COURSE SYLLABUS
November 19, 2014 DRAFT

Introduction to Public Health: Local to Global Perspectives
PHS 370: 3-Credits
Spring 2015

University of Wisconsin - Madison

LECTURES
Tuesday/Thursday 9:30-10:45 am
Education Science 204
1025 W. Johnson St.

DISCUSSION SESSIONS (50 minutes/week)
Various times/locations (see below)

COURSE DIRECTOR
Patrick L. Remington, MD, MPH
plreming@wisc.edu

TEACHING ASSISTANTS (TAs)
Megan Zuelsdorf
August Mayai

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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, and national 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.

Contact Information
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Phone: (608) 263-1745
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Office hours: By appointment (Marianne Markgraf mmarkgra@wisc.edu)
Homepage: http://www.pophealth.wisc.edu/faculty/premingto.html
**Teaching Assistants**

**August Mayai** is the Director of Research at the Sudd Institute (see: [http://suddinstitute.org/](http://suddinstitute.org/)). As a demographer, his major research interests include childhood mortality differentials in the Sudan and South Sudan, applied quantitative methodology (econometrics), applied development research, social accountability and public service delivery, and the demography of conflicts and violence. His role at the Sudd Institute and National Bureau of Statistics has seen him lead teams and collate and analyze data on multiple projects, most recently as head of the demography cluster in the comprehensive evaluation of the Government of South Sudan, 2006-2011. He has also taught and trained university students and government staff at secondary and tertiary level in the South Sudanese educational system across the country. Currently writing a dissertation that empirically evaluates the relationship between state effectiveness and child health outcomes in South Sudan and Ethiopia, Augustino is completing a PhD in Sociology (Demography) and Development.

**Contact Information**

Email: mayai@wisc.edu
Office: Global Health Institute MSC Room 1027
Office hours: TBD

**Megan Zuelsdorff, MS** is a doctoral student in the Department of Population Health Sciences at the University of Wisconsin School of Medicine and Public Health. She spent several years as a researcher, first at the Alzheimer’s Disease Center at Northwestern University and then in the UW’s Department of Family Medicine, before returning to earn her graduate degree. Her academic training has been heavily focused on the epidemiology of aging and brain health, and in her professional research she has studied cognitive impairment in diverse populations left vulnerable due to dementia, substance abuse, chronic pain, or socioeconomic disadvantage. She is particularly interested in the roles that environmental stressors and social support systems can play in health trajectories of later life, and in ways that national and international cultural and policy-driven forces reinforce these relationships.

**Contact Information:**

Email: mlzuelsd@wisc.edu
Office: Global Health Institute MSC Room 1027
Office hours: TBD

**II. 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 sessions (Faculty Director/TA):

- **Module #1:** Introduction to public health (Remington/Zuelsdorff)
- **Module #2:** Global public health (DiPrete-Brown/Mayai)
- **Module #3:** Infectious diseases (Remington/Zuelsdorff)
- **Module #4:** Obesity (Remington/Mayai)
- **Module #5:** Injury prevention and control (Durkin/Zuelsdorff)
- **Module #6:** Environmental health (Malecki/Mayai)
- **Module #7:** Looking to the future (Remington/Zuelsdorff)
Core Course Faculty

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 public 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 of the prevalence and causes of neurodevelopmental disabilities in low-income countries. She has also directed a cohort study of 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.
III. LECTURE SCHEDULE

The course will have two 75-minute sessions each week. Each session will include a 50-60 minute lecture, with about 15 minutes for plenary discussion. Students are expected to read the background papers prior to lecture and come prepared to ask questions during the discussion period at the end of each Lecture.

Module 1: Introduction to Public Health (Remington/Zuelsdorff-confirmed)
Jan 20  1.1—Introduction to Public Health
Jan 22  1.2—Comparative Health System Performance
Jan 27  1.3—The 4-Step Public Health Process
Jan 29  1.4—Case Study: Tobacco Control

Module 2: Global Perspectives on Public Health (DiPrete Brown/Mayai)
Feb 3    2.1—Describing the burden in Global Health (DiPrete Brown)
Feb 5    2.2—Global Health: Successes and Challenges (DiPrete Brown)
Feb 10   2.3—Guest lecture
Feb 12   2.4—Guest lecture

