



PubH 6010

Public Health Approaches to HIV/AIDS

Fall/2015

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| Credits: | 3 |
| Meeting Days: | Tuesday and Thursday |
| Meeting Time: | Tuesday, 10:10 am – 12:05 am and Thursday, 10:10-11:05am |
| Meeting Place: | Moos Health Sci Tower 2-520 and Moos 2-120 (Tuesday 11am-12:05pm) |
| Instructor: | B. R. Simon Rosser, PhD, MPH, LP |
| Office Address: | West Bank Office Building (http://www.sph.umn.edu/epi/about/directions.asp), 1300 South Second Street (check in at 3rd floor desk) |
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| Office Hours: | Tuesday 1:00-2:00 pm or by appointment |

I. Course Description

The purpose of this graduate level course is to learn about the epidemiology and biology of HIV/AIDS and the community response to the epidemic, with an emphasis on translating scientific findings into primary (preventing HIV infection in those who are uninfected) and secondary (preventing development of HIV disease in those who are HIV-infected) prevention practices. We will explore the social, medical, and political correlates and consequences of the HIV epidemic through in class discussions, assigned readings, and guest lectures. The lecture portion of this course is taught in conjunction with PUBH3010 (Tuesdays and Thursdays, 10-11) with an additional graduate seminar held Tuesdays 11:05-12:05. The graduate seminar comprises student based presentations of critical topics.

II. Course Prerequisites

None

III. Course Goals and Objectives

Learning objectives for this course include a greater appreciation and understanding of:

- The defining criteria for HIV infection and AIDS
- The local, national, and global epidemiology of HIV/AIDS
- The pathogenesis and natural history of HIV infection and disease
- Modes of HIV transmission
- Strategies to prevent HIV infection

- Strategies to prevent HIV disease progression
- The global response to HIV/AIDS
- The scientific bases of HIV prevention

IV. Methods of Instruction and Work Expectations

Methods of instruction include lectures, in-class discussions, a weekly seminar and course readings. In addition, public health practitioners and experts working in the field of HIV/AIDS will be invited to give presentations that address concepts discussed in class. A panel of persons living with HIV/AIDS will discuss HIV/AIDS from their own perspective. Students are expected to attend class, seminars, complete reading assignments, participate in class discussions, complete homework on time, and contribute to an atmosphere of curiosity and learning. In addition, because the assignments are designed to build skills and mentored experience in presentations and teaching, students should be prepared to prepare a seminar, teach part of a lecture topic, and facilitate and evaluate student assignments. This is a 3 credit course and, therefore, students can expect to spend approximately 9 hours per week outside of class preparing for class discussions, assignments, quizzes, and exams.

V. Course Text and Readings

Readings and handouts, including scientific studies and other articles from peer-review journals and other public health publications will be assigned during the course. Links to *some* assigned readings will be posted on the course web site (<https://moodle.umn.edu/course/view.php?id=20358>), which students are expected to check on a weekly basis. Assigned journal articles can also be downloaded from the university libraries website (<http://www.lib.umn.edu/copyright/linking.phtml>). **If you have problems accessing the course website, please contact the teaching assistant by 12:00 p.m. (noon) on Friday since she may not be available to assist you on weekends.**

VI. Course Outline/Weekly Schedule

Note: Course syllabus may change during the semester. Changes will be announced in class and posted on the course website (<https://moodle.umn.edu/course/view.php?id=20358>). Students are responsible for being aware of any changes made to the syllabus.

HIV/AIDS Basics

Week 1: Introductions and the History of HIV/AIDS

9/08/15: Syllabus Review and Overview of the History of HIV/AIDS
 10-11: 3010 Syllabus review and course overview

Required Viewing (for Thursday's class discussion):

1. Watch "The Age of AIDS" at: <http://www.pbs.org/wgbh/pages/frontline/aids/>

11-12: 6010 Introductions, syllabus review, review of major assignments.

9/10/15: History of the HIV/AIDS Epidemic

10-11: Discussion of "The Age of AIDS" (Come to class having watched the video and ready to discuss).

Week 2: The History of the HIV/AIDS Epidemic

9/15/15: History of the HIV/AIDS Epidemic (key facts)

10-11: Lecture: History of the HIV/AIDS Epidemic (Simon)
 11-12: Syllabus development.

Required Readings

1. CDC. Kaposi's sarcoma and Pneumocystis pneumonia among homosexual men--New York City and California. MMWR 1981;30:305-8.
2. Koop, C. E. The Early Days of AIDS, As I Remember Them. *Annals of the Forum for Collaborative HIV Research*.

