

University of New Mexico

UNM Digital Repository

Principles of Public Health 2010-2017

MPH

Fall 2010

MPH Principles of Public Health: Fall 2010 Syllabus

Nina Wallerstein

University of New Mexico, nwallerstien@salud.unm.edu

Robert Rhyne

University of New Mexico - Taos Branch, rrhyne@salud.unm.edu

Jonathan Eldredge

University of New Mexico, jeldredge@salud.unm.edu

Follow this and additional works at: https://digitalrepository.unm.edu/hsc_inst_coph_mph_pph

Recommended Citation

Wallerstein, Nina; Robert Rhyne; and Jonathan Eldredge. "MPH Principles of Public Health: Fall 2010 Syllabus." (2010). https://digitalrepository.unm.edu/hsc_inst_coph_mph_pph/21

This Syllabus is brought to you for free and open access by the MPH at UNM Digital Repository. It has been accepted for inclusion in Principles of Public Health 2010-2017 by an authorized administrator of UNM Digital Repository. For more information, please contact disc@unm.edu.

PRINCIPLES OF PUBLIC HEALTH

PH 501 Sec 001
Thursdays 5:30 to 8:00
Domenici Center Room, 2410
School of Medicine
Fall 2010
3 Credit Hours

FACULTY

Nina Wallerstein, Dr.P.H. (nwallerstein@salud.unm.edu)
Robert Rhyne, M.D. (rrhyne@salud.unm.edu)
Jon Eldredge, PhD (jeldredge@salud.unm.edu)

Master of Public Health Program Office: (505) 272-4173

OVERVIEW

"Principles of Public Health" focuses on the public health concepts related to determinants of health; cultural, social, and political theories of disease; prevention and health promotion; behavioral and social science; community-based interventions; and health policy.

A historical and philosophical approach, using case examples drawn from major health problems in New Mexico and the United States.

PURPOSE

The purpose is to: (a) provide fundamental knowledge and understanding of public health concepts, tools, and approaches; and (b) provide a critical examination of health and disease within social and health systems.

OBJECTIVES

By the conclusion of this course, students will be able to understand and critically discuss key concepts relating to the mission and core functions of public health and the importance of history and social analysis for understanding contemporary public health issues relating to the;

- Determinants of health status in New Mexico and the United States;
- Definitions of health promotion/disease prevention/health protection;
- Role of social and behavioral sciences in addressing key public health problems;
- Basic elements of theories of behavior change;
- Importance of community level approaches to public health problems;
- Importance of evaluation of interventions to address public health problems;
- Cultural, social, and economic variables related to disease and community well-being;
- Role of power, race, class, and gender in understanding health problems; and
- Importance of informatics and communication skills in public health.

Public Health Informatics Objectives: *By completion of this course, learners will be able to:*

- Formulate effective public health information questions and search strategies;

- Retrieve high-quality statistical and non-statistical information resources relevant to public health practice.
- Develop and utilize the above mentioned information search skills and strategies to find appropriate information resources for the final paper due December 2, 2010.
- Demonstrate skills in searching in PubMed, PsycINFO, and other databases relevant to public health.
- Communicate effectively and clearly orally for an audience ranging in education level from 8th grade to healthcare professionals.
- Describe the library and informatics skills competencies for public health practitioners as defined by major professional and accrediting organizations.

COURSE STRUCTURE

The course will meet for 3 hours, once a week. Learning will be through discussion of readings and critical analysis of experiences and public health problems. Students will read the articles before class and come prepared to discuss how theory relates to the public health problems and to students' own experiences in the health field. There will also be two additional sessions with Dr. Eldredge (three hours total) to provide informatics skills for the development of your paper.

OPTIONAL TEXT:

Lewis, S. (2006). *Race Against Time*. Berkeley, CA: Publishers West Group.

Nutbeam, D., Harris, E., Wise, M. (2010). *Theory in a Nutshell: A Practical Guide to Health Promotion Theories*. Australia: McGraw-Hill, Edition 3.

COURSE REQUIREMENTS AND GRADING

The class, conducted as a seminar and involving real public health challenges, will require students to develop their own analyses and strategies for addressing these problems. Students will integrate the readings into class discussion.