Module 3: HIV/AIDS and Unsafe Sex (Remington/Zuelsdorff-confirmed)
Feb 17   3.1—Infectious diseases: Global burden, costs, and trends (Gasiorowicz)
Feb 19   3.2—Using outbreak investigations to learn the causes of AIDS (Zuelsdorff/Remington)
Feb 24   3.3—Programs to prevent HIV/AIDS (Martinez-Donate)
Feb 26   3.4—Morality and sex education (Kendall)

Module 4: Chronic Diseases and Obesity (Flood/Mayai-confirmed)
Mar 3    4.1—Chronic disease: Global burden, costs, and trends (Remington)
Mar 5    4.2—Obesity causes and prevention (Flood-confirmed)
Mar 10   4.3—Community-based obesity prevention programs (Vivian)
Mar 12   4.4—Obesity and Paternalism (Remington-confirmed)

Module 5: Injury Prevention and Control (Durkin/Zuelsdorff-confirmed)
Mar 17   5.1—Injuries: Global burden, costs, and trends (Durkin)
Mar 19   5.2—The politics of firearm injury control (Hargarten)
Mar 24   5.3—Health policy advocacy approaches to injury prevention (Corden)
Mar 26   5.4—Using epidemiology to find the causes of injuries (Durkin)

SPRING BREAK (MARCH 28- APRIL 5)

Module 6: Environmental Health (Malecki/Mayai-confirmed)
Apr 7    6.1—The burden of environmental disease (Malecki)
Apr 9    6.2—Studying the health effects of environmental exposures (Malecki)
Apr 14   6.3—Geographies of Vulnerability: The 2003 Heat Wave in Paris (Keller)
Apr 16   6.4—Asbestos and health: the case for a worldwide ban (Kanarek)

Module 7: The Future of Public Health in the 21st Century (Remington/Zuelsdorff)
Apr 21   7.1—Salutogenesis: Exploring how complex systems heal (David Rakel)
Apr 23   7.2—War and public health (August Mayai)
Apr 28   7.3—Aging and health (Megan Zuelsdorff)
Apr 30   7.4—Late-breaking public health topic
May 5    7.5—Late-breaking public health topic
May 7    7.6—Public Health in the 21st Century (Remington)
IV. DISCUSSION GROUPS AND FACULTY

The goal of the discussion sections is to engage students in active discussions with experienced public health professionals, in order to improve understanding of current public issues and skills as a public health communicator.

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 Sessions

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

The first session in each Module will involve a discussion related to the topic of the Module. Students are expected to read each case scenario in advance of the session and all related readings, and come to class prepared to be an active participant in the discussion. These case studies will be introduced at the start of the first Tuesday lecture in each Module.

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

For the second week in each Module, a recent news story will be posted on Learn@UW by the course faculty. Students will be expected to read this story, and come to class prepared to discuss it (see Guidelines below).

In addition, two students will also be expected to find and post a recent (e.g., within the past year) public health news article each week. With seven weeks dedicated to a discussion of the media, and about 15 students in each class, students will present a news story once during the semester. It can be a major news story or a local story. Pay close attention to the reason the news article is being written. These news stories and your assessment (see below) should be posted no later than 48 hours before the time that the discussion section meets.

Finally, ALL STUDENTS are required to come prepared to discuss all the news stories (the one posted by the course directors and the 2 (or 3) posted by the students). Students will consider the following question for their assessment:

- What is the main message from the news story?
- What is the course of the story?
- Is it a credible source?
- Is there a potential for bias in reporting?
- Is the story based on science or opinions?
- What are the implications of the story for you? For others? For policy makers?
Discussion Topic Schedule
Students will sign up to lead a discussion about a public health-related news story once during the semester. With seven sessions during the semester, and about 15 students in each section, most sessions will have 2 students leading a discussion.

