



**Syllabus**  
**HPM 860/950 Population Perspectives and**  
**Health**  
 Fall 2018  
 2 Credits | [Online]

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## 1 Course Overview

This is a two-part course. The first part is intended to allow learners a chance to understand what they believe and why they work in public health or a field that deals with the health of the public. This initial course will help learners to understand what the terms “population health”, “social determinants of health”, and “health” mean in the context of contemporary politics and public health. Population health is in many ways a loaded term, some call it a “cop-out” alternative to “public health.” People who take this view feel that there are multiple public obligations for people and governments to promote and protect health while population health shifts more emphasis to “personal responsibility.” Lately, we hear a lot about population health in the context of discussions about ACOs. I’m not sure that we really know what that means and we are going to explore what the ACO concept means for public and population health. The course provides learners with a basic familiarity of the use of epidemiology and aggregate measures of health in political and policy contexts.

The goal of the first part is to explore population (and *public*) health perspectives to see if there is something unique about the concept. However, we will spend a lot of time discussing public health and determining if the two are really different. Is population health the appropriate context for social as well as individual development and progress?

In a world of rapid technological progress and an economy more and more dependent upon rapid innovation driven by seemingly younger and younger inventors (think Steve Jobs followed by Bill Gates, then Sergey Brin, Elon Musk, etc.) who have begun to think of age old problems like death as solvable if only we put enough money into the algorithm. There are serious attempts to achieve “immortality”—or at least to extend life by multiple decades (see: Tad Friend. *The Good Pill: Silicon Valley’s Quest for Eternal Life*. *The New Yorker*, April 3, 2017. 34-67). For example, Larry Ellison, of Oracle said: “Death has never made any sense to me...” While we think of public health as extending and improving life, the question of “for whom?” lies not very far below the surface. For each of us in this class, you will have more or less relevant populations you work to benefit. These can be identified in several ways: the people of the nation or county where you work, the aged, those who are affected by accidents or drug overdoses. These populations are people whom you either see as your equal, your clients or your “subjects”—and, you will likely view them as your peers. In that case, you will be seeking to extend or improve your own life by doing your work. Also, you will likely have developed a sense of justice that includes some element of your own individuality and shared destiny with others. But then, there is the reality of self-preservation and the desire to preserve and protect your own identity and, dare I say, health. I imagine that each of you do things that you see a “healthy” whether it be how you eat or how you exercise or how you manage your temperament. The economy devoted to “health” products is very large in the developed (“Nutraceuticals Market to Reach \$294.8 Billion by 2017” [http://www.nutraceuticalsworld.com/issues/2013-09/view\\_industry-news/nutraceuticals-market-to-reach-2048-billion-by-2017/](http://www.nutraceuticalsworld.com/issues/2013-09/view_industry-news/nutraceuticals-market-to-reach-2048-billion-by-2017/)) and the less

developed world in the form of herbal and folk remedies that have been commercialized.

For many years, I worked with a project called “America’s Health Rankings” which is a public relations approach to stimulating change in public health by comparing the US states on their relative “healthiness”. We will review that process as a stimulus for your thinking as well as a platform to discuss your philosophies of public health.

In the second half (HPM950) I will also introduce, very briefly, students to the world of scientific and policy inquiry. This course is intended to start you on the road to the development of your dissertation. In this introductory phase, the emphasis is on the social place of knowledge and the development of new ideas and approaches to solving problems in society. This course is intended to start you on the way toward forming a question that will be the center of your dissertation.

Before you can form a question, you have to have a sense of what you know and how you know it. To that end, we’ll read things that are philosophical in nature. We will explore what is real and imagined and how we determine which is which. We will touch on the question “what is truth” but I don’t want to pretend that we will be seeking truth, just talking about it.

The dissertation we are asking you to write is, in many ways, more rigorous than a traditional dissertation in that we ask that you focus on a practical problem and develop new ways to deal with problems. We do not ask that you “generate new knowledge” but that you generate new applications and new methods that will effect or create change in the world. That, in itself is a form of new knowledge—the difference being that there is a plan to apply it in the real world

- 1.1 **Prerequisites** Course restricted to DrPH Executive Doctoral Students in Health Leadership.
- 1.2 **Instructor(s)** Thomas C. Ricketts, PhD, MPH  
Professor  
Department of Health Policy and Management  
Room 351 Sheps Building, 725 M.L. King Blvd  
Phone:  
  
Email: tom\_ricketts@unc.edu
- 1.3 **Teaching Assistant** none
- 1.4 **Course Website** <https://sakai.unc.edu/welcome/>. Use your ONYEN and password.
- 1.5 **Class Days, Times, Location** This course is a combination of residential and online. After an initial on – campus session, class meets online on various Tuesday evenings throughout the semester. Then there is a final on-campus session in January 2019. The class schedule is listed below..
- 1.6 **Office Hours** There are no set office hours for this course. Students may request an appointment by email. Virtual office hours may be conducted via phone, Skype, or Adobe Connect.

## 1.7 Course Texts

Johnson, Steven, *The Ghost Map*. (Penguin, 2006) (available on-line.  
Young, T. Kue. *Population Health, Concepts and Methods*. 2<sup>nd</sup> Edition. New York:  
Oxford University Press, 2005 (ISBN 0-19-515854-7):

### Useful OPTIONAL websites and resources:

- <http://www.improvingpopulationhealth.org/>
- <http://www.rwjf.org/en/blogs/new-public-health.html>
- If you have a favorite blog that follows public health—share it with us.
- [www.healthmetricsandevaluation.org/](http://www.healthmetricsandevaluation.org/) Institute for Health Metrics, University of Washington.
- Loony Tunes Take on Public Health (it's serious)  
<https://www.youtube.com/watch?v=9ESmHv2h50s>
- <http://uwphi.pophealth.wisc.edu/> University of Wisconsin Population Health Sciences
- <http://www.aihw.gov.au/population-health/> Australia's population health project
- Kindig D, Asada Y, Booske B. (2008). A Population Health Framework for Setting National and State Health Goals. *JAMA*, 299, 2081-2083.
- Molla MT, Madans JH, Wagener DK, Crimmins EM. **Summary Measures of population health**: report of findings on methodologic and data issues. National Center for Health Statistics. Hyattsville, MD, 2003. (DHHS Pub. No. (PHS) 2004-1258.
- Rose, Geoffrey. *The Strategy of Preventive Medicine*, Oxford Medical Publications, 1992. ISBN 0-19-262486 5. This book lays out some awkward facts about how “health” is distributed and how our behaviors are constrained by society and how our policies rest on some strange beliefs and values. It appeared in 1992 and has been reprinted every year since. You will have access to an extended article based on the book

Review of these websites/resources is not required unless specified. These URLs are provided as a service.

