

SYLLABUS

# Course Information

Course Title and Number PHPM 640: Health Policy and Politics

Academic Term Spring 2022

Meeting Times MW, 3:00pm-4:15pm

Meeting Location REYN 141

Credit Hours: 3 Credit Hours

Instructor Name Timothy Callaghan, PhD

Instructor Telephone Number 979-436-0960

Instructor Email Address callaghan@tamu.edu

Instructor Office Hours Wednesday, 9-11am

Instructor Office Location SPHA 132

Teaching Assistant Ashley Potter

Teaching Assistant Email potter.soccer2@tamu.edu

# Course Description

The purpose of this course is to introduce attendees to the concepts and tools for understanding the complexities and dynamics around health care policy in the United States. We will focus on key features of the current U.S. health care and political system. This course will: (1) cover political and socio-economic concepts central to health policy debates; and (2) provide students with practice in critically evaluating pressing health policy problems.

# Prerequisites

None

# Learning Outcomes and Course Objectives

By completing the class assignments, through participation and by completing the readings, the student will be able to:

|  |  |
| --- | --- |
| Competencies | Learning Objectives |
| **CEPH Competency:**D1.10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequitiesD2.5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings D2.6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levelsD2.12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence D2.13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes D2.14. Advocate for political, social or economic policies and programs that will improve health in diverse populations D2.18. Select communication strategies for different audiences and sectors D2.19. Communicate audience-appropriate public health content, both in writing and through oral presentation**CEPH HPM-MPH Concentration Competency**1. Analyze trends affecting the health of communities3. Evaluate the structures, functions and authorizations of public health programs and organizations that can address specific community health needs 4. Create and explain project or program goals, strategies, and objectives5. Recommend and justify policies, programs, and services for implementation after examining their feasibility and implications **MHA Core Competency:**4. Discuss the policy process for improving the health status of populations. 9. Communicate health policy and management issues using appropriate channels and technologies.**MHA Skill Sets**: **MANAGEMENT SKILLS** **Written Communication Skills** 20. Healthcare terminology and acronyms 21. Memos **Planning and Implementation Skills** 29. Problem solving **Understanding and Practice of Leadership** 32. Professionalism 33. Critical thinking  | 1. Cover political and socio-economic concepts central to health policy debates.
2. Understand how outside actors including the media, interest groups, and the public influence the behavior of political actors confronting health policy choices.
3. Provide attendees with practice in critically evaluating pressing health policy problems.
4. Allow attendees to reflect on personal political and social opinions and their influence on understanding of policy and on advocacy work as evidence of critical thinking and an understanding of ethics in health policy.
5. Provide tools to critically appraise health policy from a psycho-social-political standpoint.
6. Discuss and practice appropriate ways to communicate difficult health policy topics with a variety of audiences.
 |

# Textbook and/or Resource Materials

There are no required textbooks for this course. All readings can be found on Canvas or online

