

CMH/PPH 7310 - PUBLIC HEALTH ETHICS AND POLICY
3.0 Semester Hours
Fall, 2016

Syllabus

COURSE DIRECTORS:

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I. REQUIRED COURSE READINGS

Weekly readings will be available on Pilot

II. TIME AND LOCATION:

This course meets on Thursday afternoons, 2:00-4:40 pm, at the Center for Global Health Systems, Research Park. Classes will consist of faculty and/or student presentations, discussion, and case analysis.

III. COURSE DESCRIPTION:

This is a general introduction to the ethical and legal foundations underlying public health in the United States and internationally. The goal is to equip students with the basic conceptual tools they will need as professionals, whether they work in medicine, law, or public service.

IV. COURSE OBJECTIVES:

By the end of this course, students should be able to do the following:

1. Describe the core ethical commitments of public health.
2. Recognize the ethical values at stake in a variety of public health issues.
3. Discuss the pros and cons of different ethical approaches for selected public health concerns.

4. Research and develop an ethical position regarding a specific topic.

MPH Program Core Competencies met by taking this course:

1. Identify and describe the 10 Essential Public Health Services that serve as the basis for public health performance.
2. Assess and utilize quantitative and qualitative data.
3. Apply analytical reasoning and methods in data analysis to describe the health of a community.
4. Apply behavior theory and disease prevention models to develop community health promotion and intervention programs.
5. Describe how policies, systems, and environment affect the health of populations.
6. Communicate public health information to lay and/or professional audiences with linguistic and cultural sensitivity.
7. Address population diversity when developing policies, programs, and services.
8. Engage with community members and stakeholders using individual, team, and organizational opportunities.
9. Make evidence-informed decisions in public health practice.
10. Evaluate and interpret evidence, including strengths, limitations, and practical implications.
11. Demonstrate ethical standards in research, data collection and management, data analysis, and communication.
12. Explain public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels.

V. ATTENDANCE

Students are expected to attend all classes. One class session may be missed; more than that without prior arrangement with the course directors may be grounds for failing the course.

VI. COURSE REQUIREMENTS AND ASSESSMENT

NB. You are on your honor to complete all assignments on your own, without the assistance of any other individuals or unauthorized sources.

1. Weekly one-two page written summaries of key points from readings (20%). Questions to be addressed will be distributed each week.

2. Preparation and participation in weekly classroom exercises (20%): Each week will include some discussion and/or debate of ethical/legal issues related to the topics of the day. In preparation for this, please complete the preparatory assignment given in the syllabus. Grades from this and participation in class exercises will be averaged.

3. Article Presentation, Week 7 (10%):

This week, in 15-20 minute presentations, each student will summarize the key ideas in one of the readings for the week followed by an ethical argument for public health involvement in this issue.

4. Final exam (25%):

In-class, December 8.

5. One of the following (25%):

A 5-8 page research paper on a current topic in public health ethics or public health law.

A 5-8 page written analysis of one of the cases included in the readings.

Papers should be double-spaced, font-sized 11 or 12, and draw on at least 5 appropriate, peer-reviewed journal articles, properly cited in the text using *American Psychological Association (APA)* style. Topics must be cleared with the course directors in advance. **Due date, December 15.**

N.B. Retention of student work: The professors reserve the right to retain for pedagogical reasons either the original, or a copy, of any student's test, written assignment, paper, video, or similar work submitted by the student, either individually or as a group project, for this class. Student's names will be deleted from any retained items. It is highly recommended that you make a copy of all work that you turn in for this course.

VII. Late Assignments

All homework, unless stated otherwise in writing, is due at the beginning of class. All work received after the beginning of class is considered late. For all work that is turned in late, 20% will be deducted from the final score. ALL MISSED WORK MUST BE COMPLETED WITHIN ONE WEEK FROM THE ORIGINAL DUE DATE. No class work will be accepted after the last day of the class, December 15.

VIII. Grade Scale

The Wright State University Grading Scale will be used to assign final course grades. Grades of incomplete are granted only if three conditions are met: 1) sixty percent of the work is already finished, 2) the request is made at least one week before the last class; and 3) the reason for the request is circumstances beyond the control of the student.

