Time: Monday 9:35-12:35  
Place: HPNP 1101

Credits: 3

Faculty  
Richard Rheingans, PhD  
Tel: 352 294 5110  
Email: rrheing@ufl.edu

Office Hours:  
Monday 12:40-3:40 HPNP 2148 (confirm via email in advance)  
Tuesday 1:00 – 3:30 Grinter 472 (confirm via email in advance)  
Friday 10:00 – 2:00 Grinter 472 (confirm via email in advance)

Course Overview or Purpose  
This is the first in a series of two health and development courses created initially for the new Master’s in Development Practice (MDP) program. However it is appropriate for graduate students interested in an introduction to the interaction between environmental, economic, and social processes with global public health threats. This course will cover fundamental public health and anthropologic principles, methods, and study designs. Case studies will be used to demonstrate how development practitioners can incorporate the use of these methods to investigate patterns of disease, patterns of culture, risk factors, broad causes, and the need for integrated interventions to reduce risk of disease and death. The case studies will also illustrate major global health challenges, such as malaria, HIV/AIDS, and maternal morbidity and mortality.

Course Objectives  
Upon successful completion of the course, students will be able to:

1. Describe alternative analytical approaches to assess health burdens and risk factors  
2. Discuss the etiology of and risk factors for key global health threats  
3. Compare and choose alternative methods for empirically addressing public health questions  
4. Use appropriate analytical approaches to answer empirical public health questions  
5. Critique the application of analytical approaches to address health and development issues  
6. Identify, discuss, and illustrate the contribution of economic, social, environmental and policy change on health in specific in different settings using available scientific information and contextual data  
7. Identify and characterize the positive and negative effects of development efforts and projects on population health in different settings  
8. Evaluate and construct explanatory models for the relationship between specific health and development challenges and their underlying determinants
**Course Materials**

Readings will be drawn from current published literature in public health and development.


**Class participation**

**Evaluation**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Exercises (4 total)</td>
<td>20%</td>
</tr>
<tr>
<td>Critical questions (5 total)</td>
<td>15%</td>
</tr>
<tr>
<td>Mid-term exam (take home)</td>
<td>25%</td>
</tr>
<tr>
<td>Final group project</td>
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<tr>
<td>Presentation</td>
<td>10%</td>
</tr>
<tr>
<td>Written</td>
<td>25%</td>
</tr>
<tr>
<td>Class participation</td>
<td>5%</td>
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</table>

**Exercises.** These are short assignments during the early part of the course designed to apply the concepts and skills introduced in the earlier class sessions. Assignments are due before class on the week that they are listed.

**Critical questions.** Students will prepare three critical questions based on the empirical readings for that week’s class (don’t use simple methodological readings for this). Questions should reflect issues that the article raises that you would like to discuss with colleagues. They shouldn’t be factual or testing questions, but instead probing and exploring questions. Be prepared to read your questions in class as a way to build the discussion. Assignments are due before class and must be based on that week’s reading.

**Mid-term exam.** This is designed for you to test your understanding of the basic public health analytical methods, understand their application by others, and apply them to new situations. The exam is NOT a group project and must be completed independently.

**Final group project.** Groups will conduct a situation analysis for a specific country, using primary data from Demographic and Health Surveys, published literature, and reports to assess health threats and identify underlying social, economic, ecological and institutional factors contributing to them. The analysis revolves around each of the health-related challenges addressed in the last part of the course. Students will work in a group to prepare a group presentation and written report. The grade will include an individual component based on peer-assessment.

**Class participation.** Consistent with the spirit of graduate education and the interactive nature of development practice, students are expected to participate fully in every class session. Participation depends upon completing all readings before each class.
Grading scale

<table>
<thead>
<tr>
<th>% Earned in class</th>
<th>94-100%</th>
<th>90-94%</th>
<th>87-90%</th>
<th>83-87%</th>
<th>80-83%</th>
<th>77-80%</th>
<th>73-77%</th>
<th>70-73%</th>
<th>65-70%</th>
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<tbody>
<tr>
<td>Letter Grade</td>
<td>A</td>
<td>A-</td>
<td>B+</td>
<td>B</td>
<td>B-</td>
<td>C+</td>
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<td>C</td>
<td>D</td>
<td>F</td>
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Translation of letter grades to grade points

<table>
<thead>
<tr>
<th>Letter Grade</th>
<th>A</th>
<th>A-</th>
<th>B+</th>
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<th>C+</th>
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<th>D+</th>
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<th>WF</th>
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<tbody>
<tr>
<td>Grade points</td>
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<td>3.67</td>
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For greater detail on the meaning of letter grades and university policies related to them, see the Registrar’s Grade Policy regulations: [http://www.registrar.ufl.edu/catalog/policies/regulationgrades.html](http://www.registrar.ufl.edu/catalog/policies/regulationgrades.html)