# Course Topics, Calendar of Activities, Major Assignment Dates

**\*Indicates reading is available on Canvas**

|  |  |  |
| --- | --- | --- |
| Week | Topic(s) | Required Readings and Major Assignments |
| 1 | Introduction to the Course (1/19) | None |
| 2 | The Political Foundations of Public Health (1/24)Political Participation and Voting Behavior (1/26) | * Health Care: Constitutional Rights and Legislative Powers. <https://www.fas.org/sgp/crs/misc/R40846.pdf>
* Campbell, Angus, Phillip Converse, Warren Miller, and Donald Stokes. 1960. *The American Voter*. Chicago: The University of Chicago Press. Chapters 2-3.
* Haselswerdt, J., 2017. Expanding Medicaid, Expanding the Electorate: The Affordable Care Act's Short-Term Impact on Political Participation. *Journal of Health Politics, Policy and Law*, p.3856107.
 |
| 3 | Representation (1/31)The Presidency (2/2) | * Fenno, R.F., 1977. US House members in their constituencies: An exploration. *American Political Science Review*, *71*(03), **pp.883-890 only**.
* Shapiro, R.Y. and Jacobs, L., 2010, April. Simulating representation: elite mobilization and political power in health care reform. In *The Forum* (Vol. 8, No. 1, p. 4).
* Jones, D.K., Atkeson, P., Goodman, A. and Houston, M., 2021. More Public Health Leaders Should Run for Office. *Journal of Public Health Management and Practice*, *27*(1), pp.1-3.
* Richard Neustadt. 1980. Presidential Power. Chapters 1-3
 |
| 4 | Congressional Organization and Policymaking (2/7)The Courts (2/9) | * Lee, F.E., 2009. *Beyond ideology: politics, principles, and partisanship in the US Senate*. University of Chicago Press. Chapters 2-3.
* Burris, Scott. 2021. “Individual Liberty, Public Health, and the Battle for the Nation’s Soul.” The Regulatory Review. <https://www.theregreview.org/2021/06/07/burris-individual-liberty-public-health-battle-for-nations-soul/>
* Christenson, D.P. and Glick, D.M., 2015. Chief Justice Roberts's Health Care Decision Disrobed: The Microfoundations of the Supreme Court's Legitimacy. *American Journal of Political Science*, *59*(2), pp.403-418.
 |
| 5 | Bureaucracy (2/14)Public Opinion (2/16) | * Bandler, James, Patricia Callahan, Sebastian Rotella, and Kirsten Berg. 2020. “Inside the Fall of the CDC.” Pro Publica. October 15, 2020. <https://www.propublica.org/article/inside-the-fall-of-the-cdc>
* Converse, Phil E. 1964. “The Nature of Belief Systems in Mass Publics”
* Jacobs, L.R. and Mettler, S., 2011. Why public opinion changes: The implications for health and health policy. *Journal of Health Politics, Policy and Law*, *36*(6), pp.917-933.
* Oliver, J.E. and Wood, T., 2014. Medical conspiracy theories and health behaviors in the United States. *JAMA internal medicine*, *174*(5), pp.817-818. ***For the interested reader only.***
* Gadarian, Shana, Sara Goodman, and Thomas Pepinsky. 2021. “Partisanship, Health Behavior, and Policy Attitudes in the Early States of the COVID-19 Pandemic.” ***For the interested reader only.***
 |
| 6 | Interest Groups (2/21)Policy Feedback (2/23) | * Walker, J.L., 1983. The origins and maintenance of interest groups in America. *American Political Science Review*, *77*(02), pp.390-406.
* Callaghan, T. and Jacobs, L.R., 2016. Interest Group Conflict Over Medicaid Expansion: The Surprising Impact of Public Advocates. *American journal of public health*, *106*(2), pp.308-313
* Pierson, P., 1993. When effect becomes cause: Policy feedback and political change. *World politics*, *45*(04), pp.595-628.
* Mettler, S., 2002. Bringing the state back in to civic engagement: Policy feedback effects of the GI Bill for World War II veterans. *American Political Science Review*, *96*(02), pp.351-365.
 |
| 7 | The Media (2/28)Federalism and Policy Diffusion (3/2) | * Sullivan, Margaret. 2021. “What Happens to Democracy When Local Journalism Dries Up?” The Washington Post. November 30, 2021.
* Prior, M., 2005. News vs. entertainment: How increasing media choice widens gaps in political knowledge and turnout. *American Journal of Political Science*, *49*(3), pp.577-592.
* Kettl, Donald. 2021. “How American-Style Federalism is Hazardous to Our Health. Governing.com. May 26, 2021. <https://www.governing.com/now/how-american-style-federalism-is-dangerous-to-our-health>
* Karch, A., 2006. National intervention and the diffusion of policy innovations. *American Politics Research*, *34*(4), pp.403-426.
* Jones, D.K., 2017. Lavatories of democracy? Health reform and federalism in the Trump era. *The Milbank Quarterly*, *95*(3), p.470. **For the Interested Reader Only**
 |
| 8 | TBD; Dr. Callaghan Scheduled for Jury Duty. If Called In, No Class. If Not Called In, Midterm Exam Review (3/7)**Midterm Exam (3/9)** |  |
| 9 | Spring Break |  |
| 10 | Race, Inequality, and Health Politics (3/21)Policy Advocacy in Texas and Beyond; Guest Speaker Jason Sabo (3/23) | * Michener, J., 2018. Fragmented Democracy: Medicaid, Federalism, and Unequal Politics. Cambridge University Press. Chs. 1; 3-4
 |
| 11 | Medicare (3/28)Medicaid and Other Health Policy Programs for Vulnerable Groups (3/30) | * Oberlander, J., 2003. *The political life of Medicare*. University of Chicago Press. Pgs. 1-42
* Brown, L.D. and Sparer, M.S., 2003. Poor program’s progress: The unanticipated politics of Medicaid policy. *Health Affairs*, *22*(1), pp.31-44.
* Jacobs, L.R. and Callaghan, T., 2013. Why states expand Medicaid: Party, resources, and history. *Journal of Health Politics, Policy and Law*, *38*(5), pp.1023-1050.
 |
| 12 | The Affordable Care Act (4/4)Public Health Policy is Everywhere (4/6) | * Oleszek, Mark J., and Walter J. Oleszek. 2012. Legislative Sausage-Making: Health Care Reform in the 111th Congress: In Party and Procedure in the United States Congress., ed. Jacob R. Straus. Rowman and Littlefield.
* Perez, C.C., 2019. *Invisible women: Exposing data bias in a world designed for men*. Random House. Pgs. 29-46
* Maantay, J., 2001. Zoning, equity, and public health. *American journal of public health*, *91*(7), p.1033.
 |
| 13 | The Opioid Epidemic (4/11)Climate Change and Health Policy (4/13) | * DeWeerdt, S., 2019. Tracing the US opioid crisis to its roots. *Nature*, *573*(7773), pp.S10-S10.
* Netherland, J. and Hansen, H.B., 2016. The war on drugs that wasn’t: Wasted whiteness, “dirty doctors,” and race in media coverage of prescription opioid misuse. *Culture, Medicine, and Psychiatry*, *40*(4), pp.664-686.
* Shi, L., Chu, E., Anguelovski, I., Aylett, A., Debats, J., Goh, K.,…Roberts, J. T. 2016. “Roadmap Towards Justice in Urban Climate Adaptation Research.” Nature Climate Change, 6(2), 131-137.
* Motta, M. 2020. “Could Concern about Climate Change Increase Demand for a Lyme Disease Vaccine in the US?
 |
| 14 |  Vaccine Policy and COVID-19 (4/18)Telehealth Policy; Guest Speaker Cason Schmit (4/20) | * Callaghan, Timothy, Ali Moghtaderi, Jennifer Lueck, Peter Hotez, Erika Franklin Fowler, Ulrich Strych, Avi Door, and Matthew Motta. 2021. “Correlates and Disparities of Intention to Vaccinate Against COVID-19.” *Social Science and Medicine.*
* Beil, Laura. 2017. “Peter Hotez vs. Measles and the Anti-Vaccine Movement. Texas Monthly. December 2017. <https://www.texasmonthly.com/articles/scientist-stop-measles-texas/>
* Schmit, Cason, Jonathan Schwitzer, Kevin Survance, Megan Barbre, Yeka Nmadu, and Carly McCord.” 2020. Telehealth in the COVID-19 Pandemic.” COVID Policy Playbook – August 2020.
 |
| 15 | The Politics of the COVID-19 Pandemic (4/25)Class Choice of Topic in Health Policy and Politics (4/27) |  |
| 16 | **Masters Students: Political Strategy Memo Due on May 2nd** **PhD Students: Term Paper due on May 2nd** No final exam per [Student Rule 8.1](https://student-rules.tamu.edu/rule08/). |  |