## 1.8 Course Format

The course format includes primarily discussions around questions that are raised in the syllabus with the occasional longer intervention by Prof. Ricketts. Students are expected to complete the readings and submit a one-page reflection paper before each class and come to each class prepared to discuss the materials covered in session description (with the exception of Class 1).

## 2 Course Policies

### 2.1 Recognizing, Valuing and Encouraging Inclusion and Diversity in the Classroom

We share the School of Public Health's [commitment to diversity](#). We are committed to ensuring that the School is a diverse, inclusive, civil and welcoming community. Diversity and inclusion are central to our mission — to improve public health, promote individual well-being and eliminate health inequities across North Carolina and around the world. Diversity and inclusion are assets that contribute to our strength, excellence and individual and institutional success. We welcome, value and learn from individual differences and perspectives. These include but are not limited to: cultural and racial/ethnic background; country of origin; gender; age; socioeconomic status; physical and learning abilities; physical appearance; religion; political perspective; sexual identity and veteran status. Diversity, inclusiveness and civility are core values we hold, as well as characteristics of the School that we intend to strengthen.

We are committed to expanding diversity and inclusiveness across the School— among faculty, staff, students, on advisory groups, and in our curricula, leadership, policies and practices. We measure diversity and inclusion not only in numbers, but also by the extent to which students, alumni, faculty and staff members perceive the School's environment as welcoming, valuing all individuals and supporting their development.”

In this class, we practice these commitments in the following ways:

- Develop classroom participation approaches that acknowledge the diversity of ways of contributing in the classroom and foster participation and engagement of *all* students.
- Structure assessment approaches that acknowledge different methods for acquiring knowledge and demonstrating proficiency.
- Encourage and solicit feedback from students to continually improve inclusive practices.

As a student in the class, you are also expected to understand and uphold the following UNC policies:

- **Diversity and Inclusion at the Gillings School of Global Public Health:**  
<http://sph.unc.edu/resource-pages/diversity/>
- **UNC Non-Discrimination Policies:**  
<http://policy.sites.unc.edu/files/2013/04/nondiscrim.pdf>
- **Prohibited Discrimination, Harassment, and Related Misconduct at UNC:**  
<https://deanofstudents.unc.edu/incident-reporting/prohibited-harassmentsexual-misconduct>

**2.2 Accessibility** UNC-CH supports all reasonable accommodations, including resources and services, for students with disabilities, chronic medical conditions, a temporary disability, or a pregnancy complication resulting in difficulties with accessing learning opportunities.

All accommodations are coordinated through the UNC Office of Accessibility Resources & Services (ARS), <https://ars.unc.edu/>; phone 919-962-8300; email [ars@unc.edu](mailto:ars@unc.edu). Students must document/register their need for accommodations with ARS before accommodations can be implemented.

**2.3 UNC Honor Code** As a student at UNC-Chapel Hill, you are bound by the university's [Honor Code](#), through which UNC maintains standards of academic excellence and community values. It is your responsibility to learn about and abide by the code. All written assignments or presentations (including team projects) should be completed in a manner that demonstrates academic integrity and excellence. Work should be completed in your own words, but your ideas should be supported with well-cited evidence and theory. To ensure effective functioning of the [Honor System](#) at UNC, students are expected to:

- a. Conduct all academic work within the letter and spirit of the Honor Code, which prohibits the giving or receiving of unauthorized aid in all academic processes.
- b. Learn the recognized techniques of proper attribution of sources used in written work; and to identify allowable resource materials or aids to be used during completion of any graded work.
- c. **Sign a pledge on all graded academic work certifying that no unauthorized assistance has been received or given in the completion of the work.**
- d. Report any instance in which reasonable grounds exist to believe that a fellow student has violated the Honor Code.

Instructors are required to report suspected violations of the Honor Code, including inappropriate collaborative work or problematic use of secondary materials, to the Honor Court. Honor Court sanctions can include receiving a zero for the assignment, failing the course and/or suspension from the university. If you have any questions about [your rights and responsibilities](#), please consult the Office of Student Conduct at <https://studentconduct.unc.edu/>, or consult these other resources:

- Honor system [module](#).
- UNC library's [plagiarism tutorial](#).
- UNC Writing Center [handout on plagiarism](#).

## 2.4 Instructor Expectations

You are expected to be online and participate in all classes. If, in an unusual circumstance, you cannot be online, you must notify the instructor in advance of the class. You are still responsible for completing and turning in all class assignments in a timely fashion.

<b>Email</b>	The instructor will typically respond to email within 24 hours or less if sent Monday through Friday. The instructor may respond to weekend emails, but it is not required of them. If you receive an out of office reply when emailing, it may take longer to receive a reply. The instructor will provide advance notice, if possible, when they will be out of the office. If you do not receive a timely email response, please send another email reminder.
<b>Discussion Board</b>	Not applicable. We will discuss the option of opening such a “page” in the first class.
<b>Feedback</b>	All graded assignments will receive written feedback that coincides with the assessment outline. Feedback is meant to be constructive and help the student continue to build upon their skills. Please note that I have spent part of my life as a professional editor (notwithstanding my inability to type accurately) and the feedback you will get may be “sharp” at times. I intend for the feedback to be a tool that you can use to understand the areas where you are succeeding and what you can do to improve in other areas.
<b>Grading</b>	Every effort will be to provide grades and feedback within two weeks after the due date. Assignments that build towards a future assignment will be graded and returned with at least one week in which you can use the information for your later assignment.
<b>Syllabus Changes</b>	The instructor reserves to right to make changes to the syllabus, including project due dates and test dates. These changes will be announced as early as possible.
<b>Telephone Messages</b>	I will attempt to respond to telephone messages within 24 hours Monday through Thursday. Generally, emails are a better way to reach the instructor.

## 2.5 Student Expectations

<b>Appropriate Use of Course Resources:</b>	The materials used in this class, including, but not limited to, syllabus, exams, quizzes, and assignments are copyright-protected works. Any unauthorized copying of the class materials and readings is a violation of federal law and may result in disciplinary actions being taken against the student. Additionally, the sharing of class materials without the specific, expressed approval of the instructor may be a violation of the University's Student Honor Code and an act of academic dishonesty, which could result in further disciplinary action. This includes, among other things, uploading class materials to websites for the purpose of sharing those materials with other current or future students.
<b>Assignments</b>	Submit all assignments via my e-mail, <a href="mailto:tom_ricketts@unc.edu">tom_ricketts@unc.edu</a> unless instructed otherwise.
<b>Attendance/ Participation</b>	Your attendance and active participation are an integral part of your learning experience in this course. If you are unavoidably absent, please notify me. Learners are expected to participate in the on-line sessions and be prepared to participate in discussions with faculty and classmates. Interactions are sometimes difficult due to the limitations of the technology as well as the fact that we will be discussing things where there are disagreements. Our on-line discussions allow you to have “side” conversations that you may conduct in the

“chat” window or with your colleagues via other means—but try not to “hide”. I encourage you to use side-stream systems to communicate, but do share them at some time. On-line communications tend to “flatten” communications and hides body language tips that help smooth out misunderstandings. So, be prepared to work in a “moderated” environment.