A – 90 to 100 points

B – 80 to 89 points

C – 70 to 79 points

D – 60 to 69 points

F – below 60 points

IX. Requests for Accommodations:

The Wright State Office of Disability Services, located in Room 023 in the Student Union, is available for academic support services, adaptive technology, and physical support. An eligibility and pre-services interview with a copy of professional documentation of disability is required and conducted by the Office of Disability Services. Decisions about disability are made only by the Office of Disability Services. Students should contact the Office of Disability Services in advance of the time services will be required. The Office of Disability Services can be contacted at (937) 775-5680, TTY (937) 775-5844, e-mail: disability_services@wright.edu or visit <http://www.wright.edu/disability-services>.

X. Academic Integrity and Professionalism:

All student work is to be completed individually, unless stated otherwise in writing. Absolutely no academic misconduct will be tolerated in this course. Regardless of the type of assignment, students found responsible for violating the WSU Academic Integrity Policy will receive an "F" for the course. All violations will be forwarded to the Office of Community Standards and Student Conduct where a university disciplinary file will be created. Information regarding academic misconduct can be found in the Code of Student Conduct located at: <http://www.wright.edu/community-standards-and-student-conduct>

The problem of plagiarism. Plagiarism can be defined as presenting words or ideas taken from another source in a manner that will cause a reader to believe that those words or ideas are your own. The WSU webpage concerning plagiarism can be found at: <http://www.wright.edu/~david.bringhurst/resources/plagiarism.html>

Professionalism: This class is part of the learning experience of becoming a public health professional. Professionalism includes applying professional skills, accepting responsibility, completing tasks appropriately, exercising good judgment, and demonstrating polite behavior, among other attributes. It is expected that your participation in class meetings and all activities related to class will be conducted in a professional manner. (Master of Public Health students should refer to the Student Ethics Code on page 20 in the program's [Student Handbook](#) for further information.)

READING ASSIGNMENTS

<u>Week 1</u> Sept. 1	<p><u>History of Public Health in the United States; Introduction to Public Health Ethics</u></p> <p>Goal: To understand the history and scope of American public health and its core ethical theories and value commitments.</p>
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	<p>Fairchild A, Rosner D, Colgrove J, et al. (2010) The exodus of public health: What history can tell us about the future. <i>American Journal of Public Health</i> 100(1): 54-63.</p> <p>Rothstein, MA (2002) Rethinking the meaning of public health. <i>Journal of Law, Medicine, and Ethics</i> 30: 144-149.</p> <p><i>Notes:</i> from <i>Public Health Ethics: Theory, Policy, and Practice</i>, Ch. 1, (Oxford U. Press, 2007)</p> <p>Summary: Bayer B. and Fairchild AL (2004) The genesis of public health ethics, <i>Bioethics</i> 18(6): 473-492.</p> <p>Principles of the Ethical Practice of Public Health (2002) <i>Public Health Leadership Society</i></p> <p>Lee LM, Fisher CB, Jennings B (2016) Revising the American Public Health Association's Public Health Code of Ethics. <i>AJPH</i> 106(7): 1198-99.</p> <p>Discussion: What were the core values of public health in the 19th century? How did they change in the 20th, and why? The <i>Principles of the Ethical Practice of Public Health</i> were developed in 2002. How has the world changed since then for public health? What new values, roles, constituents, and responsibilities should be added to the 2002 document? Should any be deleted?</p>
<p><u>Week 2</u> Sept. 8</p>	<p><u>Introduction to Public Health Ethics, cont.</u></p> <p>Goals: 1) Recognize the distinguishing features of public health ethics in the USA; 2) Grasp the basic structure of the US legal system as it relates to public health ethics and policy.</p> <p>Childress JF, Faden RR et al. (2002) Public health ethics: Mapping the terrain. <i>Journal of Law, Medicine and Ethics</i>, 30: 170-178.</p> <p><i>Notes:</i> Three kinds of ethics, from Gostin, LO (2001) Public health, ethics and human rights: A tribute to the late Jonathan Mann. <i>Journal of Law, Medicine and Ethics</i>, 29: 121-130.</p> <p>Bayer R (2007) The continuing tensions between individual rights and public health. Talking point on public health versus civil liberties, <i>EMBO reports</i>, 8(12): 1099-1103.</p>

