Public health seeks to understand, and also to protect and improve, health at the level of a community or population. Communities make decisions and allocate resources that, intentionally or not, fundamentally shape human life. For example, great reductions in sickness and early death have come from social interventions with relatively low financial cost, such as physically separating drinking water from sewage, or distributing aspirin, condoms, mosquito nets, vaccines or soap, or sharing new ideas about life’s possibilities. The way a society is organized affects the way that social and scientific knowledge is distributed within it; access to that knowledge shapes health at the individual level. At its heart, the study of public health focuses on questions about relationships between science and society, and between reality and possibility: what effective public health policy is and how we can measure its effectiveness; what the relationship is, and ought to be, between research and policy; how we reconcile important moral and economic claims, or balance other values that compete with maximizing health; what counts as disease, over time and among cultures; how we think about cause and responsibility; what constitutes a healthy environment; how our fundamental beliefs determine our approaches to health decisions; and how such decisions ought to be made.

Requirements

Application to the concentration must be completed in the Spring of sophomore year. Applications are due during pre-registration. Application materials can be obtained on the public health website public-health.williams.edu by early April or by e-mailing the chair of the program. Due to excess demand for the concentration, applicants are not guaranteed admittance to the program. Depending on availability, a few students may be admitted in the Spring of Junior year with a mid-April deadline.

All students wishing to pursue the Area of Concentration should take this course early in their careers, preferably sophomore year. Students may petition the advisory committee to substitute a course taken in a study-abroad program focused on global health, providing that the course is equivalent in scope. However, students who plan to take advantage of this option should have taken at least two other courses from among the electives by the end of their sophomore year, and should recognize that those who lack a foundation in the core issues of the field may find it more challenging to prepare their proposal for admission to the concentration.

Statistics

Statistical analysis is at the heart of the quantitative tools necessary to study the health of populations. One course in statistics from the list below is required of all concentrators.

Elective Courses

Concentrators must take at least three electives, with at least two different prefixes, from the list below. Elective courses are grouped by category, but these clusters are not meant to constrain students to a single “track” within the program. Instead, each student is free to determine, with the guidance of an advisory committee member(s), a set of electives that provides an intellectually coherent exploration of their particular areas of interest within the field of public health. In choosing electives, students should consider the balance of breadth versus depth that will allow them to gain theoretical and methodological sophistication in one or more areas. Students may not substitute an independent study for any of these electives. Winter Study courses may not be counted towards the electives.

Experiential Component

Because many public health challenges cannot be fully appreciated until one has hands-on experience with real communities and actual populations, each concentrator must have at least one relevant field-based educational experience with a research component. This requirement may be met through participation in an approved study abroad program (see below), one of the Winter study courses marked with an asterisk, a WS99 project, or a not-for-credit summer or academic-year internship. In every case, the advisory committee must approve the project in advance. Please note that experiential component should address both the “public” and “health” in public health. Projects that center on clinical or lab or that do not have a meaningful health component will generally not satisfy the PH experiential requirement.

PHLH 402 (S) Senior Seminar in Public Health
The capstone seminar provides concentrators with the opportunity to reflect upon and synthesize their experiential learning in the context of understanding gained from a cohesive set of elective courses, and through the lens of a variety of intellectual and disciplinary frameworks. A second goal is to give concentrators experience working in a multi-disciplinary team to address a real-world, and in many cases very daunting, public health problem. Students will read, discuss, and compose written reflections on primary source empirical papers addressing a range of issues and disciplines in the field of public health. For example, topics may include the social determinants of health, environmental health risks, and access to health care. Students will also be divided into three or four research teams to investigate a contemporary real-life issue in public health by designing a study; collecting and analyzing data; and disseminating findings by written report and formal oral presentation to the public health advisory committee faculty. The capstone course is required of all concentrators, but may be opened to other students with relevant experience at the discretion of the instructor and the advisory committee, if space permits.

