account/login) and redeem the access code that is printed on the inside cover of the text (specific instructions are included on the access code card). Once you have set up your account and redeemed your access code you will need to enroll in PHS 370 by entering the **Course ID: 7D6AA5**

To do this, click on the Navigate 2 Advantage Access for Public Health 101 in your My Account page. Then click on the Enter Course ID tab on the right and enter the Course ID. You will then be enrolled the PHS 370 course, you will not need to enter the Course ID again.

Should you run into any issues you may contact the publisher’s technical support at support@jblearning.com or 1-800-832-0034 (option 5).

**Is the ebook required?** No. The ebook/online materials simply expand upon the content presented in the paper version of the 2nd edition.

**Can I order the 1st edition of the textbook, since it is much less expensive?** You may purchase the 1st edition ($1-$5 each), but it does not come with the ebook and there have been several substantive changes to the chapters.

**Optional References:**

- Introduction to Global Health. Jones and Bartlett (NOTE: This textbook is required for the Introduction to Global Health course [CALS] course).
**Additional Readings:**
Students will be assigned 1-3 key articles per module as required reading for this course. The readings are available online under “Content” in Learn@UW. Students are expected to keep current with weekly readings to effectively participate in class discussion and adequately prepare for bi-weekly quizzes.

**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. PLEASE NOTE: It takes a few days from the time that you have been enrolled in the course, to become enrolled in Learn@UW.

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
VII. COURSE POLICIES

Attendance Policy: Attendance is expected in the lecture and required for discussion sections. Students are responsible for all information presented in the readings, course book and during lectures. **Students who request to be excused from a discussion section must contact their TA in advance, and provide the reason (i.e., illness, religious observances, and academic or professional commitments).**

Class Meeting Cancellation Notices: Occasionally, severe weather, illness, or other circumstances may require cancellation of a class meeting. If this is so, 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 requests 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 advanced notice to request special accommodation.

Student Honesty and Rules of Conduct: Academic honesty requires that the course work (e.g., quizzes, papers, exams) a student presents to an instructor honestly and accurately indicates the student's own academic efforts. See: http://pubs.wisc.edu/ug/geninfo_rules.htm

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 email to dos@bascom.wisc.edu.
VIII. ASSESSMENT OF STUDENT PERFORMANCE

Students will be assessed based on the results of bi-weekly quizzes, discussion section participation, a midterm, and a final exam.

1. Bi-Weekly Quizzes (20% of final grade)
A brief multiple-choice quiz will be posted online at the end of each module in the course. Each quiz will consist of about 12 questions (about 3 questions/lecture). The questions will be taken from the lectures and discussion sections in the module, including the required readings. The quizzes will be “open book” and students are permitted to work collaboratively on them.

Quizzes will be posted and available on Learn@UW at 5:00 PM on Thursday of the last day of the Module, and will be open until 10:00 PM Sunday night. Students will have 90 minutes to complete the quiz once they begin it. Once started, a quiz must be completed within its time limit.

Students who miss a quiz for ANY REASON will not be able to make it up. Therefore, we strongly recommend that students take the quiz as early as possible, and not wait until Sunday night to avoid the following (actual) situation:

“I know that you have stated that late quizzes are not accepted but while I was taking the quiz tonight, I lost internet connection and was unable to answer a couple questions...I don’t believe that this should be viewed as a late quiz, please let me know if there is anything I can do. Thank you very much!”

Our response?

“Since we do not accept late quizzes, we recommend that you do not wait until Sunday night to take the quiz in the future, to avoid a situation like this.”

3. Discussion Section Participation (30%)

Students will be graded for their participation in the discussion section, based on:

- Regular attendance and participation in class discussions.
- The quality of your “public health in the news” article and discussion facilitation (each student does one session per semester).
- The quality of the weekly written reflections (1 point will be subtracted for each written reflection that is not turned in).

Discussion grading schema (30 points total/10 points given during weeks 1-5, 6-10, and 11-15):

- 9.5 (A) – This grade is reserved for those students who clearly prepared very well for every class, actively participated in the discussion during every session, provided insightful comments about the topic, and were respectful of other student views.
- 9.0 (AB) – This is the most common grade for those students who have completed all assignments, come to class generally well prepared, and who participated in most class discussions.
- 8.5 or less (B or less) – These grades are given if students are not well prepared for class by reading all materials, participated only occasionally in class discussion, and did not generally contribute to the discussion.
- Absences: 2 points will be deducted for each unexcused absence, or each excused absence that is not made up within one week of the missed discussion section (includes 1 point for the missed reflection).