	<p>Friedan, TR (2013) Government's role in protecting health and safety. <i>NEJM</i> 368(20): 1857-1859.</p> <p>Pertshuk M et al. (2013) Assessing the impact of federal and state preemption in public health: A framework for decision makers. <i>J Public Health Management</i> 19(3):213-9.</p> <p><i>Notes:</i> US Supreme Court (1905) <i>Jacobson v. Massachusetts</i>. From Gostin LO (2002) <i>Public Health Law and Ethics</i>, U of California Press, pp. 206-217.</p> <p><i>Notes:</i> From Jones MM and Bayer R (2007) Paternalism and its discontents: Motorcycle helmet laws, libertarian values, and public health. <i>Am J Pub Health</i> (7(2): 208-217.</p> <p><u>MMWR</u>: Vital Signs: Motor Vehicle Injury Prevention — United States and 19 Comparison Countries. July 6, 2016. http://www.cdc.gov/mmwr/volumes/65/wr/mm6526e1.htm</p> <p>Discussion/Debate: Should the State of Ohio mandate that all motorcyclists, including guest passengers, must wear helmets when riding anywhere in the state? Or only riders under the age of 18? Or only riders of certain kinds of motorized two-wheeled vehicles? Examine this question in view of the five justificatory conditions identified in the readings as necessary for public health policies that constrain individual liberties.</p> <p>While originally a federal requirement, most seatbelt laws are now implemented by states. Does this make sense? Why or why not? If these laws are inadequate, how might they be strengthened?</p> <p>How do airbags differ from helmets and belts? Why are airbags a federal concern?</p> <p>What about auto emissions? What level of law governs this? Why?</p> <p>Prepare: In one page, identify three arguments for and against mandated motorcycle helmets for all riders (six total) in Ohio.</p>
<p><u>Week 3</u> Sept. 15</p>	<p><u>Autonomy vs. Paternalism in Public Health</u></p> <p>Goal: Be able to articulate Mill's Harm Principle and describe where and why it may be valid or inapplicable in public health practices.</p>

	<p>Beauchamp DE (1985) Community: The neglected tradition of public health. <i>The Hastings Center Report</i> 15(6) December: 28-36.</p> <p>Buchanan DR (2008) Autonomy, paternalism, and justice: Ethical priorities in public health, <i>Am J of Public Health</i> 98: 15-21.</p> <p>Sullum, J (2007) An epidemic of meddling: The totalitarian Implications of public health. http://www.reason.com/news/show/119236.html</p> <p>Thaler RH and Sunstein CR (2003) Libertarian paternalism, <i>Am Econ Rev</i>, 93(2):175-179.</p> <p>Loewenstein G, Brennan T, and Volpp KG (2007) Asymmetric paternalism to improve health behaviors, <i>J of Am Med Assoc</i>, 298(20): 2415-2417.</p> <p>Blumenthal-Barby JS and Burroughs H (2012) Seeking better health care outcomes: The ethics of using the “nudge,” <i>American Journal of Bioethics</i> 12(2): 1-10.</p> <p><u>Discussion:</u> What counts as a harm in public health? How would you categorize and rank different kinds of public health concerns? (You might consider likelihood and magnitude of risk, number of people likely affected, financial cost, public perception, locus of responsibility, and other variables.) What criteria must an activity satisfy to qualify as a harm worthy of public health intervention?</p> <p>What kinds of harms are respectively best regulated by individuals, public policies, or “nudges,” and why? What kinds of harms are better regulated by nudges than by more directive paternalism? What kinds of harms, if any, is public health currently ignoring?</p> <p><u>Prepare:</u> Identify two kinds of human activities that are not yet considered a harm in public health and argue why they should be.</p>
<p><u>Week 4</u> Sept. 22</p>	<p>Government Powers: Infectious Disease, Bioterrorism, and Pandemics</p> <p>Goal: Identify the extent and limits of governmental powers in dealing with threats to population health.</p> <p>Gostin LO, Bayer R, and Fairchild, AL (2003) Ethical and legal challenges posed by Severe Acute Respiratory Distress Syndrome. <i>JAMA</i> 290(24): 3229-3237.</p>

