GLOBAL PUBLIC HEALTH (DWA & UEP 295)
Fall 2014
Tuesday and Thursday 1:30 to 2:55 pm, TREE S

Instructor: Jane Schmitz, Ph.D.
Contact information: email schmitz@oxy.edu
Office hours: Tuesdays & Thursday 12:00 to 1:00, UEP 204

Course description
The course will examine major global public health problems and the range of responses from international organizations, transnational networks, and domestic and community-based institutions. Despite improvements in the health status of low- and middle-income countries over the last half-century, the challenges to advance global public health remain daunting. What are the sorts of strategies these actors have used in addressing such health issues as HIV/AIDS, malaria, unsafe food and water, tobacco use, and others? Can a biosocial approach improve our response to underlying determinants of ill-health? The course will present basic concepts for understanding global public health, including indicators of population health and the political, social and economic determinants of health. We will utilize a case study method to examine successful and less successful efforts to improve global health and to debate enduring political, economic, social and cultural controversies in the arenas of global health. Students can expect to gain knowledge of the major issues and actors in global public health and an introduction to the analytic and quantitative skills needed to be effective.

Required textbooks
Farmer P, Yong Kim J, Kleinman A and Basilico M. Reimagining Global Health: An Introduction.

Some required readings will be posted to Moodle.

Grading

Quizzes 15%

Quizzes will be administered at the beginning of class and will be composed of no more than 5 questions.

Mid-term paper 30%

For this assignment you are asked to present the health situation of a low- or middle-income country of your choice. For your country, you will collect and present relevant statistics and outline the country’s position in the demographic and epidemiologic transition and describe the overall health profile.

Final paper & presentation 30%
This paper will build on the knowledge you gain while developing your mid-term paper. For the country about which you chose to write your mid-term paper, you will assert and defend the top health priority and describe a plan of response that considers the biosocial causes of your health priority issue. You will present your conclusions to the class.

**Final exam**

25%

This will be a comprehensive, in-class exam in multiple choice, short answer and essay format.

Letter grades will be assigned according to the following scale: ≥93 A; 90 to 92 A-; 87 to 89 B+; 83 to 86 B; 80 to 82 B-; 77 to 79 C+; 73 to 76 C; 70 to 72 C-; 67 to 69 D+; 63 to 66 D; 50 to 62 D-; ≤49 F
### Course schedule

<table>
<thead>
<tr>
<th>Session</th>
<th>Date</th>
<th>Topic</th>
<th>Deliverable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Thu Aug 28</td>
<td>What is global health? The ebola epidemic (put your biosocial glasses on); Introduction to course</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Tue Sept 2</td>
<td>Biosocial approach to global health- from Upper Silesia to Kibera</td>
<td>RGH Preface, Ch1</td>
</tr>
<tr>
<td>3</td>
<td>Thu Sept 4</td>
<td>Toolkit of social theories relevant to global health</td>
<td>RGH Ch 2</td>
</tr>
<tr>
<td>4</td>
<td>Tue Sept 9</td>
<td>History of global health, part I: colonial medicine</td>
<td>QUIZ #1 &amp; RGH Ch 3</td>
</tr>
<tr>
<td>5</td>
<td>Thu Sept 11</td>
<td>History of global health, part II: health for all?</td>
<td>RGH Ch 4</td>
</tr>
<tr>
<td>6</td>
<td>Tue Sept 16</td>
<td>History of global health, part III: The global AIDS response</td>
<td>RGH Ch 5</td>
</tr>
<tr>
<td>7</td>
<td>Thu Sept 18</td>
<td>Global burden of disease; Health transitions (Peru)</td>
<td>QUIZ #2</td>
</tr>
<tr>
<td>8</td>
<td>Tue Sept 23</td>
<td>Mental health &amp; MDRTB: metrics of disease</td>
<td>RGH Ch 8</td>
</tr>
<tr>
<td>9</td>
<td>Thu Sept 25</td>
<td>Child mortality</td>
<td>QUIZ #3</td>
</tr>
<tr>
<td>10</td>
<td>Tue Sept 30</td>
<td>Overweight and obesity in LMICs: the role of corporations in global health</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Thu Oct 2</td>
<td>Non-communicable disease: an emerging epidemic in LMICs</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Tue Oct 7</td>
<td>Vitamin A: the discovery of a “silver bullet”</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Thu Oct 9</td>
<td>Program implementation and evaluation: vitamin A supplementation programs</td>
<td>MID-TERM PAPER DUE</td>
</tr>
<tr>
<td></td>
<td>Tue Oct 14</td>
<td>NO CLASS</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Thu Oct 16</td>
<td>Water, sanitation and hygiene: marketing and mass communication</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Tue Oct 21</td>
<td>Public-sector health systems: Haiti and Rwanda</td>
<td>RGH Ch 6</td>
</tr>
<tr>
<td>16</td>
<td>Thu Oct 23</td>
<td>Funding global health: foreign aid &amp; philanthropy</td>
<td>RGH Ch 10</td>
</tr>
<tr>
<td>17</td>
<td>Tue Oct 28</td>
<td>Adam Richards, MD PhD, Burma dispatch: malaria control in an area of chronic conflict</td>
<td>QUIZ #4</td>
</tr>
<tr>
<td>18</td>
<td>Thu Oct 30</td>
<td>Values and global health</td>
<td>RGH Ch 9</td>
</tr>
<tr>
<td>19</td>
<td>Tue Nov 4</td>
<td>Davida Becker, PhD, Abortion Care in Mexico City</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Thu Nov 6</td>
<td>Setting priorities in global health; prepare for debate</td>
<td>RGH Ch 11</td>
</tr>
<tr>
<td>21</td>
<td>Tues Nov 11</td>
<td>Jessica Gipson, PhD, Sociocultural influences on sexual and reproductive health</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Thu Nov 13</td>
<td>Heather Wipfli, PhD, The Framework Convention on Tobacco Control</td>
<td>FINAL PAPER DUE</td>
</tr>
<tr>
<td>23</td>
<td>Tue Nov 18</td>
<td>Debate: GH priorities</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Thu Nov 20</td>
<td>Presentations</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Tue Nov 25</td>
<td>Presentations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thu Nov 27</td>
<td>NO CLASS</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Tue Dec 2</td>
<td>Review for final exam and wrap up</td>
<td></td>
</tr>
</tbody>
</table>
Additional readings (more will be added throughout the semester)