1. Course participation (20% of grade). This includes attendance, active interaction in class discussions and small group discussions, and contributions when requested. Active participation means offering to contribute your ideas in class or responding when requested. If you miss more than two sessions, to make up class participation, please submit a written discussion (up to one page) of one of the required articles of the session missed. The public health informatics assignment due on (date to be determined) will be part of the participation grade.
2. Mid-term exam (25%). This will be a take home exam that includes students' ability to integrate public health principles into several scenarios of public health problems. Students may discuss questions together, but each exam must be individually written in their own words. Handed out week 10. Due week eleven, November 11th.
3. 15-20 page paper that includes (40%):
 - Proposal of topic: Feasibility of Topic (One page): week 4
 - Search Methods and Descriptive Table of Contents: Week 6

- Part One: Introduction and Background and Significance of the Problem: week 9
- Completed Paper (with revised Part One): Nov. 26

(Failure to turn in paper on time results in a lower grade).

4. Formal oral professional presentation with graphics: 10 minutes (10%): week 15
5. Brief presentation to a policy body (2 minutes) AND a one-page (double-spaced) press release on major findings or one page policy brief (see below) (5%): week 16

Write your paper as if for a professional audience (possibly for publication.) Dr Shagam (PH511) will review APUA and other writer guidelines with you. Your grade will be based on overall coherence, analysis, quality, and a conclusion that builds upon paper content. Make sure to choose a topic or question that has clear applicability to public health with program strategy and/or policy implications. Is this an issue that has real meaning to a real population?

Further guidelines for the paper and presentations include:

1. *Proposal:* (Due Week 4, September 16) This will be **one** page feasibility assessment of your topic and the research question(s) you will explore. Faculty will be available to help with the formulation of your health problem and research question. This proposal is not graded. Your feasibility assessment should address these issues (could be in sections or one paragraph for each):
 - a. *Topic:* State your public health topic
 - b. *Background:* Is the literature available to explore your topic?(no citations necessary at this point)
 - c. *Scope/ Public Health Question:* What is(are) your public health question(s) for this topic: How broadly or narrowly are you defining it? (ie., what are your boundaries? geographic? by population? ...)
2. *Search Methods and Descriptive Table of Contents:* (Due Week 6, Sept. 30th).
 - a. *Search Methods:* Descriptive narrative text, possibly supplemented with a table, which allows the reader to accurately *replicate* your successful search strategies to support your final paper on your chosen topic. Document your literature search strategy clearly and completely enough so that the reader could replicate it to obtain identical results. Students need to provide a detailed description of their literature search(es) including what databases they used, for what years, and their search strategies. An instructor will provide students with sample narrative text extracts in advance. This search methods section will be condensed for your final paper.
 - b. *Descriptive Table of Contents* in which you discuss what the reader will learn, understand, or discover in each major subsection or set of paragraphs. (Do the Descriptive Table of Contents as best as you can at this point in the semester; it will evolve as you go along).
3. *Part One: Introduction with Background and Significance of Problem:* (Due Week 9, Monday October 18th, email to Drs. Wallerstein and Rhyne)
Introduction:

Each finished paper must have a 1-2 paragraph introduction (can be longer if needed). The introduction presents your public health topic and the question(s) you will explore. (*Write a preliminary introduction for Week 9, and rewrite for the final paper*)

Background and Significance:

The background and significance section is an opportunity to conduct a literature review on the extent, rationale and context for this problem in terms of population prevalence and public health impact (i.e., who cares and why care about this topic), and on the determinants or risk factors of the problem, based in a socio-ecologic framework. (If your topic does not lend itself to this format, please talk to faculty).

PART ONE:

Section A: Introduction (1-2 paragraphs)

Section B: Search Methods/Key Words (1 paragraph)

Section C: Descriptive Epidemiology and Prevalence of Problem, including trends:

National statistics (or international if appropriate)

New Mexico statistics (if appropriate and available)

Your population statistics (if available)

Section D: Determinants or Risk Factors of the Problem:

Use a socio-ecologic framework (individual through policy/community)

Can consider protective factors in addition to risk factors.

Can include other cultural considerations which might not be in literature.