9/17/15: The Global HIV/AIDS Epidemic
10-11: *The global HIV/AIDS (lecturer: Simon)*

Required Readings:

1. Kaiser Family Foundation (Aug 14, 2013). The Global HIV/AIDS Epidemic. <http://kff.org/global-health-policy/fact-sheet/the-global-hiv-aids-epidemic/>
2. Beyrer, Chris, and Quarraisha Abdool Karim. "The changing epidemiology of HIV in 2013." *Current Opinion in HIV and AIDS* 8.4 (2013): 306-310.
3. Sohn, Annette H., and Rohan Hazra. "The changing epidemiology of the global pediatric HIV epidemic: keeping track of perinatally HIV-infected adolescents." *Journal of the International AIDS Society* 16.1 (2013).
4. Piot, Peter, and Thomas C. Quinn. "Response to the AIDS Pandemic—A Global Health Model." *New England Journal of Medicine* 368.23 (2013): 2210-2218.

Week 3: 9/22/15 The Epidemiology of HIV/AIDS in the United States

6010 Readings: These will be set by the graduate student presenter to be distributed at the class at least one week before the seminar.

9/22/15 National: Epidemiology of HIV in the United States

10-11 Lecture: This interactive lecture reviews the CDC data on HIV in the US. Students will gain experience interpreting prevalence, incidence and mortality data on HIV/AIDS in the US

11-12: *Research Presentation: Student Presentation: Jessica: Laurent- needle exchange in IDU US/Russia*

9/24/15: Epidemiology of HIV in the United States, Continued

Week 4: 9/29/15 Epidemiology of HIV/AIDS

10-11 **Local: HIV Surveillance and contact tracing in Minnesota** (*Guest Speaker: Adrienne DiStaolo and Jared Shenk*)

This guest lecture focuses on how data are collected at the local level, what MDH does with them, and how and what data becomes part of the national data base. It also reviews the latest epidemiological data at the state level.

11-12 *6010 Research Presentation: Student Presentation 2: Erin Towner - Decriminalization of sex work*

Required Readings:

1. Centers for Disease Control and Prevention. *HIV Surveillance Report, 2011*; vol. 23. <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>. Published February 2013.
2. Sullivan, P. S., A. Carballo-Diéguez, et al. (2012). Success and challenges of HIV prevention in men who have sex with men" *The Lancet* 380(9839): 40-51
3. Whelehan, P (2009). *The Changing Face of AIDS: A Historical and Epidemiological Overview*. In: *The Anthropology of AIDS: A Global Perspective*. University Press of Florida.

10/1/15 The Biology of HIV/AIDS (10-11: *Guest Speaker: Alan Lifson, M.D.*)

Prof. Alan Lifson, MD is an HIV researcher epidemiologist whose areas of specialty includes working in developing world countries on such issues as HIV and TB co-infection and medication access in rural Ethiopia. He will present on the global HIV/AIDS epidemic especially challenges in resource limited countries.

Optional Readings:

1. Pages 15-81: Fan, Conner, Villarreal (2004). *AIDS: Science and Society* (4th ed.), Chapters 3-5.

Primary Prevention

Week 5: Prevention Basics: Theory and Evaluation Public Health theory applied to HIV Prevention 10/6/15: Introduction to HIV Transmission and Correlates of Transmission
10-11 *Lecture (Simon)*

Required Readings:

1. Dosekun, O. & Fox, J. (2010). An overview of the relative risks of different sexual behaviors on HIV transmission. *Current Opinion in HIV & AIDS*, 5(4): 291-297.

Optional Additional Readings

2. San Francisco AIDS Foundation (2010). How HIV is spread: <http://www.sfaf.org/aids101/transmission.html>
3. Centers for Disease Control and Prevention. (2009). Oral Sex and HIV Risk: <http://cdc.gov/hiv/resources/factsheets/PDF/oralsex.pdf>

PUBH 6010 only: <http://www.cdc.gov/hiv/topics/testing/resources/guidelines/pdf/routinehivtesting.pdf>

11-12 6010 Research Presentation: Student Presentation 3: Corelle Nakamura - PrEP (MSM)

10/8/15: HIV transmission: Sexual Transmission and Condom Use

10-11 Condom Use, Guest Speaker: William C. Grier

Required Readings

1. Centers for Disease Prevention and Control (CDC). Sexually Transmitted Diseases Guidelines, 2010. HIV Infection: Detection, counseling and referral. <http://www.cdc.gov/std/treatment/2010/hiv.htm>

Week 6: HIV Testing

10/13/15 HIV Testing

10-11 Lecture on HIV testing (Simon)

Required Readings:

1. Smith, R., Zetola, N.M. & Klausner, J.D. (2007). Beyond the end of exceptionalism: integrating HIV testing into routine medical care and HIV prevention. *Expert Review of Antiinfective Therapy*, 5(4), p. 581-589.
2. Centers for Disease Control and Prevention. *HIV Testing Trends in the United States, 2000-2011*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; January 2013: http://www.cdc.gov/hiv/pdf/testing_trends.pdf.

11-12 6010 Research Presentation: Student Presentation 4: Emily Murphy - At home testing/ethics

6010 only:

Carballo-Diéguez, A., Frasca, T., Balan, I., Ibitoye, M., & Dolezal, C. (2012). Use of a rapid HIV home test prevents HIV exposure in a high risk sample of men who have sex with men. *AIDS and Behavior*, 16(7), 1753-1760.