**Communication** You are expected to follow common courtesy in all communication to include emails, online discussions, and face-to-face. All electronic communications sent should be clear and understandable. This is a professional course, and you are expected to communicate as a professional.

**Email** All email correspondence between student/instructor and peer/peer will be conducted in a professional manner following email etiquette.

View the following link for more information on email etiquette:

<http://metropolitanorganizing.com/etiquette-professional-organizing-services/essential-email-etiquette-tips/>

**Contributions** You are expected to offer individual contributions in class and on individual assignments, and collaborate with fellow students on assignments for which students may work together, such as group assignments.

**Late Work** Late, missed, or rescheduled work:  
Assignments are due on their due dates. For extenuating circumstances, you may be able to get my permission to turn in your assignments late. However, you will only receive permission if you notify me in advance of the assignment due date of the reason you need an extension of time, and I agree to the extension. If you do not get an extension, you will receive a reduction in credit for every day that they are late. After seven days, late submissions will receive no points. Attendance on the day of the presentation is required to receive points for those activities.

**Readings** Readings for a particular class should be completed before the Class and before completing associated activities

**Technical support** The UNC Information Technology Services (ITS) department provides technical support 24-hours per day, seven days per week. If you need computer help, please contact the ITS Help Desk by phone at +1-919-962-HELP (919-962-4357), or by email at [help@unc.edu](mailto:help@unc.edu), or by visiting their website at <http://help.unc.edu>, or by UNC Live Chat at <http://its.unc.edu/itrc/chat>.

### 3 Competencies, Learning Objectives, and Assessment

#### 3.1 Competencies

In this course, you will develop the following competencies.

- DPH05. Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior and policies
- DPH06. Integrate knowledge, approaches, methods, values and potential contributions from multiple professions and systems in addressing public health programs
- DPH10. Propose strategies to promote inclusion and equity within public health programs, policies and systems

#### 3.2 Learning Objectives

By the end of this course, you will achieve the following learning objectives.

1. Discuss current controversies in population health and contrast it with public health
2. Review the history and development of public health statistics, the profession of public health and how it has functioned in the political world.
3. Use epidemiology and aggregate measures of health and illness and need in political and policy contexts with a focus on equity and equality.
4. Recognize and apply the work of epidemiological policy entrepreneurs and thinkers who have viewed the world in an “ecological” contest and through an integrative lens.
5. Use epidemiological analysis and aggregate measures of health in political and policy contexts.
6. Discuss how there are conflicts between aggregate measures and individual experiences and how race and class based analysis can tend to exacerbate rather than ameliorate disparities.
7. Examine major issues that may be resolved through a population perspective and discuss mechanisms and techniques for doing so.
8. Analyze and reflect on multiple readings that challenge you to explore your beliefs in health and public health
9. Read and analyze definitions of population and public health and develop your own, personal definition and conceptual motivation for improving health.
10. Write formal reflections on multiple papers that describe scientific and philosophic approaches to improving health.

#### 3.3 Map of Competencies

Competencies addressed in this course, learning objectives mapped to these competencies, and assignments that assess these competencies.

Competencies	Course Learning Objectives	Assessment Assignments with brief descriptions
DPH05. Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior and policies	L1 Discuss current controversies in population health and contrast it with public health L2. Review the history and development of public health statistics, the profession of public health and how it has functioned in the political world.	The reflections and other assignments allow you to practice and refine your communication skills. You will be “graded” on how well you shape your thoughts and present them both rhetorically (as argument) as well as in a “journalistic” approach which is meant to

	<p>L3. Use epidemiology and aggregate measures of health and illness and need in political and policy contexts with a focus on equity and equality</p> <p>L4. Recognize and apply the work of epidemiological policy entrepreneurs and thinkers who have viewed the world in an “ecological” contest and through an integrative lens.</p> <p>L8 Analyze and reflect on multiple readings that challenge you to explore your beliefs in health and public health</p>	<p>inform and allow for subsequent argument.</p>
<p>DPH06. Integrate knowledge, approaches, methods, values and potential contributions from multiple professions and systems in addressing public health programs</p>	<p>L7. Analyze and Reflect on multiple readings that challenge you to explore your beliefs in health and public health.</p> <p>L9. Read and analyze definitions of population and public health and develop your own, personal definition and conceptual motivation for improving health.</p> <p>L10. Write formal reflections on multiple papers that describe scientific and philosophic approaches to improving health.</p>	<p>The reflections will progressively allow you to combine viewpoints and theories of health and society. By the time you reach the end of the course you will have a chance to determine which of the many viewpoints/theories/frameworks will support your dissertation work</p>
<p>DPH10. Propose strategies to promote inclusion and equity within public health programs, policies and systems</p>	<p>L5. Use epidemiological analysis and aggregate measures of health in political and policy contexts.</p> <p>L6. Discuss how there are conflicts between aggregate measures and individual experiences and how race and class based analysis can tend to exacerbate rather than ameliorate disparities</p>	<p>The development of your “model of health” is intended to help you surface the ideas of equity and inclusion as factors in health. However, you have the chance in many of your reflections to describe how <i>IN-equity</i> arises and how to overcome it.</p>

### 3.4 Course Assignments and Assessments

This course will include graded assignments and/or exams.

Assignments [Examples]	Points/Percentages
1. Reflections on session readings	25%
2. Proposed "Model of Health"	10%
3. America's Health Rankings Proposal/Memo	15%
4. Consilience Reflection	10%
5. Reflection on Ghost Map	10%
6. Book Report	15%
7. "Your Hero" Description	15%
TOTAL	100%

### 3.5 Grading

**Grading:** For assignments you will receive a numerical grade of **one to five, five being the better end of the scale**. The relative weight of each course component is shown in the table above.

#### Grading Scale:

Final course grades will be determined using the following [UNC Graduate School grading scale](#).

Letter	%-ile	Marked Grade	Interpretation
H	92-100	5	High Pass: Clear excellence
P	75-91	2-4	Pass: Entirely satisfactory graduate work
L	60-74	1	Low Pass: Inadequate graduate work
F	<60	0	Fail

### 3.6 Assignment Descriptions

#### 3.6.1 Reflections

Description. You are required to write at least one page of reaction to the readings for each session (**on-line and off-line**). Those are to be sent to me by Monday, 5 pm Eastern US time every week. These are an opportunity for you to react to the readings saying whether you learned anything from them or whether you agree or disagree with their content. I will respond with comments as soon as I can, usually before the next on-line session depending on my schedule.

