

**Medical College of Wisconsin Master of Public Health Program
PUBLIC HEALTH STUDENT WRITING TUTORIAL**

SAMPLE DISCUSSION SECTION #1

Influenza has a long history of morbidity and mortality in the United States. Furthermore, the world has been the victim to three prior influenza pandemics, as observed by the WHO.^[3] The United States public health system has always anticipated the arrival of another influenza pandemic. Prevention through mass immunization programming and personal prevention education, such as the importance of hand washing, has been the best defense against the virus. Federal, state and local health departments (LHDs) created, practiced and re-evaluated pandemic plans in order to best prepare for future pandemics. In the spring of 2009, a novel H1N1 influenza pandemic tested the nation's emergency response system yet again.

It was near impossible for federal and state health officials to foresee exactly when the next pandemic would emerge and how it would affect the population. Furthermore, LHD and regional preparedness plans could not account for the difficulties in communication that occurred. While the next flu pandemic will require a learning curve, there are tools and exercises the Wauwatosa Health Department (WHD) and the Milwaukee/Waukesha Consortium could use to better prepare for the next pandemic.

Statewide Pandemic Flu Practice

In order to satisfy emergency preparedness grant requirements, LHDs hold mock mass clinics for practice. While regular staffing at seasonal flu clinics and mock clinics were a valuable tool for making LHD staff familiar with mass clinic operations, they offered little practice for the vertical and horizontal communication that occurs during a pandemic. This type

A drawback to these frequent exercises would be resources (time and staff) allocated to this type of mock clinic coordination and follow-up discussion. This would not only require more time on behalf of LHD staff and volunteers, but also on MCW, or another outside partner,

collaborate with other departments involved in emergency operations is where this program draws its strength. Therefore, the WHD would gain little benefit if they were the only Wauwatosa government agency that used the system. A third drawback for using this type of system are that there are already a number of web-based alert and management systems that Consortium members currently utilize and are familiar with, such as the Health Alert Network (HAN). It may be difficult to persuade every member to pick up the E-sponder system, let alone all the other city departments involved in emergency operations.

Social Networking Websites

In the past few years, social networking sites, such as Facebook, have become a popular medium for people to stay connected with friends and share their interests. Businesses have quickly picked up on this developing online community as a new frontier for advertising. Currently, over 1.5 million businesses advertise their products on Facebook.^[20] Advertising on social networking websites can be easily targeted and inexpensive.

Citizens use these sites as a way to connect with friends and share their interests. In 2008, 52% (over 17 million) of Facebook users were between the ages of 18 and 25, and an additional 31% (over 10 million) were between the ages of 26-55. In 2009, users between the ages of 26 and 55 jumped to 49%.^[21] While this age group was not included in the initial target groups when vaccine was first distributed in October, they would have been potential parents of children ages 6 months to 18 years. Connecting with citizens using social networking sites, such as Facebook, would be an effective way to relay information quickly to these parents while not relying on the media. Within Facebook, there are several methods for reaching a target population. Creating web pages called groups are free and allow for interaction with group

members. An LHD or Consortium group page could hold information on clinic times, information about target groups, discussion boards for citizens with questions and links to other websites, such as www.flu.gov. According to Facebook statistics, over 50% (100 million) of Facebook users check their profiles on a daily basis.^{[20][21]} Posting local H1N1 mass clinic updates on Facebook would be an effective way to reach targeted groups and other interested people.

By advertising through Facebook, it is very easy to target users by age, gender, location, and other interests listed in their accounts. Advertisements can be created in a matter of minutes and can be linked to a group page or other outside website. These advertisements appear in the sidebars of targeted user home pages. As the world relies more on digital media for information, the public health system must adapt to stay current and in the public eye. This recommendation would require adequate staffing to post and interact with the public and may require a designated

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SAMPLE DISCUSSION SECTION #2

After extensive research regarding available information, there is convincing evidence that will aid the Department of Transportation (DOT) examiner in identifying those individuals with obstructive sleep apnea (OSA). The literature indicates there are several physical characteristics that aid in this identification. In particular, these include snoring, witnessed apnea, body mass index, neck circumference, hypertension, diabetes, and cardiovascular disease. It is also obvious that further research is needed to provide additional evidence of the relationships between physical characteristics and the presence of OSA in the commercial driver. The evidence thus far provides useful, measurable characteristics that a DOT examiner may include in his arsenal to identify drivers with OSA.

In addition, modifications of the DOT long form are easily applied to the existing long form to reflect these findings and, therefore, aid in the protection of public safety, which is the underlying basis for the DOT medical examination and certification. Based on the available data, the utilization of screening tools for OSA, such as the Epworth Sleepiness Scale (ESS), may not provide reliable information regarding the presence of OSA in the commercial driver. This observation is supported by clinical observations both in my own practice as well as in the articles reviewed. In point of fact, the ESS may have an inverse relationship concerning the presence of OSA in commercial drivers. While this fact has not been validated, it seems plausible. The commercial driver has an economic incentive to evade identification for any health condition that could result in loss of income and this would include in particular screening and treatment for OSA. A driver identified as having possible OSA may incur costs in the

thousands of dollars when one considers polysomnography (PSG) as well as the concomitant Continuous Positive Airway Pressure (CPAP) trial that may ensue following PSG indicating possible sleep apnea. In addition, a driver identified as having OSA must, as a condition of continued commercial driver operation, obtain and document sufficient use of a CPAP machine. While the costs of the machines are variable, it can be substantial. The ESS has been validated as a useful tool in identifying an individual se