	<p><i>Notes:</i> Kinlaw K and Levine R. Ethical guidelines in pandemic influenza. Centers for Disease Control, February 15, 2007.</p> <p><i>Notes:</i> Welborn AA, Federal and state isolation and quarantine authority. Congressional Research Service Report for Congress. Updated January 18, 2005.</p> <p>Bayer R and Colgrove J (2002) Bioterrorism, Public Health, and The Law. <i>Health Affairs</i>, 21(6): 99-101.</p> <p>Gostin LO, Hodge JG, Burris S (2014) Is the US prepared for Ebola? <i>JAMA</i> 312(23): 2497-2498</p> <p>Hodge JG, Gostin LO, Hanfling D, Hick JL (2015) Law, medicine and public health preparedness: The Case of Ebola. <i>Public Health Reports</i> 130:167-170.</p> <p>Koch T (2015) Ebola, Quarantine and the Scale of Ethics. <i>Disaster Medicine and Public Health Preparedness</i> (eprint ahead of press)</p> <p>Lessler J et al. (2016) Assessing the global threat from Zika virus. <i>Science</i> (eprint ahead of press)</p> <p>Discussion: Given what we have learned about human behavior, the media, and human institutions in the Ebola and Zika virus outbreaks, what weaknesses can be identified in current Public Health policies, policy implementation, and due process as described in the readings for today? How could current policies be strengthened or modified to better account for these weaknesses?</p> <p>Prepare: In one page, identify five potential considerations.</p>
<p><u>Week 5</u> Sept. 29</p>	<p><u>Immunization: A Case Study in Public Health Ethics and Law</u></p> <p>Goal: To become acquainted with one of the core missions of public health, its ethical and legal foundations, and limitations in practice.</p> <p>Siegal G, Siegal N, Bonnie RJ (2009) An account of collective actions in public health. <i>AJPH</i> 99(9): 1583-1587.</p> <p>Carrillo-Marquez M and White L (2013) Current controversies in childhood vaccination. <i>South Dakota Medicine</i>, Special Issue, pp. 46-51.</p> <p>Omer S, Orenstein WA, Koplan JP (2013) Go big and go fast – vaccine refusal and disease eradication. <i>NEJM</i> 368(15): 1374-1376.</p>

	<p>Salmon DA and Omer SB (2006) Individual Freedoms versus collective responsibility: Immunization decision-making in the face of occasionally competing values. <i>Emerging Themes in Epidemiology</i> 3:13.</p> <p>Salmon DA et al. (2005) Public Health and the Politics of School Immunization requirements. <i>AJPH</i> 95(5): 778-783.</p> <p>Jones M and Buttenheim A (2014) Potential effects of California’s new vaccine exemption law on the prevalence and clustering of exemptions. <i>American Journal of Public Health</i> 104:e3-e6.</p> <p>Ohio Immunization Summary; and ORC 3313.771</p> <p>Ohio Proof of required immunizations – exceptions.</p> <p>In class: Review and rewrite the ORC immunization exception policy. What steps might be necessary to get a sympathetic hearing for your suggestions from the Ohio General Assembly?</p> <p>Prepare: In one page, identify three factors to consider for this revision.</p>
<p><u>Week 6</u> <u>Oct. 6</u></p>	<p><u>Chronic Disease Prevention and Health Promotion: Elements of Effective Strategies</u></p> <p>Goal: Be able to recognize how public policy integrates knowledge of human behavior into the design of interventions, and the ethical issues this may raise.</p> <p><i>Notes:</i> Mermin SE and Graff SK (2009): A legal primer for the obesity prevention movement. <i>AJPH</i> 99(10): 1-7.</p> <p><i>Notes:</i> From Wickler, D (1987) Who should be blamed for being sick?</p> <p>Walls, H, Peeters A, Loff B, Crammond BR (2009) Why education and choice won’t solve the obesity problem. <i>Am J Pubic Health</i> 99(4): 590-592.</p> <p>Casazza et al., (2013) Myths, Presumptions, and Facts about Obesity. <i>NEJM</i> 368(5): 446-454.</p> <p>Votruba M(2010) Trans fats, the rational consumer, and the role of government. <i>Virtual Mentor</i> 12(10): 804-811.</p> <p>Roberto CA et al. (2015) Patchy progress on obesity prevention:</p>