Carballo-Diéguez, A., Frasca, T., Dolezal, C., & Balan, I. (2012). Will gay and bisexually active men at high risk of infection use over-the-counter rapid HIV tests to screen sexual partners? *Journal of sex research*, 49(4), 379-387.

10/15/15 HIV Testing demonstration, (Guest Presenter: TBA).

Week 7: Primary Prevention Interventions with high risk populations

10/20/15: STIs as a correlate of HIV transmission

10-11 Talking about STIs, Guest lecturer: Candy Hadsall, RN.

In her work as an RN with the Minnesota Department of Health, Ms Hadsall's presentation today will focus on her work addressing STI prevention and promoting sexual health especially with women.

11-12 6010 Research Presentation: Student Presentation 5: Tyler Best - Treatment as prevention (HIV+)

Required Readings:

1. Singer, M.C. et al. (2006). Syndemics, sex and the city: Understanding sexually transmitted diseases in social and cultural context. *Social Science & Medicine*, 63: 2010-2021.
2. Ward, H., Ronn, M. (2010). Contribution of sexually transmitted infections to the sexual transmission of HIV. *Current Opinion in HIV & AIDS*, 5(4): 305-310.

PUBH6010 only:

Albarracin, D. et al. (2005). A test of major assumptions about behavior change: A comprehensive look at the effects of passive and active HIV-prevention interventions since the beginning of the epidemic. *Psychological Bulletin*, 131(6), 856-897

10/22/15 Interventions with IDUs, (Guest Speaker: Adam Fairbanks)

Mr. Adam Fairbanks is a community health specialist with the Hennepin County Public Health Clinic. For the last seven years, he has worked on the frontlines of designing, developing and implementing interventions focused on people who use injecting drugs. His presentation today will focus on harm reduction approaches for injecting drug users both locally and nationally, including syringe exchange, and behavioral, biomedical and structural approaches to reducing overdose.

Required Readings:

1. Noar, S.M. & Zimmerman, R.S. (2005). Health behavior theory and cumulative knowledge regarding health behaviors: Are we moving in the right direction? *Health Education Research*, 20: 275-290.
2. Fishbein, M. (2000). The role of theory in HIV prevention. *AIDS Care*, 12 (3): 273-278.
3. Coates, T. J. (2013). An Expanded Behavioral Paradigm for Prevention and Treatment of HIV-1 Infection. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 63, S179-S182.
4. Holtgrave, D.R., Gilliam, A., Gentry, D. & Sy, F.S. (2002). Evaluating HIV prevention efforts to reduce new infections and ensure accountability. *AIDS Education and Prevention*, 14 (Suppl. A): 1-4.

Week 8: Mid-term exam week

10/27/15 10-11 Midterm exam review

11-12 6010 Research Presentation: Student Presentation 6: Alexander Kim - Politics in HIV prevention

10/29/15: Mid-term Examination

HIV/AIDS Treatment & Living with HIV/AIDS

Week 9: 11/03/15: Medical, Psychological and Social Aspects of Living with HIV

10-11 *Panel of persons living with HIV/AIDS.* A panel of persons living with HIV/AIDS will present on their experience of living with this disease. In the first hour, panelists will introduce themselves and share a little of their experience living with HIV/AIDS, after which students will have the opportunity to ask questions.

11-12 *Panel continued.* To permit sufficient time for students to ask questions, an optional second hour is reserved today. Depending on the time the panel concludes 6010 will meet to reflect on the panel.

Required Readings:

1. Bogart, Catz, Kelly, Gray-Bernhardt, Hartmann, Otto-Salaj, Hackl & Bloom (2000). Psychosocial issues in the era of new AIDS treatments from the perspective of persons living with HIV. *Journal of Health Psychology*, 5 (4), 500-516.

Optional Additional Readings:

1. Iwelunmor, Zungu, & Airhihenbuwa (2010). Rethinking HIV/AIDS disclosure among women within the context of motherhood in South Africa. *American Journal of Public Health*, 100 (8), 1393-1399.

11/5/15: HIV/AIDS Treatment - Medical Aspects of Treatment

10-11. *Guest Speaker: Brian Goodroad, DNP, RN, CNP*

Dr. Brian Goodroad is an RN who has specialized in treating HIV/AIDS patients at the *Positive Care Center* (HCMC, the state's largest and most diverse HIV clinic). This lecture will focus on secondary prevention, addressing such aspects as classes of HIV treatment medications, when to initiate and/or defer treatment, and a comprehensive approach to the health care of persons with HIV.

ASSIGNMENT: 6010 only: Fact sheets due today

Required Readings:

1. Watkins, D.I. (November, 2008). The vaccine search goes on: Repeated failures in the quest for an AIDS vaccine have sent investigators back to the drawing board. *Scientific American*.
2. Bhaskaran, K., Hamouda, O., Sannes, M. et al. (2008). Changes in the risk of death after HIV seroconversion compared with mortality in the general population. *Journal of the American Medical Association*, 300 (1): 51-59.