Written Proposal

To be considered for admission to the Area of Concentration in Public Health, students must submit a written statement describing the portfolio of courses, study abroad, and experiential learning component(s) they intend to pursue. In this proposal, candidates for the concentration should describe their intellectual goals, and if relevant, how these relate to their professional goals. A fundamental purpose of the proposal requirement is to encourage the student to consider concretely how s/he will engage with socio-cultural, behavioral, policy, and/or biomedical aspects of population health. To this end, students should address whether a methodological or disciplinary emphasis ties their chosen courses together, and how the intended experiential component will relate to this set of questions. This proposal is due by the end of course registration period in the spring of the sophomore year, and should be prepared in consultation with a member of the advisory committee. Concentrators are required to revisit and update their proposal prior to registration in the spring of the junior year, and to provide documentation of their internship experience both prospectively and retrospectively. Please note electives will not be offered every year. Students should check the course catalog as they considering possible electives.

PHLH Bioethics + Interpretations of Health
[PHLHBIOE]

PHLH Biomedical Determinants of Health
[PHLHBMED]

PHLH Core Courses
[PHLHCORE]

PHLH Decision-Making by Institutions + Individuals
[PHLHDECI]

PHLH Methods in Public Health
[PHLHMETH]

PHLH Nutrition, Food Security, and Environmental Health
[PHLHNUTR]

PHLH Reproductive, Maternal and Child Health
[PHLHREPRO]

PHLH Social Determinants of Health
[PHLHSOC]

PHLH Statistics Courses
[PHLHSTAT]
STUDY ABROAD AND INTERNSHIPS

Although not a requirement for the PH concentration, study abroad and/or overseas internships provide a crucial opportunity to engage with global health issues through field-based coursework and independent research projects. The Public Health program in coordination with the Study Abroad Advisor and the Office of Career Counseling will advise students on opportunities in these areas. In particular, students may want to consider one of the several Global Health options offered through SIT. One or more courses completed on an approved study abroad program can be counted toward the three elective courses, with permission of the Chair. You can find general study away guidelines for Public Health at public-health.williams.edu.

PHLH 201 (S) Dimensions of Public Health (DPE)

Public health is concerned with protecting and improving health at the level of a community or population. Although individual behavior is an essential element of public health, collective, rather than individual, outcomes are the focus of public health study. In this course we will survey the field of public health, introducing students to core concepts and methods that highlight the interrelationship of individual choice and social institutions with environmental and biological factors in producing health outcomes at the population level. We will develop these concepts and methods within the context of signal cases and public health crises.

Requirements/Evaluation: a sequence of three assignments (a report, an infographic and a presentation) that focuses on a particular public health problem, peer reviews and active contribution to class discussion

Prerequisites: none

Enrollment Limit: 14

Enrollment Preferences: sophomores, potential Public Health concentrators

Expected Class Size: 14

Grading: no pass/fail option, yes fifth course option

Distributions: No divisional credit (DPE)

Difference, Power, and Equity Notes: This course fulfills the DPE requirement because of its central focus on the ways that difference and power shape health outcomes in the U.S. and internationally. It uses an interdisciplinary approach to explore issues including the historical relations between communities of color, healthcare providers, and public health practitioners; contestation over the role of markets and government in public health; and differing explanations for the patterns of race, class, etc., in health outcomes.

Attributes: PHLH Core Courses

Spring 2024

SEM Section: 01  M 7:00 pm - 9:40 pm  Marion Min-Barron

SEM Section: 02  W 1:10 pm - 3:50 pm  Marion Min-Barron

PHLH 220 (F) International Nutrition (DPE) (WS)

Global malnutrition continues to represent one of the most challenging issues of international development. Problems of both under- and overnutrition beginning as early as in utero can detrimentally influence the health, development and survival of resource-limited populations. This course introduces students to the most prevalent nutritional issues through a food policy perspective and exposes them to a wide variety of interventions, policies and current debates in the field of international nutrition. In addition to exploring the multi-level programmatic approaches for the prevention and treatment of the related nutritional problems, students will gain exposure and experience in program design and program proposal writing. Readings will involve both real-world programmatic documents/evaluations as well as peer-reviewed journal articles. Examples will be drawn from Africa, Asia and Latin America.