# Grading Policies

Each student’s grade for the course primarily will based on:

1. Class Participation
2. Written Reaction Papers
3. Midterm Exam
4. Political Strategy Memo Assignment (masters students only)
5. Term paper (PhD students only)

Class Participation: Students who are not present by definition cannot participate. Accordingly, participation accounts for engagement with class discussion and activities as well as attendance of class on a regular basis.

Written Reaction Papers: Each week, students must submit a 1-page single spaced reaction paper to Canvas reacting to what they learned from class and readings that week. These written assignments will be due every Friday by 5pm and will focus on the lecture content and associated readings for that particular week.

Midterm: Students will have an **in-class** midterm exam given through exemplify on March 9, 2022. The exam will cover all material from the first half of the course and include both short answer and essay sections.

Political Strategy Memo Assignment: Masters students will complete a political strategy memo designed to help a new politician develop their position on Medicaid expansion in Texas. The written memo will be due on May 2nd.

PhD Term Paper: While masters students will complete the political strategy memo, PhD students will instead complete a term paper. This term paper should be 15 pages double spaced and is due to Dr. Callaghan on May 2nd at 5PM. Place a hard copy in my mailbox and email a second copy as well. Late papers will only be accepted under extraordinary circumstances. There are two options for the paper:

1. Research Design: Specify a research question in the area of health policy or set of questions that you would like to examine and then develop a research plan that will allow you to answer it. The paper must (1): describe the research question and explain why it is important, (2) review the relevant literature and explain how your study contributes to it, (3) define the concepts, develop a theoretical framework, and derive testable hypotheses from this framework, (4) describe the data you plan to collect and how the key concepts will be measured, and (5) explain how you plan to analyze the data. Ideally, this paper will serve as the template for a subsequent research paper conducted outside of the class with the ultimate goal being a conference paper and/or a submission to a journal.
2. Research Paper: Specify a research question or set of questions in the area of health policy that you would like to examine and then develop a research paper that allows you to answer it. The paper must (1): describe the research question and explain why it is important, (2) review the relevant literature and explain how your study contributes to it, (3) define the concepts, develop a theoretical framework, and derive testable hypotheses from this framework, (4) collect data and describe how the key concepts are measured, and (5) analyze these relationships using appropriate methods. Ideally, this paper will become a conference paper and/or a submission to a journal and should be formatted like a submission to the Journal of Health Politics, Policy, and Law.