Can include history of policy context if needed.

Section E: Transition Statement: Brief summary and statement discussing your next steps: **so what** are your questions now or interventions/practices/policies you will now explore. (1-2 paragraphs)

Document all statements with references. Use either APA style (alphabetical references) or biomedical style (numerical references), with an average of **15-20** references for this section. In general, there should be very few direct quotes, but this background synthesis should be written in your own words. (If you take direct language from an article, put these statements in quotes) The Introduction and Background and Significance section will be 10% of your final paper grade, though revisions will be taken under consideration with the submission of your revised paper. At the end of the background and significance section, make a transition statement to your next section: could be specific research questions and methods; or interventions that you will explore.

4. PART TWO: *Interventions/Practices/Policy Section or Analysis:* Part II of your paper is more open depending on the topic. Most students use this half of the paper to conduct a second literature review of state of the art strategies for intervention about the problem, which have evaluation data to support their effectiveness. Average number of references for Part II may be **12-15 or more**. A search for national interventions (even those less evaluated) can often give sufficient information to assess whether (or what components) of these interventions could be applied to your special population or to New Mexico (if appropriate). If you are looking at policy analysis and interventions, for example, then you could look for national literature on the effectiveness of these policy changes in other places and then extrapolate to your population. Some students may use this section to write up data from an existing study, yet this data still needs to be placed in a larger framework of addressing the problem as defined in literature review. A discussion section should follow the analysis.

PART TWO:

Section A: State of the art literature on interventions conducted nationally or internationally

Section B: What are your recommendations for interventions for your population (with an assessment of strengths and weaknesses of your proposal)

Section C: Conclusion of whole paper and implications for further research, practice and policy.

5. Abstract

6. *Completed paper:* (Due December 2, 2010, by start of class, electronic and hard copy) The completed paper should include

a. Abstract

Part One:

b. Introduction (one paragraph) /Search Methods (one paragraph)

c. Background and Significance (revised, based on faculty comments)

d. Transition Paragraph

Part Two:

e. Intervention strategy/ policy/analysis section that potentially contains state of the art intervention models, and recommendations (with strengths and weaknesses) and/or policies to address the problem for your population; and

f. Conclusion and implications section that summarizes paper and recommends further research, practice and policy. Policy implications should be considered in every paper. Papers must be an individual product.

g. References

7. *Professional oral presentation:* (Due December 2, 2010) This should be a ten minute power point presentation (10-12 slides) that you would give at a public health meeting to your peers or professional colleagues. It should be a persuasive argument that presents the scientific basis and public health context of your problem, and then shows how your strategies/interventions could address the problem.

8. *Policy or community meeting presentation:* (Due December 9) This should be a brief (2-minute) presentation of the major findings in your course paper proposing why a policy-maker or community group should take immediate action. Includes one-page press release or one-page policy brief on major findings. If you do a policy brief, include: brief statement of problem, scope of problem, need for action, and specific requests of policy makers.

Further guidelines for class discussion in teams:

1. Provide your critical assessment of the articles: what are their strengths and weaknesses?
2. Answer what the implications for public health practice would be if the argument presented in the articles were followed.
3. Case-based analyses or public health exercises will be used in many of the class sessions.
4. Group learning and sharing of information will be emphasized.

Questions we will be asking throughout the course include:

- Given this situation or program, what issue of public health is being discussed?

- What are the assumptions, values, and power issues underlying this issue?
- As a professional, how would you want to change the assumptions or conceptual base?
- What are the implications for public health practice and policy?

READING ASSIGNMENTS (TO BE READ EACH TIME PRIOR TO CLASS)

1. August 26th – Introduction: Population Health and Models of Disease:

Students will understand the course directions, objectives and expectations. Students will distinguish and understand the difference between the individual as the unit of analysis in health care versus the population as the unit of analysis in public health. Students will define risk and risk factor.

World Health Organization, September 6-12, 1978, *Declaration of Alma-Ata*, International Conference on Primary Health Care

Universal Declaration of Human Rights, United Nations, 1948.

WHO Constitution, 1948

2. September 2nd – History and Organization of Public Health:

Students will distinguish between market and social justice/human rights definitions of public health. Students will distinguish between an individual versus an environmental perspective.