Optional Additional reading:

3. The 15th Annual HIV Drug Guide (2010). *The Journal of Test Positive Aware Network*.
http://positivelyaware.com/2011/11_02/pdfs/11_02.pdf.

Week 10: 11/10/15: Challenges to Secondary Prevention: Adherence to Antiretroviral Medications.

10-11: Guest Speaker, Keith Horvath, PhD

Dr. Keith Horvath is an associate professor in the Division of Epidemiology & Community Health whose NIH research focuses on new technology approaches to increasing adherence to HIV medications. His presentation will focus on the challenge of adherence and research being undertaken to improve adherence.

11-12 6010 Research Presentation: Student Presentation 7: Aaron Robinson
 Resistance/Superinfection/Immunity (Simon Skypes in)

Required Readings:

1. Ekstrand, M., Crosby, M., & DeCarlo, P. What is the role of adherence in HIV treatment? University of California San Francisco: <http://www.caps.ucsf.edu/pubs/FS/pdf/adherenceFS.pdf>.
2. Horvath, K.J., Oakes, J. M., Rosser, B.R.S., Danilenko, G., Vezina, H., Amico, K.R., Williams, M.L., & Simoni, J. (2013). Feasibility, acceptability and preliminary efficacy of an online peer-to-peer support ART adherence intervention. *AIDS and Behavior*, 17(6), 2031-44

11/12/15 People with HIV/AIDS – Psychosocial Aspects of Treatment (Simon out at NIH)

10-11 Guest Speaker: Chris Waller works at the *Positive Care Center* where she provides psychosocial support to persons living with HIV/AIDS. Her presentation will highlight the challenges of working with people with HIV/AIDS, the multiple issues that impact their lives, and the challenges of addressing both primary and secondary prevention across the treatment cascade.

Required Readings:

1. Med, K.K. & Dawson-Rose, D. What are HIV+ persons' HIV prevention needs? University of California San Francisco: <http://www.caps.ucsf.edu/pubs/FS/pdf/revPWPFs.pdf>.
2. Crepaz, N. & Marks, G. (2002). Towards an understanding of sexual risk behavior in people living with HIV: A review of social, psychological, and medical findings. *AIDS*, 16(2), 135-149.

Optional Additional Readings:

3. Ridge, D., Ziebland, S., Anderson, J., Williams, I. & Elford, J. (2007). Positive prevention: Contemporary issues facing HIV positive people negotiating sex in the UK. *Social Science and Medicine*, 65: 755-770.

Week 11: 11/17/15: Biomedical Interventions, Treatment as Prevention & the Future of HIV Prevention

10-11 Lecture (Simon)

Required Readings:

1. McFarland, W. & DeCarlo, P. What is the effect of HIV treatment on HIV prevention? University of California San Francisco: <http://www.caps.ucsf.edu/pubs/FS/pdf/treatmenteffectsFS.pdf>.
2. Cohen, M.S., Chen, Y.Q., Fleming, T.R. (2011). Prevention of HIV-1 infection with early antiretroviral therapy [the HPTN 052 study]. *New England Journal of Medicine*, 365(6): 493-505.
3. Moses, S. (2009). Male circumcision: a new approach to reducing HIV transmission. *Canadian Medical Association Journal (CMAJ)*, 181 (8), E134-E135.
4. Sullivan, P. S., Grey, J. A., & Rosser, B. R. S. (2013). Emerging Technologies for HIV Prevention for MSM: What We have Learned, and Ways Forward. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 63, S102-S107

Return Mid-term Exam

11-12 6010 Topic Presentation 8: **Lindsay Chapman - Syndemics/intersectionality**

12-1: Research presentation 9: **Aria Weatherspoon - Education gaps/Disparity (Black Community)**

11/19/15: Fact Sheet presentations (3010 Fact Sheets Due today)

Week 12: 11/24/15 Intervening across the ecological spectrum

11/24/15: Prevention Strategies: Individual, Small Group, Community and Structural Level Interventions

10-11: Lecture (Simon)

11-12: 6010 Research presentation 10: **Sabrina Frost - Women's empowerment in low income areas**

12-1: 6010 Research presentation 11: **Jennifer Joe - Treatment cascade**

Required Readings:

- 1 How does HIV prevention work on different levels? University of California San Francisco: <http://www.caps.ucsf.edu/pubs/FS/pdf/LevelsFS.pdf>.
- 2 Chesney, M.A. et al. (2003). An individually tailored intervention for HIV prevention: Baseline data from the EXPLORE study. *American Journal of Public Health*, 93(6): 933-938.