**Grading Scale *(Based on percentage of all points in class)***

* A = 90-100%
* B = 80-89%
* C = 70-79%
* D = 60-69%
* F = ≤ 60%

Re-grading Policy: If a student believes that an assignment has been graded incorrectly, they must notify Dr. Callaghan via email within one week of grades being posted. Dr. Callaghan will re-grade the entire assignment. If he determines that the assignment has been graded incorrectly, the grade will be updated. Please note that Dr. Callaghan will re-grade the entire assignment, not just the issue the student is reaching out about. As such, grades can go up, down, or remain unchanged. Reviews of previously graded materials will not be considered if requested more than 7 days after students have received their grades.

|  |  |  |
| --- | --- | --- |
| **Assignment/Assignment Type** | **Masters Students Weight (%)** | **PhD Students Weight (%)** |
| Class Participation  | 5% | 5% |
| Reaction Papers | 15% | 15% |
| Midterm Exam | 40% | 40% |
| Case Study Assignment | 40% | N/A |
| Term Paper | N/A | 40% |

# Late Work Policy

Late work – which is defined as submitting an assignment after the established due date – will be accepted in this course at a 10% penalty per day. Work submitted by a student after an excused absence is not considered late work and is exempted from the late work policy. (See [Student Rule 7](https://www.tamug.edu/studentrules/Academic_Rules/7_Attendance.html).)

# Attendance POLICY

The university views class attendance and participation as an individual student responsibility. Students are expected to attend class and to complete all assignments.

Please refer to [Student Rule 7](https://student-rules.tamu.edu/rule07/) in its entirety for information about excused absences, including definitions, and related documentation and timelines.

A university-excused absence is the ***only*** excuse acceptable for missing an assignment credit. For information regarding what constitutes an excused absence, required documentation, and timing of notifications and provision of documentation, please see <http://student-rules.tamu.edu/rule07>. Unexcused absences will result in a grade of a 0, for missed assignments.

University-excused absences do not relieve the student of responsibility for prior notification (where possible) and documentation. In cases where prior notification is not feasible (e.g., accident or emergency) the student must provide notification by the end of the second working day after the absence, including an explanation of why notice could not be sent prior to the class. Failure to notify and/or document properly may result in classification as an unexcused absence. Falsification of documentation is a violation of the Honor Code.

Other absences may be excused at the discretion of the instructor with prior notification and proper documentation.

If this class is forced to move online due to COVID-19, students who join this class remotely will be required to use their webcam throughout the duration of the course. Per the University’s [Bring your Own Device Policy](https://it.tamu.edu/services/academics-and-research/teaching-and-learning-tools/computer-requirements/), students must have a webcam to engage in courses remotely.

# Make-Up POLICY

Students will be excused from attending class on the day of a graded activity or when attendance contributes to a student’s grade, for the reasons stated in Student Rule 7, or other reason deemed appropriate by the instructor.

Please refer to [Student Rule 7](https://student-rules.tamu.edu/rule07/) in its entirety for information about makeup work, including definitions, and related documentation and timelines.

Absences related to Title IX of the Education Amendments of 1972 may necessitate a period of more than 30 days for make-up work, and the timeframe for make-up work should be agreed upon by the student and instructor” ([Student Rule 7, Section 7.4.1](https://student-rules.tamu.edu/rule07)).

“The instructor is under no obligation to provide an opportunity for the student to make up work missed because of an unexcused absence” ([Student Rule 7, Section 7.4.2](https://student-rules.tamu.edu/rule07)).

Students who request an excused absence are expected to uphold the Aggie Honor Code and Student Conduct Code. (See [Student Rule 24](https://student-rules.tamu.edu/rule24/).)

# **Canvas** **Learning Management System**

This course uses Canvas, a new Learning Management System (LMS) used by Texas A&M. This new LMS allows faculty to engage and communicate with students, post materials like videos, audios, files, collect assignments, and provide grades.

In order to access the course materials you will need to log to <https://lms.tamu.edu> and use your ***NetID*** *(the same as your Howdy login).*Review the [Canvas Tutorials for students](https://community.canvaslms.com/docs/DOC-10701-canvas-student-guide-table-of-contents) the [Keep Learning site](https://keeplearning.tamu.edu/) for more information on how to use this LMS.

**Computer Requirements**

The University has established minimum computing requirements; additional information can be found at: <https://it.tamu.edu/services/academics-and-research/teaching-and-learning-tools/computer-requirements/>

In addition, minimum technical requirements outlined for the School of Public Health can be found at: <https://public-health.tamu.edu/academic-tech/com-requirement.html>

For technical support, contact HelpDesk  hdc@tamu.edu, or phone to (979) 845-8300

**Important!!!** Save your work as you go along. Nothing is more discouraging than to lose an assignment due to a computer hang ups! You may want to also make hard copies of your work to have "proof" and save yourself time and trouble!

# Academic Integrity

“An Aggie does not lie, cheat or steal, or tolerate those who do.”

“Texas A&M University students are responsible for authenticating all work submitted to an instructor. If asked, students must be able to produce proof that the item submitted is indeed the work of that student. Students must keep appropriate records at all times. The inability to authenticate one’s work, should the instructor request it, may be sufficient grounds to initiate an academic misconduct case” ([Section 20.1.2.3, Student Rule 20](https://aggiehonor.tamu.edu/Rules-and-Procedures/Rules/Honor-System-Rules)).