Wallack, L. & Lawrence, R. (2005). Talking About Public Health: Developing America's "Second Language." *American Journal of Public Health*, 95(4), pp. 567-570.

Annas, G. J. (1998). Human Rights and Health – The Universal Declaration of Human Rights at 50. *The New England Journal of Medicine*, 339(24), pp. 1778-1781. (LOOK HUMAN RIGHTS)

Politzer, R., Davis, C. H., Yesalis, C. E., Segarra, M. D. (1992). Commentary: The Traditional Public Health Approach to Prevention and Risk Reduction - Can We Raise the Titanic? *American Journal of Preventive Medicine*, 8(6), pp. 395-398.

Kotlowitz, Alex, Blocking the Transmission of Violence, *New York Times Magazine*, Published: May 4, 2008. (**Read up to first five pages**).

Future of the Public's Health in the 21st Century, Institute of Medicine, Washington, D.C. Nov., 2002. **Read pp 1-3, Skim 4-8.** (Socio-ecologic framework)

United States, Department of Health and Human Services. Public Health in America: Vision, Mission. Retrieved August 16, 2007 from the World Wide Web:
<http://web.health.gov/phfunctions/public.htm>

Brownson, R.C., Fielding, J., Maylahn, C., Evidence-Based Public Health: A Fundamental Concept for Public Health Practice, *Annual Review Public Health* 2009. 30:175–201 (Read **175-182, skim rest**).

3. **September 9th – Overview of Determinants of Health and Disease:**

Students will identify the role of behavioral risk factors in disease. Students will explain why attention to individuals with moderate risk as a public health strategy would be given priority over individuals at high risk.

Mokdad, A. H., Marks, J. S., Stroup, D. F., & Gerberding, J. L. (2004). Actual causes of death in the United States, 2000. *The Journal of the American Medical Association*, 291(10), pp. 1238-1245. **(Read ABSTRACT, Tables 1 and 2, and comments, 1242-43)**

Rust, G., Satcher, D., Fryer, G.E. Levine, R.S., Blumental, D.S., Triangulating on success: Innovation, publichealth, medical care and cause-specific U.S. mortality rates over a half century (1950-2000), *American Journal of Public Health*, 100, (S1), 2010, S95-S104.

**McKinlay, J. & Marcenn, L. (1999). A Tale of 3 Tails. *American Journal of Public Health*, 89(3), pp. 295-298.

**Rose, G. (2001). Sick Individuals and Sick Populations. *International Journal of Epidemiology*, 30(3), pp. 427-432.

Hill, A. B. (1965). The Environment and Disease: Association or Causation? *Proceedings of the Royal Society of Medicine*, 58(5), pp. 295-300.

4. **September 16th – Determinants of Health & Disease: Disparities:**

Students will understand the role of social determinants in contributing to disease and mortality disparities within the population. Students will identify the role of race, power and income inequities in producing health disparities. (*Proposal of Topic Due*)

Marmot, M., Bell, R., The socioeconomically disadvantaged, in *Social Injustice and Public Health*, (Levy, B., Sidel, V, editors), Oxford University Press, 2006, 25-45.

Banks, J., Marmot, M., Oldfield, Z., & Smith, J. P. (2006). Disease and Disadvantage in the United States and in England. *Journal of the American Medical Association*, 295(17), pp. 2037-2045.

Hofrichter, R., The politics of health inequities: Contested Terrain, in *Health and Social Justice: Politics, Ideology, and Inequity in the Distribution of Disease: A Public Health Reader*, San Francisco, Jossey, Bass, 2003, **Read pg. 1-15.**

Gallagher, S. (May 24, 2006). *Inconsistent Access to Food in Low-income Households May Contribute to Weight Gain, USA*. Retrieved June 28, 2006, from <http://www.medicalnewstoday.com/printerfriendlynews.php?newsid=43933> .

September 16th Optional Readings:

Syme, S.L. & Balfour, J.L. (1998). Social Determinants of Disease. In Maxcy, Rosenau, Last, & Wallace (Ed.), *Public Health and Preventative Medicine*, (pp795-810). McGraw-Hill Professional.