Topical Outline

<table>
<thead>
<tr>
<th>Wk</th>
<th>Date</th>
<th>Topic</th>
<th>Reading (* = Required)</th>
<th>Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aug 27</td>
<td>Introduction / Measuring Health</td>
<td>*WHO, 2008 *Hyder and Morrow, 2009</td>
<td>In class data exercise</td>
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<tr>
<td>2</td>
<td>Sept 10</td>
<td>Epidemiology – association and causation</td>
<td>*WHO, 2006 *Black et al., 2010 *Lee et al., 2012 *Bauman et al., 2012 *Semba et al., 2008 *Dikshit et al., 2012 Lopez et al., 2006</td>
<td>Exercise 1 - Data analysis In class study critique</td>
</tr>
<tr>
<td>3</td>
<td>Sept 17</td>
<td>Epidemiology – association and causation</td>
<td>*Creswell et al., 2012 *Coovadia et al., 2007 *Walker et al., 2007</td>
<td>Exercise 2 – Study critique</td>
</tr>
<tr>
<td>4</td>
<td>Sept 24</td>
<td>Health Behavior and Qualitative Methods</td>
<td>*Scrimalshaw 2009 *McMahon et al., 2011 *Pikora et al., 2003 Vrazel et al, 2008 Weisman and Besser 2004</td>
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</tr>
<tr>
<td>5</td>
<td>Oct 1</td>
<td>Environmental health / Applications to air pollution</td>
<td>*Smith et al 1999 *Zhang et al, 2010</td>
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Last revised 12/12/2012 2:22:41 PM
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<tr>
<th>Week</th>
<th>Date</th>
<th>Topic</th>
<th>Reading Material</th>
<th>Assignment</th>
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</thead>
<tbody>
<tr>
<td>6</td>
<td>Oct 8</td>
<td>Health systems and delivery</td>
<td>*DCP2, Ch 3&lt;br&gt;*Grabowsky et al., 2005.&lt;br&gt;*Massive et al., 2010&lt;br&gt;Ravishankar et al, 2009&lt;br&gt;Beaglehole et al., 2008&lt;br&gt;*Chandramohan et al., 2007&lt;br&gt;Kumar et al., 2008</td>
<td>Exercise 3 – Disease burden due&lt;br&gt;Take home midterm assigned; Due Oct 12 at 5:00 pm</td>
</tr>
<tr>
<td>7</td>
<td>Oct 15</td>
<td>Population change and health&lt;br&gt;Demographic transitions&lt;br&gt;Migration&lt;br&gt;Applications to chronic diseases and infectious disease</td>
<td>*DCP2, Ch 33&lt;br&gt;*Anglewic et al., 2012&lt;br&gt;*Mayosi et al., 2009&lt;br&gt;Eisenberg et al., 2012 (<em>In roads…</em>)&lt;br&gt;Miranda et al, 2008&lt;br&gt;*Stevens et al, 2008&lt;br&gt;*Tollman et al, 2008&lt;br&gt;*Yang et al, 2008</td>
<td>Introduction to final project</td>
</tr>
<tr>
<td>8</td>
<td>Oct 22</td>
<td>Land-use and health / Health Impact Assessment&lt;br&gt;Applications to malaria</td>
<td>*DCP2, Ch 21&lt;br&gt;*Da Silva-Nunez et al., 2008&lt;br&gt;*Ernst et al., 2009&lt;br&gt;*Keiser et al., 2004&lt;br&gt;*Patz et al, 2008&lt;br&gt;Kibret et al., 2010&lt;br&gt;Kittinger et al., 2008&lt;br&gt;Fegan et al., 2007&lt;br&gt;Baragatti et al 2009&lt;br&gt;Butala et al., 2010</td>
<td>Exercise 4 – Case study due</td>
</tr>
<tr>
<td>9</td>
<td>Oct 29</td>
<td>Water, sanitation and diarrheal disease</td>
<td>*Bartram and Cairncross, 2010&lt;br&gt;Hunter et al., 2010&lt;br&gt;*Eisenberg et al., 2012</td>
<td>Critical questions 1 due</td>
</tr>
<tr>
<td>10</td>
<td>Nov 5</td>
<td>Socio-economic and gender disparities</td>
<td>*Kavanagh et al., 2010&lt;br&gt;*Nathan et al., 2004&lt;br&gt;Victora et al, 2003&lt;br&gt;*Veary et al., 2010&lt;br&gt;Biggs et al., 2010</td>
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**Public Health Challenges**

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| 11 | Nov 19 | Child nutrition | *DCP2, Ch 28  
*Lloyd et al., 2011  
Shelling et al., 2005  
Bhutta et al., 2008.  
Bryce et al., 2008  
*Gregson et al., 2001 | Class exercise – Conceptual models  
Critical questions 2 due |
| 12 | Nov 26 | Maternal and reproductive health | *DCP2, Ch26  
Filippi et al., 2006  
*Jeffrey and Jeffrey, 2010  
*Lee-Rife, 2010  
*Rosata et al., 2008 | Critical questions 3 due |
| 13 | Dec 3 | HIV | *DCP2, Ch 18  
*Coovadia et al., 2007.  
*Kidman et al., 2010  
*Riley and Baah-Odoo, 2010 | Critical questions 4 due |
| 14 | Final Exam Period | Group Presentations | Country Situation Analysis |