	<p>emerging examples, entrenched barriers, and new thinking. <i>The Lancet</i> 385: 2400–09.</p> <p>Discussion: Given what you know about human behavior and cognition, the efficacy of public policy, and the power of market forces, how would you go about developing a public health initiative to combat obesity? What evidence will you need? What constituents will you need to talk to? What ethical concerns are relevant? Why do you think this will be effective?</p> <p>Prepare: In one page, write one-two paragraphs describing your proposal.</p>
<p><u>Week 7</u> Oct. 13</p>	<p><u>Food Security and Global Public Health</u></p> <p>Goal: Describe some of the primary factors that impact the availability, safety, and cost of food worldwide, and how food security contributes to public health.</p> <p>Tauxe, RV, Doyle MP, Kuchenmuller T, et al. (2010) Evolving public health approaches to the global challenge of foodborne infections. <i>International journal of Food Microbiology</i> 139: S16-S28.</p> <p>Gonzalez H (2010) Debates on food security and agrofood world governance. <i>International Journal of Food Science and Technology</i> 45: 1345-1352.</p> <p>Wallinga D (2010) Agricultural policy and childhood obesity: A food systems and public health commentary. <i>Health Affairs</i> 29(3): 405-410.</p> <p>Wheeler T and von Braun J (2013) Climate change impacts on global food security. <i>Science</i> August 2, 341: 508-513.</p> <p>Chilton M and Rose D (2009) A rights-based approach to food insecurity in the United States. <i>AJPH</i> 99(7): 1203-1211.</p> <p>Neff RA, Parker CL et al., (2011) Peak oil, food systems, and public health. <i>AJPH</i> 101(9): 1587-1597.</p> <p>Thurstan RH and Roberts CM (2014) The past and future of fish consumption: Can supplies meet healthy eating recommendations? <i>Marine Pollution Bulletin</i> 89: 5-11.; Cressy D (2015) Eyes on the ocean. <i>Nature</i> 519: 280-282. (Combine these two.)</p> <p>In class: Student Presentations</p>

Week 8
Oct. 20

Gun Violence: A Matter of Personal/Political Values, Public Health/ Safety, or Corporate Interests?

Goals: Describe the currently available policy approaches to gun violence and their relationship to public health. Summarize the ethical principles underlying these policies and the arguments against further restrictions on gun ownership.

Readings:

Weinberger SE, Hoyt DB et al. (2015) Firearm-related injury and death in the United States: A Call to Action from 8 Health Professional Organizations and the American Bar Association. *Annals of Internal Medicine* 162: 513-516.

Fowler KA, Dahlberg LL, et al. (2015 – in press) Firearm injuries in the United States. *Preventive Medicine* <http://dx.doi.org/10.1016/j.ypmed.2015.06.002>.

Gunshot Wounds Are Getting Deadlier, One Hospital Finds (from June 14, JAMA). <http://www.livescience.com/55065-firearm-injury-deaths-increase.html>

Hsieh P (2014) No, Gun violence is not a 'Public Health' Issue. *Forbes* July 28. Available at: <http://www.forbes.com/sites/paulhsieh/2013/01/22/why-doctors-should-not-ask-their-patients-about-guns/>

Chapman S et al. (2016) Association between gun law reforms and intentional firearms deaths in Australia, 1979-2013. *JAMA* 316(3): 291-299.

Dahms, Note on SCOTUS *District of Columbia v. Heller* (KEEP?)

Discussion: Take a look at this website for a sense of how federal and state laws and regulations may impact gun sales and use.

<http://smartgunlaws.org/gun-laws/policy-areas/other-laws/local-authority/> 'Model Laws,' under 'Resources,' may be of interest.

Is gun violence a valid concern of public health? Why or why not? What are some available legal approaches to limiting gun violence? What public health approaches are available?

Prepare:

In one page, from the readings and website, summarize the key ethical principles and legal frameworks governing the federal and state responses to gun violence today.

Week 9
Oct. 27

Research, Justice, and Health

Goal: Describe the central ethical concerns accompanying public health research.

Notes: History of Human Subjects Research Ethics.

Mike Stobbe, Past medical testing on humans revealed. *AP* Feb 28, 2011.

U.S. Code of Federal Regulations, Title 45 Part 46, Protection of Human Subjects
(*The Common Rule*)

<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>

Notes: From Parker et al., Public health research and the legacy of the Tuskegee Syphilis Study.