You can learn more about the Aggie Honor System Office Rules and Procedures, academic integrity, and your rights and responsibilities at [aggiehonor.tamu.edu](https://aggiehonor.tamu.edu/).

Students are encouraged to view two short videos at: <https://aggiehonor.tamu.edu/Student-Resources/AHSO-Videos>

As well as review available materials and examples of academic dishonesty found on the Texas A&M University Libraries page on Academic Integrity and Plagiarism at: <https://library.tamu.edu/services/library_tutorials/academic_integrity/index.html>

# Americans with Disabilities Act (ADA) Policy

Texas A&M University is committed to providing equitable access to learning opportunities for all students. If you experience barriers to your education due to a disability or think you may have a disability, please contact Disability Resources in the Student Services Building or at (979) 845-1637 or visit [disability.tamu.edu](https://disability.tamu.edu/). Disabilities may include, but are not limited to attentional, learning, mental health, sensory, physical, or chronic health conditions. All students are encouraged to discuss their disability related needs with Disability Resources and their instructors as soon as possible.

# Title IX and Statement on Limits to Confidentiality

Texas A&M University is committed to fostering a learning environment that is safe and productive for all. University policies and federal and state laws prohibit gender-based discrimination and sexual harassment, including sexual assault, sexual exploitation, domestic violence, dating violence, and stalking.

With the exception of some medical and mental health providers, all university employees (including full and part-time faculty, staff, paid graduate assistants, student workers, etc.) are Mandatory Reporters and must report to the Title IX Office if the employee experiences, observes, or becomes aware of an incident that meets the following conditions (see [University Rule 08.01.01.M1](https://rules-saps.tamu.edu/PDFs/08.01.01.M1.pdf)):

* The incident is reasonably believed to be discrimination or harassment.
* The incident is alleged to have been committed by or against a person who, at the time of the incident, was (1) a student enrolled at the University or (2) an employee of the University.

Mandatory Reporters must file a report regardless of how the information comes to their attention – including but not limited to face-to-face conversations, a written class assignment or paper, class discussion, email, text, or social media post. Although Mandatory Reporters must file a report, in most instances, you will be able to control how the report is handled, including whether or not to pursue a formal investigation. The University’s goal is to make sure you are aware of the range of options available to you and to ensure access to the resources you need.

Students wishing to discuss concerns in a confidential setting are encouraged to make an appointment with [Counseling and Psychological Services](https://caps.tamu.edu/) (CAPS).

Students can learn more about filing a report, accessing supportive resources, and navigating the Title IX investigation and resolution process on the University’s [Title IX webpage](https://titleix.tamu.edu/).

# Statement on Mental Health and Wellness

Texas A&M University recognizes that mental health and wellness are critical factors that influence a student’s academic success and overall wellbeing. Students are encouraged to engage in proper self-care by utilizing the resources and services available from Counseling & Psychological Services (CAPS). Students who need someone to talk to can call the TAMU Helpline (979-845-2700) from 4:00 p.m. to 8:00 a.m. weekdays and 24 hours on weekends. 24-hour emergency help is also available through the National Suicide Prevention Hotline (800-273-8255) or at [suicidepreventionlifeline.org](https://suicidepreventionlifeline.org/).

**COVID-19 STATEMENT**

To help protect Aggieland and stop the spread of COVID-19, Texas A&M University urges students to be vaccinated and to wear masks in classrooms and all other academic facilities on campus, including labs.  Doing so exemplifies the Aggie Core Values of respect, leadership, integrity, and selfless service by putting community concerns above individual preferences. COVID-19 vaccines and masking — regardless of vaccination status — have been shown to be safe and effective at reducing spread to others, infection, hospitalization, and death.

F**EDERAL EDUCATION RIGHTS & PRIVACY ACT (FERPA)**

FERPA is a federal law designed to protect the privacy of educational records by limiting access to these records, to establish the right of students to inspect and review their educational records and to provide guidelines for the correction of inaccurate and misleading data through informal and formal hearings. Currently enrolled students wishing to withhold any or all directory information items may do so by going to [howdy.tamu.edu](https://howdy.tamu.edu/)and clicking on the "Directory Hold Information" link in the Student Records channel on the MyRecord tab. The complete [FERPA Notice to Students](http://registrar.tamu.edu/Catalogs%2C-Policies-Procedures/FERPA/FERPA-Notice-to-Students#0-StatementofRights) and the student records policy is available on the Office of the Registrar webpage.

Items that can never be identified as public information are a student’s social security number, citizenship, gender, grades, GPR or class schedule. All efforts will be made in this class to protect your privacy and to ensure confidential treatment of information associated with or generated by your participation in the class.