Marmot, M. G. (2006). Status Syndrome: A challenge to medicine. *Journal of the American Medical Association*, 295(11), pp. 1304-1307.

5. September 23rd – Determinants of Health: Disparities II: Race and Racism

Jones, C. P. (2000). Levels of racism: a theoretical framework and a gardener's tale. *American Journal of Public Health*, 90(8), pp. 1212-1215.

Williams, D. (2001). Race and Health: Trends and Policy Implications. In Auerbach, J. A., & Krimgold, B. K. (Ed.), *Income, Socioeconomic Status, and Health: Exploring the Relationships*, (pp. 67-85). Washington, DC: National Policy Association: Academy for Health Services Research and Health Policy.

Green, TL and Darity, WA, Under the skin: using theories from biology and the social sciences to explore the mechanisms behind the black-white health gap. *American Journal of Public Health*, 2010 Apr 1;100 Suppl 1:S36-40.

King, Malcolm., Smith, A., Gracey, M. (2009). Where are we now with Indigenous health?: Indigenous Health Part 2: The Underlying Causes of The Health Gap. *Lancet* 2009; Vol. 374: July 4, 2009, pp.76–85.

6. September 30th – Concepts of Prevention, Health Promotion, Disease Prevention, Health Protection, Harm Reduction – Different Paradigms: (Search Methods paragraph and Descriptive Table of Contents Due)

Students will understand primary, secondary, and tertiary prevention concepts and strategies and their role in improving health status. Students will articulate the history and differences between health promotion, disease prevention and health policy within a U.S. and W.H.O. framework. Students will create a matrix of prevention, health promotion, health protection and harm reduction strategies for different diseases and conditions.

Gordon, R. (1987). An operational classification of disease prevention. In Steinberg, J. A. and Silverman, M. M. (eds.), *Preventing Mental Disorders*, Rockville, MD: U.S. Department of Health and Human Services, 1987.

US Department of Health and Human Services. *Healthy People 2010*.

Freudenberg, N., Olden, K. Finding Synergy: Reducing Disparities in Health by Modifying Multiple Determinants, *American Journal of Public Health*.2010;100:S25–S30.

Ratcliffe, J., Wallack, L., Fagnani, F. & Rodwin, V.G. (1984). Perspectives on Prevention: Health Promotion vs. Health Protections. In J. U. Kervasdoue, J. Kimberly, V. Rodwin, (Eds.), *The End of an Illusion: The Future of Health Policy in Western Industrialized Nations* (pp. 56-84). University of California Press. **(Read pg. 1, SKIM 71-81)**

Ottawa Charter for Health Promotion, from the First International Conference on Health Promotion on November 17-21, 1986, in Ottawa, Ontario, Canada, the First International Conference on Health Promotion, jointly organized by the World Health Organization, Health and Welfare Canada and the Canadian Public Health Association.

Krasnow, B., State program provides drug users with clean needles, tools to reverse overdoses, *Santa Fe New Mexican*, 7/18/2010

Optional: Kickbusch, I. (2003). The contribution of the World Health Organization to a new public health and health promotion. *American Journal of Public Health*, (pp. 383-388).

7. October 7th – Individual Strategies for Behavior Change/Individual Responsibility (Scan newspapers):

Students will identify behavior change theories and principles that are the basis for many health education and health promotion strategies. Students will apply these behavior change strategies to the problem of obesity prevention and intervention.

National Cancer Institute. *Theory at a Glance: A guide for health promotion practice*. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, pp. 3-22, Spring 2005. Retrieved August 8, 2007, from National Cancer Institute:
<http://www.nci.nih.gov/PDF/481f5d53-63df-41bc-bfaf-5aa48ee1da4d/TAAG3.pdf>

Jackson, C. (1997). Behavioral science theory and principles for practice in health education. *Health Education Research*, 12(1), pp. 143-150.

Pate, R.R., Saunders, R., Dishman, R.K., Addy, C., Dowda, M., & Ward, D.S. (2007). Long-Term Effects of a Physical Activity Intervention in High School Girls. *American Journal of Preventive Medicine*, 33(4), pp. 276-280.