Participation grades will be posted three times during the semester (i.e., after week 5, week 10, and week 15).
3. Mid-term exam (20%)  
The mid-term exam will be a written, in-class (50 minute) exam on Thursday March 17, 2016. The exam will include multiple choice and short-answer questions, and cover material from the first 4 modules of the course. The exam will assess the learning objectives that are included in each module.

Given the large size of this class, the mid-term will only be given once. Students who miss the midterm due to illness or academic conflicts (e.g., a professional commitment that cannot be re-scheduled) will be given an alternative make-up written exam.

4. Final exam (30%)  
The final exam will be given on Monday, May 9th from 10:05 AM to 12:05 PM. The location will be assigned later in the semester. This exam will be a written, in-person exam, will include multiple choice and short-answer questions, and cover material from the last 3 modules (apprx. 2/3rd of the questions), as well as concepts from the entire course (approximately 1/3rd of the questions). The exam will assess the learning objectives that are included in each module.

Given the large size of this class, re-scheduling the final examination will only be done for students with compelling academic or professional conflicts (e.g., a professional commitment that cannot be re-scheduled, or more than 3 final exams in a 24 hour period). If possible, students with an illness requiring medical attention should contact their TA or the course instructor in advance of the final exam.

4. Overall Course Grading Scheme: Each assessment described above will be graded based on a 100-point scale:
   A (outstanding): 93+%  
   AB (excellent): 88-92%  
   B (very good): 83-87%  
   BC (good): 78-82%  
   C (fair): 70-77%  
   D (poor): 60-69%  
   F (fail): <60%

Final scores will be rounded to the nearest whole number and the final letter grades will be based on the scale above (e.g., a 92.499 is a 92 (AB) and a 92.500 is a 93 (A)). The cutoff between grades may be curved lower (e.g., changing an A to 92%-100%) if a quiz or exam is more difficult than expected.

Grading Questions and Appeal Policy: All questions regarding any grade in the course must be directed to your TA. If you have a question about a quiz or exam question, you should meet with your TA during office hours. Please do not contact us if your final grade is a fraction of a percent below the cut-off. We do not change grades that are just below the cut-off, as this would simply move the cut-off and the next student would make the same request.

5. Honors Sections and Options

This course offers an honors option for students in the Letters and Science Honors Program (see: http://www.honors.ls.wisc.edu/).
Honors Credit (H): To receive “Honor’s Program Credit,” students may enroll in one of the three discussion sections led by course faculty (Remington-Section 301; Ceraso-Section 310; and Pillai-Section 315).

Honors Final Paper: Students enrolled for Honors Credit (H) must complete a final paper. For the paper option, students will select a public health problem of interest to them. Students will organize the paper using the “4-step public health approach” described below:

- **Part #1: Define the problem**
  - What is the nature and extent of the problem (i.e., descriptive epidemiology)?
  - What groups are at highest risk?
  - Consider the “face” of a patient with this problem.

- **Part #2: Describe the causes**
  - What are the causes of this problem (i.e., analytic epidemiology)?
  - What study designs have been used to learn about the causes (e.g., cohort, case-control)?
  - What gaps exist in our knowledge about the causes?

- **Part #3: Describe public health and prevention strategies**
  - What programs/policies are effective in preventing this problem?
  - What types of intervention studies have been done to learn about what works?
  - What gaps exist in what we know about prevention and control strategies?

- **Part #4: Discuss challenges and opportunities for closing the gap between science and practice**
  - What are the barriers in translating our knowledge about prevention into practice?
  - What ethical, social, or political issues exist?
  - What can be done to overcome these barriers?

Timeline:
- Before the semester starts: Enroll in either Honors Section (H).
- March 1: Select a topic for the final paper and post in Dropbox.
- April 1: Outline of final paper should be completed (do not need to submit)
- Last day of class: Final paper is due (posted in the Learn@UW Dropbox).

Format:
The format of this paper should be 12-point font, double-spaced. The length of the paper should be NO MORE THAN 2,500 words (about 10 pages double spaced). The word cap is only for text – any tables, figures, and references will not count toward this limit.

Evaluation: Each paper will be evaluated using the following criteria:
- Clear statement of the problem and public health burden
- Describes the causes of the problem
- Describes evidence-based approaches
- Discusses translating research into practice
- The overall clarity of writing and presentation (including proper formatting of sections, references, etc.)
- 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 commitments, etc.).

In order to satisfy the honors requirement, the final paper must receive a B or better grade.