Required Readings:

1. Trickett, E.J., Beehler, S., Deutsch, C. et al. (2011). Advancing the science of community-level interventions. *American Journal of Public Health*, 101(8), 1410-1419.
2. Lombardo, A. P. & Leger, Y.A. (2007). Thinking about "Think Again" in Canada: assessing a social marketing HIV/AIDS prevention campaign. *Journal of Health Communication*, 12: 377-397.
3. Friedman, S. & Knight, K. What is the role of structural interventions in HIV prevention? University of California San Francisco: <http://www.caps.ucsf.edu/pubs/FS/pdf/structuralFS.pdf>.
4. Sullivan, P. S., Grey, J. A., & Rosser, B. R. S. (2013). Emerging Technologies for HIV Prevention for MSM: What We have Learned, and Ways Forward. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 63, S102-S107.

11/26/15: No class today (Thanksgiving Holiday)

HIV Policy and Wrap-up

Week 13: 12/1/14: HIV Policy and Advocacy

10-11 Lecture (Simon) Advancing Human Rights as a Structural Approach to ending HIV/AIDS

11-12 6010 Research Presentation: Student Presentation 12: **James Smith - Cure**

Required Reading:

1. Buris, S & Cameron, E. (2008). The case against criminalization of HIV transmission. *Journal of the American Medical Association*, 300 (5), 578-581.
2. Executive Summary of the National HIV/AIDS Strategy for the United States: <http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf>

12/03/14: HIV Advocacy

10-11: *Guest Speaker: TBN*

Week 14: 12/8/15 Critical Issues in HIV/AIDS – 6010 presentations

11-12 6010 Research Presentation: Student Presentation 13: **Ana Asanin - Perinatal transmission**

12/10/15 10-11: Class Wrap-up/Final Exam Review

Week 15: 12/15/14: Final Exam

11-12 6010 Research Presentation: *Wrap up and evaluation*

VII. Evaluation and Grading

The assignments in this course are designed to give students mentored exposure to teaching and professional presentation to small, moderate, and large groups. Grading reflects the course intention to give students experience in four areas: (1) experience in making professional power-point presentations (of similar length to that expected for the master's project or a job interview); (2) experience in designing a "fact sheet" on a public health topic; (3) experience in facilitating a small group of students and evaluating their presentations; and (4) experience in lecturing to students.

6010 Grading

Seminar Presentation (25% of grade):

Each student will present and lead an approximately 30 minute discussion on an HIV-related prevention topic. In weeks 1-2 of the semester, students will collectively design the curriculum for this course, focusing on identifying critical topics in HIV/AIDS research. Each student will identify and submit 2 scientific papers related to their chosen topic at least one week before their presentation for the class readings for that week. At least one paper should be the seminal paper on that topic (e.g., a primary research study establishing the effectiveness of an intervention). Recognizing that some cutting edge topics may be at an earlier stage of discovery, if a seminal paper is not identified, the student should meet with the instructor to identify leading scientific papers on this topic. While the second paper can also be a research-based study, the student is encouraged to choose a comparison paper examining some other aspect (e.g., a meta-analysis, a paper examining real world implementation, a review article, a qualitative study on this topic). For example, a student presenting on antiretroviral drugs to prevent HIV transmission through breastfeeding might choose a research article showing the efficacy of HAART (e.g., Kilewo, C., Karlsson, K., Ngarina, M., Massawe, A., Lyamuya, E., Swai, A., ... & Biberfeld, G. (2009). Prevention of mother-to-child transmission of HIV-1 through breastfeeding by treating mothers with triple antiretroviral therapy in Dar es Salaam, Tanzania: the Mitra Plus study. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 52(3), 406-416.), and for their second article might choose a review of the field with recommendations (e.g., Mofenson, L. M. (2010). Antiretroviral drugs to prevent breastfeeding HIV transmission. *Antivir Ther*, 15(4), 537-53). The student will begin with a 10-15 minute powerpoint or similar presentation summarizing the literature in the field (with a minimum of 12 research references), a brief overview of the two chosen papers, a description of the intervention, target population, evidence for effectiveness, challenges implementing the intervention and possible future areas of research/adaptation. The format should be structured, professional (e.g., using title slides of "overview, introduction, study 1 methods and results; study 2 methods and results; discussion – key findings, limitations, real world implementation challenges; next steps in research), and following best practices, interactive. In the second 10-15 minutes, the presenter will lead the class in a group discussion of the topic, including critiquing the strengths and weaknesses of the science, and implications for the field. The presenter should ensure that the presentation and discussion cover the content area, evaluate the quality of the science, and engage the class.

The quality of this presentation is expected to be that of a formal professional job interview or a master's dissertation defense. Grading for the seminar is based on (1) quality of the papers selected (e.g. were key papers identified and used), (2) the powerpoint presentation itself (e.g., organization, visual interest, reference citations, keeping to time), (3) oral presentation (e.g., clarity, content, interactivity), and (4) discussion (e.g., engagement of audience, depth of critical discussion, depth of review of the science). In addition to the grade, each student will receive individualized written feedback detailing the strengths and weaknesses of their teaching, together with skills to work on in future presentations.