Editorial Board, New York Times, An Ethical Breakdown, April 15, 2013.

Quinn SC (2004) Protecting human subjects: The role of community advisory boards. *AJPH* 94(6): 918-922.

Sanson-Fisher W et al. (2007) Limitations of the randomized controlled trial in evaluating population-based health interventions. *Am. J. Preventive Medicine* 33(2): 155-161.

Eight most significant changes proposed to the Common Rule

IRB Exemption categories

Rosner D and Markowitz G (2016) With the best INTENTIONS: Lead Research and the Challenge to Public Health. *Am. J. Public Health* 102(11): e19-e33.

Discussion: Review the lead abatement study (Rosner and Marcowitz) provided in your readings.

- 1. In what ways did this study violate the Common Rule?**
- 2. In what ways does this study represent the difficulties identified in the RCT article above (#9)?**
- 3. How would you have designed this study to better achieve the same or similar aims while satisfying ethical requirements?**
- 4. How might the proposed changes to the Common Rule facilitate population research of this sort? Do you anticipate any additional ethical risks accompanying these changes?**

Prepare: In one page, identify five ethical concerns raised by this study.

<p><u>Week 10</u> Nov. 3</p>	<p><u>Occupational Health and Genetics</u></p> <p>Goal: Describe ethical conflicts in occupational health and unique concerns associated with genetic risks.</p> <p>McWalter K and Gaviglio A (2015) Introduction: Public health genetics and genomics. <i>Journal of Genetic Counseling</i> 24: 375-380.</p> <p>US Supreme Court (1991) <i>International Union et al., v. Johnson Controls</i></p> <p>Bayer R (2003) Workers' liberty, workers' welfare: The Supreme Court speaks on the rights of disabled employees. <i>American Journal of Public Health</i> 93(4): 540-544.</p> <p>McGuire AL and Majumder AM (2009) Two cheers for GINA? <i>Genome Medicine</i> 1:6.</p> <p>Schulte P and Howard J (2010) Genetic susceptibility and the setting of occupational health standards. <i>Annual Review of Public Health</i> 32 (5): 1-11.</p> <p>Silver K and Sharp R (2006) Ethical considerations in testing workers for the -Glu69 Marker of genetic susceptibility to chronic beryllium disease. <i>J Occupation and Environmental Medicine</i> 48(4): 434-443.</p> <p>Optional: Silver K, Kulkulka G, et al. (2011) Genetic susceptibility testing for beryllium: Worker knowledge, beliefs, and attitudes. <i>American Journal of Industrial Medicine</i> 54: 521-532.</p> <p>In class: Develop an ethically sound surveillance study to assess the long-term effects of the new .2 mcg/m³ occupational exposure limit to beryllium.</p> <p>Prepare: In one page, identify five ethical concerns that must be addressed in this study design.</p>
<p><u>Week 11</u> Nov. 10</p>	<p><u>Environmental Hazards and Public Health</u></p> <p>Goal: Identify the practical and ethical challenges surrounding protection of public environmental goods such as air, water, and soil, including the role of the precautionary principle.</p>

	<p>Hardin, G. (1968) The tragedy of the commons. <i>Science</i> 162: 1243-1248.</p> <p>Cranor C (1993) Regulating toxic substances: A philosophy of science and the law. In: Bayer R, Gostin, L, Jennings B, Steinbock eds. <i>Public Health Ethics</i>, (Oxford University Press, 2007). Ch. 19.</p> <p>Raffensperger C and Tickner J (1999) To foresee and to forestall. In: Bayer R, Gostin, L, Jennings B, Steinbock eds. <i>Public Health Ethics</i>, (Oxford University Press, 2007). Ch. 20.</p> <p>Oughton D.H. (2011) Social and ethical issues in environmental risk management. <i>Integrated Environmental Assessment and Management</i> 7(3): 404-405.</p> <p><i>Notes:</i> MTW, Environmental health assessment.</p> <p>Highlights of key provisions in the <i>Frank R. Lautenberg Chemical Safety for the 21st Century Act</i>.</p> <p>Myers et al. (2016) Concerns over use of glyphosphate-based herbicides and risks associated with exposures: A consensus statement. <i>Environmental Health</i> 15: 19.</p> <p>WHO cancer agency asked experts to withhold weedkiller documents, Oct 26, 2016 http://www.reuters.com/article/health-cancer-iacr-idUSL1N1CV1C1</p> <p>IARC's Report on Glyphosate. http://www.monsanto.com/iarc-roundup/pages/default.aspx</p> <p><u>Discuss:</u> Consider the Myers et al. article and the two websites. Given the environmental risks of glyphosphate (Roundup), the controversy surrounding its long-term impact on human health, the corporate investment in this product, and the economic benefits it may provide, what stance ought Public Health to take regarding this herbicide? (Consider that Dayton is surrounded by farming that likely uses a great deal of this herbicide.)</p> <p><u>Prepare:</u> In one page, outline a public health position on glyphosphate and defend it.</p>
<p><u>Week 12</u> Nov. 17</p>	<p><u>Economic Disparities, Public Health, and Social Policy</u></p> <p>Goal: Examine the correlation between health and wealth.</p>