Requirements/Evaluation: six 1-page essays, one final term paper (10-15 pages), one oral presentation, and active class participation

Prerequisites: PHLH 201 or permission of instructor

Enrollment Limit: 12

Enrollment Preferences: Public Health concentrators

Expected Class Size: 12

Grading: yes pass/fail option, yes fifth course option
Writing Skills Notes: As a writing skills course, students will write six 1-page essays (each with an optional rewrite) which will help build the specific writing skills necessary for the final 10- to 15 page paper. Students will receive from the instructor timely comments on their writing skills, with suggestions for improvement.

Difference, Power, and Equity Notes: This course exposes the issues of difference, power and inequity by exploring the unequal distribution of resources and power at the global, national and intra-national level within the international nutrition context. We will also critically engage with issues of power, cultural difference and related ethics in the context of international development and nutrition programming.

Attributes: PHLH Nutrition, Food Security + Environmental Health

Not offered current academic year

PHLH 270 (S) Healthcare Workers (DPE)

Health care is the largest industry in the US, employing more than one of every 10 private-sector workers. Jobs in the industry, ranging from subcontracted hospital cleaners to university-affiliated specialist surgeons, reflect and reproduce the kind of inequality we see elsewhere in the economy. We will start with an historical perspective, using sources like Patricia D’Antonio’s American Nursing: a History of Knowledge, Authority, and the Meaning of Work, Gretchen Long’s Doctoring Freedom: The Politics of African American Medical Care in Slavery and Emancipation, and The Next Shift by Gabriel Winant, to understand the development of the modern health care industry in the US, its relationship to the process of deindustrialization in cities like Pittsburgh, PA and the shifting racial and gendered character of the paid labor force. From that framing we will investigate the present. What are working conditions like in each sector, what kind of organizing is there, and how do workers interact across sectors? We will spend some time on Marxist feminist theories of care work and how they relate to this industry. Students will be invited to think about themselves as possible future health care workers, and how they might want to interact with the history of the industry, and the low paid, racialized, gendered sector of care workers that health care depends upon. We will have several guest speakers with expertise on the local health care economy, and spend some time learning about comparative experiences in other countries, including colonial experiences with nursing.

Requirements/Evaluation: Assignments will include a short paper and a longer research project. Participation in discussion will form part of the grade.

Prerequisites: none

Enrollment Limit: 20

Enrollment Preferences: public health concentrators

Expected Class Size: 20

Grading: no pass/fail option, no fifth course option

Distributions: No divisional credit (DPE)

Difference, Power, and Equity Notes: The class asks students to reflect critically on power differences within the health care industry and their shifting relation to race, class, gender and colonial history.

Attributes: PHLH Social Determinants of Health

Spring 2024

SEM Section: 01    TR 11:20 am - 12:35 pm    Kiaran Honderich

PHLH 310 (F) Equity in Health

Equity in health has been defined as inequalities in health outcomes based on irrelevant social characteristics. The Sustainable Development Goals and Agenda 2030 highlight equity in health as a main focus and key to achieving social sustainability. This course will introduce students to the concept of equity in health, and discuss the theoretical underpinnings of the pathways to unequal health outcomes. The social determinants of health and how they translate to uneven outcomes will be explored and discussed. There will also be a special focus on gender and gender-based violence as a driver of ill health. How to reduce inequity in health will be discussed and debated. Readings will involve some of the classic texts on health equity as well as recent explorations of the area.

Requirements/Evaluation: weekly short reflection papers and one final paper (10-12 pages)

Prerequisites: PHLH 201 Dimensions of Public Health or Permission of Instructor

Enrollment Limit: 16

Enrollment Preferences: Public Health Concentrators
PHLH 351  (F)  Racism in Public Health  (DPE)
Cross-listings: AAS 351

Primary Cross-listing
Across the nation, states, counties and communities have declared racism a public health crisis. This push to identify systemic racism as a high priority in public health action and policy is an important symbolic and political move. It names the faults of histories, systems and institutions but also brings to the spotlight the individual and community responsibility to dismantle racism in the US. In this tutorial, we will examine racism in public health policy, practice and research through an investigation of several mediums of evidence and information, ranging from peer reviewed literature to news editorials, podcasts and documentaries. We will explore specific pathways by which legacies of colonialism and racism function in various public health disciplines such as epidemiology, social & behavioral sciences, health policy and environmental health while also examining the dynamics of power and history in research and community practice. We will take deep dives into issues on how health can be impacted by redlining, racist medical algorithms, racial trauma and stress and police violence, to name a few. Students will also have two opportunities to select their own case studies, as a way for you to research and learn about particular racial health issues that are of personal interest. This course is also about self-reflection and exploration of the ways in which our identities and lived experiences impact our understanding and perspective. We will gain skills in speaking across differences and articulation of how our own perceptions and lived experiences of race and racism impact our study of public health. This tutorial requires an openness to self-reflection and the practice of listening and articulation.