Session 1, Course introduction
Session 2, Biosocial approach
Session 3, Toolkit of social theories
Session 4, History of global health, I
Session 5, History of global health, II
Session 6, History of global health, III
   Power, S. The AIDS Rebel; An activist fights drug companies, the government-and his own illness. The New Yorker. 19 May 2003.
Session 7, Global burden of disease; health transitions
   Huynen M et al. The epidemiologic transition in Peru. Pan Am J Public Health 17(1), 2005
Session 8, MDRTB and mental health
Session 9, Child mortality
Session 10, Overweight and obesity
   Caballero B. A Nutrition Paradox – Underweight and Obesity in Developing Countries. NEJM. 2005;352: 1514-1516.
Session 11, NCDs


Session 12, Vitamin A

Session 13, Vitamin A supplementation programs

Session 14, Water, sanitation and hygiene


Session 16, Funding for global health

Session 17, Adam Richards, malaria control


Session 18, Values and global health


Session 19, Davida Becker


Session 20, Setting priorities

Session 21, Jessica Gipson, Sexual and reproductive health
Session 22, Heather Wipfli, FCTC


Session 23, Debate


Session 24, Presentations

Session 25, Presentations

Session 26, Review for final exam
From the Occidental College web page on Academic Ethics ([http://www.oxy.edu/x8196.xml](http://www.oxy.edu/x8196.xml))

**Cheating Defined**

Cheating occurs when a student attempts to complete or take credit for work by any dishonest means or assists another in doing so. Some examples of cheating include lying; copying from another’s exam or assignment or collaborating on an exam or assignment, unless specifically allowed by the instructor; submitting the same work in more than one course without instructor permission; falsifying data collected in research or laboratory courses; taking or receiving copies of an exam without the permission of the instructor; and using notes or other information devices inappropriate to the test conditions.

**Plagiarism Defined**

Plagiarism occurs when the ideas, organization, or language of another are incorporated into one’s work without properly crediting the original source with a citation or other disclosure. It includes re-writing or re-formatting material without acknowledging the original source of the ideas. Even if the language and organization are in the student’s own words, any ideas or information that is not common knowledge must be acknowledged in a reference.

Students are responsible for knowing and using the correct procedures for acknowledging and identifying sources of borrowed material. Failure to properly credit sources in all or part of work presented in draft or final form to anyone is plagiarism, regardless of whether it occurs as a result of dishonest intent or carelessness and regardless of the course credit attached to it. As a student scholar, if you:

- Quote directly from a source: you must enclose the quoted material, even if it is no more than a phrase or a single distinctive word (such as a neologism), within quotation marks, and provide a reference.
- Paraphrase, i.e., restate the material in your own words: (a) the paraphrasing must represent a substantial change from the original, not just the changing of occasional words and phrases, and (b) you must provide a reference.
- Present material that is common knowledge, but borrow someone else’s organizational pattern: you must acknowledge that borrowing in a reference.