Lecture Experience (10%)

In consultation with the instructor, each graduate will prepare up to 3 slides on a focused topic; present the content and answer questions (for up to 5 minutes maximum to the combined 3010/6010 class). Examples of topics include pre-exposure prophylaxis – PrEP, the epidemiology of HIV/AIDS in the African American community, vertical (mother to child) transmission, male circumcision as prevention, transgender HIV prevention, vaginal microbicides, and criminalization vs legalization of sex work. The graduate is expected to review both the critical study(ies) on the effectiveness of this strategy under research conditions, for future prevention interventions where research is at in development, and where the intervention has been introduced, the implementation of the strategy under real world conditions. Mindful that the lecture is to undergraduates, the first slide will introduce the topic providing definitions and visuals of the intervention (e.g., explain what circumcision is and how it works), the second slide will detail the efficacy of the intervention in key research studies (e.g., that circumcision reduced risk by 60% in controlled trials with the appropriate reference on the slide) and the third slide detail real world implementation (e.g., national circumcision campaigns across Africa) with references as appropriate. This assignment is graded on (1) accuracy of content – 2 points; (2) visual appeal of slides – 3 points; (3) in class presentation – 3 points; and class engagement (through discussion, Q&A, exercise) – 2 points.

HIV Fact Sheet (10%):

Students will be asked to create a “fact sheet” based on a topic of their choice in the area of HIV. Fact sheets are a common and useful way practitioners and researchers communicate with each other in public health. Graduates will create a 1-2 page fact sheet on a topic, post it online and peer review each other’s fact sheets. Evaluation will focus on scientific accuracy, completeness/academic credibility, communication clarity, and layout and visual interest.

Evaluator exercise (5%):

Each graduate will serve as an evaluator of the 3010 students’ fact sheets. On the day the assignment is due, each graduate will facilitate a small group during which the undergraduate students present their fact sheets. As each student presents their fact sheet, the graduate is responsible for group management, time keeping, ensuring each student receives feedback from their peers, and assigning grade for the fact sheets.

Seminar participation (10% of grade):

Ten percent of the overall grade will be assigned based upon class participation including in the seminars where the student is not the presenter and in the peer evaluation of the fact sheets. Marks will be awarded for attendance, in class discussion, insights and critiques of the research article, comments on the graduate’s fact sheets, and/or some combination of these factors.

In addition, HIV/AIDS research is an area of rapid scientific discovery, where students are encouraged to bring media reports of HIV-related material to class and to follow list-serves focused on HIV prevention and related topics. Students are encouraged to discuss their observations on how key stake-holder groups – politicians, researchers, governments, persons living with HIV, high risk groups, activists and allies - approach HIV, and the similarities and differences in the underlying agendas of each of these stakeholders

Examinations (40% of grade):

An in-class mid-term examination and a final examination will constitute 40% of your grade (20% for the midterm examination and 20% for the final examination). The exams will review your knowledge and understanding of material presented in the course up to the time of the exam (i.e., the midterm will cover material from the first half of the course and the final exam will cover course material from the full semester). The exams will consist of true/false and multiple choice questions. More information about the examinations will be provided during the exam review session in the week prior to the exam.

In-Class “Surprise” Quizzes (5% extra credit)

Five unannounced quizzes will be given throughout the semester (1% credit per quiz). The goals of the quizzes are to 1) encourage students to stay up-to-date on readings and lecture material and 2) to reward students for attending class lectures. If you miss (i.e., skip) class, you will be given 0 points for the quiz. If you are unable to attend a lecture because of unavoidable and/or unforeseen circumstances (e.g., a family emergency; illness), it is your responsibility to notify the teaching assistant as soon as possible to arrange an alternative time to make up the quiz. A missed quiz for a credible reason can be made up for a period of 2 weeks, after which you will receive a 0 on the quiz. Only 2 quizzes may be missed for credible reasons throughout the semester, after which 0 points will be given for missed quizzes. The instructor reserves the right to determine whether a given reason is credible for missing a quiz and whether documentation of a medical issue is required.

Grading

Final grades will be assigned as follows:

| Percent | Grade |
|-------------|-------|
| 93-100 | A |
| 90-92 | A- |
| 87-89 | B+ |
| 83-86 | B |
| 80-82 | B- |
| 77-79 | C+ |
| 73-76 | C |
| 70-72 | C- |
| 60-69 | D |
| 59 or below | F |

For students taking this class S/N a minimum of 70% is required for a passing grade. Students may change grading options during the initial registration period or during the first two weeks of the semester. The grading

option may not be changed after the second week of the term.

The University utilizes plus and minus grading on a 4.000 cumulative grade point scale in accordance with the following:

- A 4.000 - Represents achievement that is outstanding relative to the level necessary to meet course requirements
- A- 3.667
- B+ 3.333
- B 3.000 - Represents achievement that is significantly above the level necessary to meet course requirements
- B- 2.667
- C+ 2.333
- C 2.000 - Represents achievement that meets the course requirements in every respect
- C- 1.667
- D+ 1.333
- D 1.000 - Represents achievement that is worthy of credit even though it fails to meet fully the course requirements
- S Represents achievement that is satisfactory, which is equivalent to a C- or better.