Please send these and all other assignments or substantive works as attachments to an e-mail to me.

Also, please label your files with your last name first, then a date and perhaps the assignment type like this:

YourName\_ReflectAug22\_2017.docx that way I can keep them organized and know who has submitted what as well as refer back to them quickly.

#### 3.6.2 Model of Health/Determinants of Health, Due September 11, 2018

You will create your own causal/explanatory model of *HEALTH* or *POPULATION HEALTH*, OR the Determinants of *POPULATION HEALTH* and defend it to the group. Please develop this as a visual...ah yes, the inevitable Powerpoint® presentation but do not feel like you have to use that application, there are other things like Prezi that can do this, but make certain that it can be uploaded to the systems we use. You will share these on line and discuss them in class. Submit to me a brief explanatory text and analysis of your model.

### 3.6.3 Your Memo on Improving Americas Health Rankings. Due October 9, 2018

Scenario: You are to critique the America's Health Rankings or the County Heath Rankings process and propose a modification to the ranking system you choose. For those outside the US, you may substitute a ranking such as one done by the WHO, OECD, World Bank or other agency relevant to a nation or region that is more familiar to you.

### 3.6.4 Book Report Due: October 30, 2018.

You are to have read one of the books listed below—or an approved substitute—and write a two-to-three page “book report” to your cohort mates that tells how the book affected how you think about public health. No matter whether it is one from the list or one you choose yourself, you must let me know what book you will read and let me know by August 29, 2017. We will try to find the best match of person to book. Please do not pick one you have already read. These are all “fun to read” in some way or another. If you have a book you have read that inspired you that you would like to suggest to others in the cohort, please do.

You can choose from the listing at the end of the syllabus. The report is Due October 31. Two pages, double spaced (approx. 800 words) is fine but you may feel the need to say more. **OR**, you may choose a book that **you** might consider a “classic” of public/population health that I haven’t identified. You must clear your proposed book with me by August 29. Please do not propose a book you have already read, but select something you WANT to read and have felt guilty about—or that has caught your imagination/interest.

Credit for this part of the course is divided into two aspects: on-line and off-line participation. The material assigned for readings should prompt you to read further on your own. I am interested in how you pursue certain topics and issues and how you relate your professional lives to the material that is presented—so don’t hesitate to describe in your reflections how you “wandered” around a topic.

### 3.6.5 Who is Your Public Health Hero: Due November 13, 2018

identify your “hero” in public health and explain why they are your hero. Who are your heroes of public health?

## 3.7 Grading Rubric:

You will receive a grade for the course according to the general rules of the Graduate School. Grades are “H” for outstanding contributions to the discussions and on the written materials. The standard is whether the material that you submit can be published with little modification in an op-ed piece in a major newspaper or web site, or in a substantial journal in health policy. The grade of “P” is “normal” and represents mastery of the material and that you have done fully acceptable work and made constructive contributions. The grade of “L” indicates that the individual has not grasped key concepts in the course and has not been able to contribute effectively but can, with work, achieve those levels. Any person doing “L” level work will be counseled by the instructor and given the opportunity to discuss their progress with other faculty prior to assignment of this grade. If you are not contributing substantively and there appears to be no reasonable way to bring the work up to an acceptable level, you will be counseled and a grade of F assigned.

## 4 Course-at-a-Glance

The instructor reserves the right to make changes to the syllabus, including project due dates and test dates. These changes will be announced as early as possible. All the on-line sessions are at 4 pm Eastern Time

<i>Session #</i>	<i>Date</i>		<i>Topic</i>	<i>Assignment</i>
<u>prologue</u>	Aug 16	In class	Introduction	
<u>2</u>	Aug 21		Population Health	Reflection
<u>3</u>	Aug 28	online	Measuring Health	Reflection
<u>4</u>	Sep 4	online	Communicating Health	Reflection
<u>5</u>	Sep 11	online	Modeling Health	Your model of health
<u>6</u>	Sep 18	online	Risk, Behavior, and Choices	Reflection
<u>7</u>	Sep 25		Politics and Health	Reflection
<u>8</u>	Oct 2		Democracy and Health	Reflection
<u>9</u>	Oct 9	online	Summarizing/Communicating/Ranking Health	Memo: How you would improve Americas Health Rankings
<u>10</u>	Oct 16	online	The Sciences and Consilience	Reflection on Consilience
<u>11</u>	Oct 23	online	Science and Politics in Health	Reflect on <i>Ghost Map</i>
<u>12</u>	Oct 30	online	Bullshit and Science	Reflect on Bullshit, <b>Book Report Due</b>
<u>13</u>	Nov 6		A Philosophy of Public Health Science	Reflection
<u>14</u>	Nov 13	online	Heroes of Public Health	Reflection— <b>Who is your hero? Why?</b>
<u>15</u>	Nov 27		Aristotelian Analysis-Dissertation	Fill in Aristotle Topics Form
<u>16</u>	January	tbd	Wrap Up Session	Review of Dissertation “idea”

## 5 Course Schedule

The instructor reserves the right to make changes to the syllabus, including project due dates and test dates. These changes will be announced as early as possible.

### 5.1 August 16 2018 (Class 1): Overview of Class

Competency	
Class Learning Objectives	<p><i>Welcome to HPA 860-950</i></p> <ul style="list-style-type: none"> <li>• Course overview and review of syllabus</li> <li>• Introduction to a Philosophy of Public Health and Population Health</li> <li>• Discussion of the ACOs and public health case paper and presentation:</li> </ul> <p>We will discuss some things that have been in the news lately (Zika, health insurance, Migration, War) and the issues that will structure some of our work and study over the next two years. Please pay attention to the world of health ratings and rankings as we will discuss these from time to time.</p> <p><u>T. Kue Young Book</u>. This is a good introduction to epidemiology and population health and it serves as a self-paced learner with questions included in the text. <u>I expect you to go through the entire book and to work all the exercises</u>. They are not too difficult and will help you become aware of technical terms and processes in the calculation of health indices for populations. Many of you will have had training in epidemiology and this will be a review, others may not be at all familiar with this material. You will not be “tested” on the material, but we will try to review each of the main points throughout the course. In the sections below I refer to the book as <b>YOUNG</b>. You may want to look at some international comparisons of health systems. The Commonwealth Fund has generated a series of these. You can get some charts and graphs and a good report at: <a href="http://www.commonwealthfund.org/publications/fund-reports/2017/jul/mirror-mirror-international-comparisons-2017">http://www.commonwealthfund.org/publications/fund-reports/2017/jul/mirror-mirror-international-comparisons-2017</a> The report is downloadable and the first author is Eric Schneider, MD, Senior VP at the Commonwealth Fund. Who is the Commonwealth Fund and why are they rating the US health system in comparison to other nations?</p> <p>Background to some of the materials you will have been given (Not required).</p> <p>The IHI <b>Population Health 101</b> course might be interesting to look at online but it now requires a subscription—if you feel like paying \$300.00, go for it, but I do not advise that. <a href="http://app.ihl.org/lms/onlinelearning.aspx">http://app.ihl.org/lms/onlinelearning.aspx</a></p> <p>L1. Discuss current controversies in population health and contrast it with public health</p> <p>L2. Review the history and development of public health statistics, the profession of public health and how it has functioned in the political world.</p> <p><b>FUN STUFF</b></p> <p>Google “Public Data” Life Expectancy graphs (<a href="http://www.google.com/publicdata/">www.google.com/publicdata/</a>) Play with the data-you can "animate" fertility rates and life expectancy for example and see who is going down, who is going up.</p>