Directory items include name, UIN, local address, permanent address, email address, local telephone number, permanent telephone number, dates of attendance, program of study (college, major, campus), classification, previous institutions attended, degrees honors and awards received, participation in officially recognized activities and sports, medical residence location and medical residence specialization.

# Equal Opportunity Statement

Texas A&M University is an Equal Opportunity/Affirmative Action/Veterans/Disability Employer committed to diversity. Inquiries regarding nondiscrimination policies may be directed to the Human Resources by phone at 979-845-4141 or to Texas A&M University Division of Human Resources and Organizational Effectiveness, 750 Agronomy Road, General Services Complex Suite 1201, College Station, TX 77843-1255.

# School of Public Health Mission

The Texas A&M School of Public Health is committed to transforming health through interdisciplinary inquiry, innovative solutions, and development of leaders through the Aggie tradition of service to engage diverse communities worldwide.

# Course Evaluation

Constructive feedback from students on course evaluations is held in high regard at the School of Public Health.  Your assistance in helping the School in its assessment of courses and faculty through participation in the evaluation of courses is requested.  As public health professionals you will one day have the responsibility to evaluate colleagues and health initiatives. The School views providing feedback on the School’s courses as part of your professional responsibility.

# Copyright Statement

The materials used in this course are copyrighted. These materials include but are not limited to syllabi, quizzes, exams, lab problems, in-class materials, review sheets, and additional problem sets. Because these materials are copyrighted, you do not have the right to copy or share, unless permission is expressly granted by the instructor.

# Disclaimer

This syllabus is representative of materials that will be covered in this class.  It is subject to change.  These changes will be communicated via email or posted as announcements.  If you have any problems related to this course, please feel free to discuss them with the instructor.

|  |
| --- |
| **SCHOOL OF PUBLIC HEALTH COMPETENCIES** |
| **D1. MPH & DrPH Foundational Public Health Knowledge**  |
| **Profession & Science of Public Health**D1.1. Explain public health history, philosophy and valuesD1.2. Identify the core functions of public health and the 10 Essential ServicesD1.3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population’s health D1.4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or programD1.5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.D1.6. Explain the critical importance of evidence in advancing public health knowledge | **Factors Related to Human Health**D1.7. Explain effects of environmental factors on a population’s healthD1.8. Explain biological and genetic factors that affect a population’s healthD1.9. Explain behavioral and psychological factors that affect a population’s healthD1.10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequitiesD1.11. Explain how globalization affects global burdens of diseaseD1.12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health) |
| **D2. MPH Foundational Competencies**  |
| **Evidence-based Approaches to Public Health** D2.1. Apply epidemiological methods to the breadth of settings and situations in public health practice D2.2. Select quantitative and qualitative data collection methods appropriate for a given public health context D2.3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate D2.4. Interpret results of data analysis for public health research, policy or practice **Public Health & Health Care Systems** D2.5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings D2.6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels**Planning & Management to Promote Health** D2.7. Assess population needs, assets and capacities that affect communities’ health D2.8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs D2.9. Design a population-based policy, program, project or intervention D2.10. Explain basic principles and tools of budget and resource management D2.11. Select methods to evaluate public health programs | **Policy in Public Health** D2.12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence D2.13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes D2.14. Advocate for political, social or economic policies and programs that will improve health in diverse populations D2.15. Evaluate policies for their impact on public health and health equity**Leadership** D2.16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making D2.17. Apply negotiation and mediation skills to address organizational or community challenges **Communication** D2.18. Select communication strategies for different audiences and sectors D2.19. Communicate audience-appropriate public health content, both in writing and through oral presentationD2.20. Describe the importance of cultural competence in communicating public health content **Interprofessional Practice** D2.21. Perform effectively on interprofessional teams**Systems Thinking**D2.22 Apply systems thinking tools to a public health issue |
| **D3. DrPH Foundational Competencies** |  |
| **Data & Analysis**D3.1. Explain qualitative, quantitative, mixed methods and policy analysis research andevaluation methods to address health issues at multiple (individual, group, organization,community and population) levelsD3.2. Design a qualitative, quantitative, mixed methods, policy analysis or evaluation project toaddress a public health issueD3.3 Explain the use and limitations of surveillance systems and national surveys in assessing,monitoring and evaluating policies and programs and to address a population’s health**Leadership, Management & Governance**D3.4. Propose strategies for health improvement and elimination of health inequities byorganizing stakeholders, including researchers, practitioners, community leaders andother partnersD3.5. Communicate public health science to diverse stakeholders, including individuals at alllevels of health literacy, for purposes of influencing behavior and policiesD3.6. Integrate knowledge, approaches, methods, values and potential contributions frommultiple professions and systems in addressing public health problemsD3.7. Create a strategic planD3.8. Facilitate shared decision making through negotiation and consensus-building methods | D3.9. Create organizational change strategiesD3.10. Propose strategies to promote inclusion and equity within public health programs,policies and systemsD3.11. Assess one’s own strengths and weaknesses in leadership capacities, including culturalproficiencyD3.12. Propose human, fiscal and other resources to achieve a strategic goalD3.13. Cultivate new resources and revenue streams to achieve a strategic goal**Policy & Programs**D3.14. Design a system-level intervention to address a public health issueD3.15. Integrate knowledge of cultural values and practices in the design of public health policiesand programsD3.16. Integrate scientific information, legal and regulatory approaches, ethical frameworks andvaried stakeholder interests in policy development and analysisD3.17. Propose interprofessional team approaches to improving public health**Education & Workforce Development**D3.18. Assess an audience’s knowledge and learning needsD3.19. Deliver training or educational experiences that promote learning in academic,organizational or community settingsD3.20. Use best practice modalities in pedagogical practices |
| **HPCHC. MPH in Health Promotion and Community Health Sciences Concentration Competencies** |
| HPCHC.1. Analyze the determinants of health at both individual and social levels to identify intervention points. |
| HPCHC.2. Apply behavioral theories, concepts, and tools in addressing health problems in different populations and at different levels. |
| HPCHC.3. Judge appropriate quantitative and qualitative methods at various stages of health promotion program development, implementation and evaluation. |
| HPCHC.4. Develop and defend communication materials to inform policymakers and community members. |
| HPCHC.5. Apply program management principles and tools to develop a program management plan, organize resources and work, and address frequently encountered problems. |

