

Princeton University
Tuesday 1-4 p.m.

Spring 2004
Robertson 012

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WWS 594n surveys the philosophy, practice and politics of public health in the U.S. The course provides an introduction to the principles of epidemiology and explores the social, political and institutional forces that shape public health policy. We will consider the determinants of health at the individual level, as well as at the population level. We will investigate the government's role in minimizing risks and maximizing well-being, and the major organizational structures responsible for monitoring, protecting and promoting the public health. In a school of public health, any one of the topics that we tackle in a week could sustain an entire course or even a department. This course aims to give students an introduction to some of the major issues in public health theory and practice.

Readings

Over the next 6 weeks, we will focus on a series of broad topics in public health, using a case study approach. The readings for this course range from data reports to theoretical musings, from statistical analyses to historical analyses, from policy documents to cultural critiques, from practice guidelines to program evaluations. I encourage you to read all of it carefully and critically. Whether you are reading data tables or impassioned polemics, you should be attentive to certain themes that recur throughout the course and that lie at the core of the “problem” of public health in modern society: uncertainty and the relationship between evidence and action; risk and responsibility; collective vs. individual; the rights of persons vs. the duties of the state; science and values; the role of medicine/technology and the role of social change; politics; inequality; and social structure in every sense of the word, from physical infrastructure to class.

Please browse through the copy of *Health, United States, 2001* that is also on reserve; you should be developing a vivid mental image of the prevalence, incidence and distribution of health and illness in the U.S. today. One of the best ways to do that is just to graze data and keep an eye out for interesting patterns.

Requirements and grading

I have two main expectations of you: engaged class participation and a thoughtful term paper. Each will count for 50% of your final grade. There is no midterm or final exam; however, you

are required to write a one-page response to the readings every week (these responses will be part of your class participation grade). The one-page response may consist of questions that remain in your mind after the reading. Or your response may be a critique of the reading, either of the author(s)' methods, data, or conclusions, or of theory. You may focus on a particular reading or two. Your response could consist of extrapolations to the policy arena: how would the reading inform policy or programmatic choices? What you should *not* do is summarize the reading. The point is for you to engage critically with the material of the course every week.

The weekly one-page responses to the readings are due by 9 am on Tuesday every week. You may turn them in via the digital dropbox on the course website.

Term paper

You have three options for your final paper, which should be 12-15 pages:

(1) Analyze secondary data that contributes to our understanding of some public health problem.

There are many pressing public health problems and issues that this course is silent on: depression and mental health; aging; genetics; alcoholism and addiction; rural health; urban health; migrant health; injury prevention; maternal and child health; adolescent health; reproductive health; the war on drugs; cancer prevention; domestic violence; youth violence; gun violence; nutrition; disability; quality of medical care; access to medical care; substance abuse; screening; dental health; diabetes; hypertension; prenatal care; low birthweight; sexually transmitted infections; unintended pregnancy; abortion; contraception; the problem of the uninsured; managed care, etc. Any of these would make a fine paper topic.

(2) Propose a project to address a significant public health problem at the local or national level, or evaluate an existing public health initiative.

(3) Identify what you think are the ten greatest public health *failures* of the last century. Focusing on one or two among your list of ten greatest, explain why public health failed in these areas. What makes them failures—in other words, what are your criteria for a failure vs. a success? Why are they the most significant? What factors contributed to the failure? Could it have been foreseen or prevented?

A word to the wise: I am a stickler when it comes to prose. I will evaluate not only the ideas in your papers, but the elegance with which they are expressed. Visit the WWS Writing Center early and often—no matter how good a writer you are, they can help you at any and every stage of the writing process.

Outside the classroom

There is a course website, accessible through Blackboard. The website contains the syllabus and many of the reading assignments. It also includes lots of links to data sources, public health agencies, public health research and literature, etc. I hope you will find these links useful. If you come across others that you think would be of interest to the class more generally, please forward the URLs to me, so that I can add them. I also encourage you to sign up for the

electronic *Morbidity and Mortality Weekly Report* TOC email distribution list—the link to do so is on the course website. Depending on where your interests lie, you might also want to sign up to receive daily news briefs on HIV/AIDS, reproductive health, or health policy from Kaiser Family Foundation; you can find out how to do so on the WWS 594n website.

I hope you will attend as many of the Center for Health and Wellbeing and Office of Population Research seminars that I have listed in the syllabus as your schedule permits.

Topics and readings

T 3/23 **History of public health; public health vs. medicine**

Case study: maternal and child health

T. McKeown [1979] *The Role of Medicine: Dream, Mirage or Nemesis?* Princeton: Princeton University Press. skim

IOM [1988] *The Future of Public Health* pp. 1-55, skim pp. 73-159 and Appendix A

J.B. McKinlay and L.D. Marceau [2000] “To boldly go...” *American Journal of Public Health* 90(1):25-33.

A.M. Brandt and M. Gardner [2000] “Antagonism and accommodation: Interpreting the relationship between public health and medicine in the United States during the 20th century” *American Journal of Public Health* 90(5):707-715.