Required Readings	Review Slides
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5.2 August 21, 2018 (Class 2): Population Health

Class 2	August 21, 2018
Topic	Population Health
Competency	DPH10. Propose strategies to promote inclusion and equity within public health programs, policies and systems We assume by your background that you have foundational competencies in “Public Health”. However, I find it noteworthy that the CEPH DPH competencies do not allow for questioning of what Public Health is...as that certainly should be one of the goals of people who are to lead the field. We should constantly question the content and boundaries of the practical field and the academic subject and seek to mold it to the needs of a changing world.
Class Learning Objectives	To learn to distinguish between “population” and “public” health and understand the basic concepts underlying each L1. Discuss current controversies in population health and contrast it with public health L2. Review the history and development of public health statistics, the profession of public health and how it has functioned in the political world. L3. Use epidemiology and aggregate measures of health and illness and need in political and policy contexts with a focus on equity and equality. L4. Recognize and apply the work of epidemiological policy entrepreneurs and thinkers who have viewed the world in an “ecological” contest and through an integrative lens.
Required Readings	YOUNG: Read: Introduction and Measuring Health and Disease in Populations, page 1 through page 62 and the last chapter (yes, we start with the dessert in this class) Improving the health of populations, p.324-326. Etches V, Frank J, et al. (2007). "Measuring Population Health: A Review of Indicators." <i>Annual Review of Public Health</i> 27: 29-55. Noble, D. J., T. Greenhalgh and L. P. Casalino (2014). "Improving population health one person at a time? Accountable care organisations: perceptions of population health—a qualitative interview study." <i>BMJ Open</i> 4(4). Hacker K, Walker DK. 2013. Achieving population health in accountable care organizations. <i>Am J. Pub Health</i> , vol. 103 no. 7:1163-1167. OPTIONAL
Optional/Additional Resources	Dave Kindig’s blog entry on population health and population medicine. OPTIONAL <a href="http://healthaffairs.org/blog/2015/04/06/what-are-we-talking-about-when-we-talk-about-population-health/">http://healthaffairs.org/blog/2015/04/06/what-are-we-talking-about-when-we-talk-about-population-health/</a> <a href="https://www.cdc.gov/pophealthtraining/whatis.html">https://www.cdc.gov/pophealthtraining/whatis.html</a>
Class Activity	Discuss your perceptions of what public and population health are and whether there are real differences.
Assignments/Deadlines	Refection

### 5.3 August 28, 2018 (Class 3): Measuring Health

Competency	5. Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior and policies.
Class Learning Objectives	Understand the standard ways of measuring the concept of health and lay the groundwork for learners to develop new measures. L6. Discuss how there are conflicts between aggregate measures and individual experiences and how race and class based analysis can tend to exacerbate rather than ameliorate disparities. L7. Examine major issues that may be resolved through a population perspective and discuss mechanisms and techniques for doing so
Required Readings	YOUNG: Read: "Measuring Health and Disease in Populations" (II) through page 111. This section will introduce the notion of "summary measures of population health": See page 81, for descriptions of these metrics. Alper, Joe. <i>Metrics That Matter for Population Health Action</i> . Washington, DC: National Academies Press, 2017 available at <a href="http://www.nap.edu/21899">http://www.nap.edu/21899</a> or in the Resources section on Sakai. This is a relatively long item and you are not expected to read it all, but do read chapters 1, 2 and 6
Optional/Additional Resources	You may select another substantial reading on "summary measures of health" and you may want to reflect on how they might be used or not used to assess how ACOs are improving population health.
Class Activity	Reflection on the readings. Are there, indeed, summary measures of health?

### 5.4 September 4, 2018 (Class 4): Communicating Health

Competency	DPH10. Proposed strategies to promote inclusion and equity within public health programs, policies, and systems
Class Learning Objectives	L6. Discuss how there are conflicts between aggregate measures and individual experiences and how race and class based analysis can tend to exacerbate rather than ameliorate disparities. L7. Examine major issues that may be resolved through a population perspective and discuss mechanisms and techniques for doing so Consider how you would describe how health status is affected by the structures of race and ethnicity as a public health problem to policy makers, lay audiences and other "scientists". (NOTE: why would one not say that race and ethnicity "affect" health status
Required Readings	YOUNG. Planning Population Health Interventions pp 264-295. This moves us forward in the book a bit, but touches on what our initial policy reactions are when we tackle inequities: "Programs" of various sorts intended to change the risk profile for groups. Is that the best way to deal with inequalities? Purnell, T. S., E. A. Calhoun, S. H. Golden, J. R. Halladay, J. L. Krok-Schoen, B. M. Appelhans and L. A. Cooper (2016). "Achieving Health Equity: Closing The Gaps In Health Care Disparities, Interventions, And Research." <i>Health Aff (Millwood)</i> <b>35</b> (8): 1410-1415. Concentrate on the text Daghofer, Diana 2011. Communicating the Social Determinants of Health. Wellspring Strategies. (Fort Collins, Colorado). This volume tackles the problem of how to argue about disparities

	Sharma, M., A. D. Pinto and A. K. Kumagai (2018). "Teaching the Social Determinants of Health: A Path to Equity or a Road to Nowhere?" <u>Academic Medicine</u> <b>93</b> (1): 25-30.
Class Activity	Discussion question: Does talking about the social determinants of health change them?
Optional/Additional Resources	Robert Wood Johnson Foundation. <i>A New Way to Talk About Social Determinants of Health</i> . Princeton, NJ, 2010. <a href="http://www.rwjf.org/en/research-publications/find-rwjf-research/2010/01/a-new-way-to-talk-about-the-social-determinants-of-health.html">http://www.rwjf.org/en/research-publications/find-rwjf-research/2010/01/a-new-way-to-talk-about-the-social-determinants-of-health.html</a>
<b>Assignments/Deadlines</b>	<b>Reflection...</b> and, You should have chosen your book for the book report and reported it to Prof Ricketts by this date