**Readings and References List (Note: Required readings are starred*)**


*Lopez AD, Mathers CD, Ezzati M, Jamison DT, Murray CJ. 2006. Global and regional burden of
disease and risk factors, 2001: systematic analysis of population health data. Lancet. May
27;367(9524):1747-57

*Lloyd, S.J., R.S. Kovats, and Z. Chalabi, Climate change, crop yields, and undernutrition: development of a model


*Masiye F, Chithah BM, McIntyre D. 2010. From targeted exemptions to user fee abolition in health care:

*Mayosi BM, Flisher AJ, Laloo UG, Sitas F, Tollman SM, Bradshaw D. 2009. The burden of non-

McMahon SA, Winch PJ, Caruso BA*, Obure AF, Ogutu EA, Ochari IA and Rheingans RD. 2011. The girl with
her period is the one to hang her head’ Reflections on menstrual management among schoolgirls in rural Kenya.

and middle-income countries: context, determinants and health policy. Trop Med Int Health.
Oct;13(10):1225-34.

22;370(9592):1040-54.

2004. Mosquito nets and the poor: can social marketing redress inequities in access? Trop Med Int

Noor AM, Zurovac D, Hay SI, Ochola SA, Snow RW. 2003. Defining equity in physical access to clinical
services using geographical information systems as part of malaria planning and monitoring in

Noor AM, Mutheu JJ, Tatem AJ, Hay SI, Snow RW. 2009. Insecticide-treated net coverage in Africa:

of a fall in malaria transmission on morbidity and mortality in Kilifi, Kenya. Lancet. Nov
1;372(9649):1555-62.

Estimation of potential effects of improved community-based drug provision, to augment health-
facility strengthening, on maternal mortality due to post-partum haemorrhage and sepsis in sub-

*Patz JA, Olson SH, Uejio CK, Gibbs HK. 2008. Disease emergence from global climate and land use


Scrimshaw S, Culture, Behavior and Health, in International Public Health: Diseases, Programs, Systems and Policies, Black, Mills, and Merson (Eds), pp 1-42.


*World Health Organization. 2006. Global burden of disease and risk factors*  
http://www.dcp2.org/pubs/GBD


**Academic Integrity**  
Students are expected to act in accordance with the University of Florida policy on academic integrity (see Student Conduct Code, the Graduate Student Handbook or this web site for more details: www.dso.ufl.edu/judicial/procedures/academicguide.php). Cheating, lying, misrepresentation, or plagiarism in any form is unacceptable and inexcusable behavior. The UF Honor Code is:

*We, the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honesty and integrity.*

**Policy Related to Class Attendance and Behavior**  
Students are expected to attend all classes. Special circumstances should be brought to the attention of the instructor. Students who miss more than three classes will be dismissed from the course. Personal issues with respect to class attendance or fulfillment of course requirements will be handled on an individual basis. Cell phones must be silenced in class. Students may use laptop computers for the purpose of note-taking during class. Misuse of this privilege may lead to a ban on laptops for the entire class.
Policy Regarding Make-up Work
Students are expected to submit all assignments and to complete all take home exams on time. If timely submissions cannot occur, students should contact the course instructor to discuss options for completing the outstanding work. The instructor is not required to accept late submissions, regardless of when s/he is consulted. Students who do not contact the instructor regarding late work should expect to receive no credit for the assignment/exam.

Accommodations for Students with Disabilities
If you require classroom accommodation because of a disability, you must first register with the Dean of Students Office (http://oss.ufl.edu). The Dean of Students Office will provide documentation to you, which you then give to the instructor when requesting accommodation. The College is committed to providing reasonable accommodations to assist students in their coursework.

Counseling and Student Health
Students may occasionally have personal issues that arise in the course of pursuing higher education or that may interfere with their academic performance. If you find yourself facing problems affecting your coursework, you are encouraged to talk with an instructor and to seek confidential assistance at the University of Florida Counseling Center, 352-392-1575, or Student Mental Health Services, 352-392-1171. Visit their web sites for more information: http://www.counsel.ufl.edu/ or http://www.health.ufl.edu/shcc/smhs/index.htm#urgent

The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services, including primary care, women's health care, immunizations, mental health care, and pharmacy services. The clinic is located on the second floor of the Dental Tower in the Health Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: www.health.ufl.edu/shcc

Crisis intervention is always available 24/7 from:
Alachua County Crisis Center: (352) 264-6789.

BUT – Do not wait until you reach a crisis to come in and talk with us. We have helped many students through stressful situations impacting their academic performance. You are not alone so do not be afraid to ask for assistance.