For additional information, please refer to:

<http://policy.umn.edu/Policies/Education/Education/GRADINGTRANSCRIPTS.html>.

Course Evaluation

The SPH will collect student course evaluations electronically using a software system called CourseEval: www.sph.umn.edu/courseeval. The system will send email notifications to students when they can access and complete their course evaluations. Students who complete their course evaluations promptly will be able to access their final grades just as soon as the faculty member renders the grade in SPHGrades: www.sph.umn.edu/grades. All students will have access to their final grades through OneStop two weeks after the last day of the semester regardless of whether they completed their course evaluation or not. Student feedback on course content and faculty teaching skills are an important means for improving our work. Please take the time to complete a course evaluation for each of the courses for which you are registered.

Incomplete Contracts

A grade of incomplete "I" shall be assigned at the discretion of the instructor when, due to extraordinary circumstances (e.g., documented illness or hospitalization, death in family, etc.), the student was prevented from completing the work of the course on time. The assignment of an "I" requires that a contract be initiated and completed by the student before the last official day of class, and signed by both the student and instructor. If an incomplete is deemed appropriate by the instructor, the student in consultation with the instructor, will specify the time and manner in which the student will complete course requirements. Extension for completion of the work will not exceed one year (or earlier if designated by the student's college). For more information and to initiate an incomplete contract, students should go to SPHGrades at: www.sph.umn.edu/grades.

University of Minnesota Uniform Grading and Transcript Policy

A link to the policy can be found at onestop.umn.edu.

VIII. Other Course Information and Policies

Grade Option Change (if applicable):

For full-semester courses, students may change their grade option, if applicable, through the second week of the semester. Grade option change deadlines for other terms (i.e. summer and half-semester courses) can be found at onestop.umn.edu.

Course Withdrawal:

Students should refer to the Refund and Drop/Add Deadlines for the particular term at onestop.umn.edu for information and deadlines for withdrawing from a course. As a courtesy, students should notify their instructor and, if applicable, advisor of their intent to withdraw.

Students wishing to withdraw from a course after the noted final deadline for a particular term must contact the School of Public Health Office of Admissions and Student Resources at sph-ssc@umn.edu for further information.

Student Conduct Code:

The University seeks an environment that promotes academic achievement and integrity, that is protective of free inquiry, and that serves the educational mission of the University. Similarly, the University seeks a community that is free from violence, threats, and intimidation; that is respectful of the rights, opportunities, and welfare of students, faculty, staff, and guests of the University; and that does not threaten the physical or mental health or safety of members of the University community.

As a student at the University you are expected adhere to Board of Regents Policy: *Student Conduct Code*. To review the Student Conduct Code, please see:
http://regents.umn.edu/sites/default/files/policies/Student_Conduct_Code.pdf.

Note that the conduct code specifically addresses disruptive classroom conduct, which means "engaging in behavior that substantially or repeatedly interrupts either the instructor's ability to teach or student learning. The classroom extends to any setting where a student is engaged in work toward academic credit or satisfaction of program-based requirements or related activities."

Use of Personal Electronic Devices in the Classroom:

Using personal electronic devices in the classroom setting can hinder instruction and learning, not only for the student using the device but also for other students in the class. To this end, the University establishes the right of each faculty member to determine if and how personal electronic devices are allowed to be used in the classroom. For complete information, please reference:
<http://policy.umn.edu/Policies/Education/Education/STUDENTRESP.html>.

Scholastic Dishonesty:

You are expected to do your own academic work and cite sources as necessary. Failing to do so is scholastic dishonesty. Scholastic dishonesty means plagiarizing; cheating on assignments or examinations; engaging in unauthorized collaboration on academic work; taking, acquiring, or using test materials without faculty permission; submitting false or incomplete records of academic achievement; acting alone or in cooperation with another to falsify records or to obtain dishonestly grades, honors, awards, or professional endorsement; altering, forging, or misusing a University academic record; or fabricating or falsifying data, research procedures, or data analysis. (Student Conduct Code: http://regents.umn.edu/sites/default/files/policies/Student_Conduct_Code.pdf) If it is determined that a student has cheated, he or she may be given an "F" or an "N" for the course, and may face additional sanctions from the University. For additional information, please see:
<http://policy.umn.edu/Policies/Education/Education/INSTRUCTORRESP.html>.

The Office for Student Conduct and Academic Integrity has compiled a useful list of Frequently Asked Questions pertaining to scholastic dishonesty: <http://www1.umn.edu/oscai/integrity/student/index.html>. If you have additional questions, please clarify with your instructor for the course. Your instructor can respond to your specific questions regarding what would constitute scholastic dishonesty in the context of a particular class-e.g., whether collaboration on assignments is permitted, requirements and methods for citing sources, if electronic aids are permitted or prohibited during an exam.

