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PSCI 191.01: Global Public Health - Insights from Experience

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PSCI 191 (1)

Global Public Health: Insights from Experience

Spring 2015

Wednesdays 6:40-7:40

Instructor: Professor Peter Koehn peter.koehn@umontana.edu

Office hours: MW 3-4 (LA 348)

Series Coordinator: Natalie Dial [njdia@gmail.com](mailto:njdial@gmail.com)

Recommended lecture-series reading: Tracy Kidder, *Mountains Beyond Mountains*.

There are no required readings for this course. Some lecturers have suggested readings (below) that would enrich their presentations.

This course is offered credit/no credit only.

To receive “credit,” students must attend at least 11 lectures and complete two short papers related to different lectures in the series that satisfy the requirements for a “pass.” Each paper must receive a passing grade from the course instructor. Papers are expected to be submitted one week following the lecture and should be submitted electronically to Professor Koehn. Maximum length is one page, single-spaced.

Each paper should provide:

- (1) *Specific title and speaker of the lecture reported on*
- (2) *New insights and/or ideas relevant to global health that you gained*
- (3) *Personal reactions and critical reflection on knowledge gained (if your views have changed as a result, explain)*

Students must attain an overall grade of D- to receive a “CR.” Criteria for a “pass”:

- (1) **accuracy** – information reported and new insights are accurate and important
- (2) **critical evaluation** – the assessment provided is thoughtful and creative
- (3) **connection with global health** – the paper explains how the presenter’s contribution(s) can make a difference in terms of a pressing challenge of contemporary global health

Date	Lecture Title, Presenter, Description, Recommended Reading
Jan 28	“Global Public Health: Lessons from Ebola 2014/2015”
	<p>Peter Koehn, PhD, Department of Political Science, UM</p> <p>Suggested reading: The entire Science Times section (pp.D1-D8) of the 30 December 2014 issue of the <i>New York Times</i>, entitled “Ebola’s Deadly Escape,” is devoted to Ebola and provides a detailed and well-researched account of the outbreak and how opportunities to control the virus were missed. Also keep checking http://www.who.int/csr/disease/ebola/en/</p>

Feb 4	“The Interplay of Human and Environmental Health: Experiences in Borneo”
	<p>Darin Bell, MD, Hospitalist, St. Patrick Hospital</p> <p>No special readings</p>
Feb 11	“Water, Sanitation, and Hygiene: Addressing the Basics in Bolivia”
	<p>Mark Schulein, MD, Family Medicine, Community Health Partners – Livingston</p> <p>Suggested reading:</p> <p>a) http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000367</p> <p>b) http://www.who.int/publications/almaata_declaration_en.pdf</p>
Feb 18	“Ebola Hemorrhagic Fever: An Overview and Personal Perspective”
	<p>George Risi, MD, Infectious Disease Specialist, St. Patrick Hospital</p> <p>Suggested reading posted on moodle</p>
Feb 25	“16 Horses to Every Person: Challenges in Healthcare Delivery in Rural Mongolia”
	<p>Michele Sare, MSN, RN, Director Nurses for Nurses International Foundation</p> <p>Suggested for review:</p> <ul style="list-style-type: none"> • https://sustainabledevelopment.un.org/sdgsproposal • http://www.wpro.who.int/asia_pacific_observatory/hits/series/Mongolia_Health_Systems_Review2013.pdf • http://www.who.int/countries/mng/en/ • http://nfnif.org
Mar 4	“Eleanore’s Project: A Look Behind the Curtain”
	<p>Rick Aldred, President and Co-founder of Eleanore’s Project, Inc.</p> <p>Suggested reading: Please go to the website www.eleanoresproject.org/newsletter and read at least two newsletters (two years apart) to get an idea of what it is that Eleanore’s Project does, as well as the changes that have been made over the years</p>

Mar 11	<p>“Local Global Health: Helping the Underserved in Our Communities”</p>
	<p>John Miller, MD, Family Medicine, Partnership Health Center</p> <p>No special readings</p>
Mar 18	<p>“Teaching Dermatology in Cambodia and What Cambodia Taught Me about Public Health”</p>
	<p>Charlotte Kutsch, MD, Dermatology, Western Montana Clinic</p> <p>No suggested readings. However, the following book may be found as a useful reference:</p> <p>Ovesen, Jan and Ing-Britt Trankell (2010) <i>Cambodians and their Doctors: A Medical Anthology of Colonial and Post-Colonial Cambodia</i>. Copenhagen: Nordic Institute of Asian Studies.</p>
Mar 25	<p>“Healthcare Challenges in Khayelitsha, South Africa: Addressing HIV Prevalence through the Social Construction of Disease”</p>
	<p>Rachael Schmoker, GPH Minor, UM</p> <p>Suggested reading:</p> <p>The following article is from <i>Mail and Guardian</i> -- an online newspaper based in South Africa. This will provide some recent statistics on the prevalence of HIV in South Africa. This will be a good start to understanding how South Africa is disproportionately affected by this epidemic.</p> <p>http://mg.co.za/article/2014-04-01-sa-holds-highest-number-of-new-hiv-infections-worldwide-survey</p>
Apr 8	<p>“Cervical Cancer Screening in Africa with <i>Grounds for Health: Analyzing One NGO’s Way of Providing Care</i>”</p>
	<p>Joey Banks, MD, Family Medicine, Blue Mountain Clinic</p> <p>For this lecture we are going to explore how one small NGO does their work based around one medical issue: cervical cancer. We will analyze and decide best practices and improved approaches to this one way of screening and treating cervical cancer. The hope is that you will learn process steps of analyzing any small NGO project in order to provide consult to them, work for them, or research for them and to help you create your own projects in any arena.</p> <p>To do this I need you to know the basics of cervical cancer screening and treatments so that we do not spend more time on medical terms than process.</p> <p>In the USA we do pap smears starting at age 21. Pap smears look for changing cells on the cervix. We place a q-tip brush on the cervix during a pelvic exam- much like would be done for a strep throat test in your throat. We define Pap smear results at normal, ASCUS (atypical), low grade, high grade, or cancer. If a pap smear is abnormal we</p>