October 7th Optional Reading:

Ward, D. S., Saunders, R., Felton, G. M., et. Al. (2006). Implementation of a school environment intervention to increase physical activity in high school girls. *Health Education Research: Theory & Practice*, 21(6): pp. 896-910.

Nutbeam, D., & Harris, E. (2004). *Theory in a Nutshell: A Practical Guide to Health Promotion Theories*. Australia: McGraw-Hill. (Chapter on *Individual Theories*)

9. October 14th – Fall Break:

Introduction and Background and Significance Due Monday, Oct 18th by 5 pm.

10. October 21st: Community Strategies for Behavior Change:

Students will understand community-based intervention strategies, history and issues of translation to diverse populations.

Perry, C. L., Williams, C. L., Komro, K. A., et. al. (2000). Project Northland High School Interventions: Community action to reduce adolescent alcohol use. *Health Education & Behavior*, 27(1), pp. 29-49.

Komro, K.A., Perry, C.L., Veblen-Mortenson, S., Farbakhsh, K., et. al. (2008). Outcomes from a Randomized Controlled Trial of a Multi-Component Alcohol Use Preventive Intervention for Urban Youth: Project Northland Chicago. *Society for the Study of Addiction*, 103, pp. 606-618.

Centers for Disease Control and Prevention. (2002). *Community Interventions to Promote Healthy Social Environments: Early Childhood Development and Family Housing: A report on recommendations of the task force on community preventive services* (Morbidity and Mortality Weekly Report, Vol. 51, No. RR1). Atlanta, GA: U.S. Department of Health and Human Services.

Optional Reading:

Steckler, A. & McLeroy, K.R. (2008). The Importance of External Validity. *American Journal of Public Health*, 98(1), pp. 9-10.

- 11. October 28th – Community Empowerment and Community Organizing (MID-TERM Handed Out)** Students will understand community-driven strategies, and will articulate strengths and weaknesses of the community empowerment and community based participatory research approach.

El-Askari, G., Freestone, J., Irizarry, C., Kraut, K. L., Mashiyama, S. T., Morgan, M. A., & Walton, S. (1998). The healthy neighborhoods project: a local health department's role of catalyzing community development. *Health Education & Behavior*, 25(2), pp. 146-159.

Wing, S., Avery Horton, R., Muhammad, N., et. al. (2008). Integrating Epidemiology, Education, and Organizing for Environmental Justice: Community Health Effects of Industrial Hog Operations. *American Journal of Public Health*, 98(8), pp. 1390-1397.

Wallerstein, N. and Duran, B., CBPR Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity, *American Journal of Public Health*, Supplement 1, 2010, 100 (S1), S40-S46.

Optional Reading: Chavez, V., Minkler, M., Wallerstein, N., & Spencer, M. S. (2007). Community Organizing for Health and Social Justice. In L. Cohen, V. Chavez, & S. Chehimi (Eds.), *Prevention is Primary* (pp. 95-119). San Francisco, CA: Jossey-Bass.

Duran, B., Walters, K.L., HIV/AIDS Prevention in “Indian Country”: Current Practice, Indigenist Etiology Models, and Postcolonial Approaches to Change, *AIDS Education and Prevention*, 16(3), 187–201, 2004.

- 11. November 4th – Organizational Strategies for Change (MID-TERM Due)**

Students will articulate theories of organizational change and discuss the strengths and weaknesses of these strategies. Students will understand the difference between media advocacy and social marketing.

Nutbeam, D., & Harris, E. (2004). *Theory in a Nutshell: A Practical Guide to Health Promotion Theories*. Australia: McGraw-Hill. (Chapter on *Organizational Change Theories*)

Dorfman, L., Wallack, L., Woodruff, L., More Than a Message: Framing Public Health Advocacy to Change Corporate Practices, *Health Educ Behav* 2005; 32; 320-336.

Optional Reading: Wallack, L. (1993). Improving Health Prevention: Media Advocacy and Social Marketing Approaches. In Wallack, Dorfman, Jernigan, Themba (Eds.) *Media Advocacy and Public Health* (pp. 147-163). Thousand Oaks, CA: Sage Publications.