Makeup Work for Legitimate Absences:

Students will not be penalized for absence during the semester due to unavoidable or legitimate circumstances. Such circumstances include verified illness, participation in intercollegiate athletic events, subpoenas, jury duty, military service, bereavement, and religious observances. Such circumstances do not include voting in local, state, or national elections. For complete information, please see: <http://policy.umn.edu/Policies/Education/Education/MAKEUPWORK.html>.

Appropriate Student Use of Class Notes and Course Materials:

Taking notes is a means of recording information but more importantly of personally absorbing and integrating the educational experience. However, broadly disseminating class notes beyond the classroom community or accepting compensation for taking and distributing classroom notes undermines instructor interests in their intellectual work product while not substantially furthering instructor and student interests in effective learning. Such actions violate shared norms and standards of the academic community. For additional information, please see: <http://policy.umn.edu/Policies/Education/Education/STUDENTRESP.html>.

Sexual Harassment:

"Sexual harassment" means unwelcome sexual advances, requests for sexual favors, and/or other verbal or physical conduct of a sexual nature. Such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile, or offensive working or academic environment in any University activity or program. Such behavior is not acceptable in the University setting. For additional information, please consult Board of Regents Policy: <http://regents.umn.edu/sites/default/files/policies/SexHarassment.pdf>

Equity, Diversity, Equal Opportunity, and Affirmative Action:

The University will provide equal access to and opportunity in its programs and facilities, without regard to race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression. For more information, please consult Board of Regents Policy: http://regents.umn.edu/sites/default/files/policies/Equity_Diversity_EO_AA.pdf.

Disability Accommodations:

The University of Minnesota is committed to providing equitable access to learning opportunities for all students. The Disability Resource Center Student Services is the campus office that collaborates with students who have disabilities to provide and/or arrange reasonable accommodations.

If you have, or think you may have, a disability (e.g., mental health, attentional, learning, chronic health, sensory, or physical), please contact DRC at 612-626-1333 or drc@umn.edu to arrange a confidential discussion regarding equitable access and reasonable accommodations.

If you are registered with DS and have a current letter requesting reasonable accommodations, please contact your instructor as early in the semester as possible to discuss how the accommodations will be applied in the course.

For more information, please see the DS website, <https://diversity.umn.edu/disability/>.

Mental Health and Stress Management:

As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance and may reduce your ability to participate in daily activities. University of Minnesota services are available to assist you. You can learn more about the broad range of confidential mental health services available on campus via the Student Mental Health Website: <http://www.mentalhealth.umn.edu>.

The Office of Student Affairs at the University of Minnesota:

The Office for Student Affairs provides services, programs, and facilities that advance student success, inspire students to make life-long positive contributions to society, promote an inclusive environment, and enrich the University of Minnesota community.

Units within the Office for Student Affairs include, the Aurora Center for Advocacy & Education, Boynton Health Service, Central Career Initiatives (CCE, CDes, CFANS), Leadership Education and Development – Undergraduate Programs (LEAD-UP), the Office for Fraternity and Sorority Life, the Office for Student Conduct and Academic Integrity, the Office for Student Engagement, the Parent Program, Recreational

Sports, Student and Community Relations, the Student Conflict Resolution Center, the Student Parent HELP Center, Student Unions & Activities, University Counseling & Consulting Services, and University Student Legal Service.

For more information, please see the Office of Student Affairs at <http://www.osa.umn.edu/index.html>.

Academic Freedom and Responsibility: *for courses that do not involve students in research:*

Academic freedom is a cornerstone of the University. Within the scope and content of the course as defined by the instructor, it includes the freedom to discuss relevant matters in the classroom. Along with this freedom comes responsibility. Students are encouraged to develop the capacity for critical judgment and to engage in a sustained and independent search for truth. Students are free to take reasoned exception to the views offered in any course of study and to reserve judgment about matters of opinion, but they are responsible for learning the content of any course of study for which they are enrolled.*

OR:

Academic Freedom and Responsibility, for courses that involve students in research

Academic freedom is a cornerstone of the University. Within the scope and content of the course as defined by the instructor, it includes the freedom to discuss relevant matters in the classroom and conduct relevant research. Along with this freedom comes responsibility. Students are encouraged to develop the capacity for critical judgment and to engage in a sustained and independent search for truth. Students are free to take reasoned exception to the views offered in any course of study and to reserve judgment about matters of opinion, but they are responsible for learning the content of any course of study for which they are enrolled.* When conducting research, pertinent institutional approvals must be obtained and the research must be consistent with University policies.

Reports of concerns about academic freedom are taken seriously, and there are individuals and offices available for help. Contact the instructor, the Department Chair, your adviser, the associate dean of the college, (Dr Kristin Anderson, SPH Dean of Student Affairs), or the Vice Provost for Faculty and Academic Affairs in the Office of the Provost.

** Language adapted from the American Association of University Professors "Joint Statement on Rights and Freedoms of Students".*

Student Academic Success Services (SASS): <http://www.sass.umn.edu>:

Students who wish to improve their academic performance may find assistance from Student Academic Support Services. While tutoring and advising are not offered, SASS provides resources such as individual consultations, workshops, and self-help materials.

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