### 5.5 September 11, 2018 (Class 5): Modeling Health

Competency	DPH10. Proposed strategies to promote inclusion and equity within public health programs, policies, and systems.
Class Learning Objectives	To develop a personal model of health as well as begin to master the ability to present complex ideas in visual fashion. L7. Examine major issues that may be resolved through a population perspective and discuss mechanisms and techniques for doing so L9. Read and analyze definitions of population and public health and develop your own, personal definition and conceptual motivation for improving health
Required Readings	YOUNG: "Modeling Population Health" pp 115-173. Purnell, T. S., E. A. Calhoun, S. H. Golden, J. R. Halladay, J. L. Krok-Schoen, B. M. Appelhans and L. A. Cooper (2016). "Achieving Health Equity: Closing The Gaps In Health Care Disparities, Interventions, And Research." <u>Health Aff (Millwood)</u> <b>35</b> (8): 1410-1415. Concentrate on their model.
Optional/Additional Resources	Look for various "models of health" on the web or that you have used in the past.
<b>Assignments/ Deadlines</b>	<b>Your Model of Health. On one page using visual symbols, models, characters. An "infographic" or a visual depiction.</b>

### 5.6 September 18, 2018 (Class 6): Risks, Behavior, and Choice

Competency	DPH05. Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior and policies DPH10. Proposed strategies to promote inclusion and equity within public health programs, policies, and systems
Class Learning Objectives	To have each learner understand the ways in which "risk" is calculated and presented in professional public health as well as to lay audiences and be able to critique current practices. L3. Use epidemiology and aggregate measures of health and illness and need in political and policy contexts with a focus on equity and equality.
Required Readings	YOUNG. Three Chapters: Assessing health risks in populations and Designing Population Health Studies. Pages 177-261. This is a big chunk of reading, but

	you may have gotten to it prior to this week...AND, one of the optional selections below
Optional/Additional Resources	One of the articles/chapters in: "A Brief History of Decision Making" and "Bounded Rationality": <a href="https://www.behavioraleconomics.com/behavioural-economics-and-healthcare-a-match-made-in-heaven/">https://www.behavioraleconomics.com/behavioural-economics-and-healthcare-a-match-made-in-heaven/</a> Or some of Dan Ariely's material <a href="http://www.rwjf.org/en/how-we-work/grants/grantees/behavioral-economics.html">http://www.rwjf.org/en/how-we-work/grants/grantees/behavioral-economics.html</a> Or, <b>The Behavioral Economics of Health and Health Care</b> , Annual Review of Public Health, Vol. 34: 431-447 (March 2013) Or, if you are really ambitious, you can take on: Cass Sunstein's. . <b>Nudge</b> . 2008 NewHaven, Yale Univ. Press. (better yet, look up the New Yorker gloss of it.)
Assignments/ Deadlines	Reflection.

5.7 September 25, 2018 (Class 7): Politics and Health

Competency	DPH05. Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior and policies
Class Learning Objectives	L9. Read and analyze definitions of population and public health and develop your own, personal definition and conceptual motivation for improving health
Required Readings	<i>Institut National de Santé Publique Quebec</i> . Policy Approaches to Reducing Health Inequalities. National Collaborating Centre for Health Public Policy. March 2017. Ricketts, Tom (2017) Public health policy and the policy making process. Chapter 6 in Principles of Public Health Practice, Scutchfield and Keck. 3 <sup>rd</sup> edition pp. 86-115.
Optional/Additional Resources	Geoffrey Rose : "Sick individuals and sick populations." (Rose Paradox and Rose Challenged in Course Resources) This is the gist of Rose's "paradox of prevention". If you find this interesting you may want to purchase his excellent little book, <i>The Strategy of Preventive Medicine</i> . And read the entire book with special emphasis on Chapter 7, "The Population Strategy of Prevention." pp. 95-106
Assignments/ Deadlines	Reflection

5.8 October 2, 2018 (Class 8): Democracy and Health

Competency	The fit between competencies and big issues like this is awkward, why is that?
Class Learning Objectives	Explore the question: What is the relationship between democracy and public health? L7. Examine major issues that may be resolved through a population perspective and discuss mechanisms and techniques for doing so That's the question for your reflection: <i>What is the link between democracy and public health?</i> These are two very central concepts—one would think

	<p>one would have a good handle on this...but, truthfully, how many times have you considered the relationship between the two—Conceptually? Locally? Nationally?</p> <p><b>Readings:</b> I have listed three articles below—but I’d like for you to go farther if you can. This is a very “live” question at the local, regional, national and global level. You might Google® things like “democracy and health” –and I will know what you will find)—or you might dig a bit farther. Ever heard of someone named Paolo Freire and the <i>Pedagogy of the Oppressed</i>?</p> <p>Some quotations:</p> <p>".....In recent years, the spread of infectious diseases across national borders has brought the global dimensions of public health to the center of the international political and legal agenda. New outbreaks of diseases such as AIDS and SARS, and the recognition that health and health care are influenced by the global distribution of resources, have challenged traditional legal and regulatory approaches to public health issues.</p> <p>At the same time, the traditional theoretical preoccupation with the state, in legal and other literatures, began to decline. In its place, scholars from across a variety of disciplines <b><u>are focusing on "governance," rather than state law</u></b>, as a paradigm for organized social control of behavior, and on the variety of transnational, supranational and private actors that participate in an emerging system of global governance. Many of these scholars suggest that much governance is achieved without recourse to law, and highlight the expanding roles that markets, international bodies, NGOs, corporations, and other actors play in an increasingly globalized world. In the case of a good traditionally seen as "public," such as public health, the new descriptions of governance raise important practical and normative questions about the responsibilities and accountability of non-state actors."</p> <p>I ask this question: Is this (the focus on governance) a “retreat” from Public Health principles of the past to a new quasi-democratic form? Or is it a recognition that only in a participatory democracy that accepts government by the people can you have true advances in public health? Or, is it a nod to “managerialism” in social issues?</p>
<p>Required Readings</p>	<p>Patterson AC, Veenstra G. 2016. Politics and Population Health: Testing the Impact of Electoral Democracy. <i>Health &amp; Place</i>. 40:66-75.</p> <p>Mutaner C. 2013. Democracy Authoritarianism, Political Conflict and Population Health: A Global Comparative and Historical Approach. <i>Social Science &amp; Medicine</i>. 86:107-112.</p> <p>McKee M. 2016. The Lancet. Health Effects of the Financial Crisis: Lessons From Greece. Published Online November 4, 2016</p>