Requirements/Evaluation:  bi-weekly tutorial papers, weekly journaling, oral commentaries and tutorial discussion
Prerequisites: PHLH 201 or instructor approval.
Enrollment Limit:  10
Enrollment Preferences:  1-Public Health concentrators. 2- Asian American Studies concentrators.
Expected Class Size:  10
Grading:  no pass/fail option,  no fifth course option
Distributions:  (D2)  (DPE)
This course is cross-listed and the prefixes carry the following divisional credit:
AAS 351(D2) PHLH 351(D2)

Difference, Power, and Equity Notes:  In this course students will examine and critically examine the inequities and race based social and health injustices, and the ways racism infiltrates public health action and policy, both historically and currently.  They will also refine their self reflection skills in understanding how their own positions of privilege and power, or lack thereof, inform their understanding of public health.
Attributes:  AAS Non-Core Electives  PHLH Social Determinants of Health

Fall 2023
TUT Section: T1  TBA  Marion Min-Barron

PHLH 384  Comparative History of Science and Medicine in Asian/Pacific America, 1800-Present  (DPE)
How have scientific knowledge and medicine been tools of exclusion, violence, and imperial control against Asian Americans, as well as indigenous peoples, Black, Latinx, and white migrants, and their descendants? How have these groups negotiated and resisted encounters with such knowledge from the 19th century to the present? This seminar explores these questions by examining a series of case studies--including American colonial medicine and science in the Philippines and Hawai`i, Cold War migration of Chinese scientists and South Asian doctors to the U.S., and the politics of HIV/AIDS, psychiatry, and culturally competent care in Black, Asian, and Cuban migrant communities. Together, we will survey the literature in history, English, Global Health, Sociology, and other fields and consider how the Asian/Pacific American experience in science and medicine has been integral to, as well as informed by, the experiences of other groups in the transpacific world. Students will leave this course with interdisciplinary tools for understanding present-day health inequities in underserved Asian/Pacific American communities and other marginalized groups.
Requirements/Evaluation: Attendance and active participation in discussion, three response papers (3-4 pages), and final research paper (12-15 pages), as well as topic proposal, annotated bibliography, outline, and draft of the final paper.

Prerequisites: None

Enrollment Limit: 25

Enrollment Preferences: Preference to History majors, Asian American Studies concentrators, and Public Health concentrators

Expected Class Size: 20-25

Grading:

Distributions: (D2) (DPE)

Difference, Power, and Equity Notes: This course explores how knowledge about science and medicine has been constituted and remade over time by various groups in the transpacific world to exert power over others on the structural, community and individual levels. We will also consider how individuals who experienced violence and inequities as a result of encounters with such knowledge challenged definitions and practices of science and medicine.

Attributes: AAS Core Electives  HIST Group F Electives - U.S. + Canada  PHLH Social Determinants of Health

Not offered current academic year

PHLH 397  (F) Independent Study: Public Health

Public Health Independent Study

Grading: yes pass/fail option, yes fifth course option

Distributions: (D2)

Fall 2023

IND Section: 01  TBA  Susan Godlonton

PHLH 398  (S) Independent Study: Public Health

Public Health Independent Study

Grading: yes pass/fail option, yes fifth course option

Distributions: (D2)

Not offered current academic year

PHLH 402  (S) Senior Seminar in Public Health

The capstone seminar provides concentrators with the opportunity to reflect upon and synthesize their experiential learning in the context of understanding gained from a cohesive set of elective courses, and through the lens of a variety of intellectual and disciplinary frameworks. A second goal is to give concentrators experience working in a multi-disciplinary team to address a real-world, and in many cases very daunting, public health problem. Students will read, discuss, and compose written reflections on primary source empirical papers addressing a range of issues and disciplines in the field of public health. For example, topics may include the social determinants of health, environmental health risks, and access to health care. Students will also be divided into small research teams to interact with local organizations and investigate a contemporary real-life issue in public health. The capstone course is required of all concentrators, but may be opened to other students with relevant experience at the discretion of the instructor and the advisory committee, if space permits.