|  |
| --- |
| **DRHP. DrPH in Health Promotion and Community Health Sciences Competencies** |
| DRHP.1. Analyze critical themes in public health history in order to argue how these relate to the evolution of public health, public health problems, and the future of public health. |
| DRHP.2. Develop appropriate conceptual models for addressing community health issues that integrate behavioral theories, concepts, and tools. |
| DRHP.3. Design an evaluation plan appropriate for a multi-level community health/health promotion program. |
| DRHP.4. Formulate a multi-level health promotion/community health-focused intervention, utilizing at least 2 of the 5 socio-ecological levels, and which integrates evidence-based theories and strategies. |
| DRHP.5. Critically assess and analyze peer reviewed articles related to health promotion or community health interventions, with focus on components (i.e. strength and validity of the hypothesis, study design and methods, results, conclusions) and public health significance of findings. |
| **EPIC. MPH in Epidemiology Concentration Competencies** |
| EPIC.1. Select epidemiologic methods that are appropriate to address epidemiologic content areas. |
| EPIC.2. Analyze strengths and limitations of study designs for providing evidence for causal associations. |
| EPIC.3. Apply appropriate advanced data analysis and management techniques to analyze epidemiologic data. |
| EPIC.4. Assess and compare different reporting formats to communicate epidemiologic data to a variety of audiences. |
| EPIC.5. Explain the role of epidemiology in developing, implementing, and evaluating health policy. |
| **BIOC. MPH in Biostatistics Concentration Competencies** |
| BIOC.1. Translate research questions or aims into testable hypotheses and propose appropriate statistical methods to test those hypotheses. |
| BIOC.2. Apply statistical methods that assure a study is adequately powered for achieving scientific aims or testing a specific research hypothesis. |
| BIOC.3. Evaluate and recommend study designs based on identified strengths and weaknesses and desired study goals. |
| BIOC.4. Analyze and interpret data using a variety of advanced analytical tools. |
| BIOC.5. Communicate commonly used statistical ideas and methods to collaborators in non-technical terms. |
| **DREP. DrPH in Epidemiology Competencies** |
| DREP.1. Use epidemiologic evidence to make inferences about the scope and magnitude of threats to public health. |
| DREP.2. Plan, implement, and evaluate a public health study to assess a threat to population health. |
| DREP.3. Utilize theoretical foundations to address critical public health issues. |
| DREP.4. Connect epidemiology to interdisciplinary research. |
| DREP.5. Prepare reports and scholarly presentations and participate in conference presentations in order to appropriately influence relevant state-of-the-art practice. |
| **EHC. MPH in Environmental Health Concentration Competencies** |
| EHC.1. Develop and implement strategies for mitigating environmental health hazards. |
| EHC.2. Explain interactive factors that influence solutions for environmental health hazards. |
| EHC.3. Evaluate policies to reduce environmental health risks and hazards. |
| EHC.4. Apply the current best practices for risk assessment and risk communication. |
| EHC.5. Compare federal and state regulatory programs, guidelines and authorities that control environmental health issues. |
| **OHC. MPH in Occupational Health Concentration Competencies** |
| OHC.1. Evaluate occupational health risk in work settings. |
| OHC.2. Implement theoretical models relevant to Occupational Health risk evaluation in the lab or field. |
| OHC.3. Appraise experimental designs to appropriately address specific research questions in the field of Occupational Health. |
| OHC.4. Synthesize knowledge of analytical techniques with theoretical models in Occupational Health to solve field problems. |
| OHC.5. Develop & defend research plans appropriate for industrial or academic audience. |
| **DREH. DrPH in Environmental Health Competencies** |
| DREH.1. Evaluate the influence of susceptibility based on a hazards’ biological mode of action. Assess the impact of major environmental determinants of human disease on the likelihood of adverse effects. |
| DREH.2. Interpret concentrations or doses of health hazards compared with risk based and non-risk based criteria and guidelines |
| DREH.3. Develop intervention and prevention strategies to help vulnerable communities improve their health by reducing exposures to environmental hazards. |
| DREH.4. Analyze environmental data and articulate the characteristics of major physical, radiological, chemical, and biological hazards. |
| DREH.5. Critically assess peer-reviewed published articles related to environmental impacts on health. Analyze the strength and validity of the hypothesis, study design and methods, results, conclusions, and the public health significance. |
| **HPMC. MPH in Health Policy and Management Concentration Competencies** |
| HPMC.1. Use policy and management tools to evaluate implications of specific programs, policies, and interventions on organizations and populations. |
| HPMC.2. Develop and justify budgets that support programs and organizations in the public health and health care sectors. |
| HPMC.3. Communicate evidence-based options to address public health management and policy problems. |
| HPMC.4. Apply project management and strategic management tools to create public health program goals, strategies, and objectives. |
| HPMC.5. Recommend and justify policies or organizational initiatives for implementation after examining their feasibility and implications. |