Class Activity Assignment	Reflect on Democracy and Health and discuss your beliefs and how you use them in your work.
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### 5.9 October 9, 2018 (Class 9): Using the Media to Get Your Message Across

Competency	DPH05. Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior and policies
Class Learning Objectives	L3. Use epidemiology and aggregate measures of health and illness and need in political and policy contexts with a focus on equity and equality Deep breath time. I would like for you to review the <i>America's Health Rankings</i> and tell me how you would improve them, just a page of insight on how you might go about this. Scenario: You are to critique the America's Health Rankings scores or methods and propose a substitute for a specific nation, region or jurisdiction.  <b>Today's distraction: Correlational analysis</b> How many times do you over-associate? <a href="http://andrewgelman.com/2018/03/21/moral-hazard-quantitative-social-science-causal-identification-statistical-inference-policy/">http://andrewgelman.com/2018/03/21/moral-hazard-quantitative-social-science-causal-identification-statistical-inference-policy/</a>
Required Readings	<a href="https://www.americashealthrankings.org">https://www.americashealthrankings.org</a>  Examine the 2017 " <i>Annual Report</i> " and you may wander through the other "products"
Class Activity/Assignment	<b>Assignment is not a reflection but a one-two page essay on: "How I would improve America's Health Rankings®."</b>

### 5.10 October 16, 2018 (Class 10): The "Sciences" and Consilience

Competency	5. Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior and policies
Class Learning Objectives	There are many "sciences". Folks in our world may call them "disciplines" but they have some fundamentally different ways of looking at things  L8. Analyze and reflect on multiple readings that challenge you to explore your beliefs in health and public health
Required Readings	Wilson, Edward O. Excerpts from <i>Consilience</i> . Chapter 3, The Enlightenment" and Chapter 9, "The Social Sciences." Your reflection may prove challenging as Wilson is challenging.
Other Required Resources	You might look at reviews of Ed Wilson and his work, maybe even read his best-selling book <i>Ants</i>
Assignments/Deadlines	<b>Reflection on "Consilience"—you may be tempted to read the whole book, but I'm just requiring these two chapters.</b>

5.11 October 23, 2018 (Class 11) Science and Politics in Health

Competency	<p>DPH05. Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior and policies</p> <p>DPH06. Integrate knowledge, approaches, methods, values and potential contributions from multiple professions and systems in addressing public health problems</p>
Class Learning Objectives	<p>L8. Analyze and reflect on multiple readings that challenge you to explore your beliefs in health and public health</p> <p>L9. Read and analyze definitions of population and public health and develop your own, personal definition and conceptual motivation for improving health</p> <p>Let’s also talk about what we might have learned about learning from the <b>GHOST MAP</b> that speaks to the relationship between science and health. We are treating public health these days as something of a social science. But public health is very tied into “hard” science and its problems. In fact, public health is the true collision of the natural with the social sciences--but we don’t think much about how well the two get along. Edward Wilson has and he wants us to bring them closer together—to generate “consilience”. But first, how have we looked at the social end of our experience? John Snow’s experiences in London in the 1830s are the perfect example of the collision between the physical, in the form of sewers, cesspits and a vector, the cholera vibrio, and the social, in the form of contemporary norms and behaviors, laws and their absence, and religion and its influence. The lesson of the <i>Ghost Map</i> is that the same factors influence our search for a healthier world and that the “scientist-public health professional” must master the details on both sides.</p> <p>I am also including a brief description of how some great public health discoveries are made...in the focus case it is the story of how Jerry Morris came to link physical activity and cardiovascular disease. Do you know who Jerry Morris is? Read his story and learn about the origins of some research (materials on Sakai or Google: “Jerry Morris Exercise”). Thinking of Jerry, we can present ourselves with this question, “is his work <b>qualitative</b>?” Was his qualitative observation about bus conductors part of his later quantitative analysis or a thing of itself. Qualitative inquiry is controversial, see the debate about it between Greenhalgh and the BMJ. Available on the Sakai site <a href="https://www.bmj.com/lookup/doi/10.1136/bmj.352.i563">BMJ 2017;352:i563</a> and <a href="https://www.youtube.com/watch?v=6kAn_B4gdRY&amp;feature=youtu.be&amp;utm_content=bufferf04f3&amp;utm_medium=social&amp;utm_source=twitter.com&amp;utm_campaign=buffer">https://www.youtube.com/watch?v=6kAn_B4gdRY&amp;feature=youtu.be&amp;utm_content=bufferf04f3&amp;utm_medium=social&amp;utm_source=twitter.com&amp;utm_campaign=buffer</a></p> <p>There is a current debate about some comparative “rates” having to do with Maternal Mortality. I ask you this question: “How does the United States compare to other countries in maternal mortality and how has that comparison changed?”</p>
Required Readings	<i>The Ghost Map</i>

Assignments/Deadlines	A one-two page review of discussion of the Ghost Map and how it may relate to your current or future work
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### 5.12 October 30, 2018 (Class 12): Bullshit, Science, Policy, Politics

Competency	DPH06. Integrate knowledge, approaches, methods, values and potential contributions from multiple professions and systems in addressing public health problems
Class Learning Objectives	L1. Discuss current controversies in population health and contrast it with public health L2. Review the history and development of public health statistics, the profession of public health and how it has functioned in the political world  This session will focus on reliable evidence in health policy debates and the role of "bullshit" Can you provide an example of "bullshit" in public health? Is there a problem with "Fake News" in Public Health? Is the Vaccination "debate" about bullshit, fake news, or free speech and liberty?
Required Readings	Feynman <a href="http://www.youtube.com/watch?v=EYPapE-3FRw&amp;sns=em">http://www.youtube.com/watch?v=EYPapE-3FRw&amp;sns=em</a> and <a href="http://bigthink.com/neurobonkers/how-to-use-the-feynman-technique-to-identify-pseudoscience">http://bigthink.com/neurobonkers/how-to-use-the-feynman-technique-to-identify-pseudoscience</a> Posted readings: Schulman, Ari. "Science Anxiety". The Hedgehog, Fall, 2016. Pennycock, Cheyne. "On the reception and detection of pseudo-profound bullshit." <a href="http://journal.sidm.org/15/15923a/idm15923a.pdf">http://journal.sidm.org/15/15923a/idm15923a.pdf</a> The University of Washington offers a full course on bullshit: <a href="http://callingbullshit.org/syllabus.html">http://callingbullshit.org/syllabus.html</a>
Assignments/Deadlines	Reflection on Bullshit AND <u>Book Report</u> is due