Requirements/Evaluation: active seminar participation, written reflections, contribution to the team research project, and a 12- to 15-page final paper

Prerequisites: completion of at least four courses counting towards the PHLH concentration

Enrollment Limit: 12

Enrollment Preferences: senior Public Health concentrators; students who are not senior Public Health concentrators should contact the instructor

Expected Class Size: 10

Grading: no pass/fail option, no fifth course option

Distributions: No divisional credit

Attributes: EXPE Experiential Education Courses  PHLH Core Courses
Winter Study

PHLH 13 (W) Concluding your Experiential Component: Public Health Reflections

Because many public health challenges cannot be fully appreciated until one has hands-on experience working on public health issues with populations or communities, each Public Health concentrator must have at least one relevant field-based educational experience. This requirement is known as the Experiential Component (EC). This winter study course is only meant for PH concentrators and will serve as the final step in completing the EC requirement. Through in-person meetings and online discussion, students will be asked to critically reflect on their EC experience, write about their intellectual and emotional journey during their EC, and discuss with classmates how this EC experience ties into previous Public Health courses and potential career and graduate educational goals. Students will meet in-person during the first and last week of Winter Study. For the weeks in between these two dates, students will engage in weekly online asynchronous discussions with their classmates.

Requirements/Evaluation: Students will be evaluated on class discussions and reflection papers.

Prerequisites: PHLH 201 and completion of their Experiential Component internship/work experience.

Enrollment Limit: 25

Enrollment Preferences: Public Health concentrators who are Seniors will be given preference.

Expected Class Size: 25

Grading: pass/fail only

Winter 2024

PHLH 16 (W) Addiction Studies & Diagnostics

On a December night in 1987, I went to my first AA meeting and it has stuck within and beside me for 36 years. I have (literally) traveled around the world due to abstinence and friendships in recovery communities. The goal of this class is for students to develop a personal understanding of the basics of addiction and treatment of this brain disease. This class is designed for experiential learning. You will learn and apply the 11 diagnostic criteria of addictions to real people in recovery. I will bring in speakers that are in recovery from addiction. Students will be required to make full and complete diagnoses based on the stories told and follow up questions. Students will be required to attend on-line or in-person meetings to get familiar with the cultures and communities. In our final class, students will present group research into areas of addiction that they have found interesting and present annotated bibliographies to exhibit the research behind their work. Individually, students can present papers to me if they wish to start or extend research outside of this Winter Study class. The long-term goal of this class is to raise awareness of what addiction is and is not. At the end of the month, students can decide to enable or help a person who is impacted by addiction. They will know, first hand, that there is both help and treatment. It will allow them to be a better family member, neighbor, co-worker, or/and friend.

Requirements/Evaluation: Presentation(s); Other: Meeting expectations of syllabus- attendance, short papers, participation

Prerequisites: none

Enrollment Limit: 25

Enrollment Preferences: first and second years get preference

Expected Class Size: NA

Grading: pass/fail only

Unit Notes: Rick Berger is Director of Clinical Services at Greylock Recovery, a new 30-day in-patient addiction clinic in Williamstown. He’s taught at five colleges in the US, Japan, and South Korea. He is 30+ years into a sobriety started as an undergraduate.

Attributes: EXPE Experiential Education Courses STUX Winter Study Student Exploration WELL Winter Study Wellness
PHLH 99 (W) Independent Study: Public Health

Open to upperclass students. Students interested in doing an independent project (99) during Winter Study must make prior arrangements with a faculty sponsor. The student and professor then complete the independent study proposal form available online. The deadline is typically in late September. Proposals are reviewed by the pertinent department and the Winter Study Committee. Students will be notified if their proposal is approved prior to the Winter Study registration period.

Class Format: independent study

Grading: pass/fail only

Winter 2024

IND Section: 01 TBA Susan Godlonton