Module 1: Introduction to Public Health (Remington/Zuelsdorff)
- Jan 20-23: Forming our Learning Community: Introduction and Discussion Skills
- Jan 27-30: “Public health” in the news

Module 2: Global Public Health (DiPrete-Brown/Mayai)
- Feb 3-6: The Social Ecological Model: Four Young Women Named Anna
- Feb 10-13: Global health in the news

Module 3: HIV/AIDS and Unsafe Sex (Remington/Zuelsdorff)
- Feb 17-20: Living with AIDS
- Feb 24-27: Communicable diseases in the news

Module 4: Obesity (Remington/Mayai)
- Mar 3-6: Bad Sugar and Worse Consequences: Acculturation and Health
- Mar 10-13: Obesity, nutrition, and physical activity in the news

Module 5: Injury Prevention and Control (Durkin/Zuelsdorff)
- Mar 17-20: Guns violence: How do we prevent it?
- Mar 24-27: Injury and violence in the news

Module 6: Environmental Health (Malecki/Mayai)
- Apr 7-10: The Ecological Footprint: Consumption vs. Stewardship
- Apr 14-17: Environmental health in the news

Module 7: Looking to the Future (Remington/Zuelsdorff)
- Apr 21-24: The future of public health case study
- Apr 28-May 1: Public health in the news
- May 5-8: Open discussion

Discussion Leader Biographies

Jameela Ali, MPH received her MPH in Health Policy and Management from the Indiana University Fairbanks School of Public Health. Her prior public health experiences include outreach, policy, philanthropy and the development, implementation and evaluation of health education programs within the U.S. and overseas. Jameela is passionate about improving the quality of health care services delivered in low-resource international settings through capacity building and knowledge sharing. She will complete her Fellowship with the University of Wisconsin Global Health Institute, focusing on collaborative quality improvement initiatives that will strengthen international health care systems. jali3@wisc.edu

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, DPH 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.

Lori DiPrete Brown, MSPH (see bio above).

e.shor, MPH graduated from the University of Minnesota School of Public Health with the goal of prioritizing trans* and queer health at the local and national levels. They are currently a UW Population Health Service Fellow and their research and work has been focused on LGBTQ health and research. e.shor loves being a nerd, talking walks, reading about vampires, canoeing in the wilderness, building fires, cooking new meals, growing things like tomatoes, and meeting new people.

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.

**August Mayai** (see bio above)

**Colleen Moran, MPH, MS** Colleen Moran recently completed her dual Masters in Public Health and Urban and Regional Planning at the University of Wisconsin-Madison. She is currently a Wisconsin Population Health Service Fellow, a position in which she is able to combine both her public health and planning backgrounds. Her worksite placement is with the Wisconsin Division of Public Health in both their Bureau of Environmental and Occupational Health and Bureau of Community Health Promotion in their Nutrition, Physical Activity and Obesity Program. Her main focus is creating collaborations between public health and planning professionals through Health Impact Assessments (HIA), healthy community design, and access to healthy foods (e.g., healthy corner stores, Farm to School, school gardens, etc.).

**Jackson Musuuza, MBChB, MPH,** a second year PhD student in the department of Population Health Sciences at UW School of Medicine and Public Health, received a medical degree (MBChB) from Mbarara University Medical School, Uganda in 2005. After completing his internship training at Uganda’s national referral hospital, he worked as a medical officer at the Rakai Health Sciences Program, the major research and service-giving organization in rural southern Uganda, which works in collaboration with Johns Hopkins University and the National Institutes of Health. Here he provided clinical care to HIV infected patients enrolled into the PEPFAR funded Anti Retroviral Therapy (ART) program, and also worked as study surgeon for the male circumcision trial for HIV prevention, where he circumcised about 2000 men. He later came to the United States and pursued a master of public health degree at Case Western Reserve University, Cleveland, Ohio (CWRU), where he graduated in 2011. At CWRU he engaged in multiple areas of research ranging from studying barriers to implementing cost-effectiveness analyses in Uganda to examining measures of morbidity and mortality among decedents of the publicly-funded mental health system in Ohio.

**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 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).

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 Madison 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.

Leslie Tou, MPH graduated from University of North Carolina Chapel Hill (Go Heels!) with Business and Chinese degrees. She worked in the private sector for a few years before realizing her true interest was public health. She received her MPH from Columbia University in Population Health and Global Health. Her public health work thus far has concentrated on global health efforts, working with Marie Stopes International in Sierra Leone, the Women's Refugee Commission in NYC and most recently, IntraHealth International in Chapel Hill, NC. She has worked on projects focused on family planning, adolescent girls programming in refugee settings and human resources for health/health systems strengthening. As a recent transplant from North Carolina, she has just started working with the Lifecourse Initiative for Healthy Families (LIHF) project here in Madison.