### 5.13 November 6, 2018 (Class 13): A Philosophy of Public Health Science

Competency	DPH06. Integrate knowledge, approaches, methods, values and potential contributions from multiple professions and systems in addressing public health problems
Class Learning Objectives	L9. Read and analyze definitions of population and public health and develop your own, personal definition and conceptual motivation for improving health. To have you explore your "philosophy" of science in your work.
Class Activity	What are we to expect of "science" and the science of public health? Do we expect to know much more in ten or twenty years and that the discoveries of today are to be replaced by what are often introduced as: "new studies say..."? Science in the 19 <sup>th</sup> century began to show this kind of rapid and displacing pace of change both in the changes it wrought in real life as well as in the theories that underpinned the work. Scientists went from being "artists" of knowledge who were supported by wealthy

	<p>sponsors to salaried “professionals” certified by the academy and supported by universities or industry.</p> <p>“As David Hume wisely and provocatively wrote, “Reason is, and ought only to be, the slave of the passions, and can never pretend to any other office than to serve and obey them.” Only now, we must acknowledge that there are sciences that aim to describe and explain the passions.” “David Hume, A Treatise of Human Nature, eds. David Fate Norton and Mary J. Norton (Oxford, England: Oxford University Press, 2000), 264.”</p> <p>Charles E. Lindblom: “A social scientist (Gregg, 1979) writes: “Most students of human nature and society agree that the commonsense knowledge we have of our lives consists largely of misunderstandings.” But, in Popper’s judgment, “All science, and all philosophy, are enlightened common sense.” (<i>Objective Knowledge</i>) A political philosopher who has studied the methods of social science, Alisdair Macintyre, says that “what we have to learn from the social sciences as they now exist is how little understanding the social sciences can give us beyond the everyday understanding of social life that we have anyway.” (“The Survival of Political Philosophy”) But then again Descartes long ago wrote that true knowledge requires an intellectual purge to drive <i>ordinary</i> knowledge out of the mind—presumably a task for professionals, not amateurs.” Charles E. Lindblom. “Professional Dependence on Lay Probing, in <i>Inquiry and Change</i>.</p>
Required Readings	<p>These are included in one posted reading—Popper Kuhn</p> <p>Popper, Karl. “The problem of demarcation,” from <i>The Philosophy of Karl Popper</i>. And <a href="https://www.youtube.com/watch?v=wf-sGqBsWv4">https://www.youtube.com/watch?v=wf-sGqBsWv4</a></p> <p>Kuhn, Thomas. “Anomaly and the emergence of scientific discoveries,” from <i>The Structure of Scientific Revolutions</i>. This is where we get the idea of ‘paradigm shifts’.</p>
Assignments/Deadlines	<b>Reflection</b>

5.14 November 13, 2018 (Class 14): Heroes of Public Health

Competency	<p>DPH10 Propose strategies to promote inclusion and equity within public health programs, policies and systems</p> <p>DPH06. Integrate knowledge, approaches, methods, values and potential contributions from multiple professions and systems in addressing public health problems</p>
Class Learning Objectives	<p>To reflect on those people who inspire you in your professional work.</p> <p>L9. Read and analyze definitions of population and public health and develop your own, personal definition and conceptual motivation for improving health.</p> <p>L10. Write formal reflections on multiple papers that describe scientific and philosophic approaches to improving health.</p>

Class Activity	<p>Your task for the week is to identify your “hero” in public health and explain why they are your hero. Who are your heroes of public health? <a href="https://www.theguardian.com/science/brain-flapping/2014/oct/10/public-health-heroes-epidemiology-hollywood-science?CMP=share_btn_link">https://www.theguardian.com/science/brain-flapping/2014/oct/10/public-health-heroes-epidemiology-hollywood-science?CMP=share_btn_link</a></p> <p>30 Most influential people in public health? <a href="http://www.masterspublichealth.net/30-most-influential-people-in-public-health/">http://www.masterspublichealth.net/30-most-influential-people-in-public-health/</a></p> <p>When I googled “Women in Public Health” Google unhelpfully suggests the following search terms:” Female doctors in history” are women left out of the “hero” category? (Yes, I went and saw Wonderwoman when it came out—with my wife!)</p>
<b>Assignments/Deadlines</b>	<b>Identify and describe your “hero” in public health and explain why you chose them</b>

5.15 November 28, 2018 (Class 15): Aristotle’s Topics and You

Competency	DPH06. Integrate knowledge, approaches, methods, values and potential contributions from multiple professions and systems in addressing public health problems
Class Learning Objectives	<p>To have you go through an interrogation of your topic to place it in the context of “All Knowledge”</p> <p>L10. Write formal reflections on multiple papers that describe scientific and philosophic approaches to improving health.</p>
Class Activity	<p>OK, you’ve struggled with your research questions, now you are going to have to try out a dissertation question—more formally. So, pose a question that COULD be a dissertation question and then subject that to an ARISTOTLE test...see the file "Aristotlestopics" <u>posted on the Sakai site</u>. Fill in the empty parts of the table using your draft dissertation topic.</p> <p>I often use the term "cocktail party material" to describe what I consider useful information that will help you engage people in a social setting. The rules that govern that process of "capture" apply to dissertations. Consider this from a very nice discussion of how to come up with a topic for writing: "Understand that scholarship is the written exchange of a particular community - in this case, the academic community. As a student, you have joined this community, attending it like you might attend a cocktail party that has the peculiar quality of being centuries-long. In essence, what is expected of you as a student isn't so very different from what is expected from you as a party-goer. As is true of any party, there are principles of conduct that govern your behavior. Nevertheless, the basic principles of</p>

	conversation are the same in the academy as they are at the cocktail party: you must listen well, you must think about what you are hearing and your response to it, and you must contribute to the conversation in a way that is relevant, thoughtful, and interesting.” - See more at: <a href="https://writing-speech.dartmouth.edu/learning/materials/materials-first-year-writers/coming-your-topic#sthash.fb8Ergof.dpuf">https://writing-speech.dartmouth.edu/learning/materials/materials-first-year-writers/coming-your-topic#sthash.fb8Ergof.dpuf</a>
<b>Assignments/Deadlines</b>	<b>Fill in the Aristotle’s “Topics” form, NOT graded</b>

5.16 January, 2019 (Class 16): Policy Advocacy

<b>Class 11</b>	<b>November 13, 2018)</b>
<b>Topic</b>	<b>Wrap Up and Discussion of “Topics” for Dissertations</b>
Competency	DPH06. Integrate knowledge, approaches, methods, values and potential contributions from multiple professions and systems in addressing public health problems
Class Learning Objectives	To have each learner understand the type of inquiry they are going to propose as a dissertation topic
Class Activity	Present dissertation styles, pitfalls, opportunities
<b>Assignments/Deadlines</b>	<b>Resolve questions from the course. Solidify your dissertation topic.</b>