USDHHS [2000] *Healthy People 2010* pp.1-51

IOM [1988] *The Future of Public Health* pp.56-72

MMWR [1999] “Ten great public health achievements—United States, 1900-1999” 48(12)

L. Garrett [2000] *Betrayal of Trust: the Collapse of Global Public Health* pp.265-480

Add McGinnis and Foege

T 3/30 **Controlling infectious diseases and epidemics**

Case study: SARS? Avian flu? West Nile?

MMWR [2001] “First report of AIDS” and “HIV/AIDS—United States, 1981-2000” 50(21):429-434

K.A. Sepkowitz [2001] “AIDS—the first 20 years” *New England Journal of Medicine* 344(23):1764-1772

G.M. Oppenheimer [1988] "In the eye of the storm: the epidemiological construction of AIDS" in *AIDS: the Burdens of History*

P. Farmer [1999] *Infections and Inequalities: the Modern Plagues* Berkeley: University of California Press, pp.184-282

A.L. Fairchild and D.M. Oppenheimer [1998] "Public health nihilism vs. pragmatism: history, politics, and the control of tuberculosis" *American Journal of Public Health* 88(7):1105-1117.

RG Barr et al. [2001] "Neighborhood poverty and the resurgence of tuberculosis in New York City, 1984-1992" *American Journal of Public Health* 91(9):1487-93

T 4/6 **Environmental health: Keeping air, food, water and workplaces safe**
Case study: workplace safety

Berney [2000] "Round and round it goes: the epidemiology of childhood lead poisoning, 1950-1990" in *Illness and the Environment*

H.L. Needleman [1998] "Childhood lead poisoning: the promise and abandonment of primary prevention" *American Journal of Public Health* 88(12):1871-1877

M.J. Brown et al. [2001] "The effectiveness of housing policies in reducing children's lead exposure" *American Journal of Public Health* 91(4):621-624

P. Brown et al. [2000] "Knowledge, citizens and organizations" in *Illness and the Environment*

D.S. Greenbaum [2001] "Particulate air pollution standards and morbidity and mortality: case study" *American Journal of Epidemiology* 154(12):S78-S90.

MMWR [2001] "Workers' Memorial Day" plus articles on workplace morbidity and mortality, 50(16):309-320.

J.V. Johnson and E.M. Hall [1995] "Class, work and health" in *Society & Health*.

G.E. Ziem and B.I. Castleman [2000] "Threshold limit values: historical perspectives and current practice" in *Illness and the Environment*

F 4/9 **Term paper proposal due**

T 4/13 **Health behavior and health change**
Case study: obesity and food policy

Paula Lantz et al. [1998], “Socioeconomic factors, health behaviors and mortality”
Journal of the American Medical Association 279(21):1703-8

PHS [2001] *The Surgeon General’s Call to Action to Prevent and Decrease
Overweight and Obesity.*

A Jain et al. [2001] “Why don’t low-income mothers worry about their preschoolers
being overweight?” *Pediatrics* 107(5):1138-46.

D. Mendez and K.E. Warner [2000] “Smoking prevalence in 2010: Why the Healthy
People goal is unattainable” *American Journal of Public Health* 90(3):401-
403

A.M. Brandt [1997] “Behavior, disease and health in the twentieth-century United
States: the moral valence of individual risk” in *Morality and Health*

T 4/20 **Evidence, uncertainty and ideology**
Case study: vaccination controversies

K.E. Warner [1999] “The economics of tobacco: myths and realities,” unpublished
draft.

D. Callahan [1989] “Legislating safety—how far should we go?” *New England
Journal of Medicine* 320:1412-1413.

D.B. Kates [1991] “Telling the truth about guns,” *Public Interest* 104:101-106

D.W. Webster et al. [1997] “Flawed gun policy research could endanger public
safety” *American Journal of Public Health* 87(6):918-921

A. Sommer [2001] “How public health policy is created: Scientific process and
political reality” *American Journal of Epidemiology* 154(12):S4-S6.

J.V. Rodricks [2001] “Some attributes of risk influencing decision-making by public
health and regulatory officials” *American Journal of Epidemiology*
154(12):S7-S12.

M. Szklo [2001] “The evaluation of epidemiologic evidence for policy-making”
American Journal of Epidemiology 154(12):S13-S17.

L.R. Goldman [2001] “Epidemiology in the regulatory arena” *American Journal of
Epidemiology* 154(12):S18-S26.

W 4/27 **Ethics, values and law in public health**
Case study: post 9/11 model public health laws

A.H. Bryant and A. Reinert [2001] “Epidemiology in the legal arena and the search for truth” *American Journal of Epidemiology* 154(12):S27-S35.

L.O. Gostin [2000] *Public Health Law: Power, Duty, Restraint* pp.3-24 and 85-109

A. M. Brandt [1985], “Racism and research: the case of the Tuskegee Syphilis Study” in *Sickness and Health in America: Readings in the History of Medicine and Public Health*, eds. Judith Walzer Leavitt and Ronald L. Numbers. Madison: University of Wisconsin Press, pp.331-343

V. N. Gamble [1997], “Under the shadow of Tuskegee: African-Americans and health care” *American Journal of Public Health* 87(1):1773-78

P.D. Jacobson and K.E. Warner [1999] “Litigation and public health policy making: the case of tobacco control” *Journal of Health Policy Politics and Law* 24(4):769-804

Tu 5/11 *Final papers due*