look with a colposcopy microscope at the cervix and biopsy any lesions that look abnormal and send them to pathology for evaluation. The pathology reports the findings as normal, CIN1, CIN2, CIN3, or cancer. Based on these results we treat with observation, freezing (cryotherapy), or cutting (LEEP).

Most cervical cancers are related to high risk HPV with strains 16 and 18 being the most progressive and least likely to heal. However, in most women an activated HPV on the cervix has a 50-80% chance clearing on its own in 2 years without any treatment. Sometimes it clears from the cervix only and can reactivate later, and sometimes it clears from your whole body. HIV and smoking decrease this clearing rate.

The Gardasil vaccine protects women against the four most common HPV strains and offers some cross protection to other strains. It must be given before the first sexual encounter (don't forget childhood sexual abuse counts for this) to be more effective because once you have the strain the strain can stay with you for life.

Read the following attached two references on cervical cancer:

1. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1071564/?report=reader>
2. <http://www.aidsmap.com/print/Cervical-cancer-in-women-with-HIV/page/1669155/>

I also need you to be familiar with how the NGO "Grounds for Health" provides their mission. Please see the following website and review the mission, how they work, and ideas the NGO has. This is a small NGO founded in the USA and is working internationally to decrease the rate of cervical cancer. They have partnered with coffee plantations in certain areas of the world to provide the population for working with and to improve fair trade sales of coffee at the same time. Creative idea- but what parts of it work and what parts do not?

<http://www.groundsforhealth.org/>

Other methods being explored in developing worlds to decrease cervix cancer rates are just visual inspection and treat, HPV typing faster newer methods that are safe in different environments, pap smears, just vaccinating, developing more cervix cancer treatment centers in bigger centers, and more education about cervix cancer. There is a lot of debate on what would be best financially and most effective. Many different NGOs work on this. Many lone doctors go to small areas and screen, bring results back to USA, and then go back and treat. Is this the best way???? Break it down and find the real barriers.

Please answer the following questions for yourselves to be ready to discuss in the lecture. Feel free to internet research to give yourself more information if needed.

1. What age should screening start in Tanzania?
2. Can you think of barriers to screening in Tanzania?
3. Which populations in Tanzania are most important to screen and why?
4. How does Grounds for Health program differ from the USA screening and treatment?
5. Do you think it is self-sustainable?
6. What are 5 best practices of Grounds for Health's way of meeting the mission?
7. Can you think of 5 downfalls of the way Grounds for Health does screening and ways to improve this?
8. In what ways do you think it could be more self-sustainable?
9. Would you support or work for Grounds for Health? Why or Why not?
10. Can you think of other ways to meet the mission of decreasing cervix cancer deaths in Tanzania?

Name five process steps you could use in evaluating any program you might want to be involved in.

Apr 15	<p>“Global Blindness: Impacts and Emerging Solutions”</p>
	<p>Roger Furlong, MD, Ophthalmology, Rocky Mountain Eye Center, & Adjunct Professor of Ophthalmology at the John A. Moran Eye Center, University of Utah</p> <p>Suggested reading:</p> <p>International Agency for the Prevention of Blindness (IAPB): http://www.iapb.org/vision-2020/global-facts World Health Organization (WHO): http://who.int/topics/blindness/en/</p> <p>Two organizations working hard on these topics: John A Moran Eye Center, International Division: http://www.nightforsight.com/internation-division/ Himalayan Cataract Project: http://www.cureblindness.org/world-blindness/</p>
Apr 22	<p>“How International Experiences as Students Led to an Interest in Family Medicine”</p>
	<p>Nerissa Koehn, MD, with Felicia Lucas, MD, Justin Perry, MD, and Emma Wright, MD, Family Medicine Residency of Western Montana</p> <p>No special readings.</p>
Apr 29	<p>“Lessons from Longitudinal Medical Volunteer Work in St. Lucia”</p>
	<p>Lisa Fleischer, MD, Family Medicine, Kalispell Regional Medical Center</p> <p>No special readings.</p>
May 6	<p>“Community Based Medical Assistance: The Work of Missoula Medical Aid in Honduras”</p>
	<p>State Senator Richard Barrett, Professor Emeritus Department of Economics, UM.</p> <p>No special readings.</p>
May 13	<p>Celebration Event 7-8 pm</p>

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All students must practice academic honesty. Academic misconduct is subject to an academic penalty by the course instructor and/or disciplinary sanction by the University. All students need to be familiar with the Student Conduct Code. The Code is available for review online at <http://www.umt.edu/SA/VPSA/index.cfm/page/1321>. See the University of Montana *Catalog's* policy on incompletes and plagiarism. The instructor will deny late-drop petitions (after the 31st day of instruction).