12. November 11th – Policy Level Change

Williams, D., McClellan, M.B., Rivlin, A.M., Beyond the Affordable Care Act: Achieving Real Improvements In Americans' Health, *Health Affairs*, 29, No. 8 (2010): 1481–1488.

The Commonwealth Fund. (2007, December 19). *Top 10 Health Policy Stories of 2007*. (2007). Retrieved 08/14/09 from the World Wide Web:

<http://www.commonwealthfund.org/Content/From-the-President/2007/Top-10-Health-Policy-Stories-of-2007.aspx>

Schroeder, S., Warner, K. Don't Forget Tobacco, *New England Journal of Medicine*, July 15, 2010, 201-204.

Mello, M.M., Studdert, D.M., & Brennan, T.A. (2006). Obesity – The New Frontier of Public Health Law. *The New England Journal of Medicine*, 354(24), 2601-2610.

Breckwich Vásquez, V.A., Lanza, D., Hennessey-Lavery, S., Facente, S., Halpin, H., Minkler, M. (2007). Addressing Food Security Through Public Policy Action in a Community-Based Participatory Research Partnership. *Health Promotion Practice*, 8(4), 342-349.

Optional:

Themba, M. N., & Minkler, M. Influencing Policy Through Community Based Participatory Research. In Minkler & Wallerstein (Eds), *Community-Based Participatory Research for Health* (pp. 349-370). San Francisco, CA: Jossey-Bass.

Okie, S. (2007). New York to Trans Fats: You're Out! *The New England Journal of Medicine*, 356(20), pp. 2017-2021.

13. November 18th Globalization and Health

Birn, A.E. (2005, March 11). Gates's Grandest Challenge: Transcending Technology as Public Health Ideology. *www.thelancet.com*. Retrieved from <http://image.thelancet.com/extras/04art6429web.pdf>.

Labonte, R., & Schrecker, T. (2007). Globalization and social determinants of health: Introduction and methodological background (part 1 of 3). *Globalization and Health*, 3(5), 1-10.

Lewis, S. (2006) Context: It shames and diminishes us all. In S. Lewis (Ed.), *Race Against Time* (pps. 1-36; 143-189; 191-206). Berkeley, CA: Publishers West Group.

Optional Reading: Garrett, L. (2007). The challenge of global health. *Foreign Affairs*, 86(1), 14-38.

14. November 26th – No class.

**15. December 2nd – PAPERS DUE– Electronic and One Hard Copy Due by start of class;
Student Professional Power Point Presentations**

16. December 9th – Policy Presentations (Brief presentations and course evaluation).

Mann. J. M., (1998). Commentary-Society and Public Health: Crisis and Rebirth. *Western Journal of Medicine*, 169(2), pp. 118-121.

Students with Disabilities:

If you are an MPH student, have a disability and need accommodations, please contact Cheri Koinis, M.A., M.Ed., Office of Academic Support and Information Systems (OASIS) located in the Basic Medical Sciences Building, rm B-80, (505) 272-5042; FAX: 272-9012, ckoinis@salud.unm.edu. On the first day of class, students should inform the professors of the necessary accommodations needed to meet the requirements of the class. Handouts will be available on alternative accessible formats upon request. If however, you have already sought accommodation from main campus student services, please present the appropriate documentation to your professor.

For further information from main campus, please contact: Office of Equal Opportunity, ph: (505) 277-5251. The Masters in Public Health Program follows University policy and guidance as described in *Access to Education: A Guide to Accommodating Students with Disabilities* published by the UNM Committee for Students with Disabilities. This publication is available to Student Support Services, 2021 Mesa Vista Hall, ph: 277-3506.

Non-Degree Students

Please be aware that all non-degree students who intend to seek eventual admission to the MPH program must schedule a time to meet with a core faculty member before they complete 6 credit hours of MPH classes. Although taking MPH courses as a non-degree student is encouraged and students may find that taking classes as part of a cohort is a richer experience than taking them piecemeal, no more than 17 credit hours can be transferred into the degree program. There is also no guarantee that students who are taking courses will be accepted into the program. Therefore, setting up a meeting with a core faculty member is critical. If you currently have more than 6 credits, please call Gayle Garcia at 505 272-3982 to make an appointment with an advisor as soon as possible.