	<p>Hilfiker D (2002) Building the Ghetto: A History. <i>In Urban Injustice: How Ghettos Happen</i>.</p> <p>Deaton A (2002) Policy implications of the gradient of health and wealth. <i>Health Affairs</i> 21(2): 13-30.</p> <p>Gudrais E (2008) Unequal America. <i>Harvard Magazine</i>, July-August.</p> <p>Muller, JZ (2013) Capitalism and Inequality. <i>Foreign Affairs</i> 92(2): 30-51.</p> <p>King and Redwood (2016) The Health Care Institution, Population Health and Black Lives. <i>Journal of the National Medical Association</i> 18(2): 131-136.</p> <p>Thomas Piketty's <i>Capital</i>, summarized</p> <p>Discussion: Health disparities are an extremely important topic in public health ethics. This week's readings suggest that the link between poverty and health is strong. What arguments are proposed to make this claim? Are all of these arguments equally persuasive? Do any seem more or less convincing? If so, why? To the extent that economic disparities are a contributor to poor population health, should Public Health try to address this problem? If so, how?</p> <p>Prepare: In one page, identify five <u>ethical</u> values or considerations that would contribute to this discussion.</p>
Week 13	Thanksgiving
Week 14 Dec. 1	<p><u>Climate Change and Global Public Health</u></p> <p>Goal: To examine some of the primary challenges posed by climate change, and some new concerns and responsibilities this may bring for public health.</p> <p>Frumkin H, Hess J, Luber G, et al. (2008) Climate change: The public health response. <i>AJPH</i> 98(3): 435-445.</p> <p>Stephenson J Newman K Mayhew S (2010) Population dynamics and climate change: What are the risks? <i>Journal of Public Health</i> 32(2): 150-156.</p> <p>Keim ME (2008) Building human resilience: The role of public health preparedness and response as an adaptation to climate change. <i>American Journal of Preventive Medicine</i> 35(5): 508-516.</p>

	<p>Macpherson CC (2013) Climate change matters. <i>Journal of Medical Ethics</i> 13(0): 1-3.</p> <p>Thomas Friedman (2016) Out of Africa, Parts 1-3.</p> <p>Dahms, Note- Pope’s Letter on Climate Change</p> <p>Climate Change and Ohio -Summary</p> <p>5 powerpoints on Climate Change in Dayton from Michelle Simmons, Environmental Manager, City of Dayton</p> <p><u>Discussion:</u> Assume Public health is soon to have new roles and responsibilities in combatting climate change. In class, we will develop a strategic plan for presentation to Dayton’s Health Commissioner. We will need to address the following, at minimum:</p> <ol style="list-style-type: none"> 1. What should be the scope of this role? 2. How can Public Health justify its involvement? 3. What agencies and institutions need to be involved? 4. What specific initiatives should Public Health recommend in order to 1) reduce further contributing to climate change; 2) mitigate current adverse impacts, and 3) adapt to a rapidly changing environment? <p><u>Prepare:</u> In one page, identify two ethical and/or legal arguments for developing such a strategic plan, and two opposing ethical/legal perspectives.</p>
<p><u>Week 15</u> Dec. 8</p>	<p>Final Exam due, 5:00</p>
<p><u>Week 16</u> Dec. 15</p>	<p>Papers due, 5:00</p>