|  |
| --- |
| **MHA PROGRAM COMPETENCY MODEL** |
| **DOMAIN: Health Care Environment and Community** (the relationship between health care operations and their communities and local, state, regional, and national organizations and policies)* **Public and Population Health Assessment** Historic, current, and anticipated future characteristics and requirements for health care at local, state, regional, and national markets
* **Delivery, Organization, and Financing of Health Services and Health Systems** Resources, structure, process, and outcomes associated with providing health care informed by theory, data, and analytic methods
* **Policy Analysis** Creation, analysis, and implications of policy for health care structures and delivery systems
* **Legal and Ethical Bases for Health Services and Health Systems** Laws, regulations, and social or other norms that formally or informally provide guidance for health care delivery

**DOMAIN: Leadership Skills** (the motivation and empowerment of organizational resources to achieve a shared vision)* **Ethics, Accountability, and Self-Assessment** Professional and personal values and responsibilities that result in ongoing self-reflection, professional awareness, learning, and development
* **Organizational Dynamics** Organizational behavior methods and human resource strategies to maximize individual and team development while ensuring cultural awareness and inclusiveness
* **Problem Solving, Decision Making, and Critical Thinking** Data, analytic methods, and judgment used in support of leadership decisions
* **Team Building and Collaboration** Partnerships that result in functional, motivated, skill-based groups formed to accomplish identifiable goals

**DOMAIN: Management Skills** (the control and organization of health services delivery)* **Strategic Planning** Market and community needs served by defined alternatives, goals, and programs supported by appropriate implementation methods
* **Business Planning** Develop and manage budgets, conduct financial analysis; identify opportunities and threats to organizations using relevant information
* **Communication** Verbal and non-verbal communication to convey pertinent information
* **Financial Management** Read, understand, and analyze financial statements and audited financial reports
* **Performance Improvement** Data, information, analytic tools, and judgment used to guide goal setting for individuals, teams, and organizations
* **Project Management** Design, plan, execute, and assess tasks and develop appropriate timelines related to performance, structure, and outcomes in the pursuit of stated goals

**DOMAIN: Analytic and Technical Skills** (the successful accomplishment of tasks in health services delivery)* **Systems Thinking** Interrelationships between and among constituent parts of an organization
* **Data Analysis and Information Management** Data, information, technology, and supporting structures used in completing assigned tasks
* **Quantitative Methods for Health Services Delivery** Economic, financial, statistical, and other discipline-specific techniques needed to understand, model, assess, and inform health care decision making and address health care questions
 |

|  |
| --- |
| **PhD-HEALTH SERVICES RESEARCH COMPETENCIES** |
| C1: Identify, assemble, evaluate, and critique a large body of existent research addressing a specific research agenda.C2: Develop a theoretically grounded research design that allows for rigorous evaluation of health services research questions that stand up to peer review, including the use of appropriate methods for the research question at hand.C3: Identify, collect, and prepare appropriate data through primary or secondary sources with adequate documentation for replication.C4: Execute quantitative and qualitative analytical techniques to explore and clarify associations between variables and to delineate causal inferences.C5: Effectively communicate the findings and implications of health services research through multiple modalities to technical and lay audiences.C6: Develop policy solutions to public health problems that are based on the best evidence available and that will hold up to scrutiny from others. C7: Demonstrate knowledge of economic principles and their application for research questions in health services research.C8: Exhibit knowledge of the institutions, organizational structures, and management strategies used to enhance effectiveness in health delivery systems. |