Rachel Thompson-Fleming, MD is originally from La Crosse, Wisconsin, completed her undergraduate studies at the University of Michigan Ann Arbor, and attended medical school at the Medical College of Wisconsin in Milwaukee. She completed her pediatrics residency at Riley Children's Hospital at Indiana University and earned her masters in clinical research during her Children’s Health Services Research fellowship. Her main interest is in improving patient outcomes through modified health care delivery systems with special interests in environmental justice, vulnerable populations, and global health. Her work in quality improvement has spanned implementation science, global comparative effectiveness, and cost effectiveness.

Megan Zuelsdorff, MS (see bio above).
Discussion Rooms and Schedules

<table>
<thead>
<tr>
<th>Section #</th>
<th>Day</th>
<th>Time</th>
<th>Room</th>
<th>Leader</th>
<th>TA/Sub</th>
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<tr>
<td>301*</td>
<td>Tue</td>
<td>11:00am</td>
<td>SOC SCI 6322</td>
<td>DiPrete Brown, Lori</td>
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<td>SOC SCI 6314</td>
<td>Tou, Leslie</td>
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<tr>
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<tr>
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<td>307</td>
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<td>Musuuza, Jackson</td>
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<tr>
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<td>Grande, Katarina</td>
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<tr>
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<tr>
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<td>MECH ENGR 2121</td>
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<tr>
<td>314*</td>
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<td>Remington, Pat</td>
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All sections are scheduled for 50 minutes.
*Honors section

V. COURSE MATERIALS AND INSTRUCTIONAL TECHNOLOGY

Textbooks for your reference (not required):

- Introduction to Global Health. Jones and Bartlett (NOTE: This textbook is required for the Introduction to Global Health course (CALS course).

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.
VI. COURSE POLICIES

Attendance Policy:
Attendance is expected in the lecture and required for small group discussions. Students are responsible for all information presented in the readings, course book and during lectures. Students who request to be excused from a discussion session 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 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 (e.g., quizzes, papers, exams) 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 email to dos@bascom.wisc.edu.

VII. ASSESSMENT OF STUDENT PERFORMANCE

Students will be assessed on results of bi-weekly quizzes, discussion group participation and a final exam.

1. Bi-Weekly Quizzes (30%)

A brief multiple-choice quiz will be posted online at the end of each of the seven modules. Each quiz will consist of about 12 questions (about 3 questions/lecture). 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 one (1) hour to complete the quiz once they begin it. Once started, a quiz must be completed within its time limit. The questions will be taken from the previous lectures in the Module, including the required readings. The quiz will be “open book,” but students are expected to complete the quiz on their own. Working together constitutes academic misconduct (see below).

Each quiz will count 5 points toward the final grade. **Students will be permitted to drop their lowest quiz grade. Students who miss a quiz for any reason will not be able to make it up.**

2. Discussion group participation (30%)

Students will be graded for discussion section and the grade will be based on:
- Participation that reflects preparation of case studies and news stories
- Quality of “public health in the news” article and discussion facilitation
- Attendance: Students are expected to attend all discussion sections. For an absence to be excused, students must confer with the TA responsible for your section BEFORE the class. (In the event of a sudden illness we still expect an email unless it is a true emergency). Students can make up an excused absence by arranging with their TA to attend another discussion, or by completing a 500 word written assignment of that session’s topic (i.e., either case study or news story discussions). Points will be deducted for unexcused absences and absences that are not made up.
Discussion grading schema (examples):

- 10 points: 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 was respectful to other student views.
- 9 points: This is the most common grade for those students who have completed all assignments, come to class generally well prepared, and who participate in most class discussions.
- <=8 points: This grade is given if students do not prepare for class by reading all materials, participate only occasionally in class discussion, and do not generally contribute to the discussion.
- NOTE: 2 points will be subtracted for each unexcused absence.

Participation grades will be posted after 5 weeks, 10 weeks, and 15 weeks (10 points each time).

3. Final exam (40%)

The final exam will be given: **Sunday, May 10th, from 10:05AM - 12:05PM**

This exam will be a written, in-person exam, will include multiple choice and short-answer questions, and cover material from the entire course. The exam will assess the learning objectives that are included in each Module.

4. Overall Course Grading Scheme

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

- A (outstanding): 93-100%
- 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. The cutoff between grades may be curved lower (e.g